Emergency Triage, Treat, and Transport (ET3) and AHCCCS Health Plans

DFSM Provider Training Team
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What is ET3?

- Emergency Triage, Treat, and Transport (also known as ET3) is a payment model designed to reduce unnecessary transport to emergency departments

- ET3 seeks to remedy the challenges currently faced by EMS providers by providing greater flexibility to ambulance care teams following a 911 call

- AHCCCS ET3 will be effective 10/1/21, subject to CMS approval

ET3 Components

1. **Transport of Member to Alternate Destination** (e.g., urgent care center, BH provider, PCP's office, FQHC/RHC, or specialist)

2. **Treatment in Place by a Qualified Health Care Practitioner *In Person*** (e.g. EMS personnel provide treatment at member's existing location, using standing orders)

3. **Treatment in Place/Triage by Qualified Health Care Practitioner** (e.g. medical triage of member via telehealth, with EMS personnel assisting as needed)

ET3 Goals

- **Increasing efficiency in EMS system** to more readily respond to/ focus on high-acuity cases, e.g., heart attacks and strokes, by reducing unnecessary transports to Emergency Rooms;

- **Increasing Quality of Care** by:
  - Providing person-centered care to deliver appropriate level of care safely at right time/place, while giving members greater control of healthcare through availability of more options;
  - Encouraging appropriate utilization of services to meet health care needs effectively; and
  - Reducing unnecessary costs.

How Does ET3 Impact Providers?

- Increased efficiency in the EMS system by:
    - Allowing EMS providers to provide treatment in place (when clinically appropriate) and reducing unnecessary transports,
    - Allowing EMS providers to transport members to alternate destinations when a different level of care is appropriate, reducing member/provider wait times in EDs,
    - Freeing up EDs for patients who require that level of care, and
    - Getting ambulances back in service more quickly, to more readily respond to and focus on high-acuity cases (e.g. heart attacks and strokes, by reducing unnecessary transports to Emergency Rooms).

- Permits reimbursement for triage, treat, and/or transport to an alternative site

- Easy for AHCCCS-registered emergency transport providers to participate
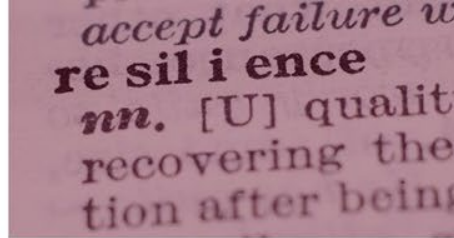
ET3 Policy

Who Can Participate in AHCCCS ET3?

- Any AHCCCS Registered Emergency Transportation Provider (**Provider Type 06**) has the opportunity to participate in ET3

  o Provider type 06 includes Tribal EMS providers

- Providers will participate by in ET3 by:

  o Adhering to AHCCCS ET3 Policy, and
  o Billing appropriate codes with proper modifier (CG).
    o NOTE: Codes billed without the CG modifier will not qualify as ET3.

Alternative Destination Partners

Transport to an Alternative Destination Partner (ADP) is allowed when:

a) The transport to the ADP meets the member's level of care more appropriately than transport to an emergency department,

b) The ADP is within or near the responding emergency transportation provider's service area,

c) The Emergency Transportation provider has a pre-established arrangement with the ADP located within their region,

d) The Emergency Transportation provider has knowledge of the ADP's:
   i. Hours of operation,
   ii. Clinical staff available,
   iii. Services provided, and
   iv. Ability to arrange transportation for the member to return home, when needed.

Treatment in Place

Treatment in Place (In Person) is allowed when:

The emergency response team's field evaluation determines that:

1. The service is medically necessary, but not emergent;

2. The treatment required on scene is complies with all of the following:

    o   The emergency response team's scope of practice (varies depending on licensure, EMCT, EMT-Advanced, EMT-Paramedic, etc.);

    o   Standing orders/protocols; and

    o   Medical direction.

