

ET3 & EMS Transformation

PCG Consulting Services

National Association of Emergency and Fire Officials

November 14, 2020



Our Mission:
We represent and inform
emergency services officials
on national issues and
provide assistance to state
emergency services
associations

For more information about NAEFO, visit naefo.org/



NAEFO & PCG Partnership

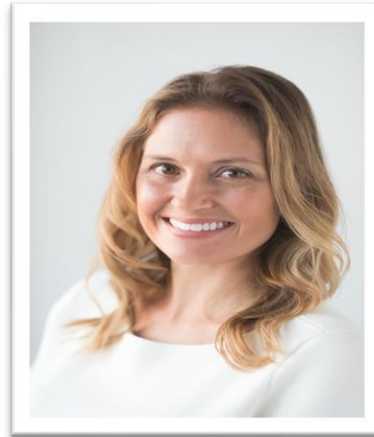
Public Consulting Group (PCG) is nationally recognized as experts with CMS programs, including Medicare and Medicaid. PCG prides cost reporting services to over 350 public EMS provider agencies participating in ambulance supplemental payment programs.



PCG's Presenters:



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Senior Consultant



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NAEFO & PCG Relations
Business Analyst



Agenda

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Introduction to PCG

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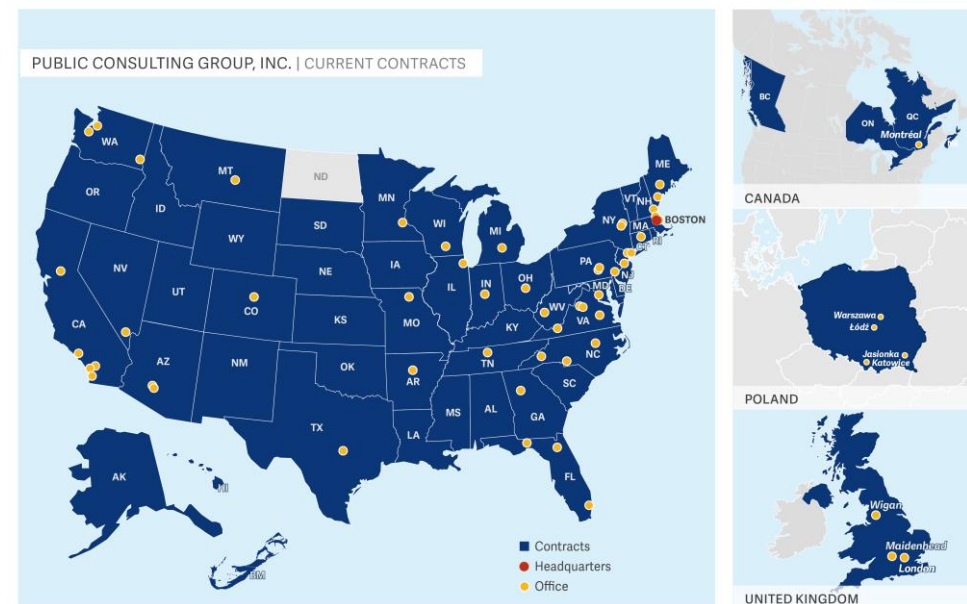
Contact Information



Public Consulting Group, Inc.

Public Consulting Group, Inc. (PCG) provides industry-leading management consulting and technology to public sector education, health, human services, and other government clients achieve their performance goals

- PCG was founded in 1986 with a mission of helping public sector agencies improve operational and managerial performance.
- Since our firm's inception, PCG has been working with Medicaid agencies and the local (municipality/city) provider community to increase Medicaid reimbursement
- PCG has worked in all fifty states and currently has active contracts with 30+ Medicaid agencies.



PCG Qualifications - Medicaid

Since 2006, PCG has worked with the provider community to increase Medicaid reimbursement to government owned and operated EMS providers.



Texas | Designed the very first ambulance supplemental payment program for the Texas Health & Human Services Commission in 2006. From FY11-FY17, PCG helped more than 50 providers capture over **\$260 Million** in supplemental payments.



Massachusetts | Developed state-wide Certified Public Expenditure (CPE) program for the Massachusetts Executive Office of Health and Human Services that captured an additional **\$43 Million** in funding for the 77 participating providers from FY13-FY18.



