

State EMS Data Managers:

The NEMESIS TAC is working with the Office of EMS, NHTSA and the Center for Medicare and Medicaid Innovation (CMMI) to initially answer some questions raised regarding implementation of the ET3 project within States. You will note in the attached document that some questions have been initially addressed, other questions require additional internal discussion at CMMI, and others will be directly addressed during the scheduled “ET3 Q&A with State EMS Officials” webinar scheduled for Oct. 13th at 2 PM MT (see attached flyer).

The current list of questions are categorized below:

Questions with initial drafted answers: 2, 3, 6, 10, 13, 14, 15, 21, 22, 25

Questions to be addressed during Oct. 13th meeting with States: 8, 9, 11, 24

Questions requiring additional internal CMMI discussion before answering: 1, 4, 5, 7

1. How will ET3 participating agencies know how to fill out the ET3-specific custom values and elements?
2. **Will the EMS data for ET3 come from the States? Will State data include the ET3 custom values? Agencies will submit data directly to CMS. (Also see question 3 and attached ET3 Data Flow Diagram) ET3 will collect some custom data elements/values (extending two standard elements and adding one new element). If states would like to receive the ET3 custom data, they will need to ask agencies (and work with Software companies) to include it in their state submissions.**
3. **Knowing that ET3 participating agencies will be submitting data (along with custom values) directly to CMS, how will this work with agencies submitting to State-supported web-based software? States in this situation will need to allow/support agencies directly using their systems to implement the ET3 custom elements, add new facilities, and set up exports to ET3. Working with their State software vendor, they will need to create the custom values and custom element and make them available to all agencies participating in ET3. The new stand-alone custom element will need to be added to data entry forms and perhaps printable PCR forms (most ImageTrend states, for example, allow agencies to create their own forms layouts, so that would be the agency’s responsibility in that case). Some states allow agencies to add their own facilities, while other states lock that feature down so that only state administrators can add facilities. The State software would need to set up the export job(s). States or individual agencies will need to request this work through a support ticket.**
4. How will ET3 data elements capture the decision to transport or not transport a patient after a teleconsult? Do we need to capture this for billing?
5. Are all PCRs completed by ET3 participating agencies going to be submitted to CMS? Even those associated with patients with private insurance?
6. **What will happen if we need to correct the information found on a PCR that was previously submitted? The agency can make corrections and re-send the PCR to CMS. CMS will recognize it as an update to an existing record, using the same criteria as the national EMS database. From an agencies perspective.**
7. Will NEMESIS data collection fulfill ALL the data requirements from CMS from a reporting aspect?
8. What is the best way to keep State EMS Data Managers in the loop with the data that participating agencies are submitting to ET3? What data may be relevant to the State EMS Data Manager/State?
9. What will states have to do (or not do) for ET3 agencies reporting directly to ET3?

10. Do States need to add facilities and corresponding facility types to NEMESIS for ET3 participation?

Where will this information come from...agencies or ET3?

Possibly. Some states have validation rules that restrict destination/transfer facility codes to a specific list. ET3 participants may begin transporting or transferring to facilities/partners that currently exist in State lists or have not traditionally been used by EMS. CMS will not dictate the facility codes agencies should use for those facilities/partners. If the state has dictated a code to use, the agency will use that code.

For treatment-in-place, participating agencies will apply to CMS for approval to work with specific health care partners. The agency will be able to provide the list of partners to the State. The partners may include organizations as well as individuals. Agencies may add those partners as facilities just like any other facility in their agency system. They may give them names and probably codes (either assigned by the state or assigned locally by the agency). Agencies will likely need to add “Qualified Health Care Partner” as a custom value in dFacility.01. ET3 has not created any custom values for dFacility.01 because ET3 will not be receiving any demographic data directly from agencies.

See also question 22.

- 11. The program is scheduled to go live 1/1/2021, how often will there be scheduled discussions and updates over the next few months, helping States set up the state repositories to receive these data in a consistent format?**
- 12. What are the ET3 requirements are in place for network connectivity to provide the teleconsults? (Out-of-scope for State discussion)**
- 13. Has the ET3 project considered NEMESIS v3.5?**

CMS will soon publish a v3.5 StateDataSet for ET3 that will include the following:

The list of data elements to be collected in v3.5. CMS considered both v3.4 and v3.5 when determining the data elements to collect, so the list will be consistent between the two versions, with differences only to account for retired and new data elements found in V3.5.

The v3.5 ET3 custom data elements. Differences will exist solely to account for differences in the standard data elements between v3.4 and v3.5.

CMS will also publish a v3.5 Schematron schema. The intent of the rules will be the same, with differences only to account for differences between the v3.4 and v3.5 data structures.

CMS has not yet established a date on which it will begin accepting v3.5 data.