Treatment in Place

Treatment in Place (Telehealth) is allowed when:

The emergency response team's field evaluation determines that:

1. The service is medically necessary, but not emergent;

2. The treatment required on scene can be handled via telehealth, and is performed in accordance with AMPM Policy 320-I, Telehealth Services.

Differences Between ET3 and Treat & Refer

How is ET3 different from Treat and Refer?

ET3	Treat & Refer
Does **not** require additional ADHS certification as a Treat & Refer provider	Requires **ADHS certification** as a Treat & Refer provider
Does **not** require a separate NPI	Requires a **separate NPI** for the Treat & Refer Provider Type
Open only to **Certificate of Necessity (CON) providers**, and **Tribal providers who have submitted an attestation of CON equivalency** to AHCCCS (part of the registration process as a PT 06 with AHCCCS)	Open to **both CON and non-CON** providers
Must be registered with AHCCCS as **Provider Type 06** (Ambulance Provider)	Must be registered with AHCCCS as **Provider Type TR** (Treat & Refer)

How is ET3 different from Treat and Refer?

ET3	Treat & Refer
ET3 reimburses for: 1) Treatment in Place (by EMS personnel); and 2) Treatment in Place/Triage by a Qualified Health Care Practitioner (Telehealth); and 3) Transportation to an Alternate Destination.	Treat & Refer reimburses for: 1) Treatment in place (by EMS personnel)
• Rates will align to the existing ambulance service rates on the fee schedule with the requirement that modifier CG is utilized when billing for these services (for Treatment in Place by EMS personnel and Transportation to an Alternate Destination). • Rates for Qualified Health Care Practitioners providing telehealth services (e.g. PCP or specialist), will align to existing telehealth rates for those providers.	Rates will align with existing Treat & Refer rates.

Prior Authorization and ET3

Prior Authorization and ET3

When is PA Required with ET3?

- **For Emergency Transportation Providers**
  - o No PA is required for transportation to an alternative destination or for treatment in place, when associated with ET3 services. This is because those services are initiated by the 911 system.
  - o This applies to members enrolled in FFS Programs (such as the American Indian Health Program, or AIHP) and to members enrolled in an MCO.

- **For Alternative Destination Partners (ADPs)**
  - o PA *may be required* based on the member's health plan, and what services the ADP provides to the member.
  - o It is an ADPs responsibility to ensure that they are aware of the health plan's PA requirements, so that if they receive a member via ambulance transport (transport to an alternative destination partner) that if they render a service typically requiring a PA, that they submit for PA immediately.

Prior Authorization and ET3

When is PA Required with ET3?

- **For Qualified Health Care Practitioners (QHP) Rendering a Telehealth Service**
  - PA *may be required* based on the member's health plan, and what services the QHP provides to the member.
  - While no PA is required for the emergency transportation provider services, due to the services being initiated by the 911 system, *this does not apply to the telehealth services provided by a qualified healthcare practitioner* (e.g. PCP, Specialist, etc.)
  - It is a provider's responsibility to ensure that they are aware of the health plan's PA requirements regarding telehealth.
  - No PA is required for members enrolled in FFS Programs (such as the American Indian Health Program, or AIHP) for telehealth services.

Billing for ET3

Billing for Services Initiated by ET3

How Should an ADP or QHP Bill for Services Provided to a Member Transported/Referred to them by an Ambulance Participating in ET3?

- Providers serving as an ADP or QHPs rendering a telehealth service will bill for services rendered as they usually do. (e.g. no change in claim form, codes, modifiers, etc.)
- ADPs and QHPs *shall not* include the CG modifier on claims.
  - The CG modifier is for use by the emergency transportation (PT 06) providers only.

