CMS Questions

1. Are upfront costs (e.g. provider training, hiring personnel needed, etc.) acceptable to be included in application budgets to CMS for the ET3 initiative? Are there limitations?
2. Do alternate transport destinations need to be approved CMS providers?
3. How is CMS determining reimbursement rates? Cost of production or another way?
4. What guidelines are/will be established for training/preparing providers prior to ET3 implementation?
5. How will the ET3 initiative interact/work with Indian Health Services that will have a direct impact on tribal nations in Arizona?
6. How will nurse triage risk be addressed?
7. Is the nurse triage in the alarm room a billable service as a “treat and release”?
8. How will “medical necessity” remaining in place affect payment for BLS transports to alternate destinations? Is there a distinction between low acuity and BLS?
9. What are the anticipated QA/QI metrics including follow-up requirements?
10. Will ET3 require new contracts with each Medicare Fee for Service insurance plan for reimbursement?
11. What are the EMTALA implications as treatment and stabilization must be provided without consideration of insurance coverage or ability to pay?

Arizona Specific Questions

1. How will we work with city councils to ensure payments made to municipal EMS providers are reinvested into the EMS services?
2. How can we work with payers from all sectors (Medicare, Medicaid and Private) to reduce the contracting and reimbursement burden?
3. What cities/regions or organizations are considering and/or ready to partner on an application?
4. What effect will ET3 have on automatic/mutual aid responses when not all organizations are participating in ET3 but are in mutual aid?