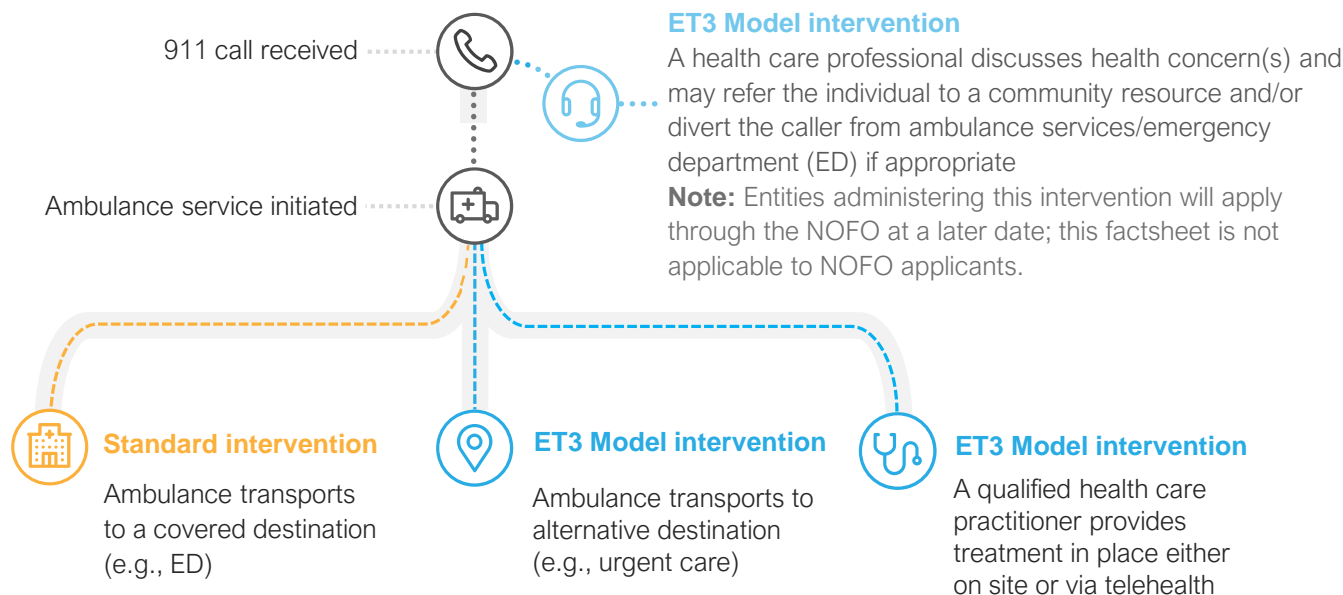


ET3 Model Participant Eligibility Factsheet

Ambulance care teams interested in submitting an application through the Request For Applications (RFA) portal may use this document to gain a general understanding of the eligibility requirements for participation in the Emergency Triage, Treat, and Transport (ET3) Model. Please note that this document is not intended to serve as a comprehensive list of eligibility requirements, and potential applicants should refer to the RFA for more information. A separate set of eligibility criteria will be available for Notice of Funding Opportunity (NOFO) applicants.



Blue = Model Services

Orange = Standard Medicare Services

Who is Eligible to Apply Through the RFA?



Ambulance Suppliers and Providers

Medicare-enrolled ambulance suppliers or hospital-based ambulance providers.

Requirements:

- Proposes to implement the model in a state where at least 15,000 Medicare Fee-for-Service (FFS) emergency ambulance transports occurred in the 2017 calendar year. Transport data can be found in [Appendix D](https://innovation.cms.gov/Files/x/et3-ffs-emergencytrans-claims.pdf) of the RFA (<https://innovation.cms.gov/Files/x/et3-ffs-emergencytrans-claims.pdf>).
- Agree to implement the alternative destination transport intervention. Implementation of the alternative destination transport intervention is required, whereas the treatment-in-place intervention is optional.
- Ensure that at least one of the non-ED options is available 24 hours a day, 7 days a week. This could be achieved through a combination of alternative destinations and treatment in place interventions. Example: urgent care center is open from 7am-10pm and telehealth practitioner is available 10pm-7am.
- Demonstrate in the application that each proposed non-participant partner has the capacity to serve Medicare Fee-for-Service beneficiaries through this model, including the capacity to bill Medicare for services rendered.
- Provide Letters of Intent (LOIs) for all alternative destinations and treatment in place qualified health care practitioners you currently partner with or plan to partner with in the future. If partners have not been identified at the time of application, provide a timeline of when relationships will be established.

Note: Treatment in place, either in-person on the scene of the 911 emergency response or via telehealth, is optional and not a requirement for ambulance supplier and provider participation.

Who is Eligible to Partner with Applicants?



Alternative Destinations (Required Partner)

Alternative destinations may include Federally Qualified Health Centers, urgent care centers, physician offices, or behavioral health centers, as examples.

Requirements:

- Model participants must partner with at least one alternative destination.
- Model participants must identify a plan for ensuring real-time availability of an alternative destination for a particular beneficiary prior to transporting that beneficiary to a site.
- Alternative destinations must be: a group practice that includes Medicare-enrolled qualified health care practitioners; a solo practitioner; or a non-Medicare-enrolled entity that employs or contracts with Medicare-enrolled qualified health care practitioners.



Treatment In Place Practitioners (Optional Partner)

A qualified health care practitioner can provide treatment in place interventions either onsite or via telehealth. They must meet all local, state, and federal requirements to provide services as well as bill Medicare for those services.

