

Emergency Triage, Treat, and Transport (ET3) Model

ET3 Model Quality Workgroup Session #2

Development of Performance-Based Payment (PBP) Eligibility and Methodology

March 21, 2023

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Confidentiality Reminder

- The content of our discussions must remain confidential until made public by the Centers for Medicare & Medicaid Services (CMS)
- Please remember to keep all personal health stories shared confidential
- Workgroup members represent themselves, not their organizations

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Agenda

- Welcome and Introductions
- Review of Meeting Goals
- Review of PBP Framework
- Review of PBP Methodology and Testing Results
- Timeline for PBP Payout
- Conduct Survey
- Discussion of Survey Results
- Next Steps

Quality Workgroup Members

Name	Professional Role	Organization
Ashley Ballah	Director, North Central EMS	Fisher Titus Affiliated Services
Doug Kupas, MD	Medical Director	West Shore Advanced Life Support Services, Inc.
Larry McMillan	Chief Compliance Officer	Wake County EMS
Asbel Montes	Managing Partner	Solutions Group
David Prezant, MD	Chief Medical Officer, FDNY Special Advisor to the Fire Commissioner for Health Policy Co-Director WTC Health Program - New York City Fire Department	FDNY
Jennifer Rieker	ET3 Specialist	Mehlville Fire Protection District
Kevin Spratlin	EMS Chief	City of Memphis
Gerad Troutman, MD	ET3 National Medical Director	Global Medical Response
Kelly Turpin	ET3 Program Manager	Global Medical Response
Jonathan Washko	Assistant Vice President	North Shore University Hospital Ambulance

Quality Workgroup Members

Name	Professional Role	Organization
Anne Yard	Mobile Integrated Health (MIH) Program Director	Mehlville Fire Protection District
Matt Zavadsky	Chief Transformation Officer	MedStar (The Metropolitan Area EMS Authority)
Jose Cabanas, MD	President-Elect	National Association of EMS Physicians (NAEMSP)
Joshua Ledger	EMS Data Consultant	National EMS Information System (NEMSIS)
Clay Mann, PhD	Principal Investigator	National EMS Information System (NEMSIS)
Tim Wilson	Chair, Community Paramedicine/ MIH	National Association of State EMS Officials (NASEMSO)

CMS ET3 Quality Team

Name	Role
Chanelle Boone	ET3 Model Lead
Tina Cooley	ET3 Model Co-Lead
Marvin Nichols	ET3 Model Quality Lead
Brenda Staffan	ET3 Model Senior Advisor

