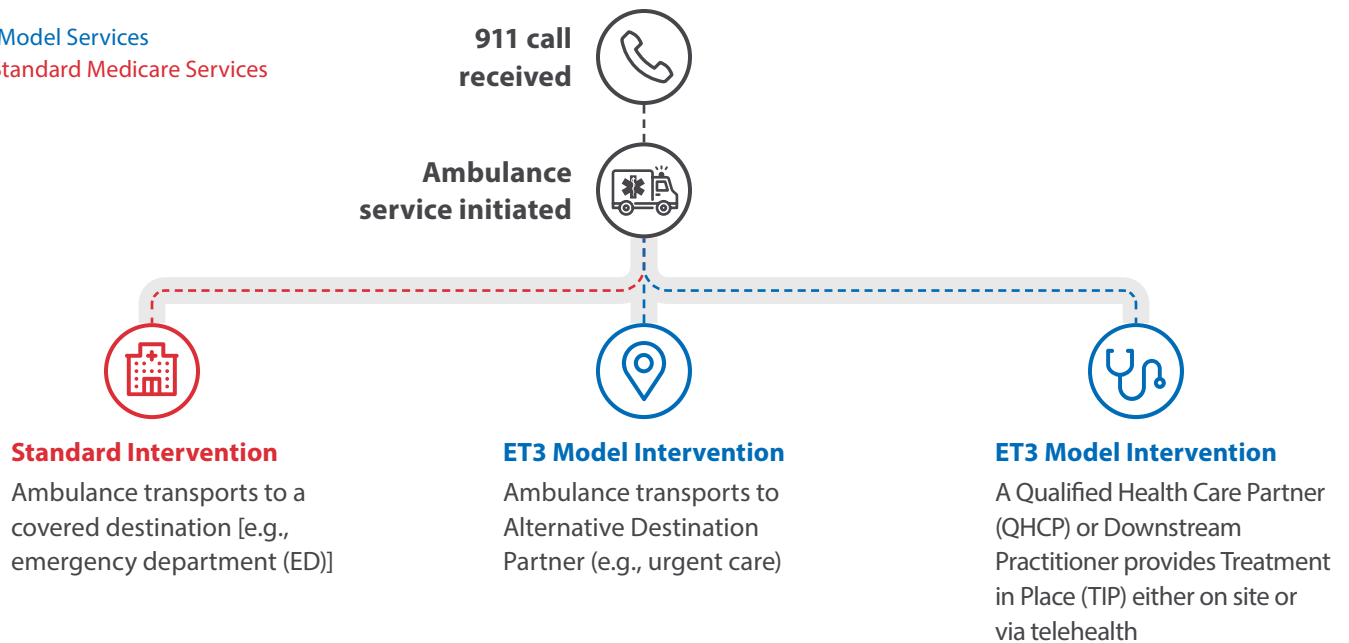


ET3 Model Participant Eligibility Factsheet



Ambulance care teams interested in submitting an application through the request for application (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.

Blue = Model Services
Red = 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:

- Propose 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 of the RFA (<https://innovation.cms.gov/Files/x/et3-ffs-emergencytrans-claims.pdf>).
- Agree to implement Transport to an Alternative Destination (TAD) Intervention. Implementation of the TAD Intervention is required, whereas the TIP 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 Destination and TIP Interventions. Example: urgent care center is open from 7 AM to 10 PM and telehealth practitioner is available 10 PM to 7 AM.
- Demonstrate in the application that each proposed ET3 Partner has the capacity to serve Medicare FFS beneficiaries through this Model, including the capacity to bill Medicare for services rendered.
- Provide Letters of Intent (LOIs) for all Alternative Destination Partners and TIP QHCP you currently partner with or plan to partner with in the future. If ET3 Partners have not been identified at the time of application, provide a timeline of when relationships will be established.

Note: TIP, either in-person on the scene of a 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?



Alternate Destination Partners (Required Partner)

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

Requirements:

- Participants must partner with at least one Alternative Destination Partner.
- Participants must identify a plan for ensuring real-time availability of an Alternative Destination Partner for a particular beneficiary prior to transporting that beneficiary to a site.
- Alternative Destination Partners must be: a group practice that includes Medicare-enrolled QHCPs; a solo practitioner; or a non-Medicare-enrolled entity that employs or contracts with Medicare-enrolled QHCPs.



Treatment in Place Partners (Optional Partner)

A QHCP can provide TIP Interventions either on-site or via telehealth. They must meet all local, state, and federal requirements to provide services as well as bill Medicare for those services.

Requirements:

- Participants that choose to implement the TIP Intervention must partner with individual Medicare-enrolled QHCPs or a Medicare-enrolled group practice that includes such QHCPs. Unless also licensed as a QHCP, paramedics and Emergency Medical Technicians (EMTs) do not meet the standard for a QHCP under this Model.
- Participants that choose to implement the Telehealth TIP Intervention must use a qualified, HIPAA-compliant, interactive telecommunications system, that allows for two-way, real-time audio and video communication between the beneficiary and distant site physician or QHCP.
- 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 the ET3 Model 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 FFS beneficiaries only.

Additional Considerations for Eligibility

- Preference will be given to Applicants who will initiate the TIP option in addition to the required Alternative Destination Intervention. An Applicant that proposes to implement the optional TIP 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.