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## ASSESS AND REFER (A&R) / EMERGENCY TRIAGE, TREAT & TRANSPORT (ET3) PILOT PROGRAM FREQUENTLY ASKED QUESTIONS v12621

### **What is the Emergency Triage, Treat and Transport (ET3) Pilot Program?**

ET3 is a five-year payment model, funded by the Centers for Medicare and Medicaid Services (CMS), that provides greater flexibility to ambulance transport providers to address emergency health care needs of Medicare beneficiaries following a request for emergency services.

### **I am employed by a first response agency, how do we become ET3 approved?**

The application period to request enrollment in the ET3 pilot program was open from August 5, 2019 through October 5, 2019 and CMS will not be accepting any further applicants. Additionally, consideration was only given to ambulance transport providers.

### **How does the ET3 pilot program work?**

CMS will continue to pay for Medicare patients who are transported to a hospital emergency department. Under the ET3 model, CMS will also pay ambulance transport providers to 1) transport qualified patients to select urgent cares, or 2) initiate and facilitate treatment in place with a qualified health care partner via Telehealth visits.

The ET3 payment model will allow Medicare beneficiaries to access the most appropriate emergency services at the right time and place. The intent of the ET3 program is to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.

### **How does the ET3 pilot program work in Riverside County?**

American Medical Response (AMR) is the only ambulance transport provider in Riverside County that was selected by CMS to participate in the ET3 program.

- No other ambulance provider is permitted to transport patients to non-acute care facilities, or provide Telehealth services from the field, resulting from a request for EMS services.

*Medicare beneficiaries are the only patient population that qualify to participate.*

### **Who are the physicians providing Telehealth services?**

All physicians providing care as part of the Telehealth option are employed by EmCare and are licensed in Emergency Medicine in California.

### **For a patient to utilize the ET3 program, is the only requirement to be a Medicare beneficiary?**

No. The patient first needs to be assessed and meet all criteria for referral out of the 911 system – then, if they are a Medicare patient **AND** accept the referral for Telehealth services or non-emergent transport to an urgent care, they can participate in the ET3 program.

### **Will all AMR units, including BLS, be able to enroll the patient in the ET3 program from an ALS first responder?**

ALS and BLS AMR units are permitted to utilize the ET3 program for any applicable patient; however, the patient must meet all A&R criteria as outlined in policy #3312 before a Telehealth visit, or transport to a non-acute care facility, can be considered.

**If AMR has an ALS unit en route and the first response agency contacts their Communications Center to advise that the patient is willing to participate in the ET3 program, will AMR release the ALS unit and send a BLS unit in their place?**

No. The ALS unit will continue and, if appropriate, may be able to initiate a Telehealth visit for the patient. If the patient would prefer to be transported to an urgent care, the ALS AMR unit will, in most instances, request a BLS unit for transport. The ALS unit will release the patient, who will then wait for the BLS unit to arrive.

**What patient populations may be assessed and referred, and which agencies may utilize this policy?**

Policy #3312 (*Assess and Refer*, <http://www.remsa.us/policy/3312.pdf>) may be utilized by all first response agencies and all transport providers. It applies to all patients in the field, provided they meet all criteria listed under the subheading, “*Assess and Refer Criteria*.” A thorough assessment of the patient’s complaint, their clinical presentation, and the providers sound judgment are required to determine if referral to a non-acute care facility is appropriate.

**What patient populations may be enrolled in the ET3 program, and which agencies may utilize this policy?**

Policy #3311 (*ET3*, <http://www.remsa.us/policy/3311.pdf>) can only be utilized by AMR personnel and it applies only to patients who:

- Meet the “*Assess and Refer Criteria*” outlined in policy #3312 **AND**
- Who are Medicare-insured **AND**
- Who accept referral and transport to an ET3 recognized non-acute care facility or are willing to participate in a Telehealth visit

**How does Policy #3308 (ALS to BLS Downgrade) tie into Policy #3311 and Policy #3312?**

Patients must meet all criteria in the A&R policy before they can participate in the ET3 program. And, while both policies may seem similar to Policy #3308, their intended use is different – they are a means to decompress the EMS system by diverting patients whose complaints are non-emergent, or of low acuity, away from inundated emergency departments. Policy #3308 provides no mechanism to divert these patients away from the hospital, it simply recognizes that they still require transport but an ALS level of service will not be needed while en route.

