



September 11, 2023

Washington Office of the Insurance Commissioner
P.O. Box 40260
Olympia, WA 98504-0260
Submitted via email to: Sydney.Rogalla@oic.wa.gov

Re: Comments on Second Draft of Ground Ambulance Report

To whom it may concern:

On behalf of the Association of Washington Healthcare Plans (AWHP), thank you for the opportunity to provide comments on the Second Draft of the Ground Ambulance Report on Surprise Medical Billing.

First, there is a significant opportunity to improve the value of the report by, where relevant, distinguishing between non-emergency and emergency services. Specifically, AWHP feels the report's chart outlining "Ground Ambulance Balance Billing Protections in Other States" could be improved by specifying which state protections apply to emergency v. non-emergency. The inclusion of this information provides legislators with a meaningful opportunity to consider how states have navigated the distinction between these two contexts for care.

Second, and similarly, on page 30, as it relates to the policy recommendation "Reimburse at applicable local jurisdiction fixed rate...", AWHP feels this section would be best served by specifying whether these protections apply to non-emergency transport, or how any payment rates might differ for those situations. Again, AWHP feels this is the best way to educate legislators on the options.

Third, and slightly more technical, some Medicare rates are billed as "inclusive services". If Washington state was to pursue these same approaches, the legislative report might benefit from clarifying whether the approach will or should be "inclusive of services". AWHP is happy to provide a list of example Medicare codes for ground ambulance services that currently are inclusive of supplies. Translating Medicare payment structures to private payers will require consideration of this and similar topics. AWHP looks forward to continuing to help OIC gain insights on how to answer these technical questions.

AWHP appreciates the opportunity to comment and your consideration of our feedback. Please don't hesitate to contact me with any questions or to discuss.

Respectfully,

Samuel Wilcoxson
Sr. Compliance & Ethics Program Administrator

CC: Peggi Fu, Executive Director AWHP; Katherine Therrien, Aetna



August 23, 2023

Ms. Jane Beyer & Ms. Sydney Rogalla
Office of the Insurance Commissioner
Submitted via email: janeb@oic.wa.gov; sydney.rogalla@oic.wa.gov; policy@oic.wa.gov

Re: Ground Ambulance Balance Billing Recommendations

Dear Ms. Beyer and Ms. Rogalla:

On behalf of the Association for Washington Healthcare Plans (AWHP), I am writing to express our strong support for comprehensive legislative policy solutions aimed at addressing Balance Billing for Ground Ambulance services within Washington. As the leading voice for health insurance carriers across the state, AWHP is committed to promoting accessible and affordable healthcare for all residents.

Our organization has identified key policy solutions that we believe will contribute significantly to the ongoing efforts to eliminate balance billing concerns associated with ground ambulance services. These solutions are designed to strike a fair balance between healthcare providers, insurers, and consumers while ensuring healthcare costs remain stable for consumers.

End Balance Billing for Consumers: We propose the implementation of measures to eliminate the practice of balance billing for consumers for emergency ground ambulance services in conjunction with fixed rates discussed below. This will prevent patients from being burdened with unexpected medical bills and ensure that they can access necessary medical services without financial apprehension.

Reimbursement at Applicable Regional or Local Jurisdiction Fixed Rate: We recommend a reimbursement model that is based on the applicable regional or local jurisdiction fixed rate for ground ambulance services. In cases where a local or regional rate is not available, we propose reimbursement at the lesser of a fixed percentage of Medicare or the billed charges. This approach will need to be very well defined on what can or cannot be billed to provide clarity and fairness in reimbursement rates for both providers and insurers. We believe that while addressing the issue of balance billing is important, it's essential to recognize that the persistent rise in healthcare costs directly affects consumers, burdening them through elevated cost-sharing obligations and escalating insurance premiums. Setting a reimbursement rate that not only curbs balance billing but also tackles the broader challenge of affordability is paramount to ensuring accessible and sustainable healthcare for all.