Billing for ET3

PT 06 Billing for Transport to an Alternate Destination

Claim Form: CMS 1500 Claim Form

Codes:

- A0426 – Ambulance Service, *Advanced Life Support*, Non-Emergency Transport Level 1
- A0428 - Ambulance Service, *Basic Life Support*, Non-Emergency Transport

Modifier: CG

Rate: Rates will align to the existing ambulance service rates on the proposed fee schedule with the requirement that modifier CG is utilized when billing for these services

Billing for ET3

PT 06 Billing for Treatment in Place by a *Qualified Health Care Practitioner (In person)*

Claim Form: CMS 1500 Claim Form

Codes:

- A0998 – Ambulance Response and Treatment, No Transport

Modifier: CG

Rate: Rates will align to the existing ambulance service rates on the proposed fee schedule with the requirement that modifier CG is utilized when billing for these services

Billing for Services

How Does Billing Work for Dual Eligible Members?

Dual Eligible with Medicare and Medicaid:

- For FFS members, providers should submit the claim directly to AHCCCS.. No Medicare denial is needed, because A0998 is listed as an ineligible Medicare code.
- **A Medicare Explanation of Benefits (EOB) is NOT required.**

Third Party Liability and Medicaid:

- For FFS members, if the member has a TPL,providers should submit the claim to the member's TPL first, prior to submitting the claim to AHCCCS.
- **An EOB IS required.**

Billing for ET3

Billing for Treatment in Place/Triage by a *Qualified Health Care Practitioner*

Scenario Example

An ambulance provider arrives at a member's home and during their assessment identifies that the patient is diabetic and hypoglycemic. The member is alert and oriented, and able to protect their airway. EMS personnel on scene administer oral glucose (a BLS service) and set the member up with a telehealth appointment with a PCP that they have an existing relationship with.

- In this scenario the ET3 provider may bill for Treatment in Place with A0998 CG.
- PCP may bill for the office visit via telehealth, under their own provider type, following standard policy and billing guidelines. See AMPM 320-I, Telehealth Services, for further information on telehealth services.

AHCCCS Health Plans, Emergency Transportation Providers, and Contracting

AHCCCS Health Plan Roles

Are AHCCCS Health Plans (MCOs) Participating in ET3?

- Yes. AHCCCS Health Plans will be participating in ET3.

- Per contract with the MCOs:
  - *Services associated with ET3, provided by Emergency Transportation providers, are covered when initiated by an emergency response system call, **regardless of whether the provider that furnishes the services has a contract with the Contractor** as specified in AMPM Policy 310-BB.*

AHCCCS Health Plans & ET3

What is an AHCCCS Health Plan's (MCOs) Role in ET3?

- AHCCCS Health Plans (MCOs) are required in contract to support the ET3 model. This includes:
  - Allowing for emergency transportation (ambulance) providers to bill and be reimbursed for ET3 services.
  - Not requiring PA for ET3 services, since these services originate via the 911 system.
  - Assisting their provider network in understanding ET3 and the role of Alternative Destination Partners within their own provider network. (e.g. PA requirements for providers who can serve as Alternative Destination Partners; how NEMT can be arranged by ADPs for members for 'day of services', etc.)

AHCCCS Health Plans

Are Emergency Transportation Providers (PT 06) Required to Contract with the AHCCCS Health Plans?

- No. ET3 services are covered **with or without a contract in place with an MCO.**
- While AHCCCS Health Plans are permitted to outreach and request a contract so as to grow their provider network, Emergency Transportation providers (PT 06) are not required to contract with the MCO in order to receive reimbursement for ET3 services.

AHCCCS Health Plans

Are Other Providers Required to Contract with AHCCCS Health Plans?

Alternative Destination Partners

- Yes. Any ADP rendering services must be an AHCCCS registered provider *and,* for members enrolled in an MCO, contracted with the MCO of the member's enrollment.
- ADPs are responsible for adhering to all standard billing guidelines and requirements for the member's enrolled health plan.

Qualified Healthcare Practitioners Rendering Telehealth Services

- Yes. Any provider rendering services via telehealth must be an AHCCCS registered provider *and*, for members enrolled in an MCO, contracted with the MCO of the member's enrollment.
- Providers are responsible for adhering to all standard billing guidelines and requirements for the member's enrolled health plan.

AHCCCS Health Plans & In Network Providers

When Transporting a Member to an Alternative Destination Partner, are Emergency Transportation Providers Required to Transport to an In Network Provider?

