



## Memorandum

State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
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*Larry Hogan*  
Governor

*Clay B. Stamp, NRP*  
Chairman  
Emergency Medical  
Services Board

*Theodore R. Delbridge, MD, MPH*  
Executive Director

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To: Highest Jurisdictional Officials  
Directors of Emergency Services  
Directors, Public Safety Answering Points

From: Theodore Delbridge, MD, MPH  
Executive Director, MIEMSS

Date: April 02, 2019

Re: Emergency Triage, Treat & Transport (“ET3”)

I am writing to share with you important developments in efforts to secure reimbursement for EMS new models of care. As you may be aware, the Center for Medicare & Medicaid Innovation recently announced the “Emergency Triage, Treat & Transport (“ET3”) Program,” that will expand Medicare coverage to reimburse EMS for low-acuity Medicare patients who are treated / transported under certain new models of EMS care.

Briefly, ET3 will expand Medicare reimbursement under a 5-year program to cover instances when a low-acuity Medicare patient calls 9-1-1 and either EMS transports the patient to an alternative destination (not an emergency department) or the EMS response includes a qualified health care practitioner who treats the patient on scene or using telehealth. ET3 will also provide a two-year funding opportunity for local governments and others with authority over 9-1-1 dispatch centers to establish medical triage lines for low acuity calls. Traditional Medicare reimbursement, which covers ambulance transports to hospital emergency departments and other currently permitted destinations, will continue to provide reimbursement for those transport destinations.

The attached summary of the ET3 program provides basic information available to date. Medicare will announce additional specifics of the ET3 program this summer. While we await further information from Medicare, I wanted to share our perspective on this new program.

1. MIEMSS has been involved in the development of new models of EMS care and continues to work to expand reimbursement to cover these new models. MIEMSS believes that Medicare’s ET3 Program will likely affect future EMS reimbursement from all payer sources for new models of care. **MIEMSS strongly encourages all jurisdictions to review available ET3 information, pay attention for new and updated information, and consider applying for ET3 participation.**
2. MIEMSS anticipates that the models of EMS care that will be reimbursable under ET3 (i.e., treat in place with a qualified health care practitioner; transport to alternative destinations) will require some adjustment in the *Maryland Medical Protocols for EMS Providers*. We do not anticipate that any adjustments to the Protocols will be significant since the Protocols already include pilot programs for these models. **MIEMSS anticipates completing any adjustments to the Protocols needed for ET3 participation no later than July 1, 2019.**

We will advise you regarding further information on ET3 as it becomes available. In the meantime, while we await further guidance from Medicare, we are interested in hearing your questions and understanding your concerns about implementing ET3 in Maryland. Also, please be assured that MIEMSS is enthusiastic about this innovation and hopes to be supportive as EMS agencies consider their potential opportunities to participate

Thank you.

Cc: Patricia Gainer, JD, MPA  
MIEMSS Deputy Director

Tim Chizmar, MD  
State EMS Medical Director

MIEMSS Regional Administrators

Attachment



## The Medicare Emergency Triage, Treat & Transport (ET3) Program

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The Center for Medicare & Medicaid Innovation recently announced a new 5-year program, the “Emergency Triage, Treat & Transport (“ET3”) Program,” that aims to ensure that Medicare Fee-for-Service beneficiaries receive the most appropriate care, at the right time, and in the right place. ET3 will expand Medicare to reimburse EMS for Medicare patients when those patients are treated / transported under certain new models of EMS care. At the same time, however, ET3 will continue traditional Medicare reimbursement for ambulance transports to hospital emergency departments and other currently permitted destinations. Even though ET3 applies only to Medicare Fee-for-Service patients, Medicare is encouraging multi-payer adoption to support overall success and sustainability. Medicare reimbursement changes under ET3 have three distinct components:

**Component 1 – Reimbursement for New Models of Care: A five-year model program will expand Medicare reimbursement to cover instances where a low-acuity Medicare patient calls 9-1-1 and:**

- EMS transports the low-acuity patient to an alternative destination, such as urgent care clinics or doctor’s offices. Medicare has indicated that ambulance payment for these transports will be at a rate equivalent to the Medicare Part B ambulance fee schedule base rate for basic life support (BLS) ground ambulance in addition to mileage and any other applicable add-on or adjustment to the BLS rate. OR
- An EMS team responds and includes a qualified health care practitioner that treats the low-acuity patient either on scene or using telehealth. Medicare has indicated that participants that facilitate treatment in place via telehealth will be paid as telehealth originating sites at a rate equivalent to the base BLS ground ambulance rate.

In order to participate in Component 1 of the ET3 program, ambulance providers and suppliers must apply and be approved by Medicare to participate in ET3. Medicare has indicated that there is currently no cap on the number of ambulance providers and suppliers that may be approved to participate in ET3. Medicare has indicated that selection of ambulance suppliers and providers for ET3 participation will include consideration of regional clusters and demonstrated ability to achieve model goals. After 3 years of participation, Medicare may make performance-based payment adjustments based on key quality measures.

**Component 2 – Aligned regional care: For local governments, designees or other entities that operate or have authority over one or more 9-1-1 dispatch centers, cooperative agreements will be available to establish medical triage lines for low-acuity calls in certain regions where ambulance providers and suppliers have been selected to participate in the new payment options (i.e., Component #1 above).**

Medicare indicates that it will make available only 40 of these cooperative agreements nationwide. Cooperative agreements are to run for a period of two years. (Note: not all ambulance providers / suppliers approved Component 1 will be located in 9-1-1 dispatch areas that will participate in Component 2).

**Component 3 – Enhanced quality monitoring and enforcement: Medicare is seeking to build accountability through monitoring of specific quality metrics and adverse events and enforcement to ensure patient safety and program integrity.**

Medicare indicates that information on the metrics that will be monitored through ET3 will be available this summer.

**Timing**

Medicare indicates it will issue a Request for Applications from ambulance providers and suppliers (Component 1) this summer and will announce those selected to participate in fall 2019. Also during fall 2019, Medicare will announce a Notice of Funding Opportunity for Component 2, with awards made in early 2020. Information on the ET3 program is available at <https://innovation.cms.gov/initiatives/et3/>

April 2, 2019