			Inc ude as recommendat on?	App y to emergency services	Shou d th s app y to pub c	
	Po cy/F nd ngs Optons	Inc ude as f nd ng? (Ranked 1 23 w th 1 as most mportant)	(Ranked 1-23 w th "1" as most mportant)	on y or app y to emergency and non emergency services?	or pr vate prov ders? Or Both?	Comments:
	End Balance Billing for Consumers	1		emergency only	both	Agree; as long as the "rate" agreed upon is reimbursed, the provider cannot balance bill a member. Additionally, the "rate" should be an all indusive rate, meaning we do not allow items that are typically incidental to be allowed separately. No additional reimbursement for "aculty of the patient, level of training, population derexity" a all that should be baked into the reimbursement. While I understand some transports can be more complex, others may not be.
	No distinction between in-network and OON status for ground ambulance	2		emergency only	both	Are you asking if member's responsibility should be the same if the service was performed by an innetwork provider versus an out of network provider, yes, both, in an emergency setting should be handled at the member's innetwork cost share. Noting, this should only be applicable to emergent services.
	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))			emergency only	both	If the rates established for ambulance transports are fair rates and full amount is applied to the member's innetwork deductible, that would be the member's responsibility.
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])			emergency only	both	Not familiar with the process, unable to opine
	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	3		emergency only	both	We need to be fair for all. I was able to get a different point of view from the ambulance providers on this advisory committee. While lunderstand the reimbursment of services in some cases, are incredibly low for the ambulance servicing provider, we also need to be fair with member's cost share and understanding the rate carriers pay has impact to plans too. Analysis would need to be completed to see in what geographic region MCRE 150 would be adequate. In some areas, it may not be whereas with others it may be.
	Reimburse at full billed charges	23		emergency only	both	Disagree - This will impact the member's cost share, the higher the billed rate, the higher the rate the member is responsible to pay.
ptions	Reimbursements at 350% of Medicare			emergency only	both	Same response as what is listed with the MCRE 150 suggestion.
Sround Ambulance Payment Rate Opt	Reimburse at applicable local government/jurisdiction approved rate			emergency only	both	This is the best approach for ambulance providers as they will know exactly what they should be reimbursed, in the same token, it is also the most manual process for carriers. Each claim will need to be processed individually and requires a manual processing approach; no automation.
Ground A	Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at lesser of fixed percentage of Medicare (e.g. 325%) or billed charges			emergency only	both	Same comment as: This is the best approach for ambulance providers as they will know exactly what they should be reimbursed, in the same token, it is also the most manual process for carriers. Each claim will need to be processed individually and requires a manual processing approach, no automation. We need to be fair for all. I was able to get a different point of view from the ambulance providers on this advisory committee. While I understand the reimbursment of services in some cases, are incredibly low for the ambulance servicing provider, we also need to be fair with member's cost share and understanding the rate carriers pay has impact to plans too. Analysis would need to be completed to see in what geographic region MCRE 150 would be adequate. In some areas, it may not be whereas with others it may be.
	Ensure mechanism is set up for providers to dispute improper payment	see comments		emergency only	both	That wont be necessary if payment is established by the legislation
	Allow self-insured groups to opt into any protections			emergency only	both	Either way is fine with us.
	Develop reimbursement model that manages prices appropriately	4		emergency only	both	Again this goes back to the other comments, if there is a fair
	Coverage for transport to alternative sites			emergency only	both	reimbursment established, that will be beneficial to all involved. Alternative sites - are we talking about the 911 call to member and ambulance takes member to critical crisis intervention or are we talking about facility to home as a member is unable to obtain transportation from a facility to their home? Alternative sites - meaning a member is taken to an urgent care vs a ER room; sure, that is beneficial for the member as the cost will be lower to them, but then we have the issue of is the member being transported to a par urgent care facility vs ono par. That is a different discussion. Alternative site - member transferred from a facility to their home as they had no other way of transportation, that may not be medically necessary and could be contractually not covered as it is a "convience item" versus a medical necessity item.