Florida | Provided cost recovery services to over 50 PEMT providers, which have generated over **\$62 Million** in incremental Medicaid revenues.



Colorado | Assisted the Colorado State Department of Health Care Policy and Financing in the design and development of a CPE program, federal approval process, and state-wide implementation of the CO EMS Supplemental Payment, which provides an annual benefit to over **50 public EMS providers**.



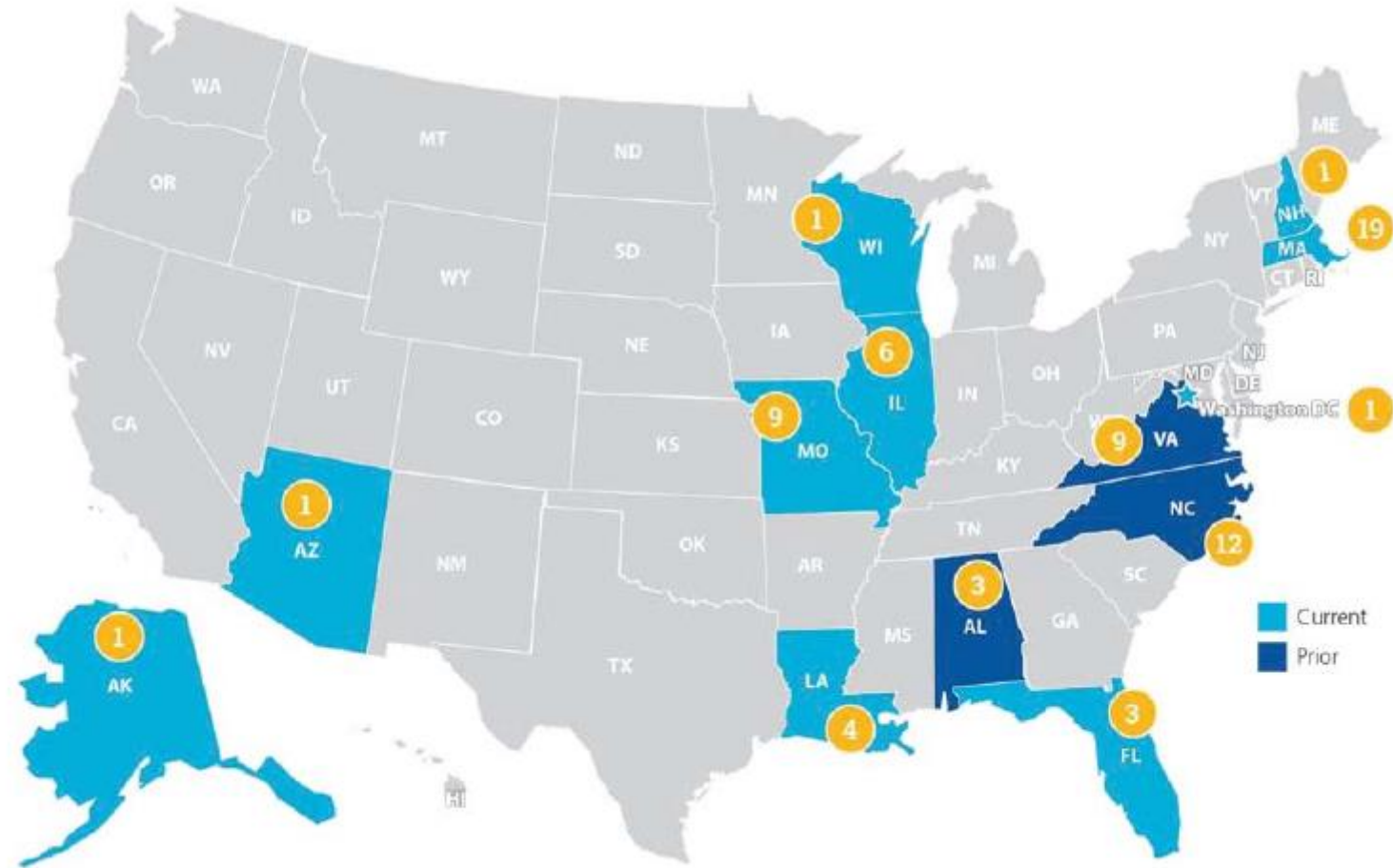
Washington | Assisted over **70 providers** with GEMT cost reports beginning in January 2018 to help ensure compliance and revenue maximization.



