

Emergency Triage, Treat, and Transport (ET3) Model

ET3 Model Data Submission Guide

December 31, 2020



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Acknowledgement

The Emergency Triage, Treat, and Transport (ET3) Model acknowledges the support and collaboration of the National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (EMS) and the National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center (TAC). Both this guide, and the ET3 Model data submission process that it covers, would not be what they are without this partnership.

Overview

The ET3 Model requires that Participants regularly submit data in addition to the Medicare claims information used as part of billing for ET3 Model interventions. NEMSIS standard electronic Patient Care Report (ePCR) data are an important and large component of ET3 Model data submissions. NEMSIS standard ePCR data are a new quantitative data source for the ET3 Model and the Center for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS). However, the data source is very familiar to participating EMS ambulance suppliers and providers, and their supporting software vendors. Thus, the main goal of this guide is to familiarize Participants and their supporting vendors with the submission of NEMSIS standard ePCR data into ET3 Model systems and confirmation that the ET3 Model has correctly received that data. This guide assumes familiarity with the NEMSIS standard specifications and readers are encouraged to contact the NEMSIS TAC with any questions about those [specifications](#).

NEMSIS standard ePCR data will benefit both the ET3 Model and Participants. For the ET3 Model, ePCR data will be used in Model monitoring and evaluation. A consistent data format will enable CMS to aggregate data across the Model and provide Participants with feedback and assistance implementing Model interventions.

Submission of ePCR data is divided into two periods: initial submission and subsequent submissions. (Note: additional information on data submission requirements can be found in Article 16 of the ET3 Model Participation Agreement.)

The initial ePCR submissions are due on February 28, 2021. This submission will be composed of two sets of ePCR data. The first component will be all participating EMS agencies' ePCRs generated from March 2019 to February 2020. This data will be used to form a standard baseline for all agencies before both the coronavirus disease 2019 (COVID-19) national public health emergency and the ET3 Model altered their operations. The second component will be all participating EMS agencies' ePCRs generated in January 2021. This data will cover the first month of the ET3 Model.

Subsequent ePCR submissions will be due on the last day of each calendar month, starting on March 31, 2021. These submissions will be composed of all participating EMS agencies' ePCRs generated in the *previous* calendar month. For example, all of the ePCRs generated in February 2021 will be due by March 31, 2021. All of the ePCRs generated in March 2021 will be due by April 30, 2021 and so forth for each month during participation in the ET3 Model. ePCRs may be submitted before they are due and they may be submitted in real time.

Roles and Responsibilities

Several entities play roles in providing the necessary tools, processes, and techniques for fulfilling the ET3 Model data submission requirements.

ET3 Model Participants

ET3 Model Participants are entities that have signed and executed ET3 Participation Agreements to provide ET3 Model interventions to Medicare Fee-for-Service beneficiaries. The ET3 Model Participant is responsible for collecting ePCR data in the NEMSIS standard and submitting that ePCR data to the ET3 Model. Submission of ePCRs to the ET3 Model is in addition to—not in lieu of—Participants' existing data submission requirements to other regulatory entities, such as local and state governments.

The ET3 Model Participant may send the ePCR data directly to CMS or with the support of NEMSIS-compliant ePCR software vendors.

NEMSIS-compliant ePCR Software Vendors

NEMSIS-compliant ePCR software vendors are permitted to submit ePCR data to CMS on behalf of ET3 Model Participants. Any software vendors supporting ET3 Model Participants are encouraged to closely coordinate their ePCR submission processes with the ET3 Model and the NEMSIS TAC.

Software vendors can play vital roles in ePCR submissions to the ET3 Model, but their supported ET3 Model Participants maintain final responsibility for meeting the ET3 Model data submission requirements.

NEMSIS Technical Assistance Center

NEMSIS provides the framework for collecting, storing, and sharing standardized EMS data. NEMSIS is both a universal standard for how patient care information resulting from an emergency 9-1-1 call for assistance is collected and the national database used to store EMS data from signatory US states and territories.

The ET3 Model has partnered with the NEMSIS TAC to assist the Model's adoption of NEMSIS data standards and provide related technical support. For example, the NEMSIS TAC assisted the ET3 Model with the development of the ET3 Schematron schema for validating ePCRs and with delivering technical information to ePCR software vendors.

CMMI at CMS

CMMI develops new payment and service delivery models in accordance with the requirements of Section 1115A of the Social Security Act. The ET3 Model is one of several models that require the exchange of patient data between the medical community and CMS. CMMI has provided the platform and technologies required to accept ePCR data from ET3 Model Participants.

CMMI will then analyze the ePCR data collected as part of the ET3 Model to support its ongoing statutory mission, including participant performance, payment monitoring, and Model evaluation.

ET3 Model Help Resources

In addition to their assigned ET3 Model Project Officers, Model Participants have access to Help Desks for questions throughout their participation in the ET3 Model.

- The ET3 Mailbox is available for general ET3 Model questions via ET3Model@cms.hhs.gov.
- The ET3 Help Desk is available for all data submission *technical* questions via 1-844-711-2664.

Required Data Submissions

NEMESIS standard ePCR Data for the ET3 Model

The ET3 Model will require Participants to submit ePCRs that are compliant with the NEMESIS version 3.4.0 standard. Adoption of any future versions of NEMESIS, such as 3.5.0, by the ET3 Model will be covered in a revised Data Submission Guide.

Much of what ET3 Model Participants and their supporting software vendors already know and do for ePCRs in version 3.4.0 will remain the same for ET3 Model data submissions. The ET3 Model took this approach of making limited customizations to facilitate and streamline the data submission process and to provide common data standards for a national model while accommodating agencies' respective state data regulations.

The ET3 Model will apply the same standard structure of NEMESIS ePCR elements and the data validations for the XSD and National Schematron schemas. The ET3 Model will collect all Mandatory data elements, but there are some Required and Recommended data elements that the ET3 Model will not collect. There also are some Optional elements that the ET3 Model will collect. It is important to note that the ET3 Model has not made any changes that conflict with the XSD and National Schematron schemas. The XSD and National Schematron validation schemas will be applied to ePCR data submissions that the ET3 Model receives with no changes, additions, or deletions to the existing "Errors," "Warnings," and status codes.

The ET3 Model will require Model Participants to apply some limited customizations to version 3.4.0 ePCR submissions in order to help appropriately document the ET3 Model's interventions.

First, the ET3 Model has a list of NEMESIS data elements that are to be collected. The list includes all of the elements that are "Mandatory" in the NEMESIS data standard, plus additional standard NEMESIS elements. The list of data elements collected by the ET3 Model can be found in the Appendix. Participants may submit NEMESIS elements that are not on the ET3 Model list, but the ET3 Model will not process or store them.

Second, the ET3 Model has one custom element (et3Disposition.01) and custom values added to two existing NEMESIS data elements (eDisposition.12 and eDisposition.21). More details on this element and values, including their codes and definitions, can be found in Appendix B.

Third, the ET3 Model has one set of new Schematron rules that will be used to validate ePCRs submitted by Model Participants. This Schematron schema consists entirely of "Warnings" and will be utilized in a similar fashion as a set of "State" rules applicable to Participants. More details on this ET3 Model-specific Schematron schema can be found in Appendix C.

Finally, the NEMSIS TAC also has resources available for Participants on its website. Participants are encouraged to contact the NEMSIS TAC for technical questions on the NEMSIS standard (<https://nemsis.org/using-ems-data/cms-et3-project/>).

Medicare Claims Data for the ET3 Model

The ET3 Model will use Medicare claims data generated by Participants and their Partners as a data source. While Medicare claims and ePCRs can be related data and cover the same ET3 Model intervention/response, this guide will not focus on Medicare claims because those data are submitted through different processes and systems. For further information on Medicare claims data as part of the ET3 Model, Participants are encouraged to refer to the “Participant Billing and Payment Factsheet” available for download on the [ET3 Connect site](#) and reach out their assigned Project Officers with any questions.

Submission Process and Work Flow

Once an ePCR is generated by an ET3 Model Participant, it must be submitted to CMS by the last day of the calendar month following the date of the incident. The Participant is responsible for the data submission into ET3 Model systems, whether directly or through a supporting ePCR software vendor.

As part of the ET3 Model Onboarding process, a participating agency or supporting software vendor will create an account with ET3 Model systems and request the application programming interface (API) keys needed for secure ePCR transmission. After those API keys are issued and test transmissions are confirmed, ePCRs can be submitted.

Participating agencies or their supporting software vendors will submit ePCRs into the ET3 Model’s Centralized Data Exchange (CDX) system. Each ePCR will be validated using the NEMSIS standard XSD and National Schematron schema, as well as the ET3 Model-specific “State” Schematron schema. A status code will be generated for each submission.

Once an ePCR submission passes validation, it will be filtered and only the elements that the ET3 Model requires will proceed to further data processing.

Confirming Data Receipt

ET3 Model Participants can check the status of their ePCR submissions to the ET3 Model through the reporting interface of the CDX. The steps for accessing this function in CDX are detailed in Appendix E.

Additionally, Participants can reach out to their Project Officers to inquire about submission status.

Appendices

- A. ET3 Model Data Flow Diagram and Definition Table – CMMI
- B. ET3 Model “State” Dataset for NEMESIS v3.4.0 – NEMESIS TAC
- C. ET3 Model “State” Dataset Schematron Rules for NEMESIS v3.4 – NEMESIS TAC
- D. ET3 Model Scenarios for NEMESIS v3.4.0 ePCRs – NEMESIS TAC and CMMI
- E. Excerpts of User Manuals for Innovation Center (IC) Portal and CDX – CMMI

Appendix A: ET3 Model Data Flow Diagram and Definition Table – CMMI

The following graphic depicts the flows and steps associated with ET3 Data Submission.