	Coverage of non-covered services such treat, but no transport			emergency only	both	Currently there are states that require coverage for the A0998. New York Senate Bill S4910, link https://www.nysenate.gov/legislation/bills/2009/s4910 requires pre-hospital reimbursment for ambulance services that do not transport a member.
	Coverage for unloaded miles			emergency only	both	Medicare policy indicates to pay only time patient loaded to the ambulance for transport only. I personally have not seen billing of this "unloaded miles" but agree with the Medicare policy.
	Increase Medicare reimbursement			emergency only	both	This is the same response I've addressed above about having a fair rate.
Medicaid	Increase Medicaid Reimbursement			emergency only	both	no comment, only familiar with commercial business.
nce Me	Maintain GEMT program with current scope of allowable costs			emergency only	both	no comment, only familiar with commercial business.
mbular	Continue QAF beyond current expiration date (07/01/2028)			emergency only	both	no comment, only familiar with commercial business.
ound Am	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)			emergency only	both	no comment, only familiar with commercial business.
Gro	Cost-based reimbursement (similar to Critical Access Hospital [CAH]) EMS local levy authority increase			emergency only emergency only	both	no comment, only familiar with commercial business. not able to comment on that
	Make EMS an essential health service that is provided by states and funded by federal, state and/or local funds			emergency only	both	Either way is fine with us.

	Policy/Findings Options	Include as finding? (Ranked 1 23 with 1 as most important)	Include as recommendation? (Ranked 1-23 with 1" as most important)	Apply to emergency services only or apply to emergency and non emergency services?	Should this apply to public or private providers? Or Both?	Comments:
	End Balance Billing for Consumers	1		emergency only	both	Agree; as long as the "rate" agreed upon is reimbursed, the provider cannot balance bill a member. Additionally, the "rate" should be an all inclusive rate, meaning we do not allow items that are typically incidental to be allowed separately. No additional reimbursement for "acuity of the patient, level of training, population density" as all that should be baked into the reimbursement. While I understand some transports can be more complex, others may not be.
	No distinction between in-network and OON status for ground ambulance	see comments		emergency only	both	Are you asking if member's responsibility should be the same if the service was performed by an innetwork provider versus an out of network provider, yes, both, in an emergency setting should be handled at the member's innetwork cost share.
	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	Disagree - 23		emergency only	both	If the rates established for ambulance transports are fair rates and full amount is applied to the member's innetwork deductible, that would be the member's responsibility.
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	Not familiar with the process, unable to opine		emergency only	both	
	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	see comments		emergency only	both	We need to be fair for all. I was able to get a different point of view from the ambulance providers on this advisory committee. While I understand the reimbursment of services in some cases, are incredibly low for the ambulance servicing provider, we also need to be fair with member's cost share and understanding the rate carriers pay has impact to plans too. Analysis would need to be completed to see in what geographic region MCRE 150 would be adequate. In some areas, it may not be whereas with others it may be.
SI	Reimburse at full billed charges	Disagree - 23		emergency only	both	This will impact the member's cost share, the higher the billed rate, the higher the rate the member is responsible to pay.
Options	Reimbursements at 350% of Medicare	see comments		emergency only	both	Same response as what is listed with the MCRE 150 suggestion.
e Payment Rate	Reimburse at applicable local government/jurisdiction approved rate	see comments		emergency only	both	This is the best approach for ambulance providers as they will know exactly what they should be reimbursed, in the same token, it is also the most manual process for carriers. Each claim will need to be processed individually and requires a manual processing approach; no automation.
Ground Ambulance Payment Rate	Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at lesser of fixed percentage of Medicare (e.g. 325%) or billed charges	see comments		emergency only	both	Same comment as: This is the best approach for ambulance providers as they will know exactly what they should be reimbursed, in the same token, it is also the most manual process for carriers. Each claim will need to be processed individually and requires a manual processing approach; no automation. We need to be fair for all. I was able to get a different point of view from the ambulance providers on this advisory committee. While I understand the reimbursment of services in some cases, are incredibly low for the ambulance servicing provider, we also need to be fair with member's cost share and understanding the rate carriers pay has impact to plans too. Analysis would need to be completed to see in what geographic region MCRE 150 would be adequate. In some areas, it may not be whereas with others it may be.