Allow Self-Insured Groups to Opt into Protections: We suggest offering self-insured groups the opportunity to voluntarily opt into the legislative protections provided for balance billing. This will ensure that even those with self-insured plans can benefit from the same level of consumer protection and affordability.

Increase Medicaid Reimbursement: Medicaid rates are set at a fixed level that falls below the actual cost of providing ground ambulance services. This dynamic places a higher cost burden on commercial payors and commercial members, who are forced to shoulder the additional expenses to ensure the continuity of service availability.

In addition to the proposed policy solutions, we recognize the need for broader emergency medical services reform. A holistic approach, like designating Emergency Medical Services (EMS) as an Essential Service, would necessitate new structural frameworks and funding mechanisms, and acknowledge the complexity of this undertaking. We firmly believe that exploring such holistic solutions is essential to creating a sustainable healthcare environment that prioritizes the well-being of all Washington residents without significantly increasing premiums.

AWHP is committed to collaborating with lawmakers, stakeholders, and the community to ensure the successful implementation of these policy solutions. We appreciate your attention to this matter and are available to provide further information or engage in discussions as needed.

Sincerely,



Peggi Lewis Fu

Executive Director

Association of Washington Healthcare Plans

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	1	Emergency	Both	It seems most pertinent to focus on the emergency context. Additionally, I don't think it makes sense to differentiate public v. private from a claims processing perspective. Applies to all answers.
	No distinction between in-network and OON status for ground ambulance	2				
	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	22				
Ground Ambulance Payment Rate Options	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	23				
	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	3	2			I think it makes sense to keep the recommendations narrowly tailored to a (1) prohibitions + (2) payment rate solution that is ultimately agreed on by workgroup, and include all else as findings. The recommendations would then be strictly speaking to the narrow question of what can address balance billing for consumers.
	Reimburse at full billed charges	13				
	Reimbursements at 350% of Medicare	10	3			
	Reimburse at applicable local government/jurisdiction approved rate	17				
	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	12				
	Ensure mechanism is set up for providers to dispute improper payment	21				
	Allow self-insured groups to opt into any protections	See comments				Seems like a given since it will be incorporated into WA BBPA.
	Develop reimbursement model that manages prices appropriately	4				
	Coverage for transport to alternative sites	19				
Coverage of non-covered services such treat, but no transport	See comments				Seems out of scope of the given reports. This is talking about how to restructure or reform coverage as part of a way to address the larger issues identified by EMS providers, not balance billing-- rather poses a solution for problems like the high-cost of operating an EMS company. I'd need to more properly understand how this relates to the current question of what can be done to reduce Washingtonian's risk of having a ground ambulance provider balance bill the patient.	
Coverage for unloaded miles	20					

Ground Ambulance Medicaid	Increase Medicare reimbursement	5				
	Increase Medicaid Reimbursement	6				
	Maintain GEMT program with current scope of allowable costs	7				
	Continue QAF beyond current expiration date (07/01/2028)	8				
	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)	9				
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])					
	EMS local levy authority increase	18				
	Make EMS an essential health service that is provided by states and funded by federal, state and/or local funds					