Exhibit 1. CMS ET3 Model Data Submission Diagram (v4)

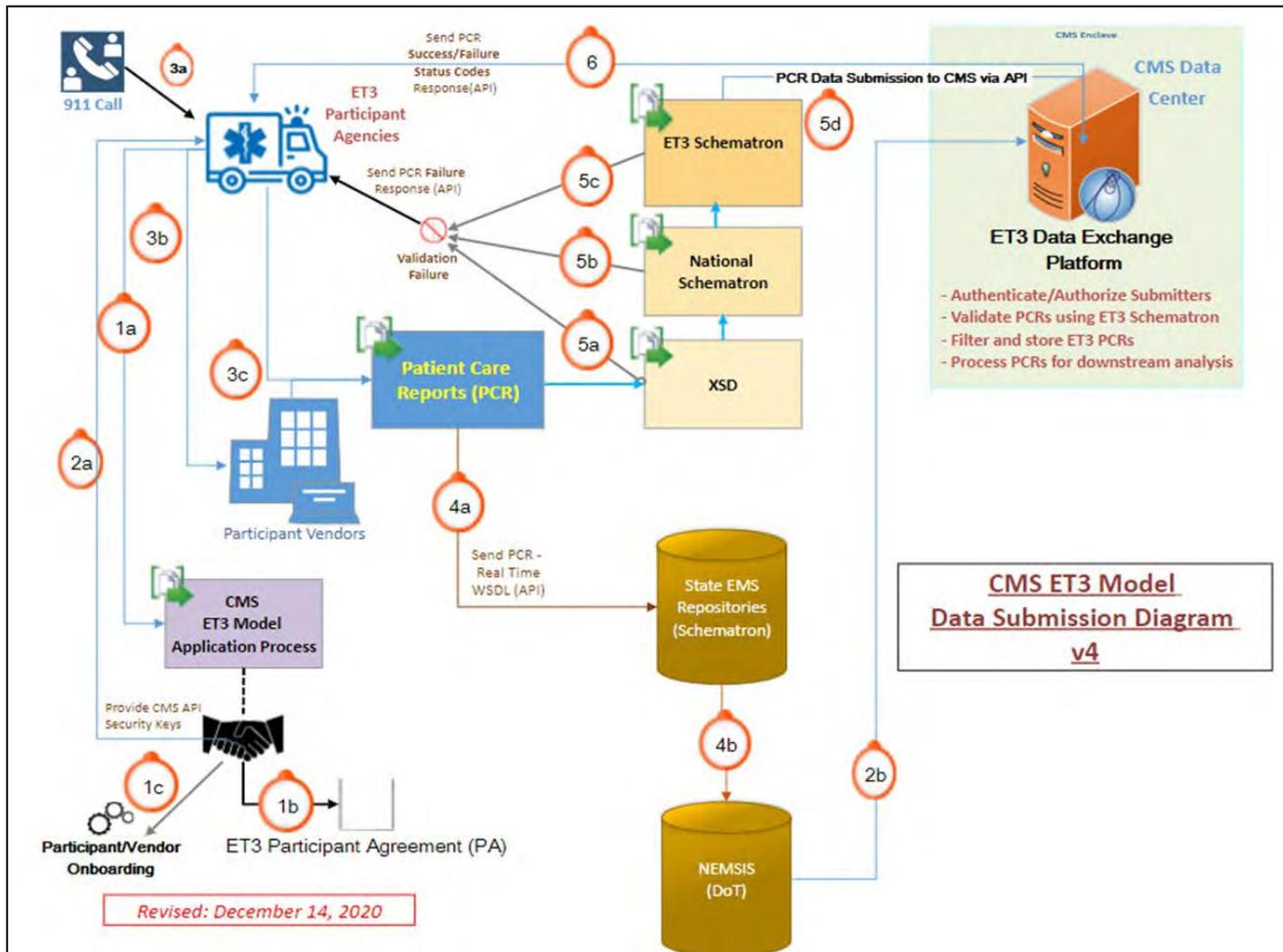


Exhibit 2. CMS ET3 Model Data Submission Data Flow Definition Table (v3)

Ref No.	Process Type	Actor (Start)	Actor (End)	Includes	Frequency
1a	Manual	ET3 Participants Agencies	CMS ET3 Model Application Process	Application Data	Once
1b	Manual	CMS ET3 Model Application Process	ET3 Participant Agreement (PA)	CMS Approval, Application Data	Once
1c	Manual	CMS ET3 Model Team	ET3 Participant/Vendor Onboarding (PA)	ET3 Webinar, User Guidance, Security Keys, etc.	Once
2a	Online	CMS ETe Model Team	ET3 Participant Agencies & Vendors	ET3 Webinar, User Guidance, Security Keys, etc.	Once
2b	File Transfer	NEMSIS TAC (DOT)	ET3 Data Exchange Platform	Participant Demographic Data	4 times per year
3a	911 Call	911 Call Center	ET3 Participant Agencies	Incident Details	Continuous
3b	Data Submission	ET3 Participant Agencies	ETe Participant Vendors	Patient Care Information	Continuous
3c	Data Submission	ET3 Participant Agencies/Vendors	Electronic Patient Care Report (PCR) records	Patient Care Reports (PCR)	Continuous
4a	State Data Submission & Validation	Patient Care Reports (PCR)	State EMS Repositories	PCR Data & State Schematron	Continuous
4b	National Data Submission & Validation	Patient Care Reports (PCR)	NEMSIS National Repository	PCR Data & National Schematron	Continuous
5a	ET3 Data Validation	XML Schema Definition (XSD)	Validation Failure	PCR Data & XSD	Only when Validation fails
5b	ET3 Data Validation	National Schematron	Validation Failure	PCR Data National Schematron	Only when Validation fails
5c	ET3 Data Validation	ET3 Schematron	Validation Failure	PCR Data and ET3 Schematron	Only when Validation fails
5d	Data Submission (Successful)	ET3 Schematron	ET3 Data Exchange Platform	PCR Data sent to CMS via NEMSIS API	Continuous
6	Data Submission Response (Success or Fail)	ET3 Data Exchange Platform	ET3 Participant Agencies/Vendors	ET3 Validation Response from ET3 Data Exchange Platform	Continuous

Starting in the lower left corner of the diagram, prospective ET3 Model Participants first applied for entry into the ET3 Model using the ET3 Model Application Process (see Flow 1a). This was a manual process, which resulted in the transfer of Applicant data to CMMI.

ET3 Participants later signed Participant Agreements, which then permitted participation in ET3 Model Onboarding activities (see Flows 1b & 1c). Additionally, ET3 Model Participants could then request access to the ET3 Model system by registering through the CMS Enterprise Portal (<https://portal.cms.gov>).

Concurrent with ET3 Model Onboarding activities, the NEMSIS TAC generates a Department of Transportation (DoT) file containing Demographic Data for all of the ET3 Model’s participating EMS agencies (see Flow 2b).

Once a 9-1-1 call is initiated, a participating ambulance supplier or provider responds to the incident location and provides EMS to any affected patient(s) or Medicare beneficiary(ies). While treatment activities are the highest priority, the collection of patient data begins.

Using a software vendor’s product, EMS personnel collect ePCR data and the data are formatted using the NEMSIS standard prior to transmission (see Flows 3b & 3c). Once the complete ePCR data are collected, the ePCR software vendor will send the ePCR data to the state in which the Participant is licensed to provide EMS (see Flow 4a). Each state participating in the NEMSIS standard sends a subset of ePCR data to the national NEMSIS Data Repository (see Flow 4b).

After successfully transmitting ePCR data to the state, the ePCR software vendor will then send the ePCR data to the ET3 Model (see Flow 5a). The validation process is performed in three steps, starting with the XSD, then the National Schematron schema, and finally the ET3 Model “State” Schematron schema validation. If a validation failure occurs at any point in the three-step validation process, then the ET3 Model-bound data are not sent further through CMS systems (see Flows 5a, 5b, & 5c). Once a successful validation process occurs, ePCR records continue through systems for further processing (see Flows 5d). Either a SUCCESS or FAILURE response report will be sent back to whomever submits the ePCR data (see Flow 6a).

Once accepted, the ePCR data are filtered and only the required ET3 Model data submission elements (see Appendix B) are stored and processed for downstream data analyses.

Appendix B: ET3 Model “State” Dataset for NEMESIS v3.4.0 – NEMESIS TAC

The ET3 Model “State” Dataset for NEMESIS v3.4.0 is on the following pages and can be found online at https://stash.utahdcc.org/stash/projects/NES/repos/et3-project/browse/Resources/ET3_StateDataSet.pdf.

NEMESIS

V3 State Data Set

ET3 Project

Version Date: 09/30/2020

www.NEMESIS.org

Overview

ET3 Project has provided the following state-specific configuration information.

# of Entries	Section
3	Custom Data Elements
140	State Collected Elements
0	State Certification/Licensure Levels
0	Procedures Permitted by the State
0	Medications Permitted by the State
0	Protocols Permitted by the State
0	EMS Agencies
0	Facilities

Custom Data Elements

Configuration for custom data elements created to collect information that is not defined formally in NEMESIS Version 3.

Legend	Usage:	M = Mandatory, R = Required, E = Recommended, or O = Optional
	Attributes:	N = Not Values, P = Pertinent Negatives, L = Nillable, and/or C = Correlation ID

eCustomConfiguration

1 : 1	eDisposition.12 - Incident/Patient Disposition	M	L, C
1 : 1	eDisposition.21 - Type of Destination	R	L, C
1 : 1	et3Disposition.01 - ET3 Alternative Disposition Offer and Result	R	N, L, C

Custom Data Elements

eDisposition.12

eDisposition.12 - Incident/Patient Disposition

Definition

Type of disposition treatment and/or transport of the patient by this EMS Unit.

National Element		Pertinent Negatives (PN)	No
State Element	Yes	Not Values (NV)	No
Version 2 Element		Is Nillable	Yes
Usage	Mandatory	Recurrence	1 : 1

Extends NEMSIS Element

eDisposition.12 - Incident/Patient Disposition

Code List

Code	NEMSIS Code	Description
4212901	4212031	Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)
4212902	4212031	Patient Treated, Transferred Care to Telehealth Provider

Custom Data Elements

eDisposition.21

eDisposition.21 - Type of Destination

Definition

The type of destination the patient was delivered or transferred to

National Element		Pertinent Negatives (PN)	No
State Element	Yes	Not Values (NV)	No
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Extends NEMESIS Element

eDisposition.21 - Type of Destination

Code List

Code	NEMESIS Code	Description
4221031	4221013	Mental Health Facility
4221039	4221013	Drug and/or Alcohol Rehabilitation Facility
4221901	4221007	Federally Qualified Health Center
4221902	4221013	Qualified Health Care Partner
4221903	4221007	Rural Health Clinic

Custom Data Elements

et3Disposition.01

et3Disposition.01 - ET3 Alternative Disposition Offer and Result

Definition

An indication of whether EMS offered an ET3 alternative disposition to the patient and whether the patient accepted the alternative. If the patient refused one alternative but accepted another, record that the patient accepted.

National Element		Pertinent Negatives (PN)	No
State Element	Yes	Not Values (NV)	Yes
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Attributes

Not Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

Code	NEMESIS Code	Description
et3Disposition.01.01		Alternative Disposition Not Offered
et3Disposition.01.02		Alternative Disposition Offered, Accepted by Patient
et3Disposition.01.03		Alternative Disposition Offered, Refused by Patient

State Collected Elements

The data elements that the state collects or requires.

