



April 4, 2019

Emergency Triage, Treat, and Transport (ET3) Model

Introduction

The Center for Medicare and Medicaid Innovation (CMMI) Emergency Triage, Treat, and Transport (ET3) Model is a voluntary, five-year payment model intended to provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. The anticipated start date is January 2020.

Overview

Currently, Medicare regulations only allow payment for emergency ground ambulance services when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. Most beneficiaries who call 911 with a medical emergency are therefore transported to one of these facilities, and most often to a hospital ED, even when a lower-acuity destination may more appropriately meet an individual's needs.

Under the ET3 model, CMS will pay participating ambulance suppliers and providers to

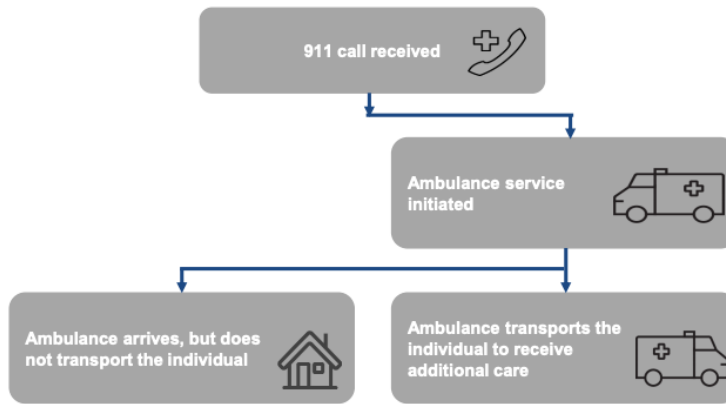
- 1) Transport an individual to a hospital emergency department (ED) or other destination covered under the regulations;
- 2) Transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic); or
- 3) Provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

With the support of local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches, ambulance suppliers and providers will triage

people seeking emergency care based on their presenting needs.

Comparison of Current and Future States

Current State



Future State

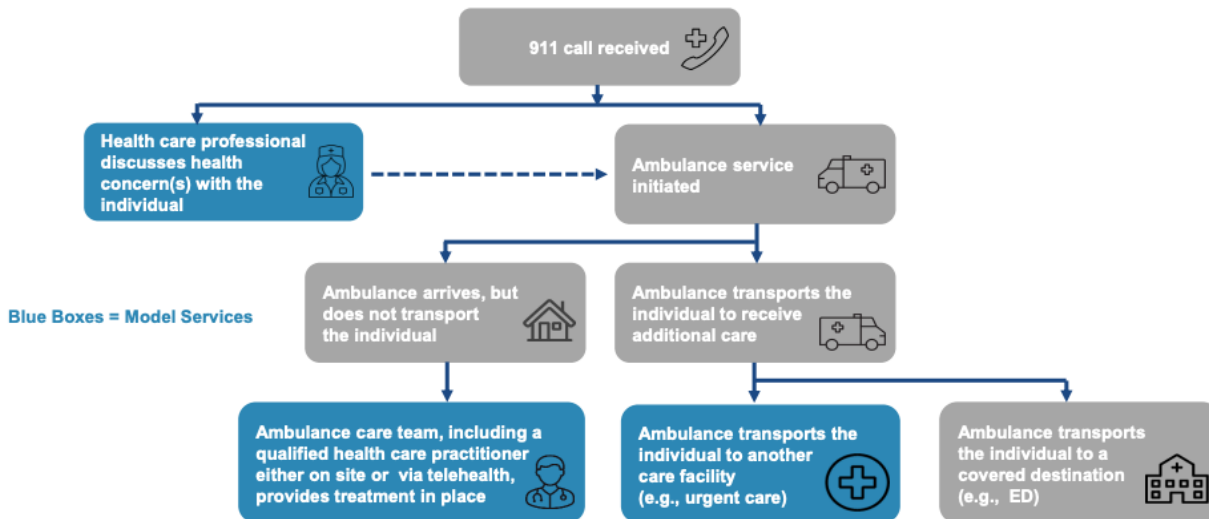


Image Source: Centers for Medicare and Medicaid Innovation (2019). ET3 Overview. Online.



Core Features of the ET3 Model

Quality-adjusted payments for EMS innovations	Aligned regional markets	Enhanced monitoring and enforcement
<ul style="list-style-type: none">• Provide new payment options for transport and treatment in place following a 911 call• Tie payment to performance milestones to hold participants accountable for quality	<ul style="list-style-type: none">• Make cooperative agreements available to local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches to establish medical triage lines in regions where selected model participants operate• Advance multi-payer adoption to support overall success and sustainability	<ul style="list-style-type: none">• Build accountability through the monitoring of specific quality metrics and adverse events• Include robust enforcement to ensure patient safety and program integrity

Image Source: Centers for Medicare and Medicaid Innovation (2019). *ET3 Overview*. Online.

Model Participation

The key participants of the ET3 model will be Medicare-enrolled ambulance service suppliers and hospital-owned ambulance providers. In addition, to advance regional alignment, local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic areas where ambulance suppliers and providers have been selected to participate in the model will have an opportunity to access cooperative agreement funding.



CMMI will issue two award types to achieve model goals.

Ambulance suppliers and providers	Local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches
<ul style="list-style-type: none"> • Model participants • Voluntary model with national solicitation • Model participation agreement • Selection based on regional clusters and demonstrated ability to achieve model goals • Direct delivery of intervention to individuals 	<ul style="list-style-type: none"> • Awardees • Voluntary model with selection criteria restricting participation to regions with ET3 model participants • Cooperative agreement • Application open to include local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches

Reimbursement

New available payments under the ET3 Model will build off of Medicare’s existing fee-for-service structure. Participants furnishing transport to alternative destinations will receive payment at a rate equivalent to the Medicare Part B ambulance fee schedule base rate for basic life support (BLS) ground ambulance emergency in addition to mileage and any other applicable add-on or adjustment to the BLS rate.

Payment for “Treatment in Place” will be available for services rendered either or scene using a member of the EMS crew (e.g., nurse practitioner) or by using telehealth. Participants that facilitate treatment in place via telehealth will be paid as telehealth originating sites at a rate equivalent to the base BLS ground ambulance rate. Qualified health care practitioners that treat individuals in place using telehealth during non-business hours will be eligible for an increased payment rate.

The model will employ performance-based payment for achievement on key quality measures. Beginning in Year 3 of the demonstration, participants will have an opportunity to receive as much as an additional 5% in model payments based on performance on selected quality



measures. As part of a multi-payer alignment strategy, CMMI will encourage ET3 Model participants to partner with additional payers, including state Medicaid agencies, to provide similar interventions to all people in their geographic areas.

Model Timeline

CMMI anticipates releasing a Request for Applications (RFA) in **Summer 2019** to solicit Medicare-enrolled ambulance suppliers and providers.

Once participants have been selected and announced, the Innovation Center anticipates issuing a Notice of Funding Opportunity (NOFO) in Fall 2019 for up to 40 two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

The Innovation Center anticipates utilizing a phased approach with up to three rounds of RFAs, up to two releases of NOFOs, and staggered performance start dates. The performance period for all participants, regardless of start date, will end at the same time; thus, only applicants selected through the first RFA will participate for the full five years.

Resources

- [ET3 website](#)
- [ET3 webinar](#)
- [ET3 fact sheet](#)
- For additional information on ET3, use the following email address:
ET3model@cms.hhs.gov
