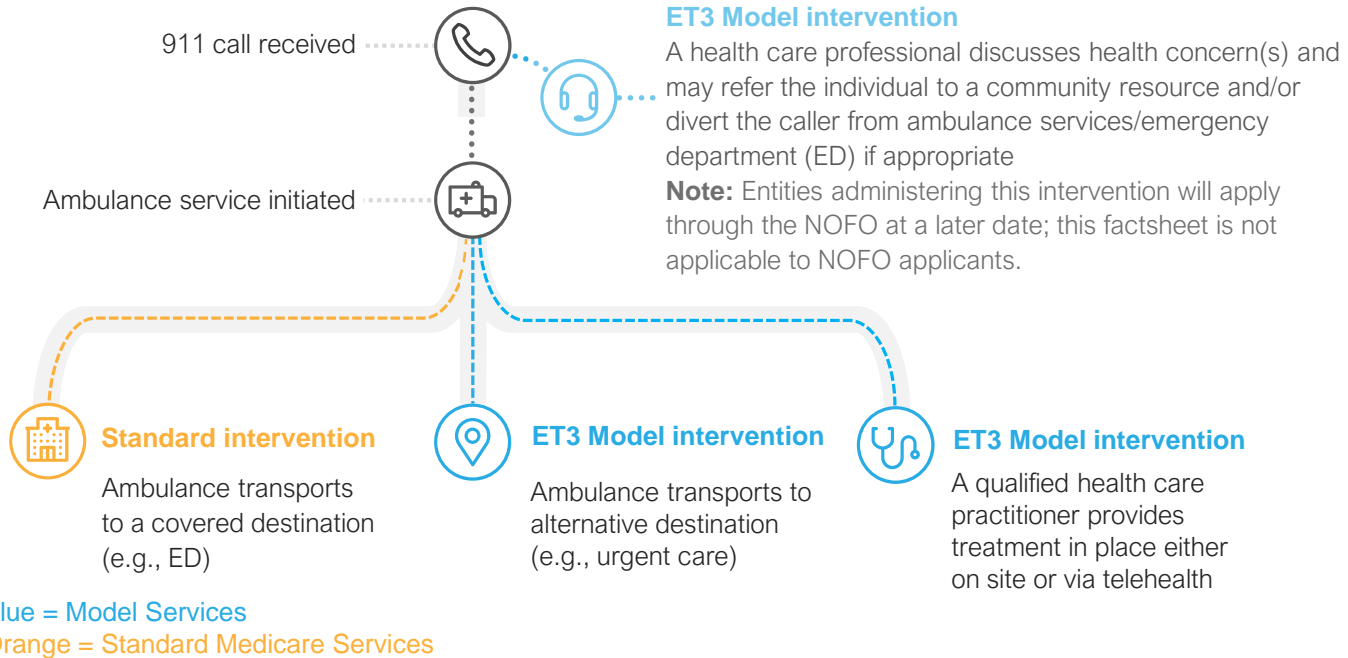


Ambulance care teams interested in submitting an application through the Request For Applications (RFA) portal may use this document to gain a general understanding of the eligibility requirements for participation in the Emergency Triage, Treat, and Transport (ET3) Model. Please note that this document is not intended to serve as a comprehensive list of eligibility requirements, and potential applicants should refer to the RFA for more information. A separate set of eligibility criteria will be available for Notice of Funding Opportunity (NOFO) applicants.



Who is Eligible to Apply Through the RFA?



Ambulance Suppliers and Providers

Medicare-enrolled ambulance suppliers or hospital-based ambulance providers.

Requirements:

- Proposes 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](https://innovation.cms.gov/Files/x/et3-ffs-emergencytrans-claims.pdf) of the RFA (<https://innovation.cms.gov/Files/x/et3-ffs-emergencytrans-claims.pdf>).
- Agree to implement the alternative destination transport intervention. Implementation of the alternative destination transport intervention is required, whereas the treatment-in-place 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 destinations and treatment in place interventions. Example: urgent care center is open from 7am-10pm and telehealth practitioner is available 10pm-7am.
- Demonstrate in the application that each proposed non-participant partner has the capacity to serve Medicare Fee-for-Service beneficiaries through this model, including the capacity to bill Medicare for services rendered.
- Provide Letters of Intent (LOIs) for all alternative destinations and treatment in place qualified health care practitioners you currently partner with or plan to partner with in the future. If partners have not been identified at the time of application, provide a timeline of when relationships will be established.

Note: Treatment in place, either in-person on the scene of the 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?



Alternative Destinations (Required Partner)

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

Requirements:

- Model participants must partner with at least one alternative destination.
- Model participants must identify a plan for ensuring real-time availability of an alternative destination for a particular beneficiary prior to transporting that beneficiary to a site.
- Alternative destinations must be: a group practice that includes Medicare-enrolled qualified health care practitioners; a solo practitioner; or a non-Medicare-enrolled entity that employs or contracts with Medicare-enrolled qualified health care practitioners.



Treatment In Place Practitioners (Optional Partner)

A qualified health care practitioner can provide treatment in place interventions either onsite or via telehealth. They must meet all local, state, and federal requirements to provide services as well as bill Medicare for those services.

Requirements:

- Model participants that choose to implement the treatment in place intervention must partner with individual Medicare-enrolled qualified health care practitioners or a Medicare-enrolled group practice that includes such practitioners. Unless also licensed as a practitioner, paramedics and Emergency Medical Technicians (EMTs) do not meet the standard for a qualified health care practitioner under this model.
- Model participants that choose to implement treatment in place via telehealth must use a qualified, HIPAA-compliant, interactive telecommunications system, that allows for two-way, real-time audio and video communication between the patient and distant site physician or practitioner.
- 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 ET3 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 Fee-for-Service beneficiaries only.

Additional Considerations for Eligibility

- Preference given to applicants who will initiate the treatment in place option in addition to the required alternative destination intervention. An applicant that proposes to implement the optional treatment in place 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.