‘ET3’ for Medicaid is HERE!

Implementation Tips for Texas Ambulance Providers

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Richard Belle

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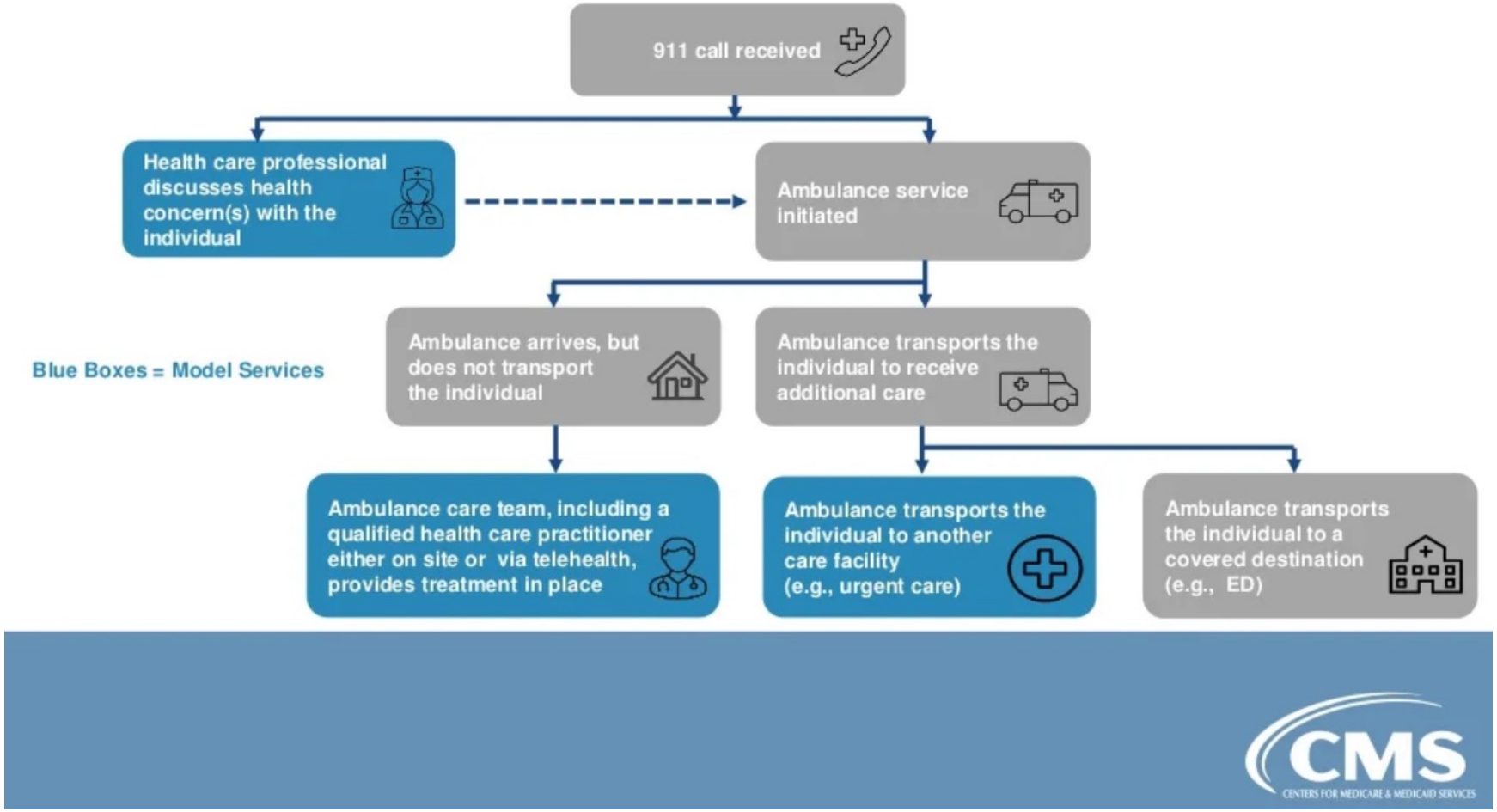
Re-aligning Incentives for Future State

New options help individuals get the care they need and enable ambulances to work more efficiently.



ET3 Model History…

- **2017-18: Developed**
- **2/14/19: Released**
- **Implementation delayed**
- **Dispatch Triage Intervention Withdrawn**

Timeline

Summer 2019	Request for Applications (RFA) release
Fall 2019	Announce participants
Fall 2019	Notice of Funding Opportunity (NOFO) release
Early 2020	Award cooperative agreements

CMS

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Update on ET3 Implementation

- According to annual Implementation Plan updates, 108 Participants have indicated a start date prior to July 1, 2022
- Based on Paid Claims as of June 14, 2022
  - 41 Participants have successfully implemented, submitted claims, and received payment for claims
  - 1,220 unique beneficiaries have received an ET3 Intervention
  - Total Interventions: 76 TAD and 1,271 TIP
  - 94% of Participant claims for ET3 Interventions have been for Initiation and Facilitation of TIP

Participant best practice: Implement!

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2021 TEMSA Initiative

- "ET3" Medicaid coverage
- Modifications for Texas
  - Telehealth requirement
- Apply to all ambulance providers
  - Not just ET3 participants

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EMS INNOVATION
TREATMENT IN PLACE & ALTERNATE DESTINATION TRANSPORT

SB 2028 WILL ENHANCE CARE AND CREATE SAVINGS FOR MEDICAID

Many patients who used to require a hospital transport are now effectively treated at the scene by EMS professionals and referred to further care outside of the hospital emergency department.

Despite this innovation in the care delivered by EMS, the majority of commercial and governmental health plans still pay EMS only when they transport a patient to a hospital. However, that changed in 2019 when Medicare announced the voluntary Emergency Triage, Treat and Transport (ET3) model, which pays EMS agencies for treatment in place and alternate destination transports.

SB 2028 by Sen. Lois Kolkhorst and the accompanying rider by Rep. Giovanni Capriglione seek to apply Medicare's ET3 model to the Texas Medicaid program.

THE ALTERNATE DESTINATION PROJECT IN TARRANT COUNTY

Many Texas EMS agencies are already offering innovative alternative care models in their communities. MedStar Mobile Healthcare, which provides EMS for Tarrant County, implemented the alternate destination project with a large commercial payer in April 2018. The program is available to the commercial plan's 14,000 members in the service area. The plan pays the EMS agency a PMPM Capitated payment (versus the traditional fee-for-service for transports).

Crews are notified upon dispatch (through a matching algorithm in MedStar's 9-1-1 dispatch software based on patient name, D.O.B. and phone number or address). Since implementation, only two patients met the criteria to need immediate transport from the scene of the 9-1-1 call to an alternate destination (urgent care). One patient had an ankle injury and the other had flu-like symptoms with a comorbidity.

The hospital transport rate for 9-1-1 callers in this population has dropped from an average of 71 percent to 64 percent. MedStar believes that this is a result of these patients being assessed, treated and referred from the scene to other health care follow-up appointments that do not require ambulance transport to get there.

The return-on-investment for the payer is the delta of 27 calls that did not go to the emergency department, at an average ED payment of $2,700, or $48,000 in six months.

MedStar responds to 140,000 calls per year and transports 99,500 patients. If its overall transport rate dropped to 64 percent, it would result in a reduction of 9,900 transports to the emergency department. With a Medicaid payer mix of 16 percent, it would likely result in 1,600 fewer Medicaid transports per year, at an estimated savings of $1,430 per patient, or over $2.3 million in annual potential savings to Medicaid in Fort Worth.

