

Emergency Triage, Treat, and Transport (ET3) Model and Medicaid: Opportunities for Alignment Webinar

June 21, 2021, 12:30 PM – 1:30 PM ET

QUESTIONS & ANSWERS

This document presents audience questions entered into the chat and/or addressed live during the June 21, 2021 “ET3 Model and Medicaid: Opportunities for Alignment” webinar. This webinar was co-hosted by the ET3 Model Team in the CMS Innovation Center and the Center for Medicaid and CHIP Services (CMCS).

1. Are there any state Medicaid agencies that already cover ET3-like interventions?

Yes. There are several state Medicaid agencies across the country that have implemented interventions similar to Transport to Alternative Destinations and/or Treatment in Place in Medicaid. If you are a state Medicaid agency that is interested in discussing ET3-like interventions with another state with implementation experience, you are welcome to reach out to ET3Model@cms.hhs.gov and we can help connect you.

2. Where can we find out which state Medicaid agencies cover ET3-like interventions?

There is no public list of which state Medicaid agencies cover ET3-like interventions, although some states have publicized these benefits on their Medicaid websites. States are not required to “sign up” with the ET3 Model to cover ET3-like interventions, as this is already allowed under existing Medicaid authorities. You can also find coverage information by reviewing the state plan amendments posted online at <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>.

3. How can state Medicaid agencies get in touch with someone at CMS about ET3?

State Medicaid agencies interested in discussing ET3 with CMS can reach out to the ET3 Model Team at ET3Model@cms.hhs.gov or to their CMCS state lead. If they do not know who their CMCS state lead is, they should reach out to the ET3 Model Team and we can help connect you.

4. How can ET3 Model Participants get in touch with their state Medicaid agencies?

If an ET3 Model Participant does not already have a contact at their state Medicaid agency, they should reach out to their state EMS organization or ambulance association to inquire about Medicaid contacts. If you have already worked through your professional

organizations and have not been successful with contacting your state Medicaid agency, please reach out to ET3Model@cms.hhs.gov and we will try to assist you.

5. Are the federal Medicaid policies described in the webinar relevant for Medicaid managed care entities?

The content in the webinar is specifically applicable to state Medicaid agencies, who set rules for and oversee their Medicaid programs. States that have opted to implement Medicaid managed care can apply a variety of rules to their managed care entities (e.g., MCOs, HMOs, etc.). Managed care plans should work with their state Medicaid agencies to determine what rules govern their ability to cover ET3-like interventions.

6. Under federal Medicaid policy, how can Treatment in Place services be covered for ambulance suppliers and providers?

All Medicaid services covered by your State Plan must fall under one of Medicaid's covered benefits, such as Physician Services (42 CFR 440.50), Preventive Services (42 CFR 440.130), or Services by other Licensed Practitioners (42 CFR 440.60). Typically, most states only cover ambulance services under the Transportation benefit (42 CFR 440.170), which does not cover Treatment in Place services. In order for a service to be covered under the Transportation benefit, a transport must occur. However, ambulance suppliers and providers can work with their state Medicaid agencies to identify other coverage mechanisms for Treatment in Place, such as the Physician Services or services by Other Licensed Practitioners benefits. In these cases, the billing and/or rendering provider for Treatment in Place may be an ambulance company's medical director or an individual EMT or paramedic (in states where those practitioners are licensed providers). If you are a state Medicaid agency interested in covering Treatment in Place or a comparable ET3-like intervention, please reach out to your CMCS state lead. Depending on your proposed coverage mechanism, you may or may not need a State Plan Amendment.

7. Are there any limitations on what alternative destinations can be covered by Medicaid agencies, or on which alternative destinations can be selected by the ambulance during an intervention?

For Medicaid, state Medicaid agencies have the flexibility to decide what requirements they will establish if covering Transport to Alternative Destinations. Federal Medicaid policy does not limit allowable destinations for ambulances. Therefore, the state Medicaid agency can decide which types of alternative destinations are allowable, within state and local law, as well as determining what protocols will be required when selecting an alternative destination during a Transport to Alternative Destination intervention.

Under Medicare's ET3 Model, all alternative destinations need to be approved by CMS in advance. Any Medicare-enrolled provider type that is not already covered for traditional Medicare fee-for-service transports can be approved as an alternative destination. ET3

Model Participants are then expected to transport beneficiaries to the nearest appropriate alternative destination as defined by their clinical protocols.

8. Can ET3 Model Participants choose to only implement Treatment in Place, without Transport to Alternative Destinations?

Under Medicare’s ET3 Model, Transport to Alternative Destinations is a required intervention for all Participants and Treatment in Place is optional. However, state Medicaid agencies have the flexibility to decide which interventions they want to cover. State Medicaid agencies may choose to cover just Transport to Alternative Destinations, just Treatment in Place, or both.

9. Will CMS consider increasing funding for Medicaid agencies to be able to expand into these services, either in the short or long term?

At this time, CMS does not plan to offer funding for Medicaid agencies to cover ET3-like interventions. ET3-like interventions can be incorporated into your State Plan and supported with the same Federal Medical Assistance Percentage (FMAP) as other Medicaid-covered services. Should you have specific funding constructs you would like to propose, please reach out to your CMCS state lead to discuss those ideas.

10. Does CMS have any recommendations based on the Medicaid Fee-for-Service model about integrating ET3 with the behavior health crisis system?

At this time, specific behavioral health considerations are outside the scope of the ET3 Model, but we may include these topics in our Learning System strategy in later years of the model. Additionally, other programs at CMS, including a [funding opportunity](#) to support the development of community-based mobile crisis intervention services, are working to strengthen these care delivery systems.

11. Will Medicare pay for ET3 Model Interventions furnished to beneficiaries dually eligible for Medicare and Medicaid? How should I consider dually eligible beneficiaries in my Medicaid alignment efforts?

“Dually eligible beneficiaries” are beneficiaries enrolled in both Medicare and Medicaid. The term includes beneficiaries enrolled in Medicare Part A and/or Part B and also getting full Medicaid benefits and/or assistance with Medicare premiums or cost sharing.

If a dually eligible beneficiary has Medicare fee-for-service coverage, they are eligible for ET3 Model Interventions. In this case, providers should submit claims to Medicare for ET3 services as usual, which will become “crossover” claims. Generally, Medicare will reimburse the allowable benefit and then send any cost-sharing that would otherwise be the beneficiary’s responsibility to the state Medicaid agency for reimbursement. The state

Medicaid agency is expected to pay the beneficiary's cost-sharing based on the eligibility rules for that beneficiary. State payment of Medicare cost-sharing does not constitute "Medicaid alignment" with the ET3 Model, because the Medicaid claim is just for the cost-sharing of the Medicare covered service. "Medicaid alignment" would include state Medicaid agencies deciding to separately cover ET3-like interventions for their non-dually eligible Medicaid beneficiaries.

The ET3 Model is only available for Medicare fee-for-service beneficiaries. Therefore, if a dually eligible beneficiary is enrolled in Medicare managed care, including integrated Medicare-Medicaid managed care plans, they are not eligible for ET3 Model Interventions. However, depending on their state, Medicare-Medicaid managed care plans may have the flexibility to separately cover ET3-like interventions. Participants should reach out to the Medicare-Medicaid managed care plans in their region to engage in these coverage conversations.

Additional FAQs about the ET3 Model can be found at <https://innovation.cms.gov/innovation-models/et3/faq>.