DEMDataSet EMSDataSet

Show Non-state-required Data Elements

N	S	Element Number	Element Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.01	Patient Care Report Number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.02	Software Creator
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.03	Software Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.04	Software Version
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.01	EMS Agency Number
	<input checked="" type="checkbox"/>	eResponse.02	EMS Agency Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.03	Incident Number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.05	Type of Service Requested
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.07	Primary Role of the Unit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.10	Type of Scene Delay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.11	Type of Transport Delay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.12	Type of Turn-Around Delay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.13	EMS Vehicle (Unit) Number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.14	EMS Unit Call Sign
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.15	Level of Care of This Unit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.23	Response Mode to Scene
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eDispatch.01	Complaint Reported by Dispatch
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eDispatch.02	EMD Performed
	<input checked="" type="checkbox"/>	eDispatch.05	Dispatch Priority (Patient Acuity)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.01	PSAP Call Date/Time
	<input checked="" type="checkbox"/>	eTimes.02	Dispatch Notified Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.03	Unit Notified by Dispatch Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.05	Unit En Route Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.06	Unit Arrived on Scene Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.07	Arrived at Patient Date/Time
	<input checked="" type="checkbox"/>	eTimes.08	Transfer of EMS Patient Care Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.09	Unit Left Scene Date/Time

N	S	Element Number	Element Name
N	S	eTimes.11	Patient Arrived at Destination Date/Time
N	S	eTimes.12	Destination Patient Transfer of Care Date/Time
N	S	eTimes.13	Unit Back in Service Date/Time
	S	ePatient.02	Last Name
	S	ePatient.03	First Name
	S	ePatient.04	Middle Initial/Name
	S	ePatient.05	Patient's Home Address
	S	ePatient.06	Patient's Home City
N	S	ePatient.07	Patient's Home County
N	S	ePatient.08	Patient's Home State
N	S	ePatient.09	Patient's Home ZIP Code
	S	ePatient.12	Social Security Number
N	S	ePatient.13	Gender
N	S	ePatient.14	Race
N	S	ePatient.15	Age
N	S	ePatient.16	Age Units
	S	ePatient.17	Date of Birth
	S	ePatient.20	State Issuing Driver's License
	S	ePatient.21	Driver's License Number
N	S	ePayment.01	Primary Method of Payment
N	S	ePayment.50	CMS Service Level
N	S	eScene.01	First EMS Unit on Scene
	S	eScene.02	Other EMS or Public Safety Agencies at Scene
	S	eScene.03	Other EMS or Public Safety Agency ID Number
	S	eScene.04	Type of Other Service at Scene
	S	eScene.05	Date/Time Initial Responder Arrived on Scene
N	S	eScene.06	Number of Patients at Scene
N	S	eScene.07	Mass Casualty Incident
N	S	eScene.08	Triage Classification for MCI Patient
N	S	eScene.09	Incident Location Type
	S	eScene.10	Incident Facility Code
	S	eScene.13	Incident Facility or Location Name
	S	eScene.15	Incident Street Address
	S	eScene.16	Incident Apartment, Suite, or Room

N	S	Element Number	Element Name
	S	eScene.17	Incident City
N	S	eScene.18	Incident State
N	S	eScene.19	Incident ZIP Code
N	S	eScene.21	Incident County
N	S	eSituation.01	Date/Time of Symptom Onset
N	S	eSituation.02	Possible Injury
N	S	eSituation.07	Chief Complaint Anatomic Location
N	S	eSituation.08	Chief Complaint Organ System
N	S	eSituation.09	Primary Symptom
N	S	eSituation.10	Other Associated Symptoms
N	S	eSituation.11	Provider's Primary Impression
N	S	eSituation.12	Provider's Secondary Impressions
N	S	eSituation.13	Initial Patient Acuity
N	S	eInjury.03	Trauma Center Criteria
N	S	eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor
N	S	eArrest.01	Cardiac Arrest
	S	eHistory.05	Advance Directives
N	S	eHistory.17	Alcohol/Drug Use Indicators
N	S	eVitals.01	Date/Time Vital Signs Taken
N	S	eVitals.02	Obtained Prior to this Unit's EMS Care
N	S	eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)
N	S	eVitals.04	ECG Type
N	S	eVitals.05	Method of ECG Interpretation
N	S	eVitals.06	SBP (Systolic Blood Pressure)
	S	eVitals.07	DBP (Diastolic Blood Pressure)
N	S	eVitals.08	Method of Blood Pressure Measurement
N	S	eVitals.10	Heart Rate
N	S	eVitals.12	Pulse Oximetry
N	S	eVitals.14	Respiratory Rate
N	S	eVitals.16	End Tidal Carbon Dioxide (ETCO2)
N	S	eVitals.18	Blood Glucose Level
N	S	eVitals.19	Glasgow Coma Score-Eye
N	S	eVitals.20	Glasgow Coma Score-Verbal
N	S	eVitals.21	Glasgow Coma Score-Motor

N	S	Element Number	Element Name
N	S	eVitals.22	Glasgow Coma Score-Qualifier
	S	eVitals.23	Total Glasgow Coma Score
	S	eVitals.24	Temperature
N	S	eVitals.26	Level of Responsiveness (AVPU)
N	S	eVitals.27	Pain Scale Score
	S	eVitals.28	Pain Scale Type
N	S	eVitals.29	Stroke Scale Score
N	S	eVitals.30	Stroke Scale Type
N	S	eVitals.31	Reperfusion Checklist
N	S	eProtocols.01	Protocols Used
N	S	eMedications.01	Date/Time Medication Administered
N	S	eMedications.02	Medication Administered Prior to this Unit's EMS Care
N	S	eMedications.03	Medication Given
N	S	eMedications.05	Medication Dosage
N	S	eMedications.06	Medication Dosage Units
N	S	eMedications.07	Response to Medication
N	S	eMedications.08	Medication Complication
N	S	eMedications.10	Role/Type of Person Administering Medication
N	S	eProcedures.01	Date/Time Procedure Performed
N	S	eProcedures.02	Procedure Performed Prior to this Unit's EMS Care
N	S	eProcedures.03	Procedure
N	S	eProcedures.05	Number of Procedure Attempts
N	S	eProcedures.06	Procedure Successful
N	S	eProcedures.07	Procedure Complication
N	S	eProcedures.08	Response to Procedure
N	S	eProcedures.10	Role/Type of Person Performing the Procedure
	S	eDisposition.01	Destination/Transferred To, Name
	S	eDisposition.02	Destination/Transferred To, Code
N	S	eDisposition.05	Destination State
N	S	eDisposition.06	Destination County
N	S	eDisposition.07	Destination ZIP Code
N	S	eDisposition.12	Incident/Patient Disposition
N	S	eDisposition.17	Transport Mode from Scene
N	S	eDisposition.19	Final Patient Acuity

N	S	Element Number	Element Name
N	S	eDisposition.20	Reason for Choosing Destination
N	S	eDisposition.21	Type of Destination
N	S	eDisposition.23	Hospital Capability
N	S	eOutcome.01	Emergency Department Disposition
N	S	eOutcome.02	Hospital Disposition
	S	eOutcome.09	Emergency Department Procedures
	S	eOutcome.10	Emergency Department Diagnosis
	S	eOutcome.11	Date/Time of Hospital Admission
	S	eOutcome.12	Hospital Procedures
	S	eOutcome.13	Hospital Diagnosis
	S	eOutcome.16	Date/Time of Hospital Discharge

Appendix C: ET3 Model “State” Dataset Schematron Rules for NEMSIS v3.4 – NEMSIS TAC

The ET3 Model “State” Dataset Schematron Rules for NEMSIS v3.4 is on the following pages and can be found online at

http://nemsis.org/media/nemsis_states/et3-project/Schematron/ET3_EMSDataSet.sch.pdf.

NEMESIS

Schematron Validation Rules

EMSDataset

Version: 3.4.0.200320_ET3200930

NEMESIS ISO Schematron file for EMSDataSet for ET3 Project

Overview By Validation Message

- ... **Warning** Final Patient Acuity should be recorded when Type of Service Requested is "911 Response (Scene)" and Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Type of Destination (the type of provider to whom care was transferred) should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Last Name should be recorded when Incident/Patient Disposition is "Patient Treated, Transported by this EMS Unit" or "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** First Name should be recorded when Incident/Patient Disposition is "Patient Treated, Transported by this EMS Unit" or "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Patient's Home County should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Patient's Home State should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Patient's Home ZIP Code should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Race should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Date of Birth should be recorded when Incident/Patient Disposition is "Patient Treated, Transported by this EMS Unit" or "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Primary Method of Payment should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** Initial Patient Acuity should be recorded when Type of Service Requested is "911 Response (Scene)" and Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".
- ... **Warning** ET3 Alternative Disposition Offer and Result should be recorded when Primary Method of Payment is "Medicare".
- ... **Warning** Transfer of EMS Patient Care Date/Time should be recorded when Incident/Patient Disposition is "Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)" or "... to Telehealth Provider".

- ... **Warning** **Type of Destination** (the type of provider to whom care was transferred) should be "Qualified Health Care Partner" when **Incident/Patient Disposition** is "Patient Treated, Transferred Care to Another Provider On Scene (non-EMS)" or "Patient Treated, Transferred Care to Telehealth Provider".
- ... **Warning** The correct NEMSIS fallback code should be used when an ET3 custom value is recorded for **Incident/Patient Disposition**.
- ... **Warning** A custom value permitted by ET3 for **Incident/Patient Disposition** should not occur more than once on a PCR.
- ... **Warning** The correct NEMSIS fallback code should be used when an ET3 custom value is recorded for **Type of Destination**.
- ... **Warning** A custom value permitted by ET3 for **Type of Destination** should not occur more than once on a PCR.
- ... **Warning** ET3 Alternative Disposition Offer and Result should be a value permitted by ET3.
- ... **Warning** ET3 Alternative Disposition Offer and Result should not occur more than once on a PCR.
- ... **Warning** **Date/Time Medication Administered** should not be later than **Transfer of EMS Patient Care Date/Time**.
- ... **Warning** **Date/Time Procedure Performed** should not be later than **Transfer of EMS Patient Care Date/Time**.
- ... **Warning** **Transfer of EMS Patient Care Date/Time** should not be earlier than **Date/Time Initial Responder Arrived on Scene**.
- ... **Warning** **Transfer of EMS Patient Care Date/Time** should not be earlier than **Date/Time of Symptom Onset**.
- ... **Warning** **Transfer of EMS Patient Care Date/Time** should not be earlier than **Unit Notified by Dispatch Date/Time**.
- ... **Warning** **Transfer of EMS Patient Care Date/Time** should not be earlier than **Unit En Route Date/Time**.
- ... **Warning** **Transfer of EMS Patient Care Date/Time** should not be earlier than **Unit Arrived on Scene Date/Time**.
- ... **Warning** **Transfer of EMS Patient Care Date/Time** should not be earlier than **Arrived at Patient Date/Time**.
- ... **Warning** **Unit Back in Service Date/Time** should not be earlier than **Transfer of EMS Patient Care Date/Time**.
- ... **Warning** **Date/Time Vital Signs Taken** should not be later than **Transfer of EMS Patient Care Date/Time**.

