



Ground Ambulance Balance Billing Report

Presentation to Senate Health and Long-Term Care Committee

Jane Beyer, Simon Casson and Sydney Y. Rogalla



OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE

November 30, 2023

Legislative directive for ground ambulance balance billing report

RCW 48.49.190

(1) On or before October 1, 2023, the commissioner, in collaboration with the health care authority and the department of health, **must submit a report and any recommendations to the appropriate policy and fiscal committees of the legislature as to how balance billing for ground ambulance services can be prevented and whether ground ambulance services should be subject to the balance billing restrictions of this chapter.** In developing the report and any recommendations, the commissioner must:

- Consider any recommendations made by the federal advisory committee established in the NSA to review inclusion of ground ambulances in the NSA
- Consult with DOH, HCA, the state auditor, consumer advocates, public and private ground ambulance providers, local government agencies, hospitals and health carriers.

Report development process

Ground Ambulance Balance Billing Advisory Group held 6 meetings between January and August 2023.

Advisory Group:

- Consumer advocates
- Health insurance carriers
- Ground ambulance private providers
- Ground ambulance public providers
- Fire chiefs
- Hospitals
- Local government entities

Advisory Group Project Team:

- Office of the Insurance Commissioner
- Department of Health
- Health Care Authority
- University of Washington Health Systems Collective/The Value & Systems Science Lab (UW/VSSL)

Report development process *(continued)*

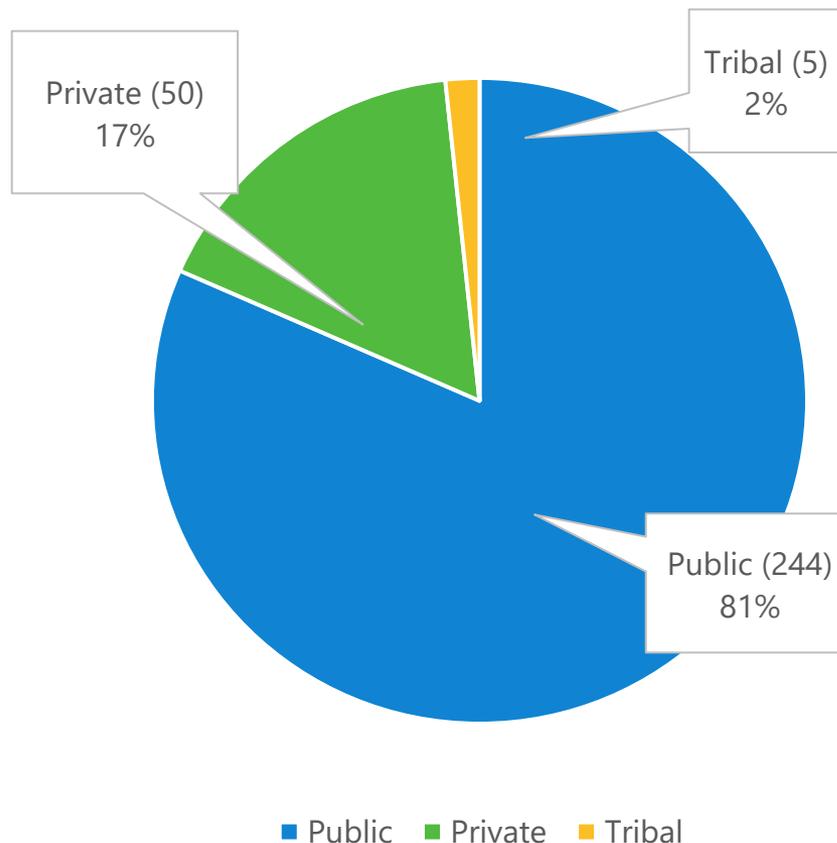
Research activities to inform report:

- ❑ Review of Emergency Medical Services Licensing Applications
 - Conducted by UW/VSSL
- ❑ Ground Ambulance APCD Claim Analysis
 - Conducted by OIC
- ❑ Survey of Health Carriers
 - Conducted by OIC
- ❑ Survey of Ground Ambulance Providers
 - Conducted by OIC and UW/VSSL

400+ licensed EMS agencies (2022)

Public and private ground ambulances work together to respond to 911 dispatches and transport patients.