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Health and Human Services Commission, Article II

Proposed Rider

Emergency Triage, Treat, and Transport Demonstration Payment Model

Prepared by LBB Staff, 03/09/2021

Overview

Add a rider directing the Health and Human Services Commission to implement an Emergency Triage, Treat, and Transport payment model in Medicaid. Decrease appropriations in Goal A, Medicaid Client Services, by $1,667,479 in General Revenue Match for Medicaid Account No. 758 and $2,586,293 in Federal Funds in fiscal year 2023 due to assumed savings relating to implementing the program.

3) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

XX. **Emergency Triage, Treat, and Transport Demonstration Payment Model.**

(a) For the purposes of this provision, ET3 Program means an Emergency Triage, Treat, and Transport Model or a substantially similar program approved by the federal Centers for Medicare and Medicaid Services that is designed to improve quality of care and lower costs by reducing avoidable emergency transports and unnecessary hospitalizations.

(b) Out of funds appropriated above in Goal A, Medicaid Client Services, and not later than September 1, 2022, the Health and Human Services Commission (HHSC) shall implement the ET3 Program in Medicaid to reimburse Medicaid-enrolled emergency medical services providers for:

(1) transporting Medicaid clients to alternative destinations, other than an emergency department, as approved by HHSC;

(2) facilitating appropriate treatment in place at the scene; and

(3) facilitating appropriate treatment via telehealth.

(c) In providing assistance and support under this section, HHSC shall ensure that a Medicaid-enrolled emergency medical services provider participating in the ET3 Program is reimbursed for any applicable costs, including claims for services provided:

(1) under a fee-for-service delivery model;

(2) under a Medicaid managed care delivery model;

(3) to persons enrolled in Medicaid; and

(4) to persons dually enrolled in Medicare and Medicaid.

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

As mandated by Rider 42, 87th Legislature, Regular Session, 2021, HHSC is performing a comprehensive review of the Medicaid Ambulance Services policy for Medicaid clients to add Emergency Triage, Treat and Transport (ET3) services. HHSC is publishing a draft of the updated policy as a result of this review.

The following is a summary of changes in scope for this policy review:

- Explained scope and requirements for ET3 services.
- Updated the 'Reimbursement' section of the policy to include guidelines related to ET3 services.
- Added five CMS approved destination modifiers to allow emergency ambulance transport reimbursement for transport to an alternative destination other than an emergency department, and for treatment in place (TIP).

Emergency Triage, Treat and Transport (ET3)

10. Emergency Triage, Treat and Transport (ET3) services are designed to allow greater flexibility for Medicaid-enrolled ambulance providers to address clients' health care needs following a 9-1-1, fire, police, or other locally established system for emergency calls.

11. ET3 permits emergency transportation (ground ambulance) providers to:

11.1 Transport a client to an alternative destination, other than an emergency department, or

11.2 Initiate and facilitate appropriate treatment in place (TIP) at the scene, or

11.3 Initiate and facilitate appropriate TIP via telemedicine or telehealth as defined in the Telecommunication Services Handbook (Vol. 2, Provider Handbooks).

Transport to an Alternative Destination

12. An ambulance provider may transport a client to an alternative destination (such as an urgent care clinic, behavioral health clinic, FQHC, etc.) when upon evaluation the following requirements apply:

12.1 The client's condition is determined to be non-emergent but requires medical attention.

12.2 An alternative destination will meet the client's level of care more appropriately than an emergency department.

12.3 There is no other appropriate transportation available.

13. The alternative destination must be within or near the responding emergency transportation provider's service area.

14. Prior to initiating ET3 transport to an alternative destination, the provider must have pre-established arrangements with alternative destination partners within their region, and have knowledge of the alternative destination's:

14.1 Hours of operation.

14.2 Clinical staff available.

14.3 Services provided.

15. HHSC expects ambulance providers to use their best practices and exercise their normal standard of care to determine the nearest most appropriate alternative destination for a client.

Treatment in Place

16. Upon the emergency response team's arrival to the scene and their evaluation of the client, if the services required at that time are determined to be medically necessary, but not emergent, the emergency transportation provider may provide treatment to the client in accordance with the provider's scope of practice, their emergency transport service's medical direction and established protocols.

17. Treatment on scene may also be performed, when medically necessary, via a telemedicine or telehealth visit performed in accordance with telemedicine and telehealth services requirements outlined in the Telecommunication Services Handbook (Vol. 2, Provider Handbooks).

September 1, 2022!

May 23, 2022

Karen Ray
Chief Counsel
Texas Health and Human Services Commission

Re: Draft Policy for ET 3 Ambulance Service

Dear Ms. Ray:

I am writing on behalf of the Texas EMS Alliance (TEMSA) to provide comments on the May 12, 2022, draft policy related to Emergency Triage, Treat and Transport (ET3) services for the Medicaid Ambulance Services policy for Medicaid clients. TEMSA was founded in 2014 to serve as the stakeholder voice for Texas EMS agencies that deliver 911 services to Texas communities.

Policymakers are seeking tools to costs and create greater quality within the health care system, and the ET3 program represents one of the most significant avenues for the EMS industry to be a part of the solution. TEMSA is pleased that both the Texas Legislature and HHSC are engaging the ET3 model to enhance the Texas Medicaid program.

Draft Policy Suggestions

TEMSA appreciates the willingness of HHSC staff to meet with EMS stakeholders early in the process following passage of the law by the Texas Legislature. The draft policy is well designed and will create a better patient experience and eliminate inefficiencies in the health care system.

About MedStar…

- Governmental agency (PUM) serving Ft. Worth and 14 Suburban Cities
  - 1,016,963 residents, 434 Sq. miles
  - Exclusive provider - emergency and non-emergency
- 178,600 responses annually
- 530 employees
- $52.5 million budget (FY 2021-22)
  - **No tax subsidy**
- Fully deployed Dynamic Resource Management
- Medical Control from 18-member Emergency Physician's Advisory Board (EPAB)
  - Physician Medical Directors from all emergency departments in service area + 7 Tarrant County Medical Society reps

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Why We're Doing It…

- **Current EMS economic model is "Jacked-Up"**
  - EMS only paid for transport to an Emergency Department (ED)
  - Should be paid for navigation from a 911 call
- **Need to find more patient-centric economic models for EMS**
- **Want to be part of the VALUE *solution***

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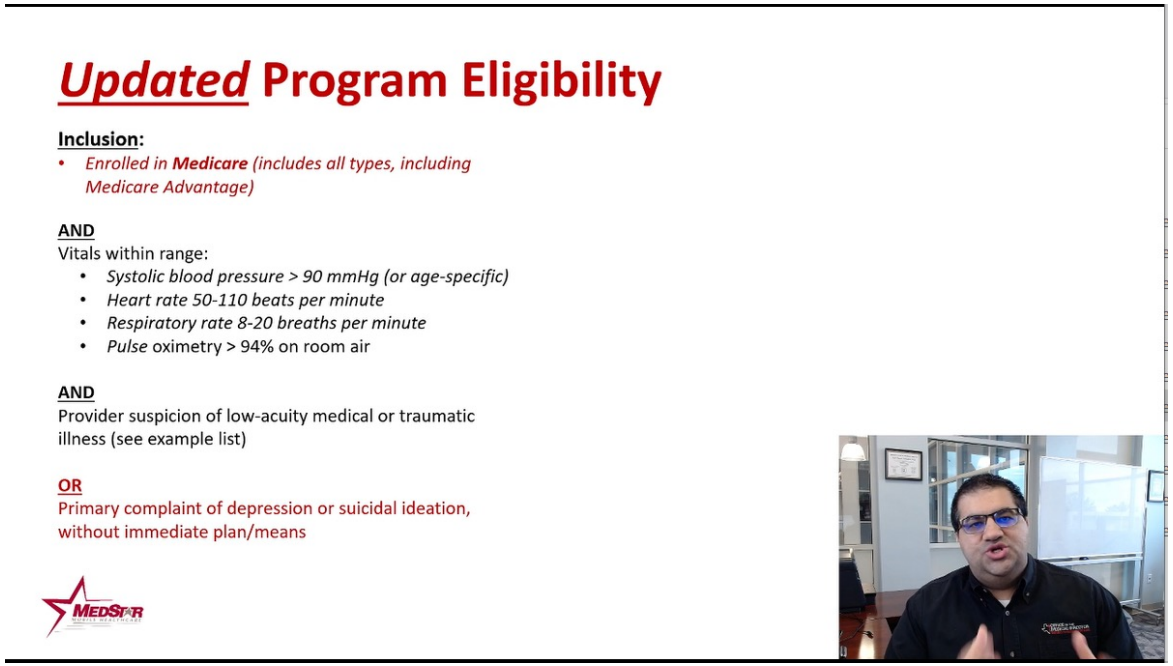
Program Goals