PCG Qualifications - Medicare

EMS Cost Reporting is a core competency of PCG.

We have more than **32** years of experience working with state-operated facilities to prepare cost reports for submission to the Medicare intermediary and the state Medicaid agency for revenue maximization as well as cost avoidance.



PCG Fire & EMS Services



Revenue Optimization, Cost Settlement, and Supplemental Payment Services

- Program Design and Program Expansion
- State and Federal Approval
- Program Implementation
- Training
- EMS Provider Cost Reporting
- Audit Support
- Web-based Technology Design and Customization



Medicare Ground Ambulance Data Collection

- Expert Medicare guidance on cost allocation, labor hours, and utilization
- Program Preparation and Data Readiness Support
- Training
- EMS Provider Cost Reporting
- Compliance and Audit Support



Fire & EMS Consulting Services

- Fire Department Management and Operation Efficiency Studies
- Fire Department and EMS Feasibility Studies
- EMS System Studies
- Health Equity Studies
- Quality Control



ET3 Overview

Problem

EMS providers are incentivized to transport patients to hospitals and emergency room departments **regardless if they could be treated onsite or transported to a more appropriate lower level of care setting.**



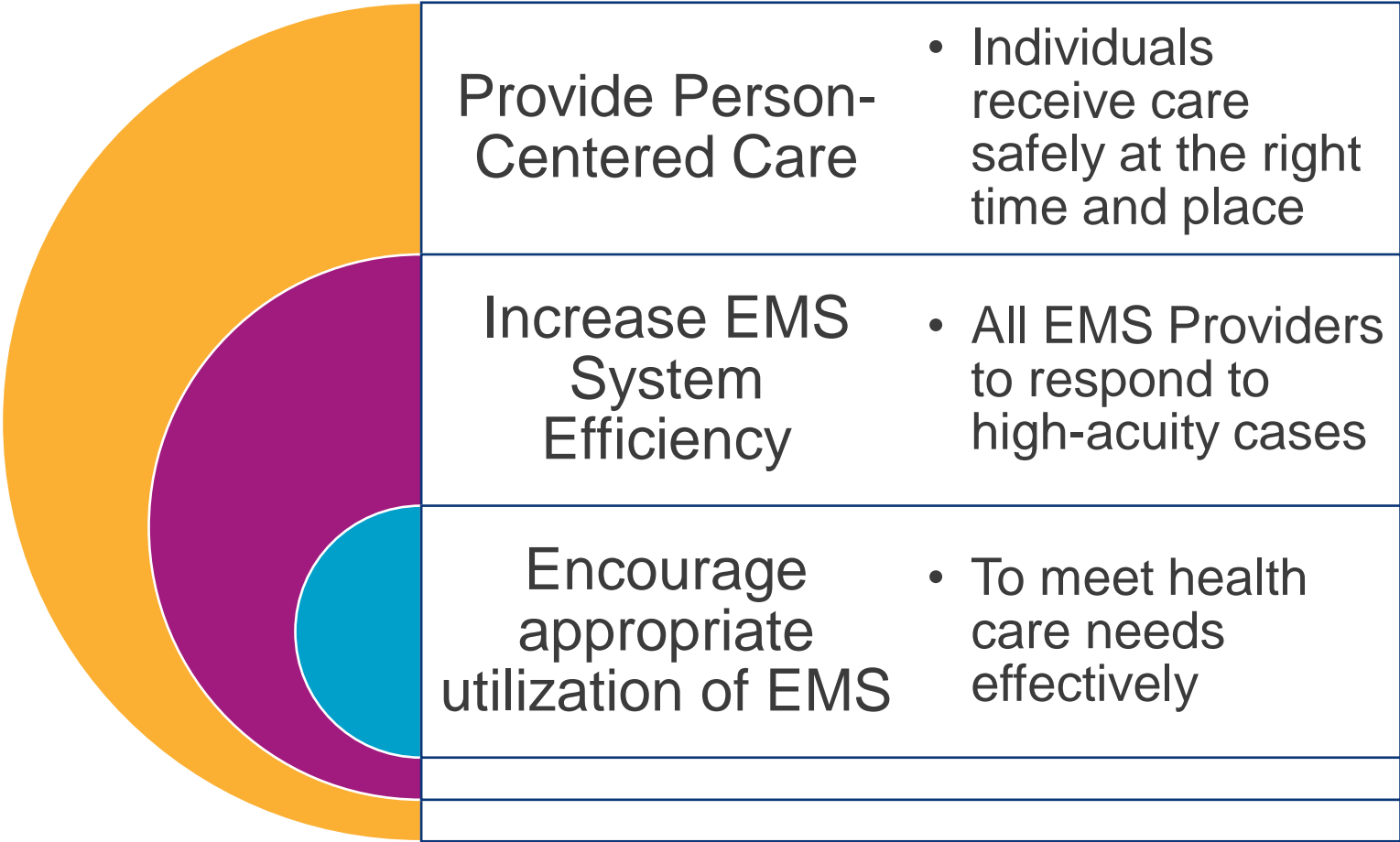
As a result, CMS projects 16% of all patients transported to an ER could have been treated at a more appropriate care setting, resulting in an estimated \$560,000,000 in unnecessary hospital and emergency room (ER) costs.