Licensed EMS agencies- ground transportation (299)



Consumer impact of balance billing

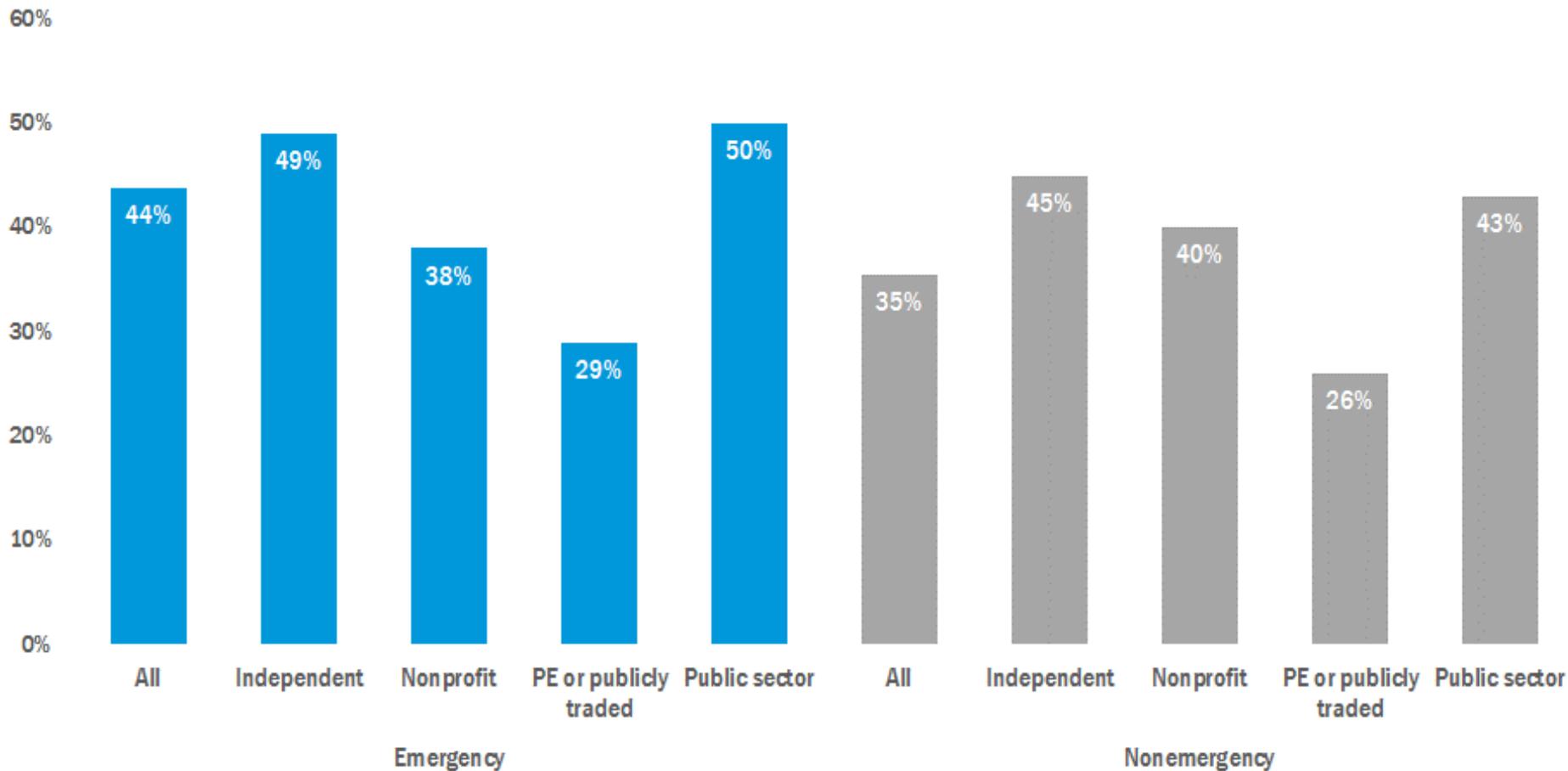
Consumers face an average potential balance bill of \$500 for emergency services and \$1,000 for non-emergency services.