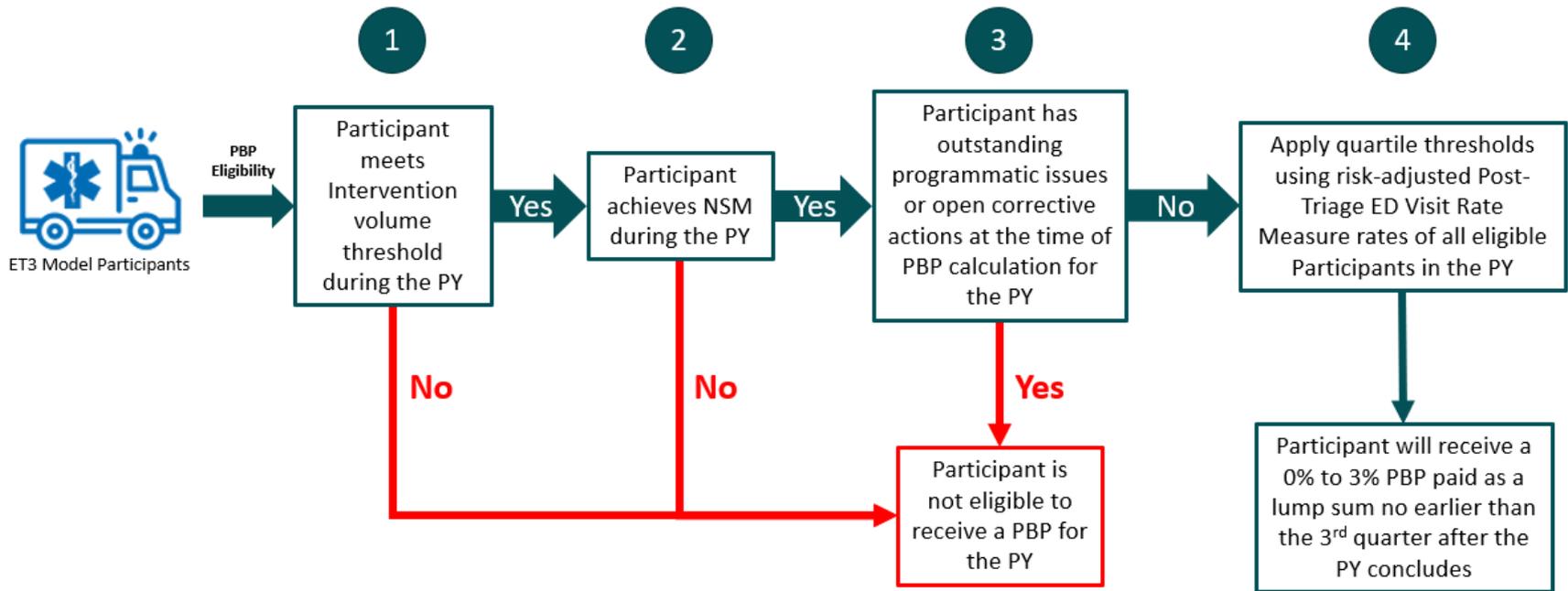
ET3 Implementation and Monitoring Team

Name	Role
Dina Mills, PMP	Project Manager and Quality Lead
Anna Detty	Deputy Quality Lead
Becky Brown	Quality Analyst
Brooke Ochsner	Quality Analyst
Namrata Sen*	Quality Methodologist
Shriram Parashuram, PhD*	Quality Methodologist
Lauren Campbell, PhD*	Quality Methodologist
Barbara Fernandez, PhD*	Senior Quality Advisor
Wen Hu*	Statistician
Shinya Kodama*	Quality Data Analyst
Desiree Esselman*	Quality Data Analyst
*Denotes Booz Allen Hamilton subcontractor, NORC at the University of Chicago	

Meeting Goals

- Inform stakeholders of the PBP eligibility requirements and the associated methodology for calculating the PBP
- Address stakeholder questions related to all components of the PBP methodology
- Receive verbal and written feedback from stakeholders on workgroup materials

PBP Framework for ET3 Model Participants



Acronyms List

PBP = Performance-Based Payment

NSM = Net Savings to Medicare

PY = Performance Year

ED = Emergency Department

PBP Eligibility Requirements

1. Meet a Minimum Intervention Volume Threshold
 - Participants must provide a **minimum of 20 properly billed and paid*** ET3 Interventions during the Performance Year (PY).
 - This requirement is waived for Participants with fewer than 2,000 emergency ground ambulance transports in the Calendar Year prior to the PY to avoid penalizing low-volume Participants and those that serve rural areas with lower population density.

*For the full definition of “properly billed and paid” please refer to the PBP Quality Workgroup Technical Document.

PBP Eligibility Requirements (Cont.)

2. Achieve Net Savings to Medicare (NSM)

$$\text{NSM} = \begin{array}{l} \text{Expected spending for ED} \\ \text{use averted by an ET3} \\ \text{Intervention} \end{array} - \begin{array}{l} \text{Observed spending for the ET3} \\ \text{Intervention (including} \\ \text{Participant and Partner} \\ \text{payments)} \end{array}$$

- Participants must demonstrate reduced spending for CMS as a result of their implementation of ET3 Interventions.