By participating in ET3, EMS ambulance providers are now incentivized to provide innovative triage, treatment, and transports to alternative destinations to offer the **right care at the right time in the right place.**



ET3 Model Overview



Who is Eligible for ET3?

ET3 provides two funding opportunities to support this value-based pilot payment program

Participants: EMS Providers

- Voluntary five-year program
- Participation selected through competitive application process.
- Must be located in a state where Medicare fee for service (FFS) volume exceeds 15,000 transports per year.
- Provider must serve at least one county or multiple counties in which Medicare FFS volume exceeds 7,500 transports per year.
- If selected, participation agreement is required.

Awardees: Government Agencies with 911 Dispatch Authority

- Voluntary participation and funding issued through application and notification of funding opportunity.
- Must be located in region in which ET3 Participant was selected.
- Open to the following:
 - Local governments
 - Government designees
 - Entity with 911 authority
- Future funding opportunity to establish nurse triage lines in order to reduce unnecessary ambulance deployment.



What Does the ET3 Model Entail?

The ET3 Model has two major model components that are focused on service delivery and payment reform

Alternative Destination (Required)

- EMS providers will transport BLS Medicare patients to alternative destinations currently not reimbursed by Medicare.
 - Urgent care clinics, behavioral health centers, or federally qualified health clinics
- ET3 Participants must establish contractual relationships with Non-Participant Partners
 - NPPs receive Medicare reimbursement in accordance with current payment structure, with potential for a 15% increase for after hours services

Treatment in Place (Optional)