	Ensure mechanism is set up for providers to dispute improper				
	payment	see comments	emergency only	both	That wont be necessary if payment is established by the legislation
	Allow self-insured groups to opt into any protections	Either way is fine with us.	emergency only	both	
	Develop reimbursement model that manages prices appropriately	1	emergency only	both	Again this goes back to the other comments, if there is a fair reimbursment established, that will be beneficial to all involved.
	Coverage for transport to alternative sites	see comments	emergency only	both	Alternative sites - are we talking about the 911 call to member and ambulance takes member to critical crisis intervention or are we talking about facility to home as a member is unable to obtain transportation from a facility to their home? Alternative sites - meaning a member is taken to an urgent care vs a ER room; sure, that is beneficial for the member as the cost will be lower to them, but then we have the issue of is the member being transported to a par urgent care facility vs non par. That is a different discussion. Alternative site - member transferred from a facility to their home as they had no other way of transportation, that may not be medically necessary and could be contractually not covered as it is a "convience item" versus a medical necessity item.
	Coverage of non-covered services such treat, but no transport	see comments	emergency only	both	Currently there are states that require coverage for the A0998. New York Senate Bill S4910; link https://www.nysenate.gov/legislation/bills/2009/s4910 requires prehospital reimbursment for ambulance services that do not transport a member.
	Coverage for unloaded miles	see comments	emergency only	both	Medicare policy indicates to pay only time patient loaded to the ambulance for transport only. I personally have not seen billing of this "unloaded miles" but agree with the Medicare policy.
	Increase Medicare reimbursement	see comments	emergency only	both	This is the same response I've addressed above about having a fair rate.
Med	Increase Medicaid Reimbursement	no comment, only raminar with	emergency only	both	
ance	Maintain GEMT program with current scope of allowable costs	no comment, only familiar with commercial business.	emergency only	both	
Ιą	Continue QAF beyond current expiration date (07/01/2028)	1.16. 1	emergency only	both	
Ground Ambulance	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)	no comment, only familiar with commercial business.	emergency only	both	
Groun	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	no comment, only familiar with commercial business.	emergency only	both	
	EMS local levy authority increase	not able to comment on that	emergency only	both	
	Make EMS an essential health service that is provided by states and funded by federal, state and/or local funds	Either way is fine with us.	emergency only	both	

Recommendation/F	Finding	Suggester Organization	Primary Benefit	Primary Concern	1. Protects Consumers	2. Enhanced EMS funding	4. Policy legislation needed	5. Regulatory Oversight Responsibility	6. Potential Medicaid MCO or commercial health plan rate Impact	7. General Fund- State fiscal impact	Notes
Prohibit Balance Billing											
											Directly related to legislative directive to submit report and any recommendations "as to
											how balance billing can be prevented and whether ground ambulance services should be subject to the BBPA. Also would require consumer cost-sharing calculation at in-network
				Eliminates a currrent funding source							rates and application of consumer cost-sharing to their deductible and maximum out-of-
1 End Balance Billing for Consu	imers	OIC, NoHLA	Protects Consumers	for EMS providers	Yes	No	Yes	Yes-OIC	Yes	No	pocket (MOOP) limits
Commercial Health Plan Con											
Commercial Health Plan Con	itracting										Addresse emergency situations, but balance billing more likely with respect
											nonemergency services. Applying balance billing protection means that the service is
						Potentially, depends					calculated at the in-network cost-sharing rates. GA should not be considered OON – consumer has no choice of which EMS provider responds. GA providers don't have the
No distinction between in-ne			Protects consumers in	Does not address non-emergent		upon rate					bandwidth to negotiate or contract with carriers. Challenging to have "take it or leave it"
2 OON status for ground ambu Ground Ambulance services i		WS Hospital Association	emergency situations	services	Potential	established by payer	Yes	Yes-OIC	Yes	No	contracting situations.
deductible (except high-dedu	uctible health			Would still require contracting							
plans (HDHP) with qualifying accounts (HAS))	health savings	Provider/Carrier Survey	Protects consumers from higher	between carriers and providers if not applied to OON providers as well	Yes	v		Yes-OIC	Yes		Concern for HDHP enrollees who would be exempt from this. Contracting requirement
		Provider/Carrier Survey	cnarges	applied to OON providers as well	Yes	res	res	Yes-Oic	Yes	NO	could still be necessary depending upon scope of this policy.