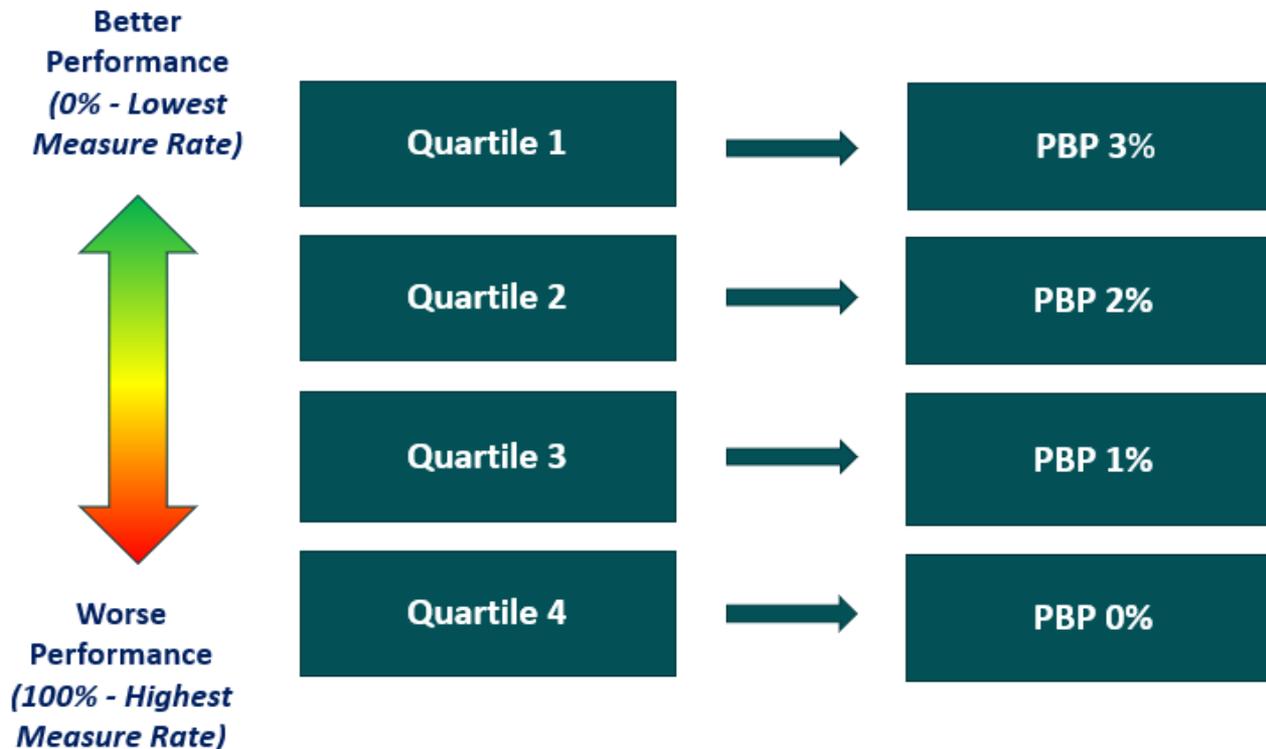
PBP Eligibility Requirements (Cont.)

3. Compliance with Model Requirements

- Participants must not have any outstanding programmatic issues or open corrective actions at the time of PBP calculation.

Review of PBP Methodology

- PBP amount will be decided based on each Participant's performance against the Quality Measure: **Risk Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure**



Review of PBP Testing Results

Total PBP and NSM and Average PBP and NSM per Participant by Quartile

Quartile	Measure Score Range	PBP Percentage	Number of Participants	Medicare Payments for ET3 Interventions	Total PBP for all Participants	Average PBP per Participant	Total NSM for all Participants	Average NSM per Participant
1	11.4-18.1%	3%	4	\$99,899.03	\$2,996.97	\$749.24	\$143,779.57	\$35,944.89
2	>18.1-20.4%	2%	3	\$133,359.67	\$2,667.19	\$889.06	\$171,234.84	\$57,078.28
3	>20.4-23.4%	1%	4	\$127,065.06	\$1,270.65	\$317.66	\$156,001.63	\$39,000.41
4	>23.4-28.9%	0%	4	\$47,680.36	--	--	\$63,341.86	\$15,835.47

Source: Analyses of Medicare Part A and Part B claims for the period January 2021 to July 2022

