



Ground Ambulance & Patient Billing Advisory Committee

CMMI – ET3 Test Model



Chanelle Boone, ET3 Model Lead, Division of Healthcare Delivery, CMS Innovation Center
Alexis Lilly, Deputy Division Director, Division of Healthcare Delivery, CMS Innovation Center

The CMS Innovation Center Statute

“The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles”



Three scenarios for success from Statute:

1. **Quality improves; cost neutral**
2. **Quality neutral; cost reduced**
3. **Quality improves; cost reduced (best case)**

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking

The Emergency Triage, Treat, and Transport (ET3) Model Background

The ET3 Model is a **voluntary five-year payment model** under which Medicare will pay participating ambulance suppliers and providers to:



Transport a beneficiary to a **hospital emergency department (ED)** or other CMS-covered destination



Transport a beneficiary to an **alternative destination (TAD)**, such as an urgent care or medical clinic



Provide **treatment-in-place (TIP)** with a qualified practitioner, either in-person or via telehealth

ET3 Model-specific

All ET3 Model services must result from a 911 call, as this model **does not cover non-emergency transports**.

What New Options May Mean for Medicare FFS Beneficiaries



May save beneficiaries and their families time waiting in the emergency department

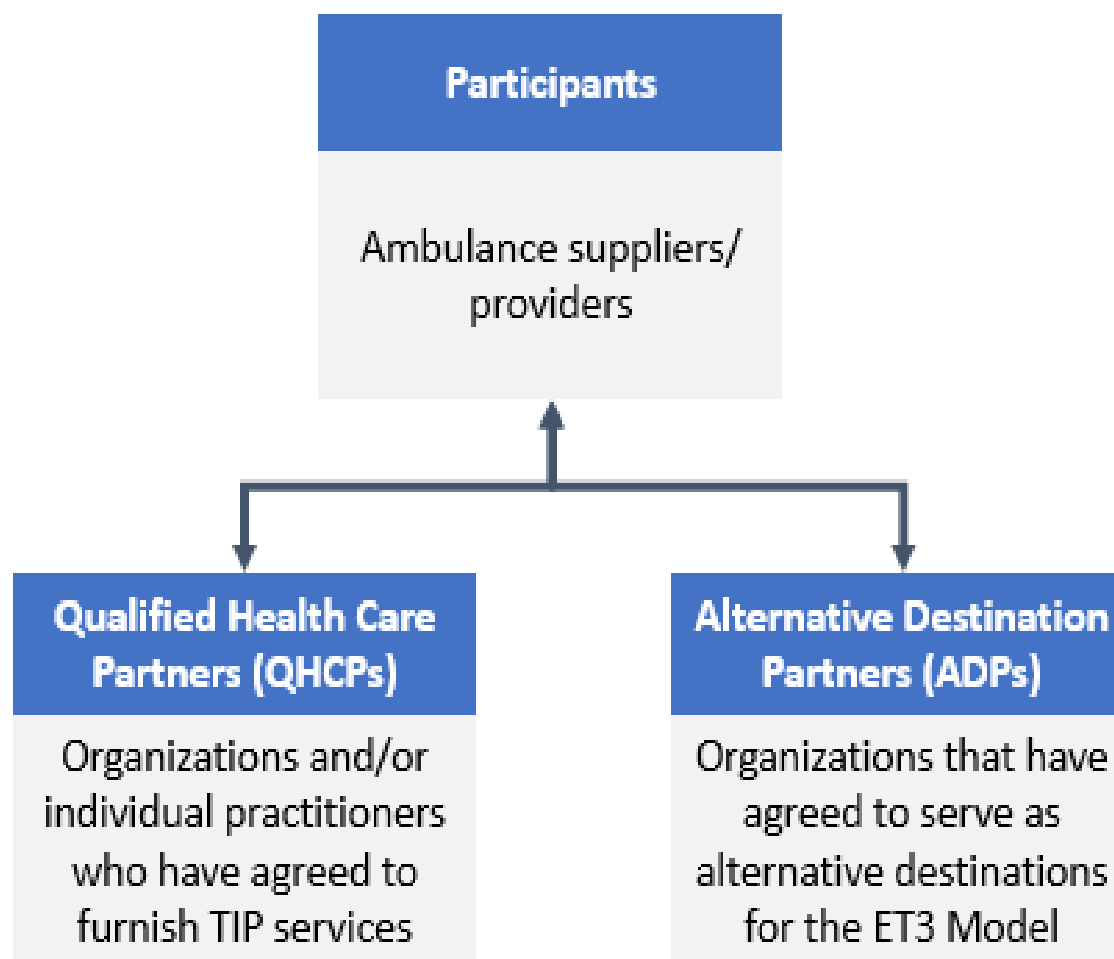


May help beneficiaries avoid hospital costs, when appropriate



May allow ambulance teams to focus on transporting patients with the greatest emergency needs to the hospital

Entities Involved in the ET3 Model



Benefits of Multi-Payer Alignment

Patients	Ambulances	Medicaid Agencies	State System
<ul style="list-style-type: none"> • Access to more appropriate services • Potentially faster care vs. ED • Lower out-of-pocket costs when treated in lower-acuity settings • Consistent benefits regardless of payer 	<ul style="list-style-type: none"> • Consistent clinical protocols across patients • Consistent billing requirements across payers • Reduced compliance costs • Efficient use of resources developed for ET3 participation 	<ul style="list-style-type: none"> • Potential cost savings • Potential quality improvements for beneficiaries • Insights from CMS Learning System • Inclusion in ET3 Model's program evaluation 	<ul style="list-style-type: none"> • Streamlined ability to triage 911 calls regardless of payer • Overall reduction of ED crowding across health system • May simplify regulatory oversight of ambulances

ET3 Model Payments

➤ This table describes Medicare's billing rules for ET3 Model Interventions. For both TAD and TIP, two payments are made: one to the ambulance and one to the ET3 Partner.

	Transport to Alternative Destination	Treatment in Place
AMBULANCE	<ul style="list-style-type: none"> • Bill for transport service at BLS-E (A0429) or ALS1-E (A0427) level • Can also bill for mileage (A0425) • Need to include relevant destination modifier: community mental health center ("C"), FQHC ("F"), physician office ("O"), or urgent care ("U") 	<ul style="list-style-type: none"> • Bill for initiating and facilitating TIP using relevant BLS-E (A0429) or ALS1-E (A0427) code • Can <u>NOT</u> bill for mileage • Need to include TIP destination modifier, "W"
ET3 PARTNER	<ul style="list-style-type: none"> • No ET3-specific billing rules/codes • Bill as usual for Medicare-covered services rendered 	<ul style="list-style-type: none"> • Bill new non-paying "G2021" HCPCS code to flag claim as TIP • Bill as usual for Medicare-covered services rendered • 15% rate increase for 8pm-8am

Questions and Discussion

ET3 Model Website:

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

ET3 Model Email:

ET3Model@cms.hhs.gov