- 14. Is it a requirement that participating ET3 EMS agencies be submitting data to their States? Or could an agency just send data to ET3 and decide not to send records to the State?**

Participation in ET3 is independent of existing data submission activities, such as agencies sending data to their states. It will not affect requirements regarding the existing data submission relationship between agencies and states.

- 15. Did ET3 consider using new custom elements rather than an extending eDisposition.21 and eDisposition.21?**

Yes, but ET3 decided to move ahead with extending eDisposition.12 and eDisposition.21 for the following reasons:

The approach chosen by ET3 minimizes the number of additional (new) data elements that EMS personnel would be responsible for completing.

The approach chosen by ET3 minimizes the additional reporting burden on EMS providers by simply adding a couple of choices to elements they're already used to recording.

Conceptually, the new values are in fact new dispositions (eDisposition.12) and destination types (eDisposition.21). In fact, two of the v3.4 custom values for eDisposition.21 are standard values for eDisposition.21 in v3.5. The existing NEMESIS elements already cover part of the scope of the ET3 alternative dispositions, and the custom values were added to cover the rest of the scope.

The approach allows existing national and state validation rules to continue to work as-is.

The NEMESIS TAC helped ET3 to evaluate existing state-published custom element extensions to eDisposition.12 and eDisposition.21 to avoid potential conflicts.

16. Do telemedicine encounters have to be recorded and stored as HIPAA / PHI? (Out-of-scope for State discussion)
17. What is the impact of intermittent connectivity on the ability to solicit teleconsults? (Out-of-scope for State discussion)
18. Do organizations that have already compiled their technology suites need to switch horses in midstream? (Out-of-scope for State discussion)
19. What methods and formats should be used for interoperating with regional HIEs? What if one's existing software cannot do so...or the HIE can't intake the data? (Out-of-scope for State discussion)
20. What if an agency relies on a no-transport decision from a doctor via telemedicine...and the patient dies. Who is responsible? (Out-of-scope for State discussion)
21. **How will we know which agencies in our state are participating in ET3?**

36 states and DC have agencies that have been selected for participation in ET3.

The list of selected applicants can be found here: <https://innovation.cms.gov/files/x/et3-selected-applicants.pdf>

It is possible that some selected applicants will not move forward with participating in ET3. CMS will send participation agreements to agencies in October 2020, which they will need to sign by December 15. After all signed participating agreements have been received, CMS will publish the final list of participating agencies.

22. **How likely is it that the partners that ET3 agencies work with for alternative destinations and treatment-in-place are already listed as facilities in our systems?**

Alternative transport destinations may include urgent care centers, clinics, mental health centers, and addiction treatment centers. Some states include facilities of these types on their state facility lists. Other states do not.

Treatment-in-place partners include organizations and individuals. They are less likely to already exist on state facility lists.

For example:

American Medical Response of Maricopa, LLC, in Arizona may begin transporting patients to Seventh Avenue Walk-In Clinic in Phoenix, which is an urgent care center. The facility is on Arizona's existing facility list as an urgent care center.