Review of PBP Testing Results

Average PBP and NSM per Intervention by Quartile

Quartile	Measure Score Range	PBP Percentage	Number of Participants	Number of ET3 Interventions	Average PBP per Intervention	Average NSM per Intervention
1	11.4-18.1%	3%	4	252	\$11.89	\$570.55
2	>18.1-20.4%	2%	3	319	\$8.36	\$536.79
3	>20.4-23.4%	1%	4	303	\$4.19	\$514.86
4	>23.4-28.9%	0%	4	120	--	\$527.85

Source: Analyses of Medicare Part A and Part B claims for the period January 2021 to July 2022

Review of PBP Testing Results

PBP Quartile Distribution of ET3 Participants, ET3 Interventions, and PBPs by Rurality Designation

Quartile (PBP Percentage)	Rurality Designation	Number of ET3 Participants	Number of ET3 Interventions	Average PBP per Participant
1 (3%)	Urban	3	139	\$1,736.58
	Rural	1	113	\$1,260.39
	Super-Rural	--	--	--
2 (2%)	Urban	3	262	\$2,180.67
	Rural	1	55	\$465.69
	Super-Rural	1	2	\$20.83
3 (1%)	Urban	3	294	\$1,226.91
	Rural	1	2	\$8.54
	Super-Rural	1	7	\$35.19
4 (0%)	Urban	4	120	--
	Rural	--	--	--
	Super-Rural	--	--	--

Source: Analyses of Medicare Part A and Part B claims for the period January 2021 to July 2022

Note: The number of Participants in this Exhibit is 18 because Participants can serve more than one type of Rurality Designation.

Timeframe for PBP Determination and Payout

- PBP will be paid to Participants in the summer following the Performance Year to allow for claims runout.

Performance Year	PBP Payout
2023	Summer 2024
2024	Summer 2025
2025	Summer 2026

Survey Instructions

- Attending workgroup members will be sent a link to a SurveyMonkey questionnaire to be completed in the next 10 minutes.
- If you need more time, please inform us through Zoom.
- *Do not sign out of Zoom; please put yourself on mute and return by 3:50pm.
- Once attendees return, we will discuss the results and answer any remaining questions.

Break – Please Return at 3:50pm

Discussion of Survey Results

- This session helped me understand the criteria a Participant must meet to be eligible to receive a PBP.
 - Strongly Agree – 60% (3 responses)
 - Agree – 40% (2 responses)
- I understand how NSM is calculated for ET3.
 - Strongly Agree – 20% (1 response)
 - Agree – 80% (4 responses)

Discussion of Survey Results

- I agree with the way NSM is calculated for ET3.
 - Agree – 40% (2 responses)
 - Neither agree nor disagree – 20% (1 response)
 - Disagree – 40% (2 responses)
- I understand the methodology for calculating a Participant's PBP for ET3.
 - Strongly Agree – 20% (1 response)
 - Agree – 80% (4 responses)

Discussion of Survey Results

- I agree with the methodology for calculating a Participant's PBP for ET3.
 - Strongly agree – 20% (1 response)
 - Agree – 20% (1 response)
 - Neither agree nor disagree – 40% (2 responses)
 - Disagree – 20% (1 response)
- Do you think Participants will understand these concepts as they were explained today?
 - Yes – 80% (4 responses)
 - No – 20% (1 response)

Discussion of Survey Results

- Other comments/questions
 - “Would like to see TAD/TIP broken out as separate bonus structures.”
 - “...nicely done. But the model should also include TIP without an ambulance response (what we call 911 to telemedicine direct) and it should also include TIP for response vehicles that cannot transport.”
 - “...I'd suggest adding a patient experience metric to this mix...”
 - “Really need to fund TIP from the point of triage, through a nurse navigation type program.”

Next Steps

- The survey link will be distributed to those unable to attend today's meeting live.
 - Members are asked to **respond via email by Monday, March 29** with any additional questions on the meeting content.
- Please e-mail us at ET3Model@cms.hhs.gov with any additional feedback or questions.
- We look forward to your participation in the next session; details to be sent later.

Thank you!