- Via Telehealth or in person treatment by a Qualified Health Provider

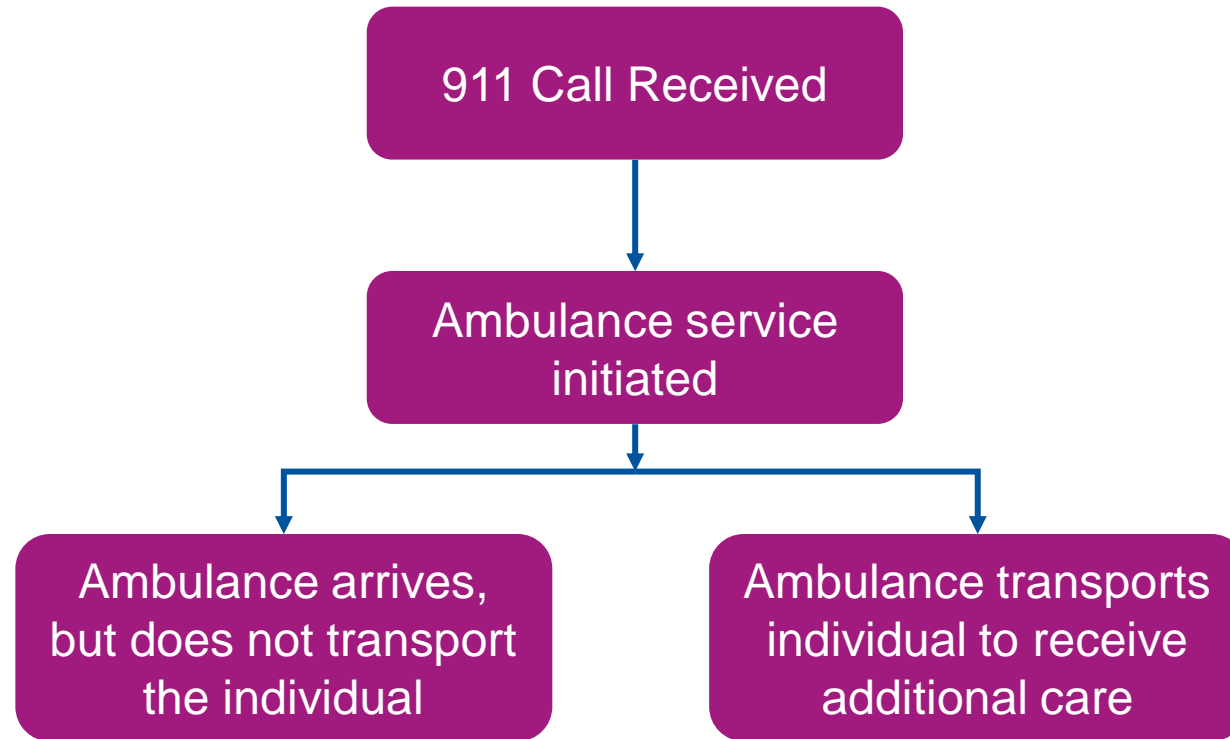
Additional Requirements

- Participate in quality and performance measure reporting.
- Maintain compliance with program requirements.
- Monitor for potential fraud, waste, and abuse.
- Participate in Medicare Activity Learning to share best practices.
- Establish data sharing through connection with health information exchange (HIE).



