Defining the problem & opportunity:

➢ Current CMS policy only reimburses EMS transport when the Pt is taken to the ED, SNF or dialysis.

➢ Per HHS White Paper, 16% of EMS transports could be treated in < acuity settings vs. ED & generate $560 Million in Medicare savings.

➢ New ET3 model is issued under the CMS Innovation Center statutory authority.
How CMS seeks to change the status quo:

Re-aligning Incentives for Future State

New options help individuals get the care they need and enable ambulances to work more efficiently.

The good and bad news is that CMS is coming for your volume: no one is in better position than ED groups to win here.

Three Core Features of the ET3 Model

Quality-adjusted payments for EMS innovations
- 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

Aligned regional markets
- 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

Enhanced monitoring and enforcement
- Build accountability through the monitoring of specific quality metrics and adverse events
- Include robust enforcement to ensure patient safety and program integrity
Local gov’ts have bids in now and CMS expects to notify awardees in early 2020.

**ET3 Model Participants and Awardees**

The CMS Innovation Center will issue two award types to achieve model goals:

<table>
<thead>
<tr>
<th>Ambulance suppliers and providers</th>
<th>Local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Model participants</td>
<td>• Awardees</td>
</tr>
<tr>
<td>• Voluntary model with national solicitation</td>
<td>• Voluntary model with selection criteria restricting participation to regions with ET3 model participants</td>
</tr>
<tr>
<td>• Model participation agreement</td>
<td>• Cooperative agreement</td>
</tr>
<tr>
<td>• Selection based on regional clusters and demonstrated ability to achieve model goals</td>
<td>• Application open to include local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches</td>
</tr>
<tr>
<td>• Direct delivery of intervention to individuals</td>
<td></td>
</tr>
</tbody>
</table>

Alternative destinations include physician offices, behavioral health centers or UCCs:

- MCA benie choice will be honored if an alternative destination is selected
- Awardees may receive add ’l $ to establish a triage line or expand the same.
- [https://innovation.cms.gov/Files/slides/et3-overview-slides.pdf](https://innovation.cms.gov/Files/slides/et3-overview-slides.pdf)
Reimbursement FAQs:

➢ Billing for ambulance services will be per standard MCA BLS or ALS requirements. FAQ #1.

➢ Qualified medical practitioners (QMPs) will be bill standard FFS to MCA. FAQ #2.
  ➢ No separate reimbursements for triage determinations, e.g. transfer to UCC or treatment in place vs. transport to the ED.

➢ Performance based payment for key quality measures starting year 3—up to an additional 5% in model payments.

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