- **Provide options for alternate disposition through the *telehealth* counsel of a physician, or other *Qualified Healthcare Practitioner* (QHP)**
  - ***Treatment in Place*** (TIP) with referral to other appropriate healthcare resources
  - **Transport to an Alternate Destination** (TAD)

Field Implementation Process

- **Communicate, Communicate, Communicate**
  - Internal AND external stakeholders
- **Make it simple & be NIMBLE**
  - Field telehealth
  - Alternate destinations
- **On-line education**
  - Include the WHY
- **PDSA testing**
  - Small scale, rapid cycle, evaluate results
- **It *will* take longer than you think!**
  - And require more communication…



Field Guides

Inclusion:

- *Enrolled in **Medicare** (includes all types, including Medicare Advantage)*

AND

Vitals within range:

- *Systolic blood pressure > 90 mmHg (or age-specific)*
- *Heart rate 50-110 beats per minute*
- *Respiratory rate 8-20 breaths per minute*
- *Pulse* oximetry > 94% on room air

AND

Provider suspicion of low-acuity medical or traumatic illness (see example list)

OR

Primary complaint of depression or suicidal ideation, without immediate plan/means

Exclusion:

- Patients in a healthcare facility
  - *(i.e.: SNF, MD office, Urgent Care Center (UCC))*
- Age < 1-year old
- OB/Pregnancy complaints
- Provider suspicion of moderate or high-acuity illness
- Refusals without demonstration of capacity (Contact OLPG)
- Patients in custody of law enforcement
- Refusal of telemedicine consent (Follow AMA Protocol)
- Ambulance ***NOT*** on scene (no BERT/SRU units)

Medicare Patient AMA? = ET3 YES

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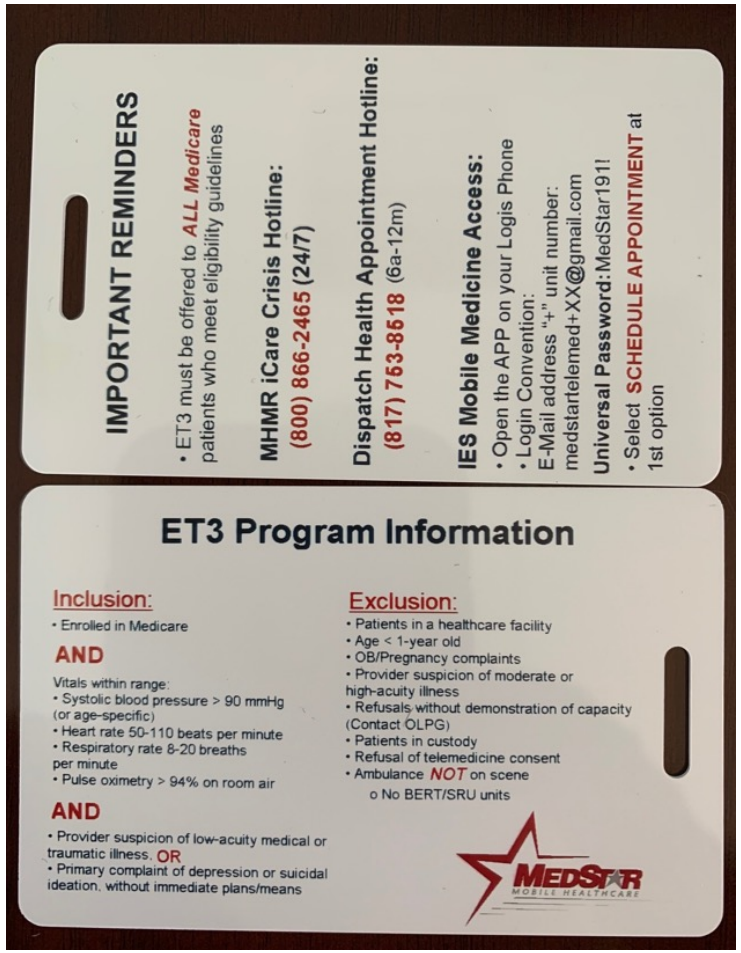
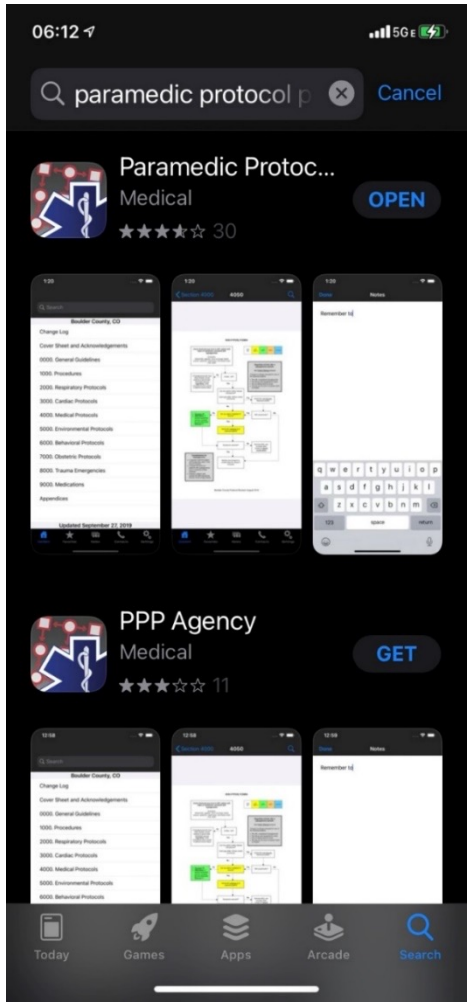
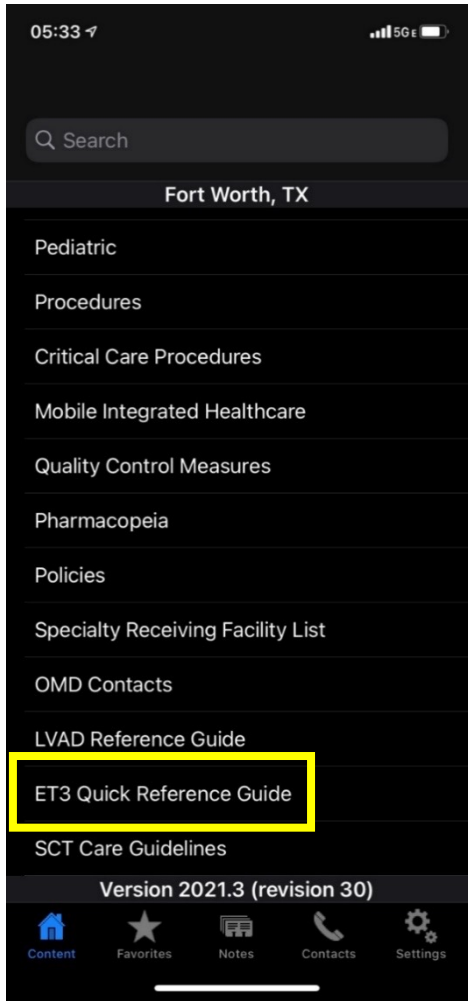
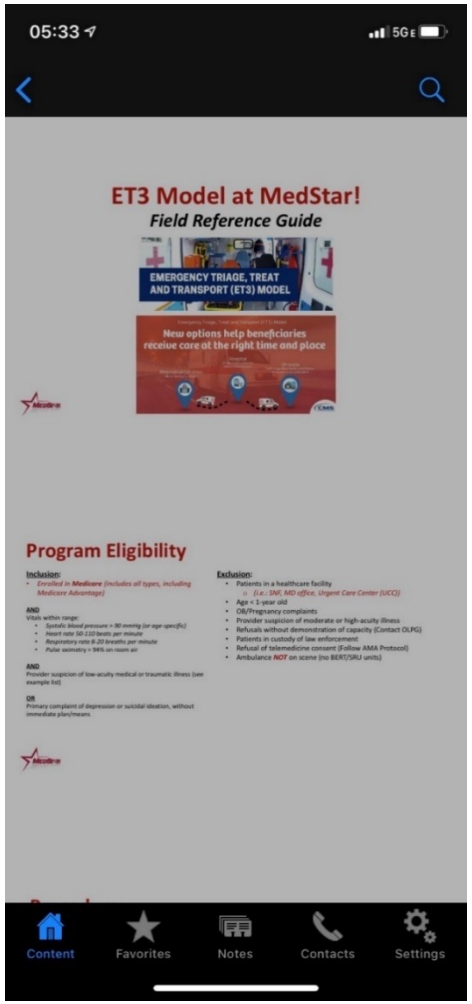
Field Support