4 Ground Ambulance Payment	t Rate Options										
Cost-based reimbursement (Additional revenue for GA	Doesn't provide full revenue				Yes-OIC for commercial;		Yes, if applied to	Legislation and oversight required. Plan to provide to only rural and super rural
A Critical Access Hospital [CAH] Cap OON ground ambulance		Provider/Carrier Survey	providers	alternative Does not provide alternative revenue	Potential	Yes	Yes	HCA for Medicaid	No	Medicaid	ambulances in certain designations
Medicare for providers that r				source and concern about meeting							
B contract at a market rate			Sets rate for reimbursement	costs	Potential	No	Yes	Yes-OIC	Yes	No	Limiting for providers without fully addressing their concerns.
C Reimburse at full billed charg	ges	Provider/Carrier Survey	Additional revenue for GA providers	Contracting requirement if limited to in-network provider	Potential	Yes	Yes	Yes-OIC	Yes	No	Contracting requirement would still be necessary for OON providers.
			Additional revenue for GA								
D Reimbursements at 350% of	Medicare	WA Fire Chiefs	providers	Higher than any other state	Potential	Yes	Yes	Yes-OIC	Yes		Current rates are 325% of Medicare in several other states that have recently enacted GA balance billing prohibitions
Reimburse at applicable local E government/jurisdiction app	l roved rate	WA Fire Chiefs	Sets clear reimbursement rate for providers	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to	Provides clear rate in statues.
Reimburse at applicable local	l jurisdiction	WATTE CITED		per county and jurisdiction	T Otterritor	163	103	TCJ GIC	163	commercial plans	Trovides deal rate in statues.
fixed rate, or if no local rate, fixed percentage of Medicare			Sets clear reimbursement rate	Legislative oversight and variations						No. if only applied to	Provides clear rate in statues. Consistent with approach taken in several states that have
F billed charges	e (e.g. 323%) 01	OIC	if none exists	per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes		recently enacted GA balance billing prohibitions
		Washington Ambulance									
Ensure mechanism is set up f	for providers to		Protects consumers and							No, if only applied to	Less about new options and more about oversight that is important for providers and
G dispute improper payment		Chiefs	providers	Requires regulatory oversight	No	Impact TBD	Yes	Yes-OIC	n/a	commercial plans	consumers. Could be folded into existing BBPA IDR process.
							No, current SFGHP				
							opt-in statute would				
Allow self-insured groups to protections	opt into any	NoHi A	Provides protections for consumers	Not a guarantee for all consumers in WA	Yes	Impact TBD	accommodate BBPA amdmt.	Yes-OIC	n/a	n/a	Additional consumer protection that should be considered following original BBPA guidelines
Develop reimbursement mod			Provides mechanism for evolving	Requires constant regulatory							Would require legislation and regular oversight but could help manage prices more
6 manages prices appropriately	У	NoHLA	price changes	oversight	Potential	Yes	Yes	Yes-OIC	Yes	No	appropriately
Coverage of Serv ces Not Currently/Generally Billable											
Coverage for transport to alt											
consistent with recent BBPA including behavioral health or			Coverage for additional services	Ability of alternative sites to accept						No. if only applied to	Provides alternative revenue. Important to consider implications for emergency and non-
7 emergency services		OIC		patients	Potential	Yes	Yes	Yes-OIC	Yes		emergency transports and if this would impact people's willingness to call 911.