Appendix D: ET3 Model Scenarios for NEMSIS v3.4.0 ePCRs – NEMSIS TAC and CMMI

The ET3 Model Scenarios for NEMSIS v3.4.0 ePCRs is on the following pages and can be found online at <https://nemsis.org/wp-content/uploads/2020/12/ET3-Custom-Dispositions-for-NEMSIS-3.4-20201208-v01.pdf>.

ET3 Dispositions for NEMESIS 3.4

December 8, 2020

Developed by CMMI and the NEMESIS TAC

Guidelines

These guidelines do not constitute billing guidance. Billing is mentioned in order to assist EMS agencies to document ePCR data in a manner that is compatible with accurate billing.

The term “alternative disposition” used in this document is synonymous with the term “ET3 intervention” used by in ET3 Model communications.

These guidelines cover how to appropriately record the various ET3 scenarios of treatment and transport alternative dispositions within the NEMESIS version 3.4.0 standard, including the ET3 custom elements and values. NEMESIS data prior to version 3.4.0 will not be accepted by CMS. A version of this guidance for NEMESIS version 3.5.0 will be provided separately. These general guidelines are followed by specific scenario examples.

1. ET3 is for low-acuity 9-1-1 fee-for-service Medicare transports

The purpose of the ET3 Model is to test whether paying for (1) Transport to an Alternative Destination and (2) Treatment-in-Place, each furnished to low-acuity Medicare fee-for-service (FFS) beneficiaries following a 9-1-1 call, will reduce avoidable transports of Medicare FFS beneficiaries to emergency departments and/or utilization of other Covered Services. (Note: please see page 1 of the ET3 Participation Agreement for further information.)

2. If multiple ET3 alternative dispositions occurred, record the final disposition

If the EMS agency provides multiple ET3 alternative dispositions during an incident, then EMS records the final disposition of the incident. For example, if treatment-in-place was used but the patient was also transported, the EMS agency records (and bills) the incident as a transport. The fact that treatment-in-place occurred has no impact on the EMS agency’s billing for the incident.

3. ET3 collects whether alternative dispositions were offered and accepted, but not details about the offer and acceptance of each alternative

An EMS agency may offer multiple ET3 alternative dispositions during an incident, and patient may refuse one alternative but accept another. If any alternative disposition was accepted by the patient (even if the final disposition of the incident is a standard hospital transport), the EMS agency will record that an ET3 alternative disposition was offered and accepted by the patient. ET3 does not collect details specifically about which alternatives were offered and which were accepted. This approach minimizes the additional burden on EMS personnel for completing extra data elements on their calls.

4. The ET3 model only affects *whether* an incident is billable, not the billable amount

Under standard CMS policy, EMS agencies would not be able to bill for transport to a non-hospital destination or for facilitating treatment-in-place. ET3 makes those incidents billable, but the amount of the bill is unaffected by ET3: the bill includes the standard CMS base rate plus mileage (if a transport occurred).

Transport to Alternative Destination (TAD)

An EMS agency transports the patient to an alternative destination (not a hospital) approved by CMS. Within ET3, the incident is billable using the base rate plus mileage.

[eDisposition.01](#) – Destination/Transferred To, Name

The name of the alternative destination

[eDisposition.02](#) – Destination/Transferred To, Code

The state- or agency-assigned code of the alternative destination

[eDisposition.21](#) – Type of Destination

4221007 Clinic

4221021 Urgent Care

4221031 Mental Health Facility (*custom value*)

4221039 Drug and/or Alcohol Rehabilitation Facility (*custom value*)

4221901 Federally Qualified Health Center (*custom value*)

4221902 Rural Health Clinic (*custom value*)

[eDisposition.12](#) – Incident/Patient Disposition

4212033 Patient Treated, Transported by This EMS Unit

[et3Disposition.01](#) – ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.02 Alternative Disposition Offered, Accepted by Patient

Treatment-in-Place (TIP)

An EMS agency transfers care of the patient to a Qualified Health Care Partner (non-EMS) approved by CMS, with the partner either responding to the scene in-person or providing care via telehealth. Within ET3, the incident is billable using the base rate with no mileage.

[eDisposition.01](#) – Destination/Transferred To, Name

The name of the partner

[eDisposition.02](#) – Destination/Transferred To, Code

The state- or agency-assigned code of the partner

[eDisposition.21](#) – Type of Destination

4221902 Qualified Health Care Partner (*custom value*)

[eDisposition.12](#) – Incident/Patient Disposition

4212901 Patient Treated, Transferred Care to Another Provider on Scene (non-EMS) (*custom value*)

4212902 Patient Treated, Transferred Care to Telehealth Provider (*custom value*)

[et3Disposition.01](#) – ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.02 Alternative Disposition Offered, Accepted by Patient

Additional Scenarios

Treatment-in-Place (TIP) Followed by Transport to an Alternative Destination (TAD)

An EMS agency attempts to transfer care of patient to a Qualified Health Care Partner (non-EMS), either on scene or via telehealth, but the partner instructs EMS to retain care of the patient and transport the patient to an alternative destination approved by CMS, or the patient requests such transport, or EMS determines after treatment-in-place begins that it is necessary to transport due to patient condition. The incident is billable as an ET3 alternative destination using the base rate plus mileage.

This scenario is documented the same way as the Transport to Alternative Destination (TAD) scenario.

Treatment-in-Place (TIP) Followed by Transport to a Hospital

An EMS agency attempts to transfer care of the patient to a Qualified Health Care Partner (non-EMS), either on scene or via telehealth, but the partner instructs EMS to retain care of the patient and transport the patient to a hospital, or the patient requests such transport, or EMS determines after treatment-in-place begins that it is necessary to transport due to patient condition. The incident is billable as a standard hospital transport using the base rate plus mileage.

This scenario is documented the same way as a standard non-ET3 transport, except with the following additional information recorded:

[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.02 Alternative Disposition Offered, Accepted by Patient (*if the partner requested the transport*)

et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient (*if the patient requested the transport*)

Treatment-in-Place (TIP) Offered, Refused by Patient, Transport to Hospital

An EMS agency offers a treatment-in-place alternative to the patient, but the patient refuses it. EMS transports the patient to a hospital. The incident is billable as a standard hospital transport using the base rate plus mileage.

This scenario is documented the same way as a standard non-ET3 transport, except with the following additional information recorded:

[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient

Treatment-in-Place Offered (TIP), Refused by Patient, Transport to Alternative Destination (TAD)

An EMS agency offers a treatment-in-place alternative to the patient, but the patient refuses it. EMS offers an alternative destination transport to the patient, and the patient accepts it. EMS transports the patient to an alternative destination. The incident is billable as an ET3 Transport to Alternative Destination using the base rate plus mileage.

This scenario is documented the same way as the Transport to Alternative Destination (TAD) scenario.



Transport to Alternative Destination (TAD) Offered, Refused by Patient, Treatment in Place (TIP)

An EMS agency offers transport to an alternative destination, but the patient refuses it. EMS offers a treatment-in-place alternative to the patient, and the patient accepts it. Treatment-in-place is performed and the EMS agency does not transport the patient. The incident is billable as an ET3 treatment-in-place using the base rate with no mileage.

This scenario is documented the same way as the Treatment-in-Place (TIP) scenario.

Transport to Alternative Destination (TAD) Offered, Refused by Patient, Transport to Hospital

An EMS agency offers a transport to an alternative destination to the patient, but the patient refuses it. EMS transports the patient to a hospital. The incident is billable as a standard hospital transport using the base rate plus mileage.

This scenario is documented the same way as a standard non-ET3 transport, except with the following additional information recorded:

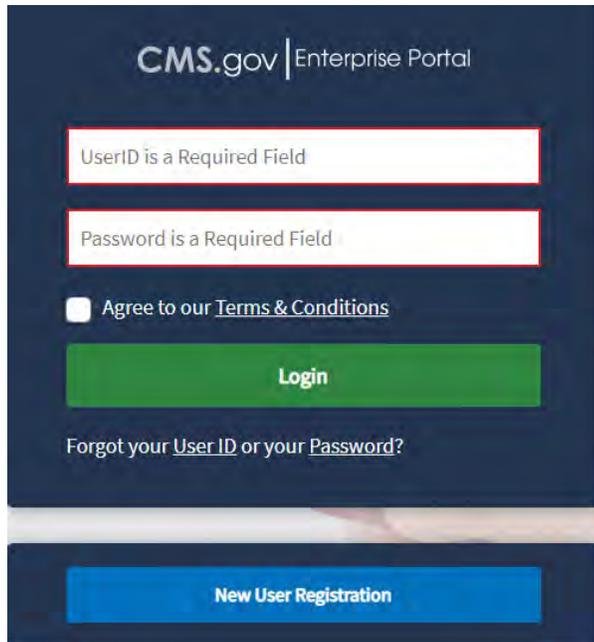
[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient

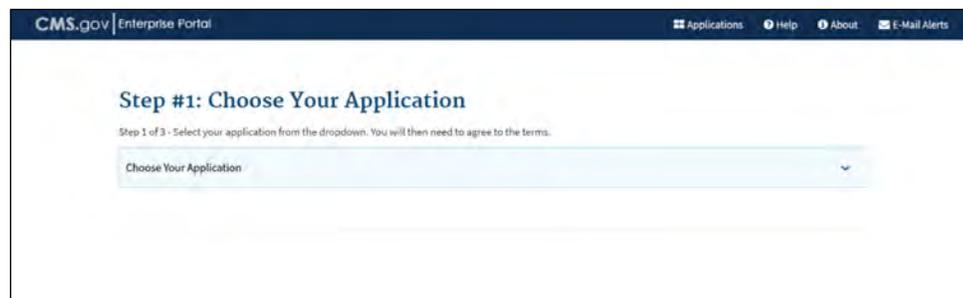
Appendix E: Excerpts of User Manuals for Innovation Center (IC) Portal and CDX – CMMI

Before accessing the CMS ePortal (<https://portal.cms.gov/>), you will need to create a user ID and password by completing the Enterprise Identify Management (EIDM) user registration process.

Go to <https://portal.cms.gov/> and click on **New User Registration**.



1. On the **Choose Your Application** page, select your application from the **Choose Your Application** drop-down.



2. Select **IC: Center for Medicaid Innovation (CMMI) Innovation Center (IC)** and acknowledge you have read the terms and conditions by clicking the box indicating **“I agree to the terms and conditions.”**

Step #1: Choose Your Application

Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.

IC: Center for Medicare and Medicaid Innovation (CMMI) Innovation Center (IC)

Terms & Conditions

OMB No.0938-1236 | Expiration Date: 03/31/2021 | Paperwork Reduction Act

Consent to Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1996 and Title 18 U.S.C. Sec.1001 and 1030. We encourage you to read the [HHS Rules of Behavior](#).