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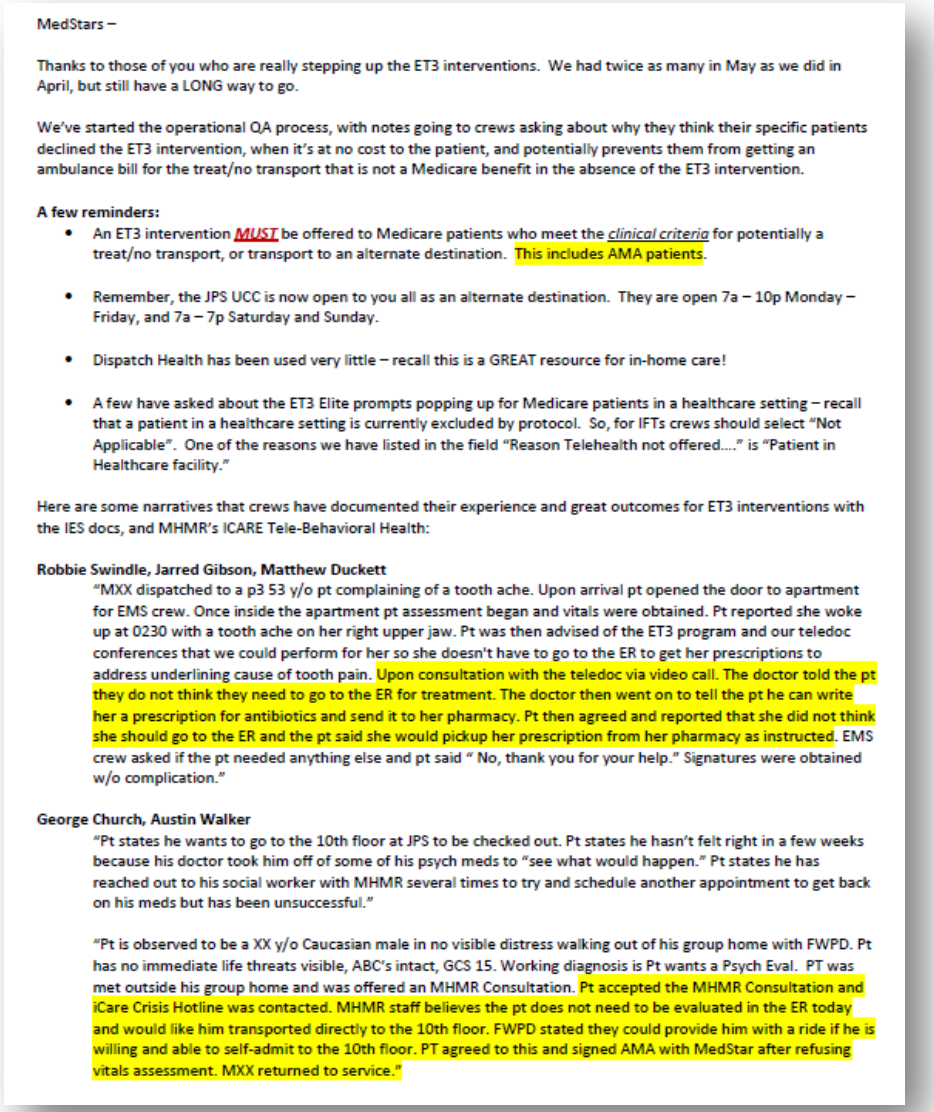
Crew Updates, Reminders & Case Examples…



MedStars –

Thanks to those of you who are really stepping up the ET3 interventions. We had twice as many in May as we did in April, but still have a LONG way to go.

We've started the operational QA process, with notes going to crews asking about why they think their specific patients declined the ET3 intervention, when it's at no cost to the patient, and potentially prevents them from getting an ambulance bill for the treat/no transport that is not a Medicare benefit in the absence of the ET3 intervention.

A few reminders:

- An ET3 intervention ***MUST*** be offered to Medicare patients who meet the *clinical criteria* for potentially a treat/no transport, or transport to an alternate destination. This includes AMA patients.
- Remember, the JPS UCC is now open to you all as an alternate destination. They are open 7a – 10p Monday – Friday, and 7a – 7p Saturday and Sunday.
- Dispatch Health has been used very little – recall this is a GREAT resource for in-home care!
- A few have asked about the ET3 Elite prompts popping up for Medicare patients in a healthcare setting – recall that a patient in a healthcare setting is currently excluded by protocol. So, for IFTs crews should select "Not Applicable". One of the reasons we have listed in the field "Reason Telehealth not offered…." is "Patient in Healthcare facility."

Here are some narratives that crews have documented their experience and great outcomes for ET3 interventions with the IES docs, and MHMR's ICARE Tele-Behavioral Health:

Robbie Swindle, Jarred Gibson, Matthew Duckett

"MXX dispatched to a p3 53 y/o pt complaining of a tooth ache. Upon arrival pt opened the door to apartment for EMS crew. Once inside the apartment pt assessment began and vitals were obtained. Pt reported she woke up at 0230 with a tooth ache on her right upper jaw. Pt was then advised of the ET3 program and our teledoc conferences that we could perform for her so she doesn't have to go to the ER to get her prescriptions to address underlining cause of tooth pain. Upon consultation with the teledoc via video call. The doctor told the pt they do not think they need to go to the ER for treatment. The doctor then went on to tell the pt he can write her a prescription for antibiotics and send it to her pharmacy. Pt then agreed and reported that she did not think she should go to the ER and the pt said she would pickup her prescription from her pharmacy as instructed. EMS crew asked if the pt needed anything else and pt said " No, thank you for your help." Signatures were obtained w/o complication."

George Church, Austin Walker

"Pt states he wants to go to the 10th floor at JPS to be checked out. Pt states he hasn't felt right in a few weeks because his doctor took him off of some of his psych meds to "see what would happen." Pt states he has reached out to his social worker with MHMR several times to try and schedule another appointment to get back on his meds but has been unsuccessful."