		Washington Ambulance									
		Association. WA Fire								1	Would increase revenue through coverage of different services. Would require legislation
Coverage of non-covered ser 8 treat, but no transport	vices such	Chiefs, Systems Design West		Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes		and consider impacts on emergency and non-emergent situations. Also if it would limit or impact the willingness of some to call 911 at all.
a eat, but no transport		west	leading to alternative revenue Coverage of a service thus	Total	rotential	162	163	1E3*UIC	163	commercial plans	Impacture winlightss of some to call 311 at all.
			providing an additional funding	Ensuring appropriate reimbursement		L			L		Provides alternative revenue source, but important to consider if it would make up the
9 Coverage for unloaded miles	i	OIC	source	rate	Potential	Yes	Yes	Yes-OIC	Yes	commercial plans	difference and the impact for rural and super rural communities.
D. bl D											
Publ c Program Funding											This would require significant legislation and is inadequate to fully address the needs of
				The federal gov't (CMS) sets		L				L	consumers being balanced billed, we also have no control over Medicare rates and
Increase Medicare reimburs Ground Ambulance Medicaid		Provider/Carrier Survey	Additional funding for providers	Medicare rates	Potential	Yes	Yes	Yes- CMS	Yes	Yes	therefore could not feasibly enforce that portion of it
Rate Options											
										1	This would require significant legislation and is inadequate to fully address the needs of consumers being balanced billed, we also have no control over Medicare rates and
A Increase Medicaid Reimburse	ement	Provider/Carrier Survey	Additional funding for providers	Rates not set by OIC	Potential	Yes	Yes	Yes- HCA for Medicaid	Yes	Yes	therefore could not feasibly enforce that portion of it
		1		Doesn't address private ambulances		1				1	This is likely to happen and does not address private providers or fully provide alternative
Maintain GEMT program with	h current scone		Continues an essential funding	or provide enough revenue to cover	No cost-sharing for						

			Doesn't address public ambulances or							
Continue QAF beyond current expiration		Continues an essential funding	provide enough revenue to cover that							While this is likely to happen currently it is not guaranteed in 5 years and still does not
date (07/01/2028)	Provider/Carrier Survey	source for private providers	lost from balance billing	Potential	No	Yes	Yes- HCA	No	No	fully provide alternative revenue source for balance billing.
Enhance QAF funding (subject to federal 6%										Currently QAF is capped at 6%. We are very close to the cap, but not there yet. Chapter
cap on provider tax/donations programs)	Provider/Carrier Survey	Provides additional revenue	We are very close to the cap already	Potential	Yes	Yes	Yes- HCA	No	No	74.70
Cost-based reimbursement (similar to Critical Access Hospital [CAH])	Provider/Carrier Survey	Provides additional revenue to GA providers	Doesn't provide full revenue alternative	Potential	Yes	Yes	Yes- OIC for commercial; HCA for Medicaid	No	Yes, if applied to Medicaid	Legislation and oversight required. Plan to provide to only rural and super rural ambulances in certain designations
EMS local levy authority increase	Provider/Carrier Survey	Additional funding for public GA providers	Subject to local determination	Yes	Yes-if passed	Yes	Yes-Local gov'ts	No	No	Would require legislation and voter approval in every county on 6- and 10- year basis to increase unless permanent levy is in place. Would have to be county specific, unless a state-wide levy was created which would require additional legislation.
Make EMS an essential health service that is provided by states and funded by federal,		Provides protection and								This would protect consumers and apply public health logic to EMS services, however it would require legislative buy in and would completely shift how EMS has previously been
state and/or local funds	WS Hospital Association	additional revenue source	Requires legislation	Yes	Yes	Yes	Yes- DOH & local gov'ts	No	Yes	viewed.