Requirements:

- Model participants that choose to implement the treatment in place intervention must partner with individual Medicare-enrolled qualified health care practitioners or a Medicare-enrolled group practice that includes such practitioners. Unless also licensed as a practitioner, paramedics and Emergency Medical Technicians (EMTs) do not meet the standard for a qualified health care practitioner under this model.
- Model participants that choose to implement treatment in place via telehealth must use a qualified, HIPAA-compliant, interactive telecommunications system, that allows for two-way, real-time audio and video communication between the patient and distant site physician or practitioner.
- CMS expects to make available conditional waivers to allow beneficiaries to receive telehealth services in originating sites other than those listed in the regulations and in non-rural areas.



Non-Medicare Payers (Recommended Partnership)

Although ET3 is a Medicare payment model, CMS acknowledges that it will be most successful if participants can receive payment for model interventions across multiple payers.

Requirements:

- As part of the application, a potential model participant must describe a strategy for engaging other payers in its proposed service area or explain how it would successfully implement the model for Medicare Fee-for-Service beneficiaries only.

Additional Considerations for Eligibility

- Preference given to applicants who will initiate the treatment in place option in addition to the required alternative destination intervention. An applicant that proposes to implement the optional treatment in place intervention has the opportunity to earn additional points towards its overall application score.
- CMS will consider the potential to maximize the total number of beneficiaries served when making final selection decisions. Preference will be given to applicants who propose a model region that includes at least one county or county equivalent in which 7,500 Medicare FFS emergency ambulance transports occurred in the 2017 calendar year.
- Participants will be required to attest that all clinical guidelines and protocols required by the RFA adhere to state and local requirements and clinical best practices.

What partnerships are required?

ET3 Model applicants are required to partner with at least one alternative destination. Additionally, at least one model intervention must be available 24 hours per day. Applicants that choose to only partner with alternative destination(s) must ensure an alternative destination is available 24/7; those that opt to also offer treatment in place must ensure that either an alternative destination, treatment in place intervention, or combination of the two, is available 24/7.

Required Partners



Alternative Destinations

Optional Intervention



On site Treatment In
Place Practitioner



Telehealth Treatment
In Place Practitioner

Recommended Relationships



Non Medicare
Payers



911
Dispatches

How can we prepare now to implement the ET3 Model?

1 Assess Internal Capabilities

- ✓ Determine your capacity (e.g., staffing, protocols) to provide the required alternative destination intervention
- ✓ Assess capacity and interest in the treatment in place option

3

Conduct Outreach to Start or Alter a Partnership

- ✓ Reach out to identified organizations to share ET3 Model information and materials
- ✓ Communicate model implementation strategy (e.g. chosen region)
- ✓ Determine partners' capacity to accept ambulance transports as an alternative destination, or capacity to provide treatment in place on-site or through telehealth

5

Complete Application

- ✓ Complete your application on the ET3 Model website
- ✓ Attach letters of intent (LOIs)
- ✓ Submit your application

2

Identify ET3 Model Partners

- ✓ Identify existing or potential partners in your community that can serve as either alternative destinations or treatment in place practitioners
- ✓ Verify organization and/or its providers are Medicare-enrolled
- ✓ Verify hours of operation and how, together, the partners will meet 24/7 requirement

4

Obtain Letters of Intent

- ✓ Request a letter of intent from each chosen entity
- ✓ Ensure it includes all information required in the Request for Applications (RFA)



Information and Tips for Recommended Relationships

While not required, it is highly recommended that ET3 Model applicants form or expand relationships with non-Medicare payers in their region and that they consider working with governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in their community.



Non-Medicare Payers

Applicants may engage regional payers such as Medicaid Fee-for-Service or managed care plans, Medicare Advantage plans, commercial insurance plans, or other payers in order to set forth a multi-payer alignment strategy.

Rationale:

- Participants who implement model interventions across multiple payers will be in the best position to achieve ET3 Model cost and quality goals.

Requirements:

- Each applicant must describe its strategy for engaging other payers in its proposed service area, or explain how it would successfully implement the model for Medicare Fee-for-Service beneficiaries only.
- The strategy must include the proposed payers, a timeline for implementing payment of ET3 Model EMS innovations with each payer, and a plan for identifying eligibility to receive services through the model.
- Letters of intent should include a description of their capacity to align with the ET3 Model.

Resources:

- The RFA outlines information to be collected from payers and included as part of the application.
- CMS will support the goal of multi-payer alignment by providing targeted activities to state Medicaid programs.



911 Dispatches

Local governments, their designees, or other entities that operate or have authority over a 911 dispatch system in a region or regions in which ET3 Model participants have been selected can apply through a Notice of Funding Opportunity (NOFO) for development or expansion of a medical triage line. Participants are encouraged to work together with these entities.

Rationale:

- Implementation of a medical triage line can reduce inappropriate initiation of ambulance services, increase efficiency in EMS systems where participants operate, and allow for faster emergency response to the most time-sensitive cases.

Requirements:

- Each applicant must describe their current unscheduled, emergency ambulance services capacity, including the number of 911-dispatch generated ambulance transports conducted annually; the proportion of total transports per year that are in response to 911 dispatch and the number of emergency transports of Medicare Fee-for-Service beneficiaries.

Resources:

- After model launch, the ET3 Model learning and diffusion system will support participants, their partners, and Cooperative Agreement awardees (911 dispatches and triage lines) to identify and implement best practices through peer-to-peer knowledge sharing.