**Are patients in skilled nursing facilities (SNF) or assisted living facilities eligible to participate in the ET3 program?**

Patients residing in convalescent homes and SNFs are **NOT** eligible to participate because the health care personnel at the scene have made the determination to call 911.

Patients residing in assisted living facilities **ARE** eligible to participate because of the various levels of service that are available to them in those institutions; however, a thorough assessment of the patient’s complaint, their clinical presentation, and the providers sound judgment are required to determine if referral to a non-acute care facility or a Telehealth visit is appropriate. Individuals receiving assistance with their daily activities would most likely benefit from the services that the ET3 program can offer while an individual living in a memory care unit may not.

**If the patient is assessed and meets criteria for referral, does the first response agency have to wait on scene for AMR?**

No. If, after thoroughly assessing the patient’s complaint and clinical presentation, and using sound judgment, it is determined that referral to a non-acute care facility is appropriate, the first response agency should cancel the responding AMR unit. Referral documentation must be provided to the patient before the first response agency clears the call.

**If the patient is assessed and meets criteria for referral AND they are a Medicare beneficiary AND they accept the referral for Telehealth services or non-emergent transport to a non-acute care facility, does the first response agency have to wait on scene for AMR?**

No.

**If the patient is assessed and meets criteria for referral, and AMR will be enrolling them in the ET3 program, what disposition should the first response agency choose in their ePCR?**

The disposition for these patients will always be “REMSA – Assess and Refer.”

**If the patient is assessed and meets criteria for referral, and AMR will be enrolling them in the ET3 program, what destination should the first response agency choose in their ePCR?**

Selecting a destination is optional.

**If the patient is assessed and meets criteria for referral, does a signature need to be obtained?**

No.

**Why not? The patient signs when they are transported and when the disposition is “AMA.” How is this any different?**

The signature obtained from the patient after transport to the ED serves as an acknowledgment that a Notice of Privacy Practices was provided, that the patient acknowledges that they are legally responsible for all services and transport costs rendered and that all belongings they brought with them during transport have been returned to them at its conclusion.

The signature obtained from the patient when they refuse treatment and / or transport is an expressed acknowledgement that services and transport were offered but were refused.

An individual who accepts a referral out of the 911 system does not need to acknowledge privacy practices or financial responsibility for services or transport rendered. They are also not refusing the recommendation for treatment or transport, making it unnecessary to obtain their signature. Ensuring that the individual meets all criteria in the A&R policy prior to referral maintains the prescribed standard of care. Thoroughly documenting all events that occurred during the incident, including how the patient met all A&R criteria and that they agreed to the referral out of the 911 system, satisfies all required documentation for this patient type and disposition.

**If the patient has been assessed and can be referred to AMR for ET3 services, but AMR is not on scene yet, can an ETA still be given to the patient or family?**

Yes. Contact your Communications Center directly and request an ETA from AMR according to your standard operating procedure.

**If the patient is assessed and meets criteria for referral but has no means of transportation other than the en route ambulance, does the first response agency need to remain on scene?**

Yes. If the individual meets A&R criteria, but not ET3 criteria, and requests transport to the hospital by ambulance, they are no longer being referred. They are being transported and are a patient.

**If the patient is assessed and meets criteria for referral, as well as ET3 program enrollment, but wants to be transported to the hospital, will the responding AMR unit transport them?**

Yes. The patient is always permitted to choose transport to an emergency department instead of a non-acute care facility, regardless of successfully meeting A&R and ET3 program criteria.