I agree to the terms and conditions

Next Cancel

3. On the **Register Your Information** page, fill out the page with your personal information.

Step #2: Register Your Information

Step 2 of 3 - Please enter your personal and contact information.

All fields are required unless marked 'Optional'.

Enter First Name Enter Middle Name (optional) Enter Last Name Suffix (optional)

Enter Social Security Number (optional) Birth Month Birth Date Birth Year

Is Your Address US Based?
 Yes No

Enter Home Address #1 Enter Home Address #2 (optional)

Enter City State Enter Zip Code Enter Zip+4 (optional)

Enter E-mail Address Confirm E-mail Address

Enter Phone Number

Back Next Cancel

4. On the **Create User ID, Password & Challenge Questions** page, fill out the page with your chosen CMS access credentials.

Step #3: Create User ID, Password & Challenge Questions

Step 3 of 3 - Please create User ID and Password, Select Challenge questions and provide answers.

User ID
health123

Password

Confirm Password

Select Challenge Question #1
▼

Enter Challenge Question #1 Answer

Select Challenge Question #2
▼

Enter Challenge Question #2 Answer

Select Challenge Question #3
▼

Enter Challenge Question #3 Answer

Back Next Cancel

5. Review the **Registration Summary** page to ensure your choices and personal information are accurate.

Registration Summary

Please review your information and make any necessary changes before submitting.

[Redacted Information]

All fields are required unless marked 'Optional'.

<input type="text" value="First Name"/> Joe	<input type="text" value="Enter Middle Name (optional)"/>	<input type="text" value="Last Name"/> Smith	<input type="text" value="Suffix (optional)"/> ▼
<input type="text" value="Enter Social Security Number (optional)"/>	<input type="text" value="Birth Month"/> January ▼	<input type="text" value="Birth Date"/> 1 ▼	<input type="text" value="Birth Year"/> 2000 ▼
<input type="text" value="Home Address #1"/> 123 Mockingbird Ln		<input type="text" value="Enter Home Address #2 (optional)"/>	
<input type="text" value="City"/> Seattle	<input type="text" value="State"/> Washington ▼	<input type="text" value="Zip Code"/> 33344	<input type="text" value="Enter Zip+4 (optional)"/>
<input type="text" value="E-mail Address"/> healthon@hotmail.com		<input type="text" value="Confirm E-mail Address"/> healthon@hotmail.com	
<input type="text" value="Phone Number"/> 444-222-3432			

<input type="text" value="User ID"/> health123	<input type="text" value="Password"/> *****	<input type="text" value="Confirm Password"/> *****	<input type="text" value="Challenge Question #1 Answer"/> wdas
<input type="text" value="What is your favorite radio station?"/> ▼	<input type="text" value="Challenge Question #2 Answer"/> Dallas		
<input type="text" value="In what city was your mother born?"/> ▼	<input type="text" value="Challenge Question #3 Answer"/> Jimmy		
<input type="text" value="What is the name of your favorite childhood friend?"/> ▼			

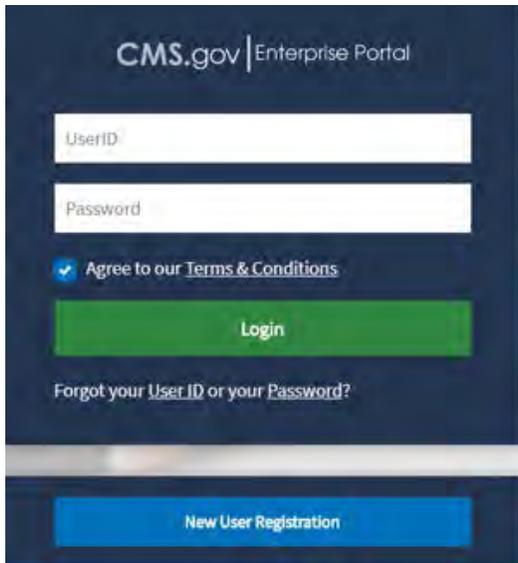
Cancel

6. Click on the “Submit User” button located at the bottom of the page.

Once you have successfully completed EIDM registration, you may log in to the ePortal and request an Innovation Center (IC) Application role. To request an IC Application role, you must successfully complete the Remote Identity Proofing (RIDP) process and register your Multi-Factor Authentication (MFA) device. Once your IC Application user role request is approved, you may request access to the CMMI CDX Application.

To request access, please complete the following steps.

1. Go to <https://portal.cms.gov/> and log in using your credentials and security code.



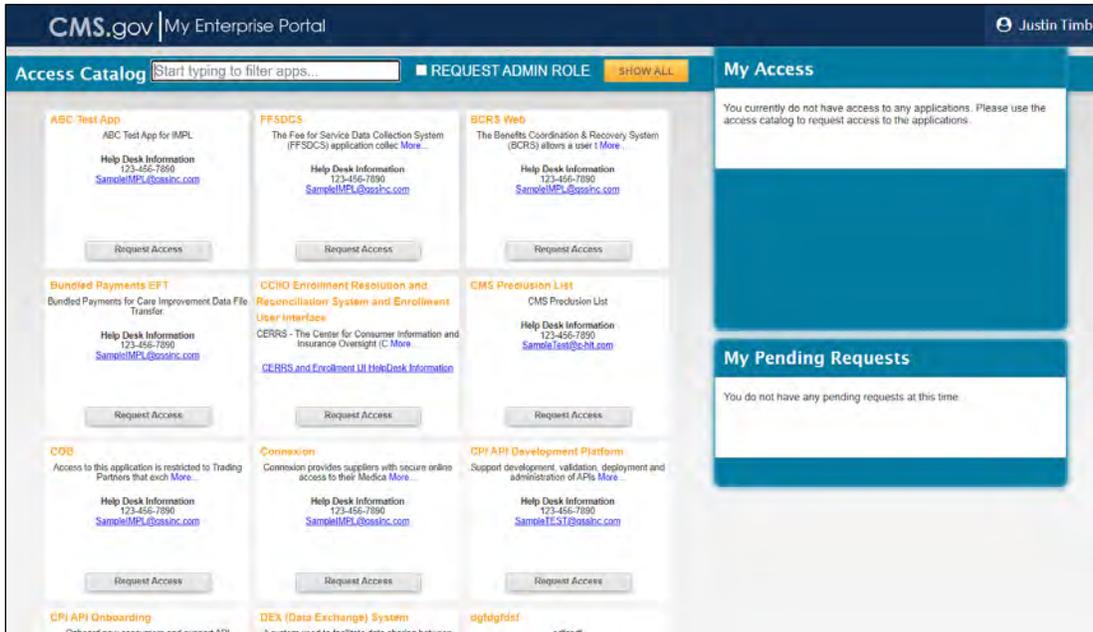
The screenshot shows the CMS.gov Enterprise Portal login interface. It features a dark blue header with the CMS.gov logo and 'Enterprise Portal' text. Below the header are two white input fields for 'User ID' and 'Password'. A checkbox labeled 'Agree to our Terms & Conditions' is checked. A green 'Login' button is positioned below the fields. Below the button is a link for 'Forgot your User ID or your Password?'. At the bottom of the page is a blue button labeled 'New User Registration'.

2. Access the catalog by:

- Selecting the **My Access** option from the Welcome drop-down list in the top navigation bar, or
- Clicking the **Request/Add Apps** tile on the **My Portal** page.

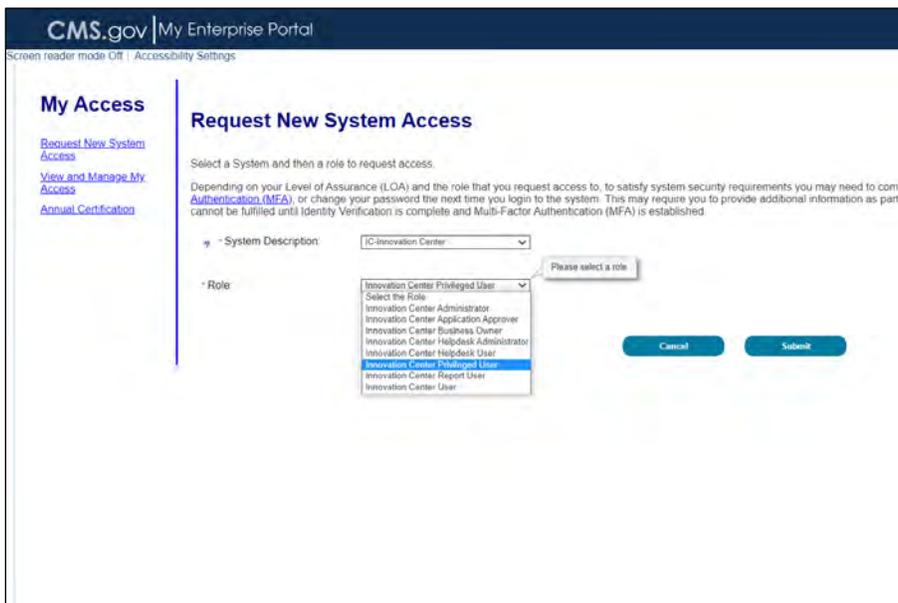


3. A set of CMS systems will appear in tiles:
 - Look for the system tile called “Innovation Center (IC), or
 - Enter “IC” into the filter field to find the tile.



Click on the **Request Access** button for the IC tile.

4. Select **Innovation Center Privileged User** from the **Role** drop down menu.



Click the **Submit** button.

Remote Identity Proofing (RIDP)

CMS uses the **Experian identity verification system** (Experian) to remotely perform identity proofing. Experian is used by CMS to confirm your identity when you need to access a protected CMS Computer System.