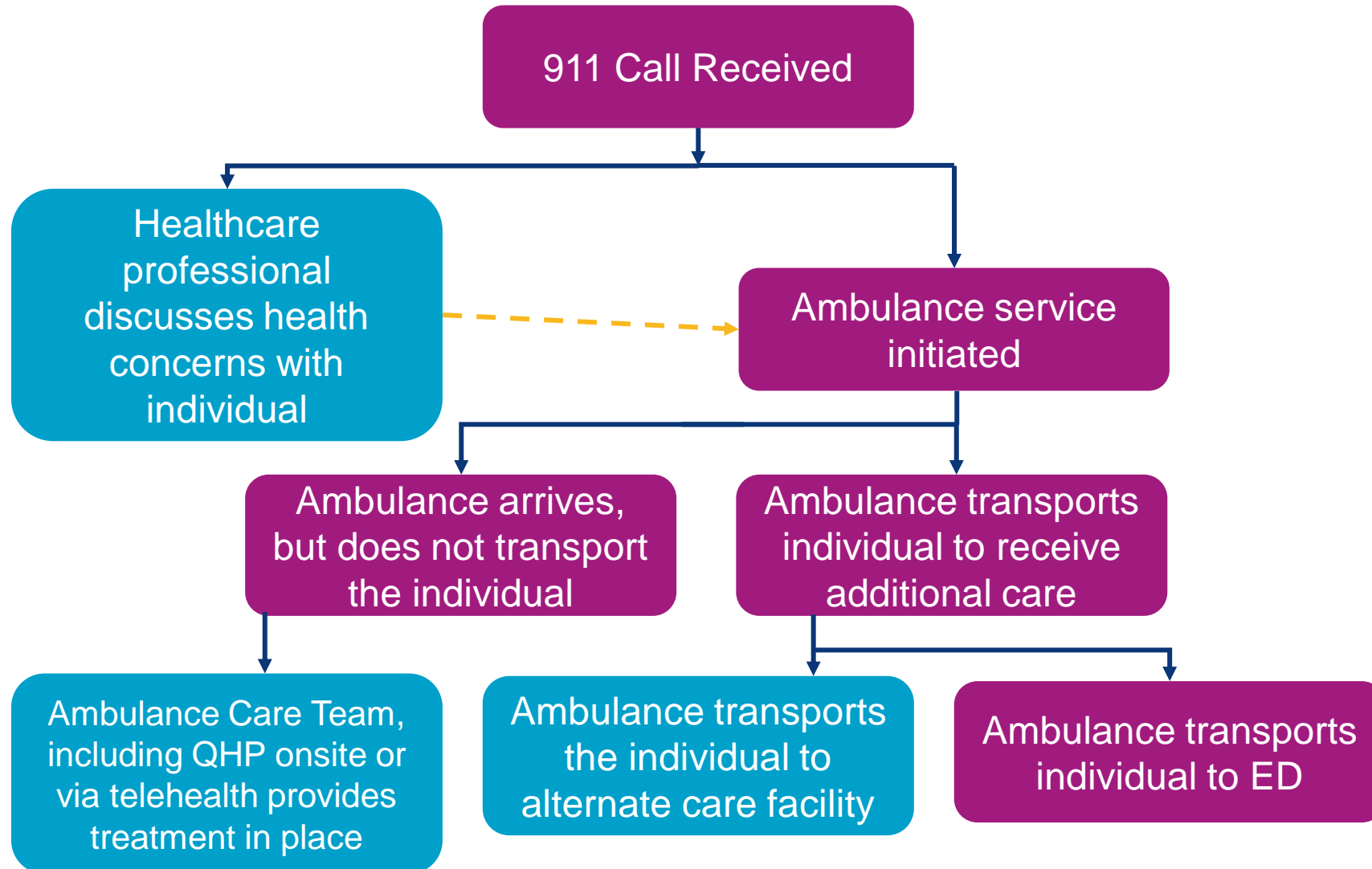
ET3 Provider Impact

Current Billing State



Ambulance dispatched regardless of acuity, with transport to ED even if lower acuity alternatives could safely meet an individual's needs.

Future Billing State



New triage, treatment, and transportation options help individuals to receive the care they need when they need it, while enabling ambulances to operate more effectively.

Show Me the Money

Payment to Participant

- Transport to Alt Destination
 - BLS-E or ALS1-E, plus mileage and adjustments
- Base Station for Treatment in Place via Telehealth
 - BLS-E plus \$26 initiation fee for telehealth

*EMS providers may be eligible for a **5% increase** to payments due to shared savings generated and improved quality of care no sooner than Year 3 of the five-year program*

Payment to Non-Participant Partner

- AD/TIP by a Qualified Health Professional will bill Medicare directly for services provided

Payment to PSAP / Dispatch / Triage / Fire Response

- NOFO will provide grants to support, but only have 2-year duration
- Limited to 40 awards, to be awarded on rolling basis

A Qualified Health Professional =
Physician (MD/DO),
Nurse Practitioner (NP), Physician Assistant (PA),
Licensed Clinical Social Worker (LCSW)