"Pt is observed to be a XX y/o Caucasian male in no visible distress walking out of his group home with FWPD. Pt has no immediate life threats visible, ABC's intact, GCS 15. Working diagnosis is Pt wants a Psych Eval. PT was met outside his group home and was offered an MHMR Consultation. Pt accepted the MHMR Consultation and iCare Crisis Hotline was contacted. MHMR staff believes the pt does not need to be evaluated in the ER today and would like him transported directly to the 10th floor. FWPD stated they could provide him with a ride if he is willing and able to self-admit to the 10th floor. PT agreed to this and signed AMA with MedStar after refusing vitals assessment. MXX returned to service."

Impacts on the System

- **Energize the workforce (most)**
  - Get to do what they've always wanted – Advise their patients!
- **Another industry-leading innovation**
  - Team member pride
  - One of the 1st to implement
  - Good and bad
- **"Financial Screening" hurdle**
- **Impact on Task Times**
  - Longer than regular "AMA"
  - Shorter than a transport

Impacts on the System

- **Learning curve**
  - Many reminders and communications with Team members
  - Discussion of payer source and billing implications – culture shift!
- **Additional revenue generation**
  - And ? tied to incentive payments
- **Application of Model interventions on non-eligible patients**
  - Potential for decreased revenue

ET3 Program Summary

April 5, 2021 through: 7/10/2022

Overall Emergency Response Volume (No Card 33 or 37)			Notes
Documented Medicare Patient Contacts	38,893		
≥ 65	28,192	72.5%	
< 65	10,640	27.4%	
Not Documented	61		
Transported	33,096	85.1%	
AMA (incl. Refused All Care & Refusal w/o Capacity)	3,746	9.6%	
ET3 Intervention Offered	5,987	15.4%	(All Payers)
ET3 Intervention Accepted	789	13.2%	(All Payers)
IES	783		
MHMR	5		
Outcomes			
Transported	62	7.9%	
Hospital ED	57		
Other	5		
TIP	727	92.8%	
Dispatch Health Referral	346	47.6%	
MCOT Referral	4		

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Times on Task Analysis

Through: 7/10/2022

Medicare Patients

AMA Scene Time w/Telehealth Completed	0:59:41	N = 436
AMA Scene Time w/o Telehealth Attempted	0:35:58	N = 2,288
AMA Scene Time Difference with and w/o Telehealth	0:23:43	

AMA w/Telehealth Completed	0:59:41	N = 436
AMA w/Telehealth Started, but Not Completed	0:57:41	N = 39
Difference	0:02:00	

Total Task Times

Average Task Time - All Calls	0:59:59
Average Task Times - Transport	1:14:36

Pulse Report April 5, 2021 - July 10, 2022

Summary

Task Time Difference Telehealth Completed vs. Transport	0:14:55	Less Time

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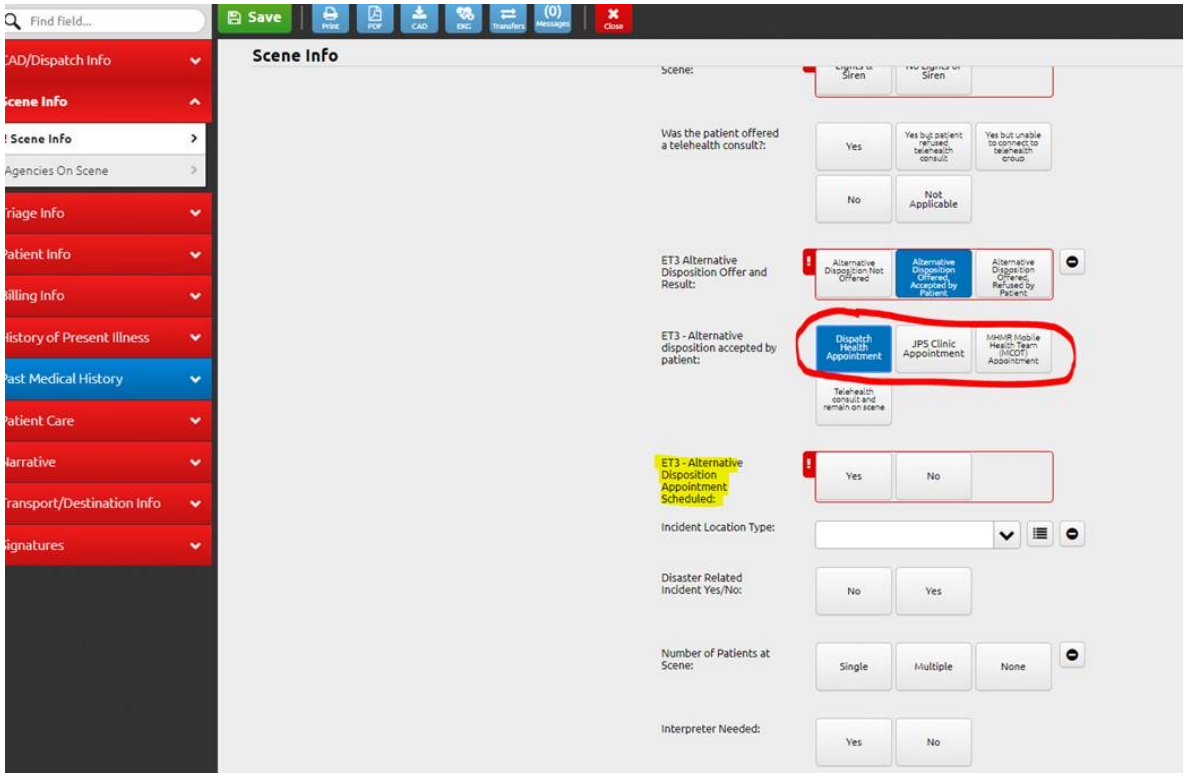
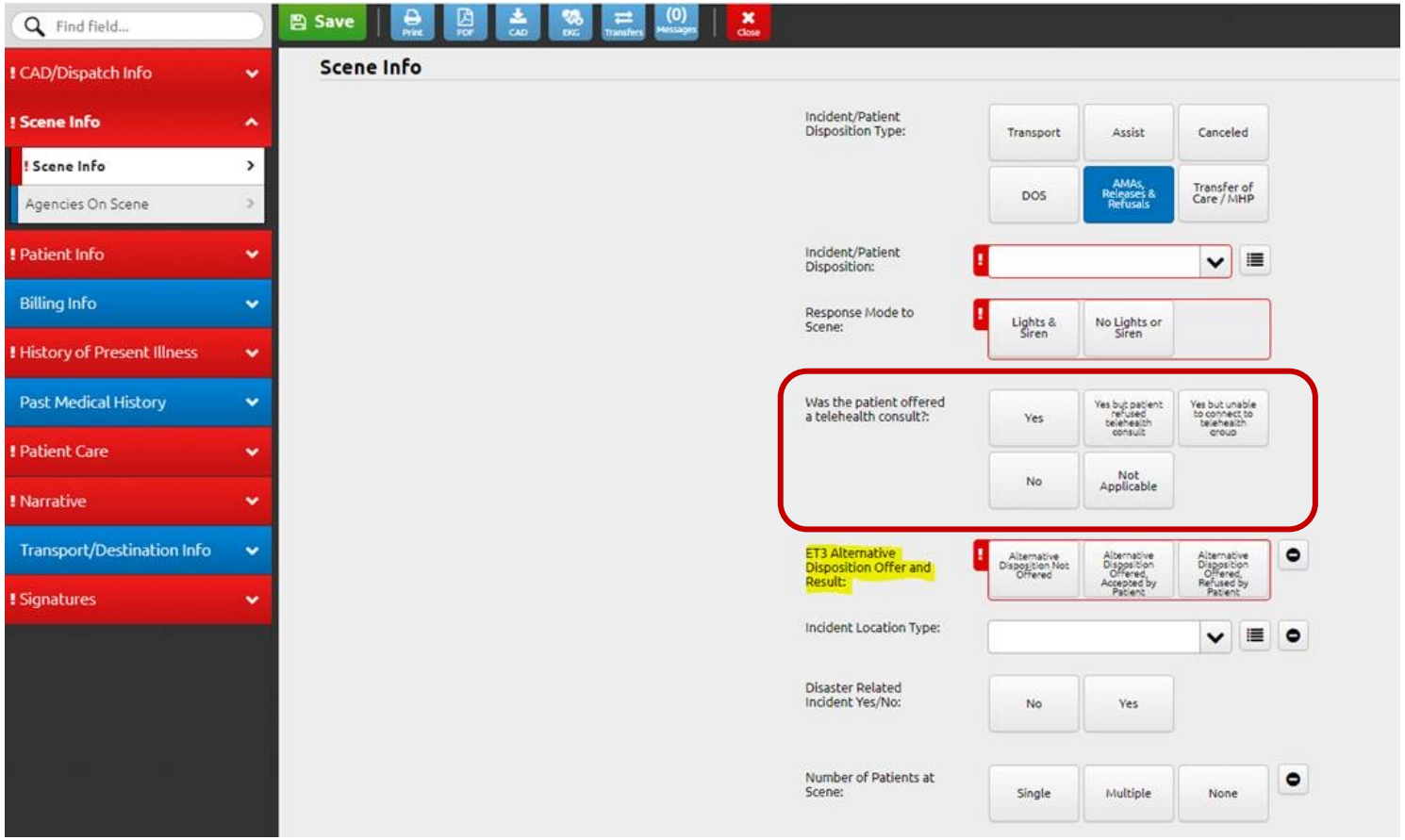
Documentation & Data Collection

