



# Emergency Triage, Treat and Transport (ET3) Updates

# Emergency Triage, Treat & Transport

Currently Medicare's reimbursement model encourages transport to a high acuity, high cost setting, even when a lower acuity setting is more appropriate.

When EMS personnel respond to a 911 call, they *typically* must transport the member to the nearest, most appropriate ER. If a member refuses transport to an ER, then the member must sign a form (when possible) indicating refusal to transport against medical advice. EMS personnel are left with few “in between” options for the member.

ET3 seeks to remedy this by providing greater flexibility to ambulance care teams following a 911 call, with the dual goals of improving quality of care and cost reduction.

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## What is ET3?

ET3 is a voluntary, five year CMS Innovation Center Payment Model, that is designed to reduce unnecessary transports to emergency departments. It consists of:

1. Transport of the Member to an Alternate Destination (i.e. an urgent care center or PCP's office)
2. Treatment in Place by a Qualified Health Care Practitioner (i.e. medical triage of the member via telehealth, with the EMS personnel assisting as needed)
3. Treatment in Place by a Qualified Health Care Practitioner *In Person* (i.e. the EMS personnel provide treatment at the member's existing location, using standing orders)

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## Potential Benefits Include:

- Allowing all members access to the most appropriate level of care at the right time and in the right place;
- Enabling an increased quality of care for all patients, regardless of health plan enrollment;
- Allowing EMS personnel the time and resources to more readily respond to and focus on high-acuity cases;
- Allowing commercial plan and Medicare members to incur fewer out-of-pocket costs by facilitating lower-cost treatment in lower-acuity settings; and
- Assisting in overall cost reduction for all participating health plans.

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CMS and AHCCCS have both recognized that long term program sustainability of the ET3 Model will be dependent upon the participation of multiple payer sources.

Accordingly, the Request for Applications (RFA) gives preference to providers whom have partnered with multiple payer sources, including their State Medicaid Program, as this increases their likelihood of having a long term, sustainable ET3 program.

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As proof of partnership, CMS has requested Letters of Intent (LOI) from all payer sources that intend to partner with the ET3 applicants.

The LOI shall include the payer's intent to participate and a general timeline.

AHCCCS intends to have their LOI posted on the AHCCCS website no later than Wednesday, 9/11/19.

Any interested party in Arizona can use this LOI to support their application. Applications are due September 19, 2019 at 11:59 P.M.

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## AHCCCS Tentative Timeline for ET3 Participation:

- Late 2019/ Early 2020 — Exploration of potential ET3 payment methodologies
- Late 2019/ Early 2020 – Formation of an external stakeholder workgroup
- Second Quarter 2020 – State Plan Amendment to be presented at Tribal Consultation and posted for 45 Day Public Comment Period
- Second/Third Quarter 2020 – Submission of State Plan Amendment to CMS
- Third Quarter 2020 – Targeted education and outreach to ambulance suppliers and providers
- Third Quarter 2020 – Public Rates Notice
- October 1<sup>st</sup>, 2020 - Implementation

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## Resources

### ET3 Model Page

- <https://innovation.cms.gov/initiatives/et3/>

### ET3 FAQs

- <https://innovation.cms.gov/initiatives/et3/faq.html>

### ET3 Model Listserv (Email Subscription for Updates)

- [https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic\\_id=USCMS\\_12521](https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12521)

### Request for Applications (RFA) Online Portal

- <https://app1.innovation.cms.gov/ET3/>



# Questions?



# Thank You.

