



National Association of State EMS Officials
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CP-MIH Committee Meeting Notes

Monday, August 26, 2019

Attending: Jim DeTienne, Kevin McGinnis, David Harden, Dave Hayes (ID), Tamartha Cumbie, Shari Graham, Gary Wingrove, Scott Winston, Jay Bradshaw, Matt Zavadsky, Robbie Edwards, Davis Patterson, Chris Witt, Howard Backer.

1. Welcome – Jim DeTienne, Committee Chair

2. ET3 Update Following NASEMSO Listening Session

Kevin reviewed the discussion held at a listening session with CMMI ET3 staff and NASEMSO leaders and members. Especially discussed were the impact of applicant requirements and the effect it would have on rural EMS agencies. CMMI staff revealed that the 7,500 FFS 2017 Medicare transports requirement only counts for 3% of the application score and is not a minimum requirement like the 15,000 transport state minimum which only affects Alaska. State offices are encouraged to get this word out to agencies who otherwise might be discouraged from applying. NASEMSO members also asked about data reporting requirements and whether they would duplicate NEMSIS/state EMS based reporting. CMMI staff said they were looking at NEMSIS and other data collection methods and would try not to duplicate.

Kevin did not reiterate ET3 program basics covered on previous calls which have not changed but focused on the “new in August 2019” changes published in the 16 page FAQ site by CMMI which may be found at <https://innovation.cms.gov/initiatives/et3/faq.html>. The main webpage for the ET3 project is <https://innovation.cms.gov/initiatives/et3/>.

To date, about 125 applications have been completed in response to the RFA, and CMMI may get in the ballpark of 250-300, though that is a guess according to Matt, who also cautioned that the frequently mentioned “three waves” of application opportunities under the RFA could be no more than the current one ending on September 19th.

Some general observations: provisions of EMTALA, HIPAA, and the Medicare Prior Authorization Model for Repetitive Scheduled Non Emergent Ambulance Transport are not impacted by ET3 and must be observed as always. Applications are complex and demand much information about how the model will be implemented in light of existing state EMS and other laws, state and locality rules and other requirements, as well as descriptions of how at least one alternative destination option will be provided and how 24/7 coverage will be assured for alternative destinations or treatment in place by on-scene qualified healthcare practitioners (doctor, PA/NP, etc.) or by telehealth (note: the

24/7 alternative destination/treatment in place requirement may be changed after further study by CMMI).

One muddy issue is how medical necessity will continue to be implemented if ET3 requires that the program is for 9-1-1 EMS calls responded to by an ambulance which receives payment at a BLS or ALS1 emergency rate though paying for non-ED resolutions to the patient's needs. This is addressed in the FAQs and is expected to be addressed by CMS with the various MAC payer programs.

Another is how ET3 intervention is initiated, given that only Medicare Fee For Service enrollees are eligible. Some of this may be addressed by the medical triage lines that become a part of ET3's second (9-1-1 dispatch) program to be announced with a future Notice Of Funding Opportunity (NOFO, as opposed to the current program's RFA). However, it does pose the question of how to avoid a "wallet biopsy" step in the ET3 process. Ideally, CMMI is urging applicants to describe how they are going to bring Medicaid and private payers into a multi-payer approach to ET3 so that one process can be applied to all 9-1-1 calls. Matt and Gary indicated that they have had success in bringing in other payers who have wanted to start such programs but were waiting for CMS to go first. CMMI has distributed an Informational Bulletin in the past month to Medicaid programs informing them about the ET3 model.

The FAQs have a number of updates on how calls may be billed for the various participants (ambulance services) and non-participant partners (qualified healthcare practitioners/practices for alternative destinations and treatment in place either directly or telehealth-enabled). Also, detail on how billings are handled when a patient's condition changes and is scene by an ET3 resolution but also an ED resolution in the same day is provided.

3. Events Affecting CP-MIH Development in Your State: What's New?

No reports.

4. Other Business

None.

The meeting ended at 4 PM Eastern.

Join the conference call:

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