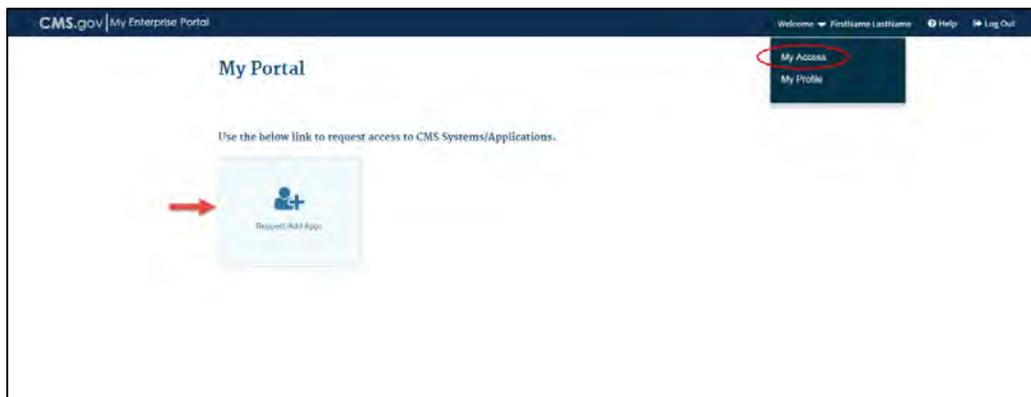
The following data elements are requested from users:

- Full Legal Name
- Social Security Number (SSN)
- Date of Birth
- Current Residential Address
- Personal Telephone Number

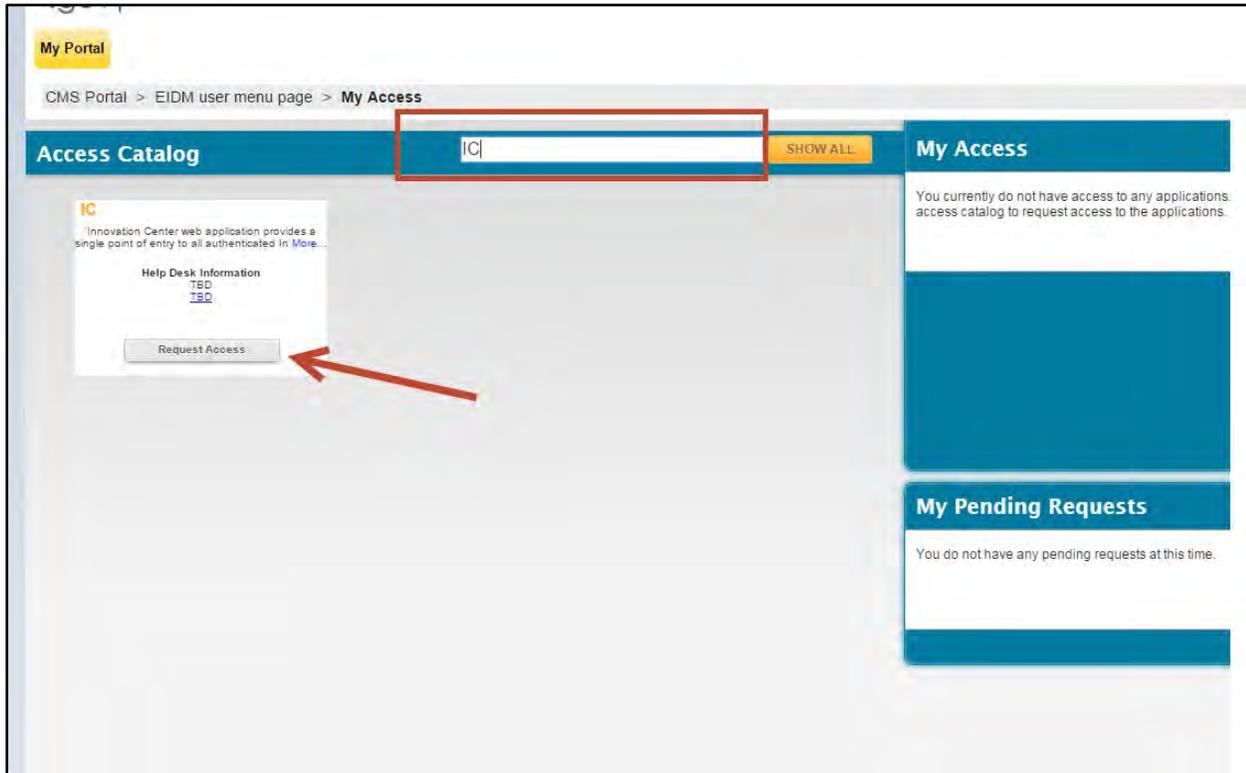
CMS does not store your personal information; CMS only passes it to Experian to help confirm your identity. Your SSN will be validated with Experian only for the purpose of verifying your identity.

To complete the RIDP process, please complete the following steps.

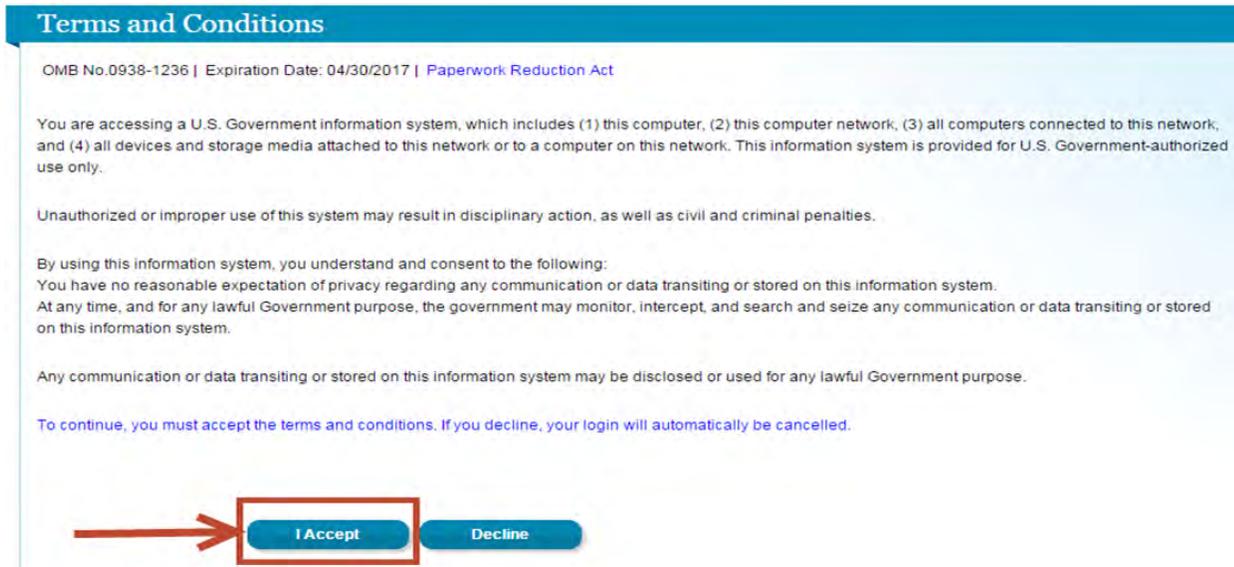
1. On the CMS Enterprise Portal Main Page, click on **Request/Add Apps** tile on the My Portal page or My Access option from the Welcome drop-down list.



2. The application Access Catalog displays all CMS applications that use EIDM services. Type “IC” in the search box and press “Enter” to find the IC application.



3. Read and accept or decline the “Terms and Conditions” by clicking the appropriate I **Accept** or **Decline** option.



Depending on your Level of Assurance (LOA) and the role that you request access to, you may need to complete the Identity Verification; establish credentials for MFA, and change your password the next time you log in to the system.

1. Fill out the initial “Request New System Access” form.

My Access

[Request New System Access](#)

[View and Manage My Access](#)

Request New System Access

Select a System and then a role to request access.

Depending on your Level of Assurance (LOA) and the role that you request access to, to satisfy system security requirements you may need to complete [Identity Verification](#), establish credentials for [Multi-Factor Authentication \(MFA\)](#), or change your password the next time you login to the system. This may require you to provide additional information as part of the role request process. If applicable, please note that your request cannot be fulfilled until Identity Verification is complete and Multi-Factor Authentication (MFA) is established.

System Description:

Role:

Notes to the Approver:

When adding notes to the approver, you are allowed to use letters, numbers and the following special characters - Hyphen (-), comma (,), underscore (_), apostrophe ('), period (.)

Click **Submit**.

2. Verify and confirm that your personal information on the “Your Information” screen is correct and click the “Next” button.

My Access

[Request New System Access](#)

[View and Manage My Access](#)

Your Information Verify Your Identity

Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

* First Name:

Middle Name:

* Last Name:

Suffix:

Enter your E-mail address, as it will be used for account related communications.

* E-mail Address:

Re-enter your E-mail address.

* Confirm E-mail Address:

Enter your full 9 digit Social Security Number, as it may be required for Identity Verification.

Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

* Date of Birth:

U.S. Home Address Foreign address

Enter your current or most recent home address, as it may be required for Identity Verification.

* Home Address Line 1:

Home Address Line 2:

* City:

* State:

* Zip Code:

Zip Code Extension:

Country: USA

3. Enter the required information for MFA on the “Verify Identity” screen and click the “Next” button.

Screen reader mode Off | Accessibility Settings

My Access

[Request New System Access](#)

[View and Manage My Access](#)

Your Information Verify Your Identity

Verify Identity

You may have opened an auto loan in or around December 2013. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY':

- TOYOTA MOTOR CREDIT
- BMW FINANCIAL SERVICES
- HSBC BANK USA
- MB FIN SVCS
- NONE OF THE ABOVE/DOES NOT APPLY

Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select 'NONE OF THE ABOVE':

- 24
- 36
- 48
- 60
- NONE OF THE ABOVE/DOES NOT APPLY

You may have opened a (WFFNATBANK) credit card. Please select the year in which your account was opened.

- 2008
- 2010
- 2012
- 2014
- NONE OF THE ABOVE/DOES NOT APPLY

Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select 'NONE OF THE ABOVE':

- LINCOLN SAVINGS BANK
- HOMETOWN BANK
- MERIDIAN TRUST FEDERAL CREDIT UNION
- FARMER'S DEPOSIT BANK
- NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE':

- HEALTHCARE ACADEMY
- NORTH AMERICAN COMMUNICATION
- UPS
- SEARS
- NONE OF THE ABOVE/DOES NOT APPLY

4. Click the “Next” button on the “Complete Set Up” screen.

CMS Portal > EIDM User Menu > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New System Access](#)

[View and Manage My Access](#)

Complete Step Up

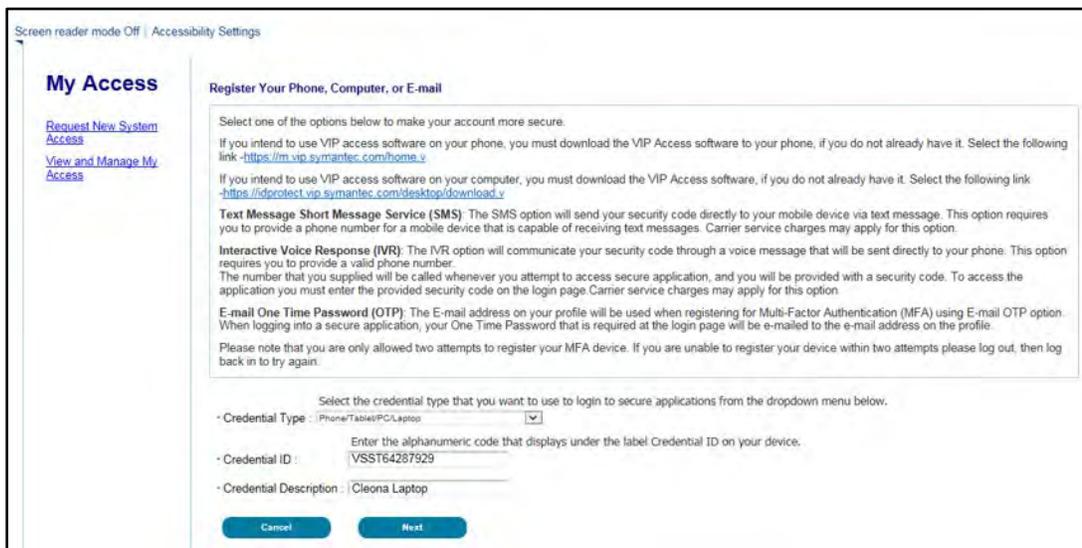
You have successfully completed the Remote Identity Proofing process.