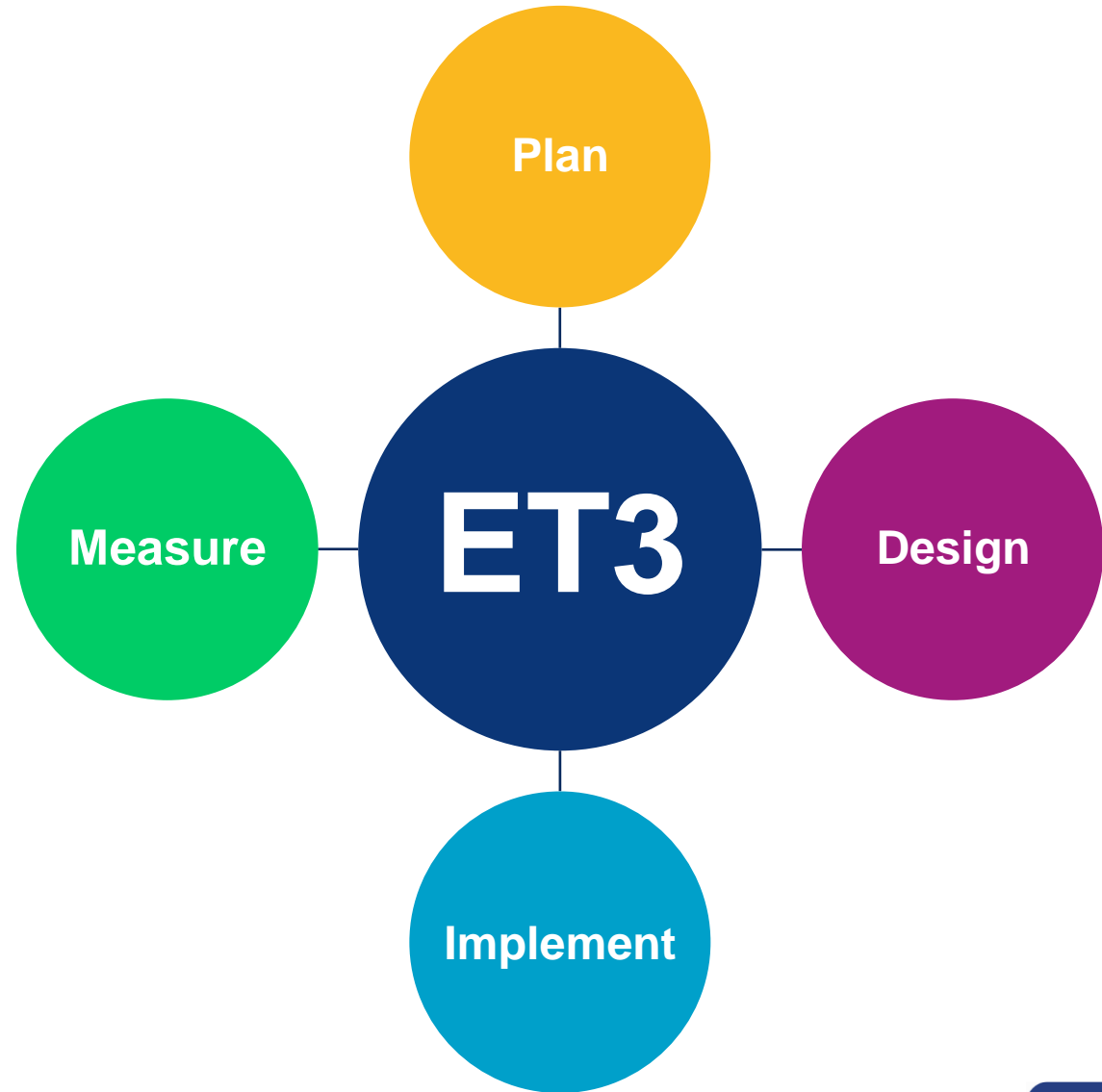
PCG ET3 Solutions

Our Solution

ET3 has a lot of moving parts.

Organizing a successfully designed ET3 application can be a lot to manage on top of providing services.

PCG can help with all facets of assisting to both develop and implement the ET3 strategy that makes the most sense for your community and your department.



Application Services

Services for ET3 Applicants

Project Management

Plan

PCG can provide project management support to ensure a comprehensive approved application.

ET3 Application Requirements

- Governance Structure
- Model Design
- Compliance & Risk
- Interoperability
- Patient-Centered Design
- Payer Strategy

PCG can assist to design methodologies for required ET3 application components that best meet your department's needs and interests.

PCG will:

- Organize kickoff meeting to manage process
- Develop a project workplan
- Develop list of stakeholders and communication plan
- Help to identify Department leads for each section of the application
- Hold weekly meetings to ensure progress and track action items
- Create submission checklists
- Assist with analysis of subsections
- Review RFA content to ensure it meets requirements and will be reviewed favorably



Determine Vision for ET3 Model

Plan

ET3 Participants will need to determine the ET3 strategy to pursue, as there are mandatory AND elective program requirements.

Alternative Destination (Mandatory)

- ET3 Participants will be required to establish contractual relationships with Non-Participant Partners to provide alternative destination sites (non-ER settings).
- 24/7 availability necessary.
- Identified partners must be existing Medicare enrolled providers currently.

Treatment in Place (Elective)

- Treatment can be provided via telehealth or having qualified health personnel at the site of service.
- More complex and potentially more costly to implement.
- Potential greater cost savings to the Medicare program, thus more attractive from an application standpoint.

PCG can help develop the pros and cons of pursuing one or both service delivery models to help departments make informed decisions on strategic direction.