	1					1	1	l	1	

Recommendation/Finding	Suggester Organization	Primary Benefit	Primary Concern	1. Protects Consumers	2. Enhanced EMS funding	4. Policy legislation needed	5. Regulatory Oversight Responsibility	6. Potential Medicaid MCO or commercial health plan rate Impact	7. General Fund- State fiscal impact	Notes
Prohibit Balance Billing		1	l							
End Balance Billing for Consumers	OIC, NoHLA	Protects Consumers	Eliminates a currrent funding source for EMS providers	Yes	No	Yes	Yes-OIC	Yes	No	Directly related to legislative directive to submit report and any recommendations "as to how balance billing can be prevented and whether ground ambulance services should be subject to the BBPA. Also would require consumer cost-sharing calculation at in-network rates and application of consumer cost-sharing to their deductible and maximum of of-pocket (MOOP) limits
Commercial Health Plan Contracting										
No distinction between in-network and OON		Protects consumers in emergency	Does not address non-emergent		Potentially, depends upon rate					Addresse emergency situations, but balance billing more likely with respinonemergency services. Applying balance billing protection means that t service is calculated at the in-network cost-sharing rates. GA should not considered OON – consumer has no choice of which EMS provider responds. GA providers don't have the bandwidth to negotiate or contra with carriers. Challenging to have "take it or leave it" contracting
status for ground ambulance	Association	situations	services	Potential	established by payer	Yes	Yes-OIC	Yes	No	situations.
	Provider/Carrier Survey	Protects consumers from higher charges	Would still require contracting between carriers and providers if not applied to OON providers as well	Yes	Yes	Yes	Yes-OIC	Yes	No	Concern for HDHP enrollees who would be exempt from this. Contracting requirement could still be necessary depending upon scope of this policy
Ground Ambulance Payment Rate Options										
Cost-based reimbursement (similar to Critical	Provider/Carrier Survey	Additional revenue for GA providers	Doesn't provide full revenue alternative	Potential	Yes	Yes	Yes-OIC for commercial; HCA for Medicaid	No	Yes, if applied to Medicaid	Legislation and oversight required. Plan to provide to only rural and superural ambulances in certain designations
	Provider/Carrier Survey	Sets rate for reimbursement	Does not provide alternative revenue source and concern about meeting costs Contracting	Potential	No	Yes	Yes-OIC	Yes	No	Limiting for providers without fully addressing their concerns.
	Provider/Carrier Survey	Additional revenue for GA providers	requirement if limited to in-network provider	Potential	Yes	Yes	Yes-OIC	Yes	No	Contracting requirement would still be necessary for OON providers.
Reimbursements at 350% of Medicare	WA Fire Chiefs	Additional revenue for GA providers	Higher than any other state	Potential	Yes	Yes	Yes-OIC	Yes		Current rates are 325% of Medicare in several other states that have recently enacted GA balance billing prohibitions
Reimburse at applicable local government/jurisdiction approved rate	WA Fire Chiefs	Sets clear reimbursement rate for providers	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides clear rate in statues.
Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at lesser of fixed percentage of Medicare (e.g. 325%) or billed	OIC	Sets clear reimbursement rate for providers with back up option if none exists	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied	Provides clear rate in statues. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions
Ensure mechanism is set up for providers to	Washington Ambulance Association. WA Fire	Protects consumers	Requires regulatory						No, if only applied to commercial	Less about new options and more about oversight that is important for
Allow self-insured groups to opt into any	Chiefs	Provides protections for consumers	oversight Not a guarantee for all consumers in WA	Yes	Impact TBD	Yes No, current SFGHP opt-in statute would accommodate BBPA amdmt.	Yes-OIC Yes-OIC	n/a	plans	providers and consumers. Could be folded into existing BBPA IDR proce Additional consumer protection that should be considered following original BBPA guidelines
Develop reimbursement model that manages	Nohla	Provides mechanism for evolving price	Requires constant regulatory oversight	Potential	Yes	Yes	Yes-OIC	Yes	No	Would require legislation and regular oversight but could help manage

state and/or local funds	Association	revenue source	Requires legislation	Yes	Yes	Yes	gov'ts	No	Yes	shift how EMS has previously been viewed.
provided by states and funded by federal,	WS Hospital	and additional					Yes- DOH & local			services, however it would require legislative buy in and would complete
Make EMS an essential health service that is	Survey	providers Provides protection	uetellillidillil	Yes	res-II passeu	Yes	Yes-Local gov'ts	No	No	This would protect consumers and apply public health logic to EMS
EMS local levy authority increase	Provider/Carrier	for public GA	Subject to local determination	Voc	Yes-if passed	Vac	Voc Local govit-	No	No	county specific, unless a state-wide levy was created which would recadditional legislation.
