

All,

On Feb. 27, the Centers for Medicare and Medicaid Services (CMS) held a webinar to discuss the newly announced Emergency Triage, Treat, and Transport (ET3) Model. This model would allow “participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor’s office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.” The webinar largely tracked with CMS’ official fact sheet on the model, which may be found here: <https://www.cms.gov/newsroom/fact-sheets/emergency-triage-treat-and-transport-et3-model>. Some additional details taken from the webinar follow:

Payment

- **Treatment in Place:** a qualified health care practitioner registered under Medicare (physician, nurse practitioner, or physician assistant) facilitating treatment in place via telehealth will be paid as telehealth originating sites at a rate equivalent to the base basic life support (BLS) ground ambulance rate. The same payment rate will be applied if the practitioner treats the patient at the site. Qualified health care practitioners treating individuals in place using telehealth outside business hours will be eligible for an increased payment rate. *Thus, there will be two separate payments: one to the ambulance supplier facilitating the treatment in place and one to the qualified practitioner for telemedicine services*
- **Transport to Alternate Destination:** Participants furnishing transport to alternative destinations will receive payment at a rate equivalent to the Medicare Part B ambulance fee schedule base rate for BLS in addition to mileage and other applicable add-on payments or adjustments. *CMS noted that this model is not a community paramedicine initiative, and that this part of the model requires cooperative agreements between the ambulance supplier and the qualified practitioner. Further, there will not be an additional payment for any transport from the alternative destination to the patient’s home.*

Performance: the model will include performance-based payment starting in year 3 on key quality measures. These measures have not been announced, yet, and will be included in the Request for Application (RFA) (see below) when it’s released.

Other Payers: the model is currently billed as a Medicare program. However, CMS has stated that to maximize coverage alignment, the RFA will solicit information from ambulance suppliers on other payers involved, such as Medicaid and private insurance, in the applicable geographic area.

Alternative Destination Choice: the model aims to increase beneficiary choice by always allowing the patient to elect to go to the ED. If, however, the patient would consider being transported to another location the ambulance would give the patient options of locations that are contracted with the ambulance service. If the patient is unable or unwilling to go to one of the specific destinations offered by the ambulance supplier, they could then choose the ED over the ambulance supplier-recommended alternatives.

Timing

- Summer 2019: CMS will release a Request for Application (RFA) to solicit Medicare-enrolled ambulance suppliers and providers to participate in the model
- Early Fall 2019: Participants announced based on RFA

- Late Fall 2019: Notice of Funding Opportunity (NOFO) released to create up to 40, two-year cooperative agreements with local governments, their designees, or other entities that operate or have authority over 911 dispatches in locations where aforementioned RFA winners are located
- Early 2020: Cooperative agreements awarded
- January 2020: Five-year model performance period begins

We will make sure to keep you updated as new information is released on the model, especially when the RFA is released that should include additional information about the quality measures CMS will employ in the model. The main website for information on the model is <https://innovation.cms.gov/initiatives/et3>.

Best,
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