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CMMI Announces Emergency Triage, Treat, and Transport (ET3) Model

The Center for Medicare and Medicaid Innovation (CMMI) Feb. 14 announced a new voluntary payment model called the Emergency Triage, Treat, and Transport (ET3) Model, which would change the delivery and payment of emergency medical transportation. The model is designed to provide greater flexibility to ambulance suppliers and providers to address the emergency health care needs of Medicare beneficiaries that access 911 services.

The main goal of the model is to promote the provision of the most appropriate emergency services at the right time and place, including by reducing avoidable emergency department (ED) transports and unnecessary hospitalizations following those transports. Three secondary goals of the model include:

- Providing person-centered care, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their health care through the availability of more options.
- Encouraging appropriate utilization of services to meet health care needs effectively.
- Increasing efficiency in the emergency medical services (EMS) system to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

CMMI anticipates significant savings from transporting patients to lower-acuity destinations, where appropriate, and believes the ET3 model builds on the burgeoning field of EMS innovation. CMMI also expects that the model may improve the efficiency of EMS systems, freeing up resources for high-acuity patients, and reducing out-of-pocket costs for beneficiaries.

Highlights of the model follow.

Key Takeaways

- CMMI’s new ET3 model is a voluntary model designed to improve outcomes for beneficiaries who access 911 emergency services.
- The model will provide payment for new care settings to which ambulances can transport patients and for treatment in place, in addition to payment for ambulance transport to destinations covered in current regulations (such as hospital EDs).
- Medicare-enrolled ambulance service suppliers and hospital-owned ambulance providers will be eligible to participate in the model.
- CMMI also will encourage participation by local governments and other relevant entities in a supporting role.
- CMMI will request applications in summer 2019 and the model likely will launch in January 2020.
MAJOR PROVISIONS

Model Participants. Medicare-enrolled ambulance service suppliers and hospital-owned ambulance providers will be eligible to apply to participate in the model.

In addition, CMMI will invite local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in the geographic locations in which participants operate to apply for cooperative agreement funding. In order to advance regional alignment, this funding will be designed to help local governments and other relevant entities create a support structure for ambulance service providers and suppliers, including through the creation of a medical triage line for low-acuity 911 calls.

If a locality establishes a medical triage line, any individual who calls 911 would be screened for eligibility for medical triage services prior to ambulance initiation. Upon arrival on the scene, participating ambulance suppliers and providers could triage beneficiaries to provide treatment in place, at an alternative destination, or at a hospital ED or other currently covered destination. Beneficiaries will continue to be able to choose transport to an ED if they so desire.

Payment Mechanism. Under current regulations, Medicare pays for unscheduled, emergency ground ambulance services when beneficiaries are transported to acute care hospitals, critical access hospitals, skilled nursing facilities and dialysis centers.

Under the ET3 model, CMMI will test two new ambulance payments in addition to continuing to pay for emergency transport to the destination above. These include:

- payment for treatment in place with a qualified health care provider (either on-the-scene or via telehealth); and
- payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations, other than those covered under current regulations, such as a primary care doctor’s office or an urgent care clinic.

Quality Performance. The ET3 model aims to encourage high-quality care by enabling participants to earn up to a 5 percent payment adjustment in later years of the model based on their performance on key quality metrics. In gathering information about participants’ quality performance, CMMI plans to minimize any new reporting requirements, but details are not yet available as to how it will do so. CMMI also indicates it will include robust enforcement to ensure patient safety and program integrity, but does not offer specifications on establishing these safeguards.

Eligible Beneficiaries. All Medicare fee-for-service beneficiaries who access 911 emergency service are eligible for the model interventions. As part of a multi-payer alignment strategy, CMMI will encourage model participants to enter agreements with additional payers, such as state Medicaid agencies, to provide similar interventions to others in their geographic areas.
Timeline: CMMI anticipates releasing a request for applications (RFA) in summer 2019 to solicit participation from Medicare-enrolled ambulance service suppliers and providers. After selecting participants, CMMI will issue 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 in which participants operate. The anticipated model start date is January 2020.

CMMI anticipates launching the model through a phased-in approach, with up to three rounds of RFAs, two releases of NOFOs and staggered performance dates. The model will run for five years (through 2024) for all participants, regardless of start date.

Next Steps

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