		Additional funding								year basis to increase unless permanent levy is in place. Would have
		p. 5.10015					mealeara			Would require legislation and voter approval in every county on 6- at
Access Hospital [CAH])	Survey	providers	revenue alternative	Potential	Yes	Yes	for Medicaid	No	Medicaid	rural ambulances in certain designations
Cost-based reimbursement (similar to Critical	Provider/Carrier	Provides additional revenue to GA	Doesn't provide full				commercial; HCA		Yes, if applied to	Legislation and oversight required. Plan to provide to only rural and
cap on provider tax/donations programs)	Survey	revenue Provides additional	the cap already	Potential	Yes	Yes	Yes- HCA Yes- OIC for	No	No	yet. Chapter 74.70
Enhance QAF funding (subject to federal 6%	Provider/Carrier	Provides additional	We are very close to							Currently QAF is capped at 6%. We are very close to the cap, but not
date (07/01/2028)	Survey	providers	billing	Potential	No	Yes	Yes- HCA	No	No	still does not fully provide alternative revenue source for balance bill
Continue QAF beyond current expiration	Provider/Carrier	source for private	lost from balance							While this is likely to happen currently it is not guaranteed in 5 years
		essential funding	revenue to cover that							
		Continues an	provide enough							
			Doesn't address public ambulances or							
of allowable costs	Survey	providers	billing	Medicaid clients	No	No	Yes- HCA	No	No	provide alternative revenue source for balance billing
	Provider/Carrier	source for public	lost from balance	No cost-sharing for						This is likely to happen and does not address private providers or full
		essential funding	revenue to cover that							
		Continues an	or provide enough							
			private ambulances							
and consum nemous content		providers	Doesn't address			1.22				
Increase Medicaid Reimbursement	Survey	for providers	Rates not set by OIC	Potential	Yes	Yes	Medicaid	Yes	Yes	of it
	Provider/Carrier	Additional funding					Yes- HCA for			over Medicare rates and therefore could not feasibly enforce that po
										This would require significant legislation and is inadequate to fully ad the needs of consumers being balanced billed, we also have no contri
Options										This would require significant logislation and is inadequate to fully ad
Ground Ambulance Medicaid Payment Rate Options										
Increase Medicare reimbursement	Survey	for providers	Medicare rates	Potential	Yes	Yes	Yes- CMS	Yes	Yes	of it
	Provider/Carrier	Additional funding	(CMS) sets		.,	.,		.,		over Medicare rates and therefore could not feasibly enforce that por
			The federal gov't							the needs of consumers being balanced billed, we also have no control
										This would require significant legislation and is inadequate to fully ad
Public Program Funding								_		
									, , , , , , , , , , , , , , , , , , ,	
Coverage for unloaded miles	OIC	source	reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes	to commercial plans	
		thus providing an additional funding	Ensuring appropriate						No, if only applied	Provides alternative revenue source, but important to consider if it w make up the difference and the impact for rural and super rural
		Coverage of a service								D
but no transport	Design West	revenue	reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes	to commercial plans	911 at all.
	Chiefs, Systems		Ensuring appropriate						No, if only applied	situations. Also if it would limit or impact the willingness of some to o
	Association. WA Fire	additional services								require legislation and consider impacts on emergency and non-emer
	Ambulance	Coverage for								Would increase revenue through coverage of different services. Would
	Washington									, , , , , , , , , , , , , , , , , , , ,
emergency services	OIC	revenue	patients	Potential	Yes	Yes	Yes-OIC	Yes	plans	people's willingness to call 911.
including behavioral health crisis services as		leading to alternative							to commercial	emergency and non-emergency transports and if this would impact
Coverage for transport to alternative sites, consistent with recent BBPA amendment		Coverage for additional services	Ability of alternative						No, if only applied	Provides alternative revenue. Important to consider implications for