- Emergency Transportation Providers should be aware (as a part of their agency's agreement with their ADPs) of what AHCCCS Health Plans that the ADP (e.g. urgent care clinic, PCP, Specialist, Behavioral Health Clinic, etc.) is in network for, and shall only transport AHCCCS members to in-network ADPs for managed-care enrolled members.

- AHCCCS MCOs may deny claims from out-of-network non-emergency providers.

Partnerships between Alternative Destination Partners & Emergency Transportation Providers

Partnerships between ADPs and PT 06

How do Emergency Transportation Providers Establish Relationships with ADPs?

Emergency Transportation providers shall establish partnerships with AHCCCS-registered providers, who can serve as an Alternative Destination Partner (ADP).

- Examples of potential ADPs to partner with include urgent care clinics, Primary Care Physicians, Specialists, FQHCs/RHCs, and Behavioral Health Clinics.

Prior to transporting a member to an ADP, the EMS Personnel must determine/know that:

- Transport to the ADP meets the member's level of care more appropriately than transport to an emergency department, *and*
- There is an ADP within or near the responding emergency transportation provider's service area, *and*
- Their company has a pre-established arrangement with the ADP located within their region.

Partnerships between ADPs and PT 06

How do Emergency Transportation Providers Establish Relationships with ADPs?

The ADP shall ensure that the Emergency Transportation Provider is aware of its:

- Hours of operation,
- Clinical staff available,
- Services provided, and
- Ability to arrange transportation for the member to return home, when needed. (Please note that the ambulance will **not** wait for the member to have a visit, and will not transport the member back home.)

ADPs shall notify Emergency Transportation Providers they have partnered with of any changes to the above information.

Partnerships between ADPs and PT 06

How do Emergency Transportation Providers Establish Relationships with ADPs?

- AHCCCS does not need to approve the ADPs.
- In order for ADPs to receive reimbursement for services rendered:
  - o *ADPs must be AHCCCS registered providers; and*
  - o *ADPs must be contracted with the MCO if rendering services to a member enrolled in an MCO.*

Please note that AHCCCS registration and contracting with an MCO is not a guarantee of payment.

Partnerships between ADPs and PT 06

How do Emergency Transportation Providers Establish Relationships with ADPs?

- Emergency Transportation Providers and providers who can serve as Alternative Destination Partners discuss the parameters of their relationship and enter into an agreement.
- The ADP provides the Emergency Transportation Provider with the following information: Hours of operation; clinical staff available; services provided; and their ability to arrange transportation for the member to return home, when needed.
- ADPs should also provide Emergency Transportation Providers with an updated list of which AHCCCS Health Plans with which they are contracted.
- ADPs should have procedures in place that allow their clinical staff to see members transported by ambulance in a timely manner.

Partnerships between ADPs and PT 06

What is an Example of a Hand Off between Emergency Transportation Providers and ADPs?

- Member calls 911 and an ambulance is dispatched.
- EMS providers arrive on scene and assess the member's injury. They state they twisted their ankle, but there was no fall or other associated trauma beyond tripping over their pet cat. The ankle is not swollen with no obvious deformity, but is painful to the touch.
- The EMS providers transport the member to the local urgent care, which has agreed to serve as an Alternative Destination Partner for their service. The urgent care has an x-ray machine and one physician, one physician assistant, and one medical assistant on staff at all times.
- Ambulance arrives and a handoff of patient care is done with the physician assistant. Once the patient care report is provided, the ambulance leaves for its next call.
- Member receives treatment.
- ADP arranges for transportation of the member home, or a family member/friend picks the member up.

ET3 Resources

ET3 Resources

AHCCCS ET3 Updates Page

- https://www.azahcccs.gov/AHCCCS/Initiatives/ET3/

Fee-for Service Provider Billing Manual

- Chapter 14, Transportation

AHCCCS Medical Policy Manual (AMPM)

- AMPM 310-BB, Transportation
  - ET3 Updates Coming Soon

Thank you