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
Public Programs Funding										
10. Increase Medicare reimbursement	Provider/Carrier Survey	Additional funding for providers	The federal gov't (CMS) sets Medicare rates	Potential	Yes	Yes	Yes- CMS	Yes	Yes	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 therefore could not feasibly enforce that portion of it.
Ground Ambulance Medicaid Payment Rate Options										
A. Increase Medicaid Reimbursement	Provider/Carrier Survey	Additional funding for providers	Rates not set by OIC	Potential	Yes	Yes	Yes- HCA for Medicaid	Yes	Yes	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 therefore could not feasibly enforce that portion of it.
B. Maintain GEMT program with current scope of allowable costs	Provider/Carrier Survey	Continues an essential funding source for public providers	Doesn't address private ambulances or provide enough revenue to cover that lost from balance billing	No cost-sharing for Medicaid clients	No	No	Yes- HCA	No	No	This is likely to happen and does not address private providers or fully provide alternative revenue source for balance billing
C. Continue QAF beyond current expiration date (07/01/2028)	Provider/Carrier Survey	Continues an essential funding source for private providers	Doesn't address public ambulances or provide enough revenue to cover that lost from balance billing	Potential	No	Yes	Yes- HCA	No	No	While this is likely to happen currently it is not guaranteed in 5 years and still does not fully provide alternative revenue source for balance billing.
D. Enhance QAF funding (subject to federal 6% 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	Currently QAF is capped at 6%. We are very close to the cap, but not there yet. Chapter 74.70
Commercial Health Plan Contracting										
No distinction between in-network and OON status for ground ambulance	WS Hospital Association	Protects consumers in emergency situations	Does not address non-emergent services	Potential	Potentially, depends upon rate established by payer	Yes	Yes- OIC	Yes	No	Address emergency situations, but balance billing more likely with respect non-emergency services. Applying balance billing protection means that the service is 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 bandwidth to negotiate or contract with carriers. Challenging to have "Take it or leave it" contracting situations.
Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HSA))	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 Access Hospital (CAH))	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 super rural ambulances in certain designations.
Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	Provider/Carrier Survey	Sets rate for reimbursement	Does not provide alternative revenue source and concern about meeting costs	Potential	No	Yes	Yes- OIC	Yes	No	Limiting for providers without fully addressing their concerns.
C. Reimburse at full billed charges	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.
D. Reimbursements at 150% of Medicare	WA Fire Chiefs	Additional revenue for GA providers	Higher than any other state	Potential	Yes	Yes	Yes- OIC	Yes	No, if only applied to commercial plans	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	Providers clear rate in statutes.
Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at least of fixed percentage of Medicare (e.g. 325%) or billed charges	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 to commercial plans	Provides clear rate in statutes. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions
Ensure mechanism is set up for providers to dispute improper payment	Washington Ambulance Association, WA Fire Chiefs	Protects consumers and providers	Requires regulatory oversight	No	Impact TBD	Yes	Yes- OIC	n/a	No, if only applied to commercial plans	less about new options and more about oversight that is important for providers and consumers. Could be folded into existing BBPA IDR process.
Allow self-insured groups to opt into any protections	NoHIA	Provides protections for consumers	Not a guarantee for all consumers in WA	Yes	Impact TBD	No, current SFGHP opt-in statute would accommodate BBPA amend.	Yes- OIC	n/a	n/a	Additional consumer protection that should be considered following original BBPA guidelines.
Develop reimbursement model that manages prices appropriately	NoHIA	Provides mechanism for evolving price changes	Requires constant regulatory oversight	Potential	Yes	Yes	Yes- OIC	Yes	No	Would require legislation and regular oversight but could help manage prices more appropriately. Could set rate to be reviewed on a regular basis through AKCD claims analysis to assess rates.
Coverage of Services Not Current y/General y/B - ab e										
Coverage for transport to alternative sites, consistent with recent BBPA amendment including behavioral health crisis services as emergency services	OIC	Coverage for additional services leading to alternative revenue	Ability of alternative sites to accept patients	Potential	Yes	Yes	Yes- OIC	Yes	No, if only applied to commercial plans	Provides alternative revenue. Important to consider implications for emergency and non-emergency transports and if this would impact people's willingness to call 911.
Coverage of non-covered services such as treatment, but no transport	Washington Ambulance Association, WA Fire Chiefs, Systems Design West	Coverage for additional services leading to alternative revenue	Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes- OIC	Yes	No, if only applied to commercial plans	Would increase revenue through coverage of different services. Would require legislation and consider impacts on emergency and non-emergent situations. Also if it would limit or impact the willingness of same to call 911 at all.
Coverage for unloaded miles	OIC	Coverage of a service thus providing an additional funding source	Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes- OIC	Yes	No, if only applied to commercial plans	Provides alternative revenue source, but important to consider if it would make up the difference and the impact for rural and super rural communities.
Public Programs Funding										
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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, state and/or local funds.	WS Hospital Association	Provides protection and additional revenue source	Requires legislation	Yes	Yes	Yes	Yes- DOH & local gov'ts	No	Yes	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 viewed.