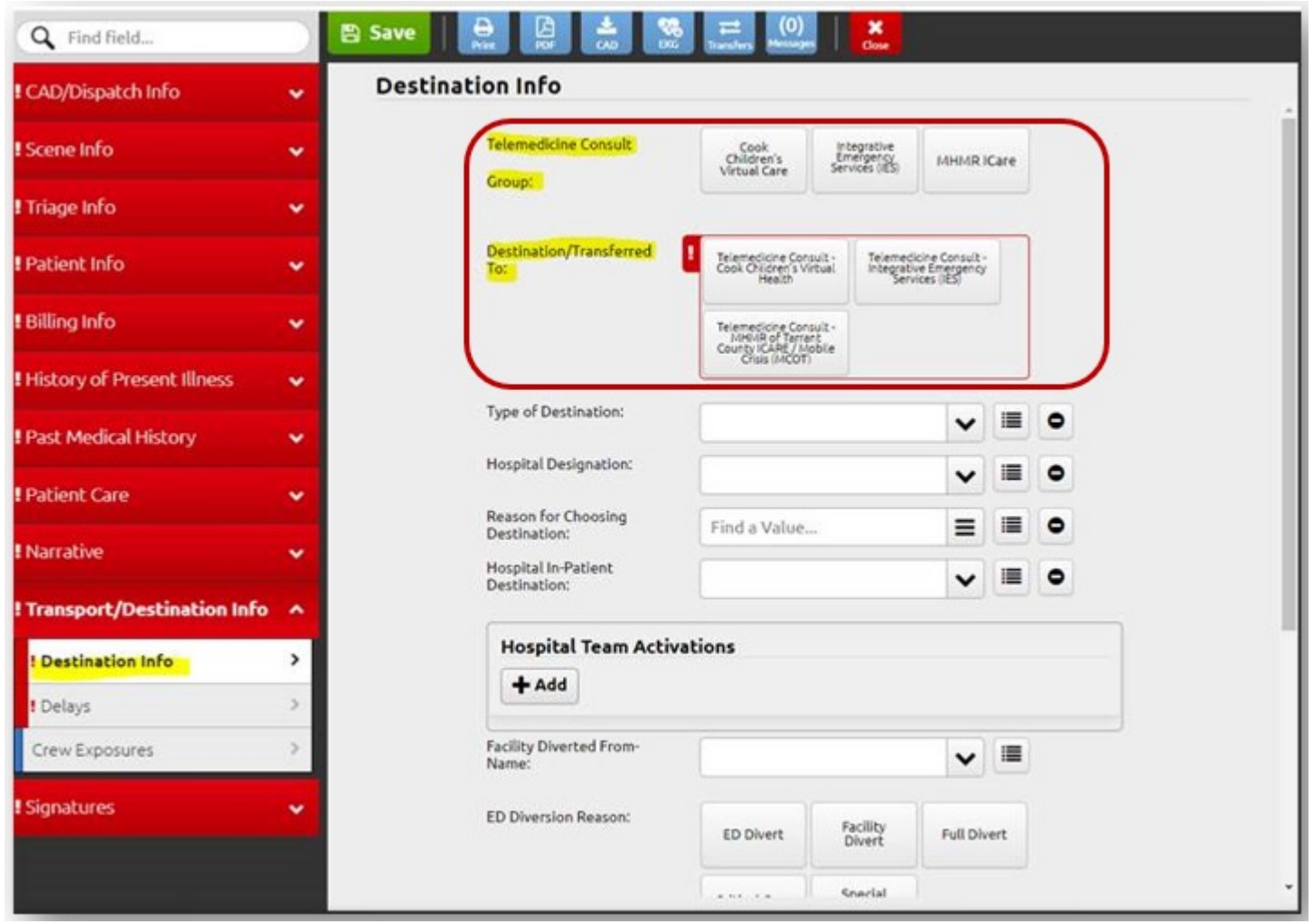
- **ePCR data collection**
  - Documentation of offer/acceptance/declination of ET3 Model interventions
  - Validation rules
  - Reports/Operational QI