MFA Information. You will need to add an additional level of security to your user account.

1. Click the “**Next**” button to continue the MFA process.



2. You have the option to receive the MFA security code via Smart Phone/Computer, Short Message Service (SMS), Interactive Voice Response (IVR), or email by providing the applicable information on the “Register Your Phone, Computer, or Email” screen.



SMART PHONE / COMPUTER: You will need to download the Symantec VIP Access software on your smart phone or computer. This installation will require you to navigate to another screen, then return to the MFA screen to complete the process.

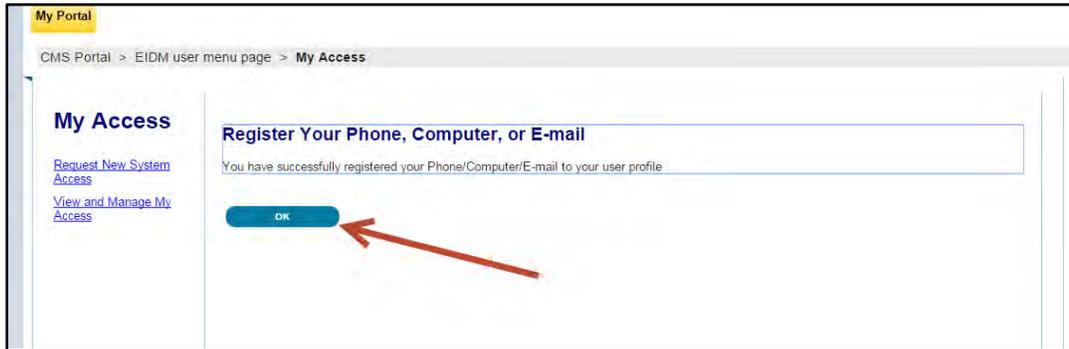
Once VIP Access has been downloaded/installed successfully, launch the application. Enter the alphanumeric Credential ID that is generated by the VIP Access client, credential description, and click Next.

TEXT MESSAGE (SMS): Use the SMS option to have the Security Code sent by text to your mobile phone. Enter a valid phone number capable of receive text messages, credential description, and click Next.

INTERACTIVE VOICE RESPONSE (IVR): Use the IVR option to receive a voice message containing the Security Code. Enter a valid phone number and (optional) phone extension, credential description, and click Next.

E-MAIL: Use the email option to receive an email containing the Security Code required to login. The system uses the email address in your user profile. Click Next.

3. Complete registration by clicking “OK.”

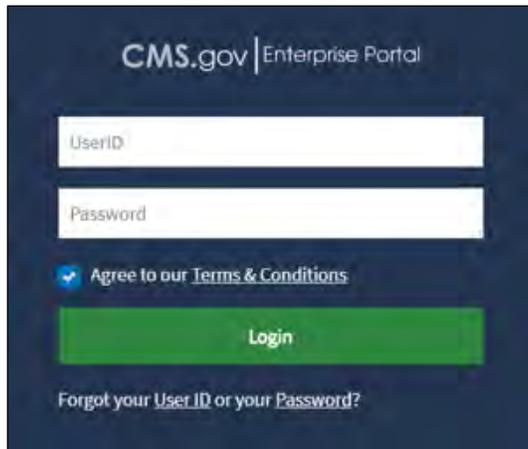


You now have finished the RIDP and MFA process.

SUBMIT ROLE REQUEST FOR ACCESSING CENTRALIZED DATA EXCHANGE (CDX) APPLICATION

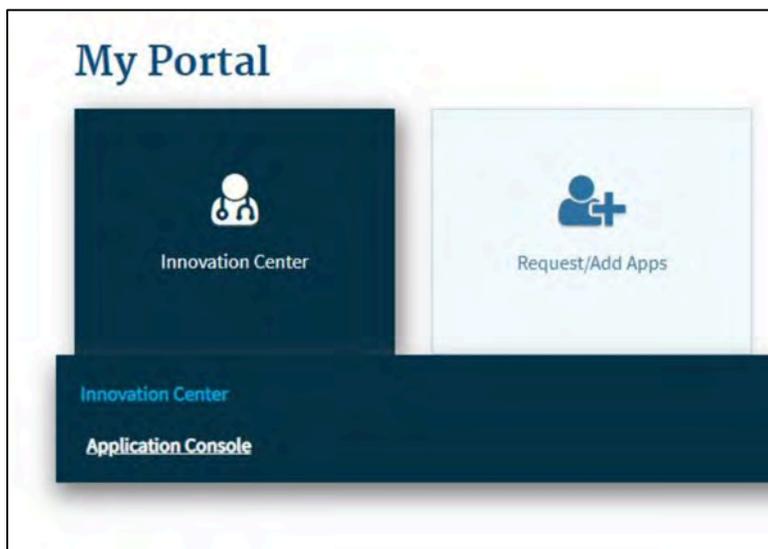
To submit a role request for accessing the CDX application, please complete the following steps.

1. Go to <https://portal.cms.gov/> and log in using your credentials and security code.



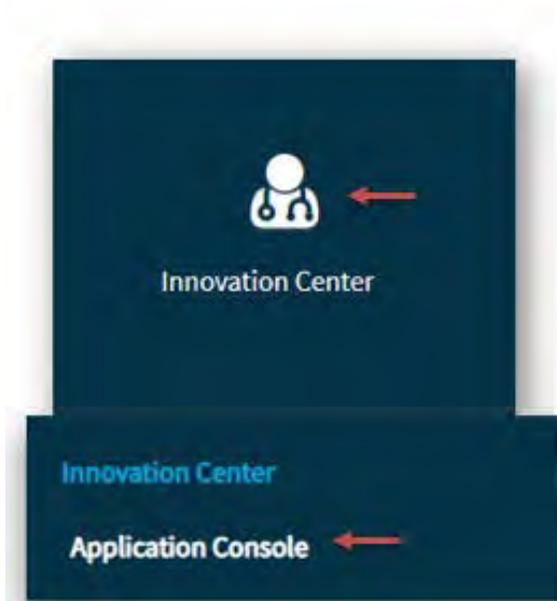
The screenshot shows the CMS.gov Enterprise Portal login interface. It features a dark blue background with the following elements: the text 'CMS.gov | Enterprise Portal' at the top; a white input field for 'UserID'; another white input field for 'Password'; a checkbox labeled 'Agree to our Terms & Conditions' which is checked; a green 'Login' button; and a link at the bottom that says 'Forgot your User ID or your Password?'.

2. Click on the Innovation Center button, then click on “Application Console.”

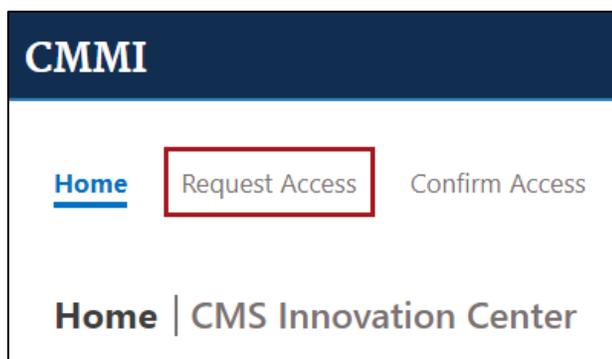


- On the My Portal page, select the **Innovation Center** widget and then select the **Application Console** link.

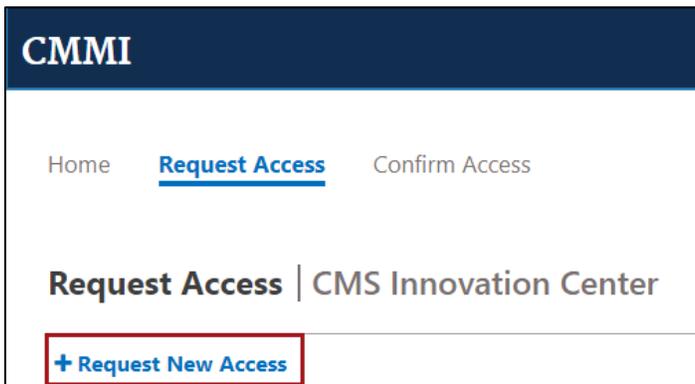
My Portal



- Select **Request Access** and you will be directed to a new screen to request access.



5. On the Request Access tab, select **Request New Access** and you will be directed to a new screen to make your selections.



6. On the Request Access screen, select **CMMI Centralized Data Exchange (CDX)** from the Application Name dropdown and then select your role from the Role dropdown menu.

Application permissions are granted based on user role. Depending on the role you select, the system will require additional information from you, such as Model ID and Participant ID.

7. If you select the Model Participant, Model Participant Representative, or API Key Requestor role, the system requires that you to select a Model ID and a Participant ID since these user roles are granted access to CMMI models at the organization level. Each organization within a model has its own Participant ID. Model teams can provide the appropriate Participant ID.

After selecting the model from the Model ID dropdown menu, begin typing the Participant ID in the Participant ID field to display Participant IDs for selection. Then select the **Add** button to add the values to your request. You can add up to 20 values/sets.

CMS.gov | My Enterprise Portal My Apps

Home Request Access Confirm Access Emails

Request Access | CMS Innovation Center

All fields are required unless specified as optional.

Application Name: CMMI Centralized Data Exchange (CDX)

Role: API Key Requestor

Model ID: Emergency Triage Treat and Transport

Participant ID: ET3 - Emergency Triage Treat and Transport / ET3-0001 - Organization Name

Selected Value(s): Select one or more Model ID(s), Model Name(s), Participant ID(s), Participant Name(s) by entering or choosing a value above, then clicking the Add button. Only following value(s) will be submitted. + Add

20 Value(s) remaining. Please note that individual requests will be generated if you select multiple values/sets.

Justification: Enter justification
 500 Character(s) remaining

X Cancel ✓ Confirm

8. Enter the justification for your access in the Justification field and select the **Confirm** button to submit your request. After your request is reviewed, you will receive an email notification stating whether your request was approved or denied.