**If the patient is assessed and meets criteria for referral, does the first response agency have to contact a non-acute care facility or primary care physician’s office to advise that the individual was referred there before clearing the call?**

No. The first response agency may offer to perform this task as a means of providing good customer service to a member of their community, but it is not required. At a minimum, the resources provided on the referral card must be brought to their attention.

**Should I make base station contact for patients who meet A&R criteria?**

No. Making base station contact is not necessary for patients who have been assessed and exhibit evidence that they will be able to successfully navigate their referral out of the 911 system. It is not a required step in the assessment or referral process and is not required for documentation purposes.

**What if I feel like I should consult with an MICN about this patient?**

If you feel that consulting an MICN is necessary at any time during the encounter, the patient most likely does not meet the inclusion criteria as outlined in policy #3312 and should be transported to the closest, most appropriate receiving

**What is the purpose of the referral card? Why do these cards need to be handed out to remind the patient to go to an urgent care or follow up with their primary care physician?**

The purpose, and intent, of the referral card is not to remind the patient to go to the urgent care or follow up with their primary care physician, it is to provide them with meaningful phone numbers, addresses and internet sources so that they are able to successfully navigate their referral outside of the 911 system and get the care that they need.

**Where will the information on the referral card come from?**

REMSA will provide an approved template, with a minimum subset of pertinent resources, that individual agencies may use, and add to, for their specific geographic area. If an agency chooses to not provide a referral card as part of the A&R process, then they are not truly referring the patient and must wait for an AMR unit to arrive so that appropriate care may be continued.

**Which urgent cares are participating in the program?**

There are currently seven (7) non-acute care facilities participating in the ET3 program:

Location	Facility Name	Address
Lake Elsinore	A Plus Urgent Care	31571 Canyon Estates Drive, Suite 100 Lake Elsinore, CA 92532
Menifee	A Plus Urgent Care	29821 Antelope Road, Suite 102 Menifee, CA 92584
Murrieta	A Plus Urgent Care	29955 Technology Drive, Suite 111 Murrieta, CA 92563
Murrieta	A Plus Urgent Care	41880 Kalmia Street, Suite 100 Murrieta, CA 92562
Moreno Valley	Riverside Medical Clinic	6405 Day St, Riverside, CA 92507
Riverside	Riverside Medical Clinic	7117 Brockton Ave, Riverside, CA 92506
Temescal Canyon / Corona	Riverside Medical Clinic	21634 Retreat Pkwy, Temescal Valley, CA 92883

Other facilities may choose to participate in the future. Hours of operation are subject to change without notice.

**What happens if the urgent care is too busy, and they don't want to take the patient?**

The participating urgent cares are all contracted with AMR to receive these patients and the method of transport to get them there (ambulance vs private vehicle) makes no difference to the staff on site – they will continue to triage and evaluate patients accordingly. The AMR crew providing the ET3 services will determine the closest urgent care and contact them directly to advise them of the inbound patient. The hours of operation for each facility differ as well, making it important to remember that most of the contracted urgent cares will not accept an ET3 patient within one (1) hour of closing and will advise the AMR crew of such during the contact phone call.

**Where do first response agencies find the most up-to-date list of urgent cares accepting patients through the ET3 program?**

The list will be maintained by, and distributed to, AMR personnel. It is not required for first response agencies to maintain knowledge of these facilities.

**How will patient contacts be monitored? Who will be tracking them for CQI purposes?**

The agency that utilizes the A&R policy will be the agency required to perform CQI for that encounter. If, however, the patient has been assessed and can be referred to AMR for ET3 services, AMR will review and evaluate those encounters. 100% CQI will be performed for both dispositions.

**How can first responder agencies help or improve the process for the patient and AMR when assessing and referring?**

No additional steps or effort are required by any first response agency to help streamline or improve the utilization of the Assess and Refer policy other than to thoroughly assess the patient's complaint and clinical presentation, and use their sound judgment, to determine if referral to a non-acute care facility is appropriate.