ET3 Related ePCR Documentation



ET3 Related ePCR Documentation



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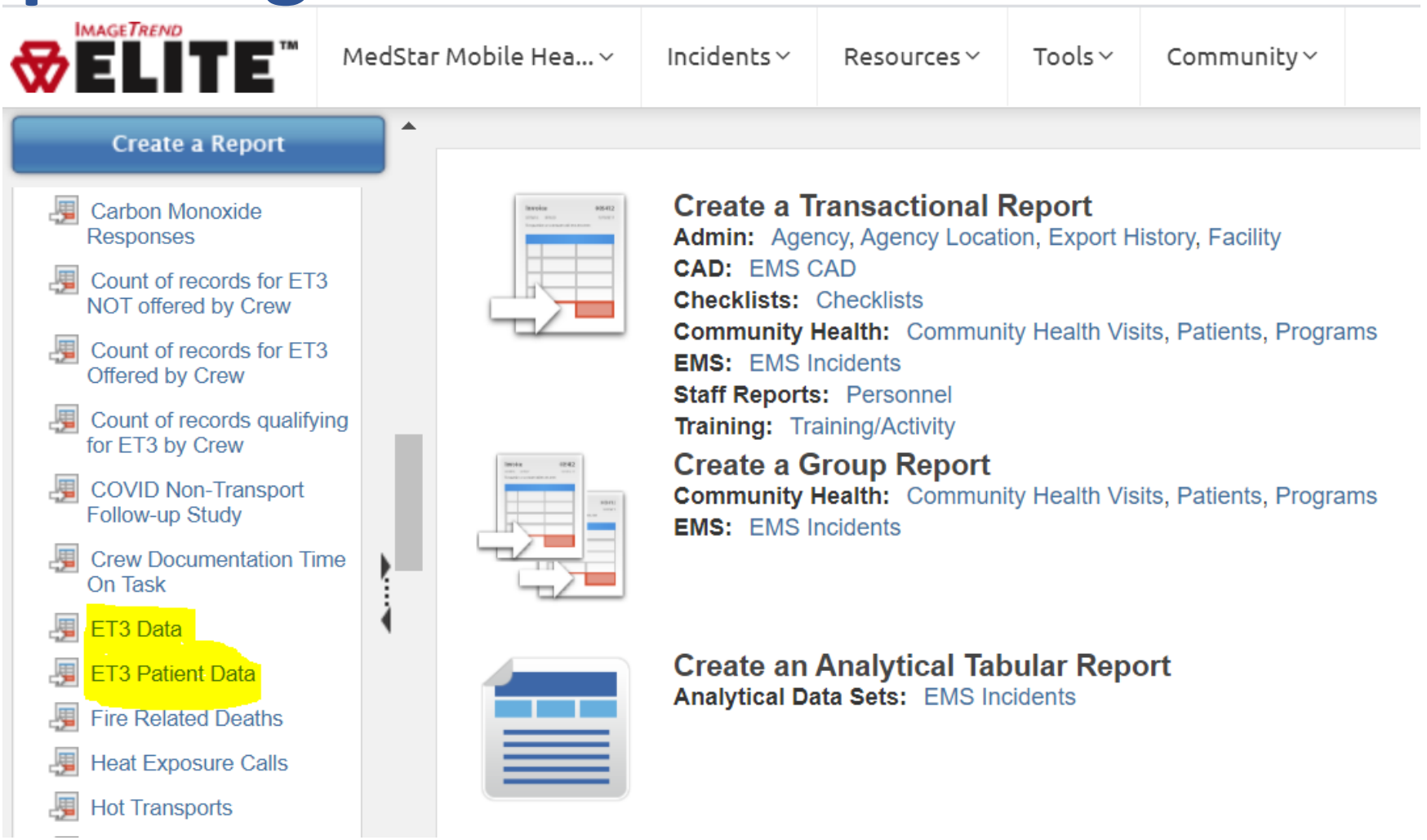
ET3 Reporting



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TMHP Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor

Emergency Triage, Treat, and Transport Benefits for Ambulance Services Effective September 1, 2022

Last updated on 8/4/2022

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, precertification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Effective for dates of service on or after September 1, 2022, emergency triage, treat, and transport (ET3) services for ambulance providers will become a benefit of Texas Medicaid.

https://www.tmhp.com/news/2022-08-04-emergency-triage-treat-and-transport-benefits-ambulance-services-effective

ET3 Alternative Destinations and TIP

The following modifiers must be submitted on the claim in the destination position of the origin/destination modifier combination for alternative destinations or TIP:

Modifier	Transport Type
C	Community mental health center (including substance use disorder center)
F	FQHC
O	Physician's office
U	Urgent care facility
W	TIP (in person or through telemedicine or telehealth)

The following modifier combinations are valid for TIP ambulance claims:

Origin and Destination Modifier	Description
DW	Diagnostic or therapeutic site/freestanding facility (e.g., radiation therapy center) other than the H or P modifier
EW	Residential, domiciliary, or custodial facility (unskilled facility)
JW	Nonhospital-based dialysis facility
PW	Physician's office
RW	Residence (client's home or any residence)
SW	Scene of accident or acute event

Future Plans

- **Expand participating payers**
  - Enhanced application for more patients
- **Leverage with payers for other revenue-generating innovative services**
  - Safe Landings
  - 'MedStar on Demand' offered to the payers & community
  - Qualified Healthcare Practitioners in the field
    - Employed by MedStar / Empress?
  - Don't HAVE to do it with Medicare
    - Could be with other payers!
- **Bring telehealth solution into the 911 center**
  - Connect callers to telehealth through the comm center
    - No ambulance response

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Ancillary Services Agreement

This Ancillary Services Agreement ("Agreement") is between XXXXX HealthCare of Texas, Inc. ("XXXX") and Metropolitan Area EMS Authority ("Provider") and is effective upon XXXX's execution and implementation of the Agreement into its administrative systems. Provider will be notified of the Effective Date via XXXX's return of the signed contract to Provider, and will be indicated in the space below.

Effective Date: March 1, 2022

II. Reimbursement Rates

Coding	Description	Reimbursement
HCPCS Code: A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	$ One Way
HCPCS Code: A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency)	$ One Way
HCPCS Code: A0428	Ambulance service, basic life support, non-emergency transport (BLS)	$ One Way
HCPCS Code: A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)	$ One Way
HCPCS Code: A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Services not available as of effective date. If service becomes available, Provider will contact Cigna to amend contract.
HCPCS Code: A0433	Advance life support, level 2 (ALS 2)	$ One Way
HCPCS Code: A0434	Specialty care transport	$ One Way
HCPCS Code: A0425	Ground mileage, per statute mile	$ Per Mile
HCPCS Code: A0998	Ambulance response and treatment, no transport	$ Per Visit

GMR / Medical Direction

- **Intentionally kept 'EMS Medical Direction' separate from 'Treating Physician/Team'**
- **Defining the ET3 patient**
  - Vital signs / Low Acuity
  - Lists of successful treatments
- **Treating Physician Parameters**
  - Quick answer
  - Ease of Scalability
- **On Going QI**
  - Are we sending the right patients to the process?
    - TIP Rate
  - Need better engagement by EMS providers

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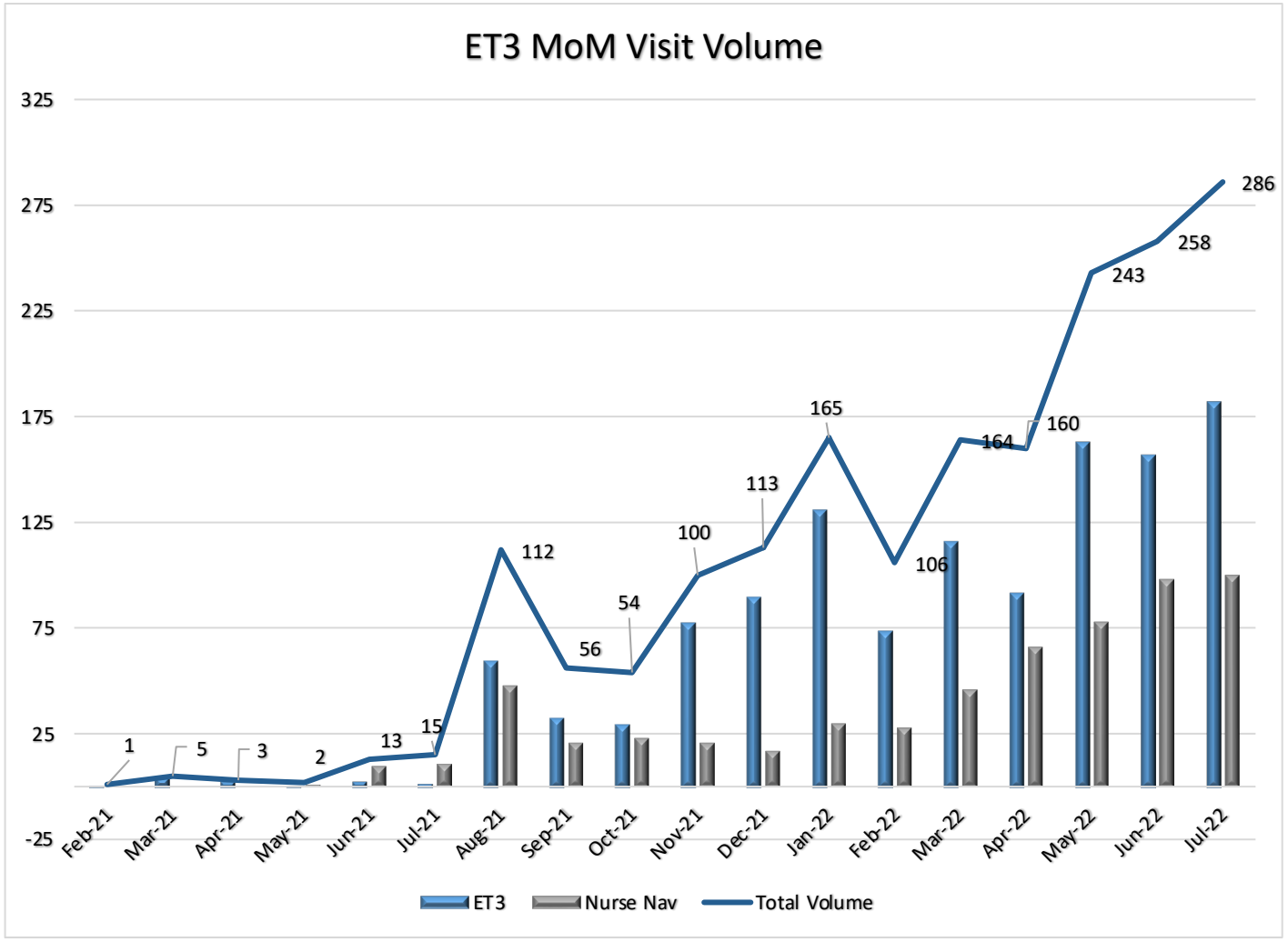
GMR ET3 Volume & Performance