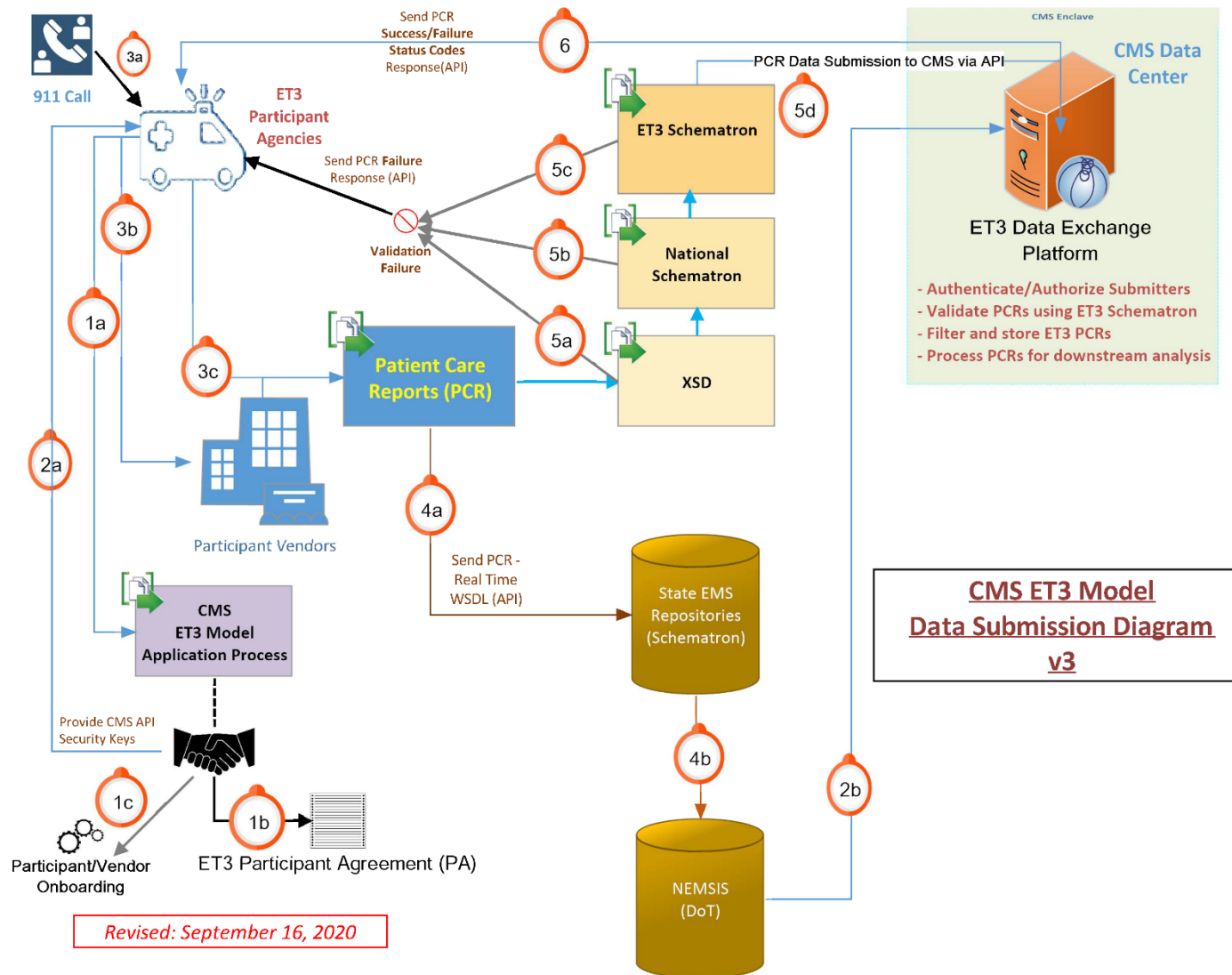
Southwest Ambulance of Southeastern Arizona, Inc., in Arizona may begin transporting patients to Gila Valley Clinic PC in Safford, which is a Rural Health Clinic. The facility is not on Arizona's existing facility list.

23. How can we monitor and evaluate ET3 in our state?
24. (Non-data-related) Will ET3 agencies be doing things that are not allowed by our state regulations?

25. Why weren't the ET3 custom elements and values incorporated into a release of the NEMESIS Standard rather than being implemented as custom elements?

ET3 is a model test. CMS will evaluate the effectiveness of ET3 over a period of several years before deciding whether to operationalize it for all agencies. If it is operationalized, we anticipate that changes may be incorporated into a future version of NEMESIS to support the alternative dispositions being tested by ET3.

ET3 Data Flow Diagram



ET3 Data Submission - Data Flow Definition Table v3

Ref. No. #	Process Type	Actor (Start)	Actor (End)	Includes	Frequency
1a	Manual	ET3 Participants Agencies	CMS ET3 Model Application Process	Application Data	Once
1b	Manual	CMS ET3 Model Application Process	ET3 Participant Agreement (PA)	CMS Approval, Application Data	Once
1c	Manual	CMS ET3 Model Team	ET3 Participant/Vendor Onboarding (PA)	ET3 Webinar, User Guidance, Security Keys, etc.	Once
2a	Online	CMS ET3 Model Team	ET3 Participant Agencies & Vendors	ET3 Webinar, User Guidance, Security Keys, etc.	Once
2b	File Transfer	NEMESIS TAC (DOT)	ET3 Data Exchange Platform	Participant Demographic Data	4 times per year
3a	911 Call	911 Call Center	ET3 Participant Agencies	Incident Details	Continuous
3b	Data Submission	ET3 Participant Agencies	ET3 Participant Vendors	Patient Care Information	Continuous
3c	Data Submission	ET3 Participant Agencies/Vendors	Electronic Patient Care Report (PCR) records	Patient Care Reports (PCR)	Continuous
4a	State Data Submission & Validation	Patient Care Reports (PCR)	State EMS Repositories	PCR Data & State Schematron	Continuous
4b	National Data Submission & Validation	Patient Care Reports (PCR)	NEMESIS National Repository	PCR Data & National Schematron	Continuous
5a	ET3 Data Validation	XML Schema Definition (XSD)	Validation Failure	PCR Data & XSD	Only when Validation Fails
5b	ET3 Data Validation	National Schematron	Validation Failure	PCR Data & National Schematron	Only when Validation Fails
5c	ET3 Data Validation	ET3 Schematron	Validation Failure	PCR Data & ET3 Schematron	Only when Validation Fails
5d	Data Submission (Successful)	ET3 Schematron	ET3 Data Exchange Platform	PCR Data sent to CMS via NEMESIS API	Continuous
6	Data Submission Response (Success or Fail)	ET3 Data Exchange Platform	ET3 Participant Agencies/Vendors	ET3 Validation Response from ET3 Data Exchange Platform	Continuous