CMS.gov | My Enterprise Portal My Apps

Home [Request Access](#) Confirm Access Emails

Request Access | CMS Innovation Center

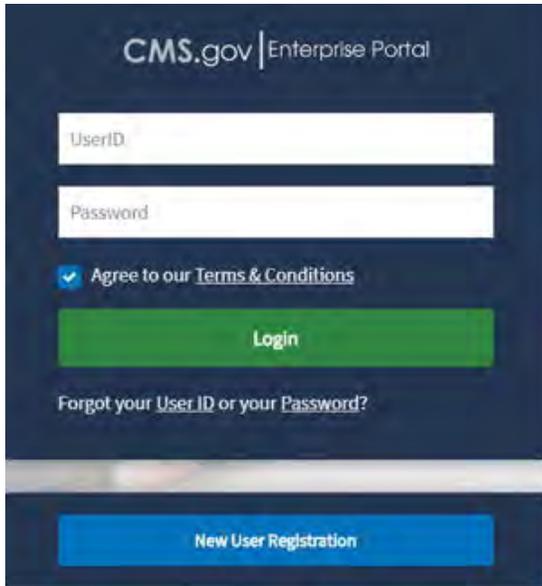
All fields are required unless specified as optional.

Application Name	<input type="text" value="CMMI Centralized Data Exchange (CDX)"/>
Role	<input type="text" value="API Key Requestor"/>
Model ID	<input type="text" value="Emergency Triage Treat and Transport"/>
Participant ID	<input type="text" value="ET3 - Emergency Triage Treat and Transport / ET3-0001 - Organization Name"/>
Selected Value(s)	<p>Select one or more Model ID(s), Model Name(s), Participant ID(s), Participant Name(s) by entering or choosing a value above, then clicking the Add button. Only following value(s) will be submitted. + Add</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p>20 Value(s) remaining. Please note that individual requests will be generated if you select multiple values/sets.</p>
Justification	<input type="text" value="Enter justification"/> 500 Character(s) remaining

X Cancel v Confirm

Once your access request has been approved, please complete the following steps to access the CMMI CDX Application.

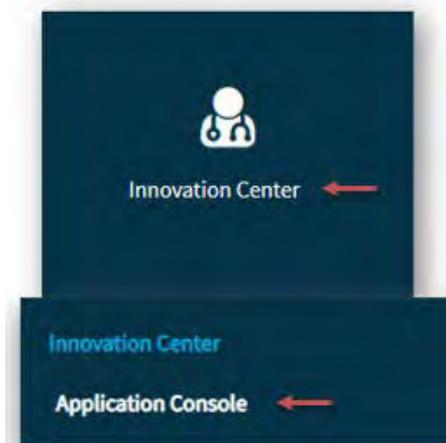
1. Go to <https://portal.cms.gov/> and log in using your credentials and security code.



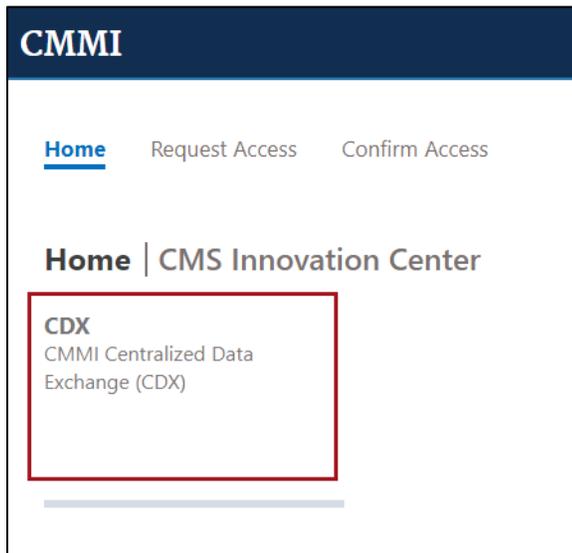
The screenshot shows the CMS.gov Enterprise Portal login interface. It features a dark blue background with white text. At the top, it says "CMS.gov | Enterprise Portal". Below this are two white input fields for "UserID" and "Password". A green checkmark icon is next to the text "Agree to our Terms & Conditions". A prominent green "Login" button is centered below the input fields. At the bottom of the login area, there is a link that says "Forgot your User ID or your Password?". Below the login area, there is a blue button labeled "New User Registration".

2. On the My Portal page, select the **Innovation Center** widget and then select the **Application Console** link:

My Portal



3. Once the CMS Innovation Center Home page is displayed, select the **CDX** widget.



4. The CMMI Centralized Data Exchange (CDX) User Agreement displays:

- If you agree to the terms, select **ACCEPT** to enter the application
- If you do not agree to the terms, select the **Log Out** button at the top of the screen to exit the system

CMMI Centralized Data Exchange (CDX)

User Agreement

By accessing this CMS sanctioned Information System and the data stored within, you understand that you may be accessing Personally Identifiable Information (PII) or Protected Health Information (PHI), a subset of PII. PII is described as data that is unique to an individual and used to identify an individual, such as a name, address, telephone number, social security number, or date of birth (DOB). Likewise, PHI is any information in a medical record that can be used to identify an individual, and that was created, used, or disclosed in the course of providing a health care service, such as a diagnosis or treatment.

Additionally, you are confirming that you have read and agree to [the current Department of Health and Human Services \(HHS\) Rules of Behavior \(HHS RoB\)](#), and understand and agree to comply with its provisions, including but not limited to:

- Only access sensitive information necessary to perform your job functions (i.e., need to know)
- Use PII only for the purposes for which it was collected, to include conditions set forth by stated privacy notices and published System of Records Notices
- Ensure the accuracy, relevance, timeliness, and completeness of PII, as is reasonably necessary, to assure fairness in making determinations about an individual
- Adequately protect any sensitive information entrusted to me

By accepting this agreement, I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment, removal or debarment from work on Federal contracts or projects, and/or revocation of access to Federal information, information systems, and/or facilities. Disciplinary action may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the Operating Division (OPDIV) Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

If you do not accept this agreement, please exit the system by selecting the “Log Out” button at the top of the screen.

After acquiring a User ID and Password, you will then request an ET3 Security Authentication Key, which will be used on each data transmission to and from CMS (see Appendix A, Flow 2a).

You can submit two API key requests per organization. If you have already requested two keys for an organization, deactivate an existing key request and submit a new request. The application displays a notification when you have reached the maximum number of requests.

The screenshot shows a web form titled "API Key Request" with a grey background. At the top left, it says "* indicates a required field". Below this is a "Details" section. The form contains several fields: "Key Name *" with the value "Test Key"; "Model *" with a dropdown menu showing "ET3" and a subtext "Please select a model"; "Email *" with the value "testuser@test.com" and an example "john.doe@email.com"; and "Justification *" with the value "Test". At the bottom of the form are two buttons: "CANCEL" and "SUBMIT API REQUEST". A white modal dialog box is overlaid on the form, containing the text "API Key Limit Reached" and "The Testing Org Legal Name15 has reached its limit of 2 API key requests." with an "OK" button in the bottom right corner.

1. On the API Manager page, select the **REQUEST API KEY** button.

CMMI Centralized Data Exchange (CDX)

API Manager / **REQUEST API KEY**

Request Date	Key Name	Requestor Name	Model	Organization	Status	Key Expiration Date	Source IP Address	Action
08-28-2020	azure7	API RepFOUR	ET3	Testing Org Legal Name15	Active	10-27-2020	1.1.1.1	DEACTIVATE
08-28-2020	Test Key	API RepFOUR	ET3	Testing Org Legal Name13	Inactive	N/A	1.1.1.1	
08-27-2020	key	API RepFOUR	ET3	Testing Org Legal Name13	Inactive	N/A	1.1.1.1	
08-27-2020	demo	API RepFOUR	ET3	Testing Org Legal Name13	Inactive	N/A	1.1.1.1	
08-27-2020	apikey	API RepFOUR	ET3	Testing Org Legal Name14	Inactive	N/A	2.2.2.2	

Rows per page: 5 | 1-5 of 58 | < > >|

2. Provide the Key Name, Model, Organization, Source IP, Email, and Justification details on the “API Key Request” page, and then select **SUBMIT API REQUEST**.

API Key Request

* indicates a required field

Details

Key Name *
Test Key 1

Model *
ET3
Please select a model

Organization *
Testing Org Legal Name15
Please select an organization

Source IP *
1.1.1.1
Separate multiple IP's with a comma. Example: 1.1.1.1, 2.2.2.2

Email *
testuser@test.com
Example: johndoe@email.com

Justification *
This is a test.

CANCEL **SUBMIT API REQUEST**

3. The API Key pop-up window displays. To save the key, select **COPY TO CLIPBOARD** and then immediately store the key in a secure place. You will need to submit a new request if you lose the key.

Once you have stored the key, select the **I have securely stored this key** checkbox and then select **ACKNOWLEDGE**.

API Key Request

* indicates a required field

Details

Key Name *
Test Key 1

Model *

API Key

This key must be securely stored immediately. You will not be able to be retrieved it after it has been generated. If you lose this key, you must send a new request.

API Key

r9zGSP4+uH+Lst6U5/MkIPYTpI5xtZtQF3hWqHyUZilfj4KLgzTuJwXzwOHkSn8FRw/kW

COPY TO CLIPBOARD

I have securely stored this key

ACKNOWLEDGE

This is a test.

CANCEL SUBMIT API REQUEST

4. The application displays a notification that the API key has been created. The request will display a status of “Requested” in the API Key Management table. A representative from the ET3 Model then will review your request. Once the request is approved, the key will be ready for use and the request will display as “Active” in the Status column.

CMMI Centralized Data Exchange (CDX)

API key "Test Key 1" created on 08/28/2020 10:07:17 AM ×

API Manager / REQUEST API KEY

Request Date	Key Name	Requestor Name	Model	Organization	Status	Key Expiration Date	Source IP Address	Action
08-28-2020	Test Key 1	API RepFOUR	ET3	Testing Org Legal Name15	Requested	N/A	1.1.1.1	CANCEL
08-28-2020	azure7	API RepFOUR	ET3	Testing Org Legal Name15	Active	10-27-2020	1.1.1.1	DEACTIVATE
08-28-2020	Test Key	API RepFOUR	ET3	Testing Org Legal Name13	Inactive	N/A	1.1.1.1	
08-27-2020	key	API RepFOUR	ET3	Testing Org Legal Name13	Inactive	N/A	1.1.1.1	
08-27-2020	demo	API RepFOUR	ET3	Testing Org Legal Name13	Inactive	N/A	1.1.1.1	

Rows per page: 5 ▾ 1-5 of 59 |< < > >|

You now will be able to send valid data transmissions to and receive responses from CMS.