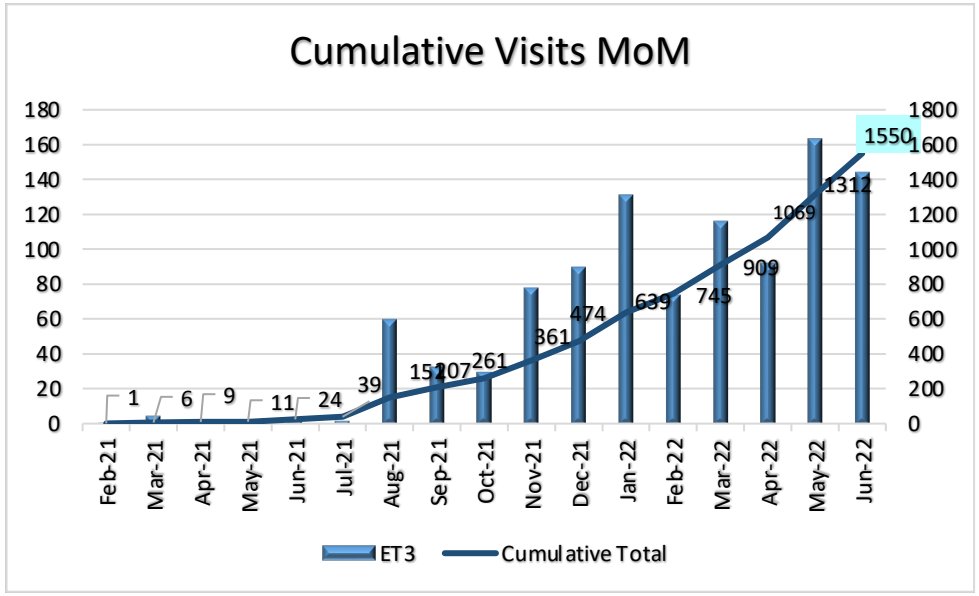
Envision PHYSICIAN SERVICES | VIRTUAL HEALTH



Typical Visit Response Time: **2.7 minutes**

Typical Visit Duration: **9.7 minutes**

Average Treatment-in-Place (TIP): **58%**



Note: This report includes only sites utilizing the MEDS platform

MEDS ET3 Primary Impressions Dashboard

Market
All

Region
All

Primary Impression Category
All

Primary Impression Sub Categ...
All

Primary Impression
All

Insurance Type
All

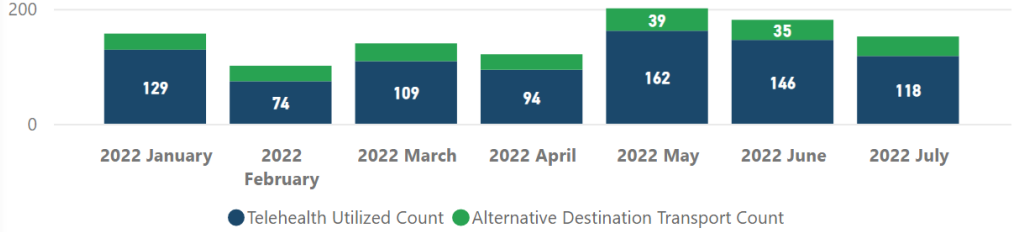
Disposition
All

1/1/2022 — 7/20/2022

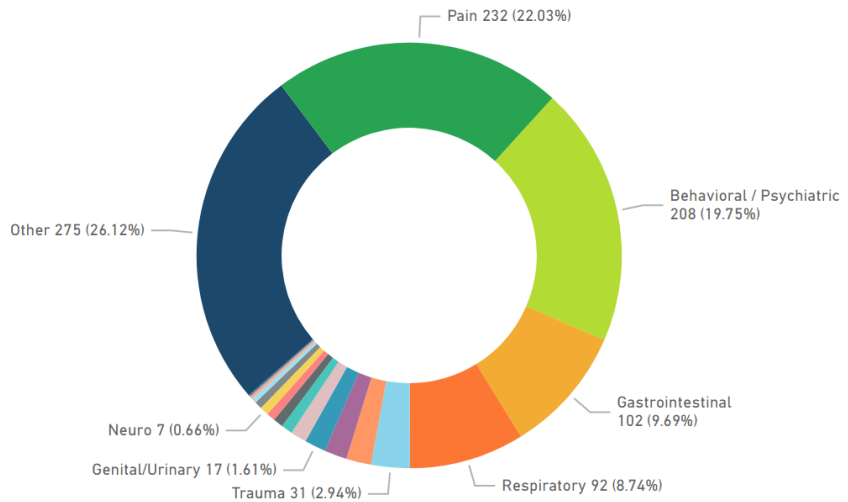
Chief Complaints Summary (Primary Impression Category)

Primary Impression Category	Telehealth Utilized Count	Alternative Destination Transport Count	Total
Other	260	15	275
Pain	196	36	232
Behavioral / Psychiatric	54	154	208
Gastrointestinal	96	6	102
Respiratory	90	2	92
Trauma	27	4	31
GI/GU	20	0	20
Vascular	18	0	18
Genital/Urinary	16	1	17
Behavioral	13	0	13
Environmental	8	1	9
Resp	8	0	8
Allergic Reaction	7	0	7
Neuro	7	0	7
Toxicological	5	1	6
Neurological	3	1	4
Cardiac	2	0	2
Chest Pain/Cardiac	1	0	1
Tox	1	0	1
	0	0	0
Arrest/Shock	0	0	0
Diabetes	0	0	0
OB/Gyn	0	0	0
Obstetrics/Gynecology	0	0	0
Ped	0	0	0
Shock	0	0	0
Total	**832**	**221**	**1,053**

Chief Complaints by Month



Chief Complaints Category Breakout



GMR Comments

- **Tech Woes**
  - Tablets used for calls
  - eVisit since rollout
  - Tech issues, early, better, but exploring new platform – relyMD
- **Refining/Better defining ‘the right’ patients to send to ET3**
  - Added ‘No change in Ambulation in last 24 hours’
  - Considered removing ‘Abdominal Pain’ as a CC. Keeping for now.
- **Refusals?**
  - Medical Director vs Treating Physicians
  - Low Acuity / Benefit from the interaction vs risk mitigation

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Global Medical Response

Acadian Ambulance Service

MCHD

TEXAS EMS ALLIANCE

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thank you!

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