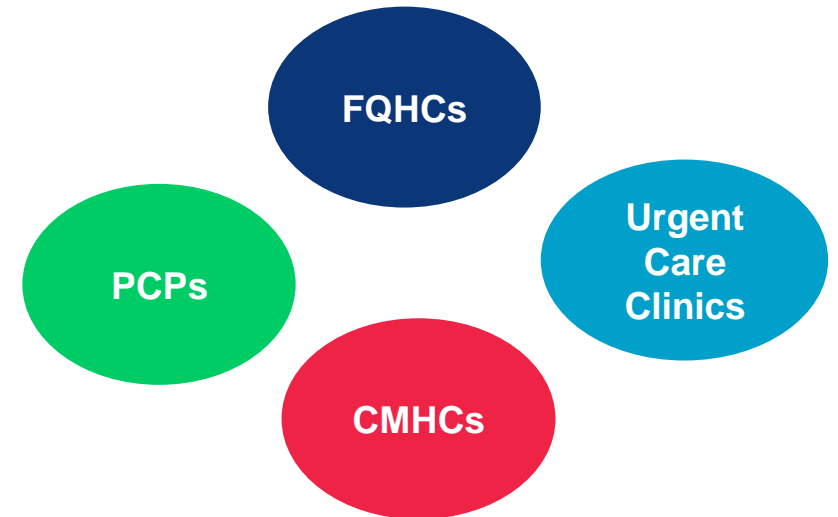
Non-Participant Partners



Departments will have to identify viable Non-Participant Partners

PCG Approach:

- Conduct claims & CAD data analysis to determine the potential volume of transports that can benefit from the ET3 model.
- Train and educate Partners on requirements of the ET3 model.
- Help facilitate discussions with alternative destination providers by tracking progress and tracking action items.
- Help to evaluate Partners' capacity planning for projected increase in demand for services as a result of ET3.
- Develop cost-benefit projections and offer associated analysis for informed decision making.



Develop Multi-Payer Strategy

Design

CMS wants to ensure the viability of an ET3 program, which requires a payer strategy beyond the Medicare FFS program. Engagement will be important to expand ET3 to:

- Medicare Managed Care or Advantage Plans
- Commercial Payers including Medicaid

PCG can:

- Help to develop the value proposition, including determining potential cost savings.
- Develop prioritization list of payers to approach based upon transport volume and projected ET3 volume.
- Analyze current reimbursement rates to determine in network reimbursement rates to drive for in discussions.
- Negotiate value-based payment arrangements that should increase reimbursement to your department.
- Evaluate any risk associated with the VBP payment arrangements.



Implementation Services

Post-Award Services for Accepted ET3 Participants

Health Information Exchange



Implement

Health Information Exchange (HIE) is required for CMS to determine the success of the ET3 pilot. PCG will provide a dedicated project manager to help organize, facilitate, and assist with the following HIE services:

PCG can:

1. Determine current Provider system capabilities.
2. Build out ET3 Performance Measures via technical specifications.
3. Design Performance Measure coding identification for EPCR/billing vendors.
4. Customize and integrate the HIE with Provider needs.
5. Train CLIENT staff and key stakeholders on CLIENT Implementation Plan, as well as prepare and present findings to commercial payers for Multi-Payer negotiation.

Data Analysis & Reporting



Measure

PCG will:

1. Work with the ePCR and billing vendors and Provider staff to develop the parameters of the Claims Data Request needed for extraction.
2. Manage CMS reporting on your behalf to ensure ET3 participation compliance.
3. Develop Provider Quarterly Reporting insights including:
 - Trip types
 - Alternative Destination/Treatment in Place via Telehealth
 - Performance Measure Reporting
 - Multi-Payer Reimbursement analysis and rate setting
 - Return on investment (ROI) findings

Additional MIH Service Offerings

Centers for Medicare and Medicaid Services (CMS) amid COVID-19

- ET3 Model Team again postponed the pilot start to January 1, 2021
- CARES Act Interim Final Rule expanded Medicare FFS coverage
 - **Alternative Destination transports are now reimbursable!**
 - **What does this mean for EMS Providers?**
 - Regardless of interest in ET3, taking advantage of this opportunity provides stronger community care

PCG is Providing EMS Transformational Services Including

- **Alternative Destination/Telehealth Integration**
- **State Medicaid Mobile Integrated Healthcare (MIH) Model**

Check out our [ET3-type service offerings](#) and learn more details [here](#).



Partnership



In Conclusion, ET3 Allows the EMS Community to:

- Solidify EMS role in healthcare continuum
- Receive reimbursement for Treat-No-Transport patients
- Help reduce unnecessary stresses and crowding at local ER departments
- Increased community partnerships
- Engage healthcare providers
- Elevate level and quality of care provided
- Enhance EMS operations
- Support value-based payment for EMS Providers taking on transformational service

PCG is ready immediately to deploy resources to assist your agency with the ET3 opportunity.



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Solutions that Matter