Rate increases for ground ambulance emergency and non-emergency services - 2017-2022

Participating	Emergency services	Non-emergency services	Non-Participating	Emergency services	Non-emergency services
Billed charges	46% increase	40% increase	Billed charges	69% increase	75% increase
Allowed amounts	50% increase	50% increase	Allowed amounts	66% increase	62% increase

Data analysis

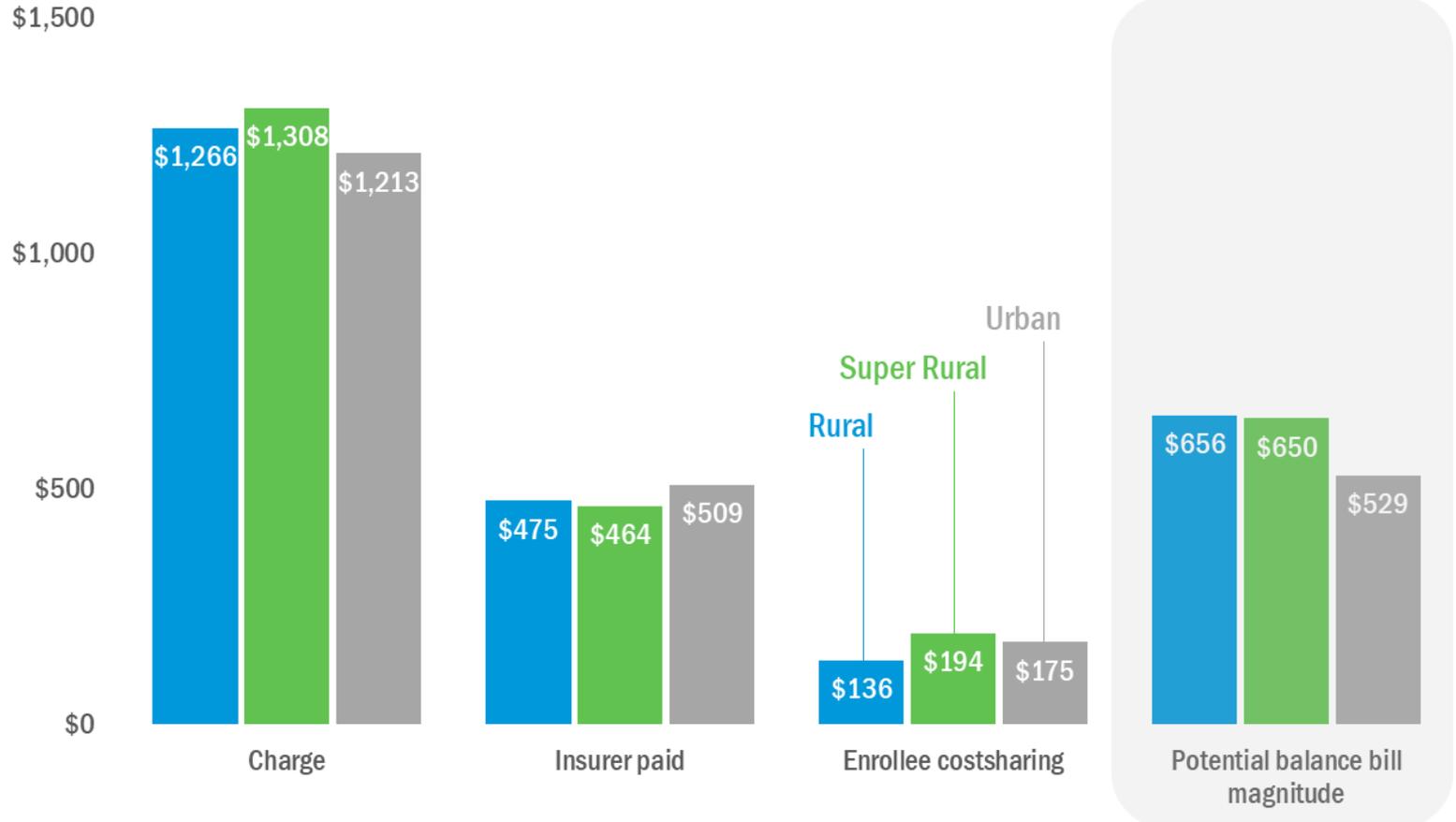
Prevalence of out-of-network utilization, by ambulance ownership type, 2019-2022



Data analysis (continued)

Average charges, paid amounts, and potential balance bill magnitude for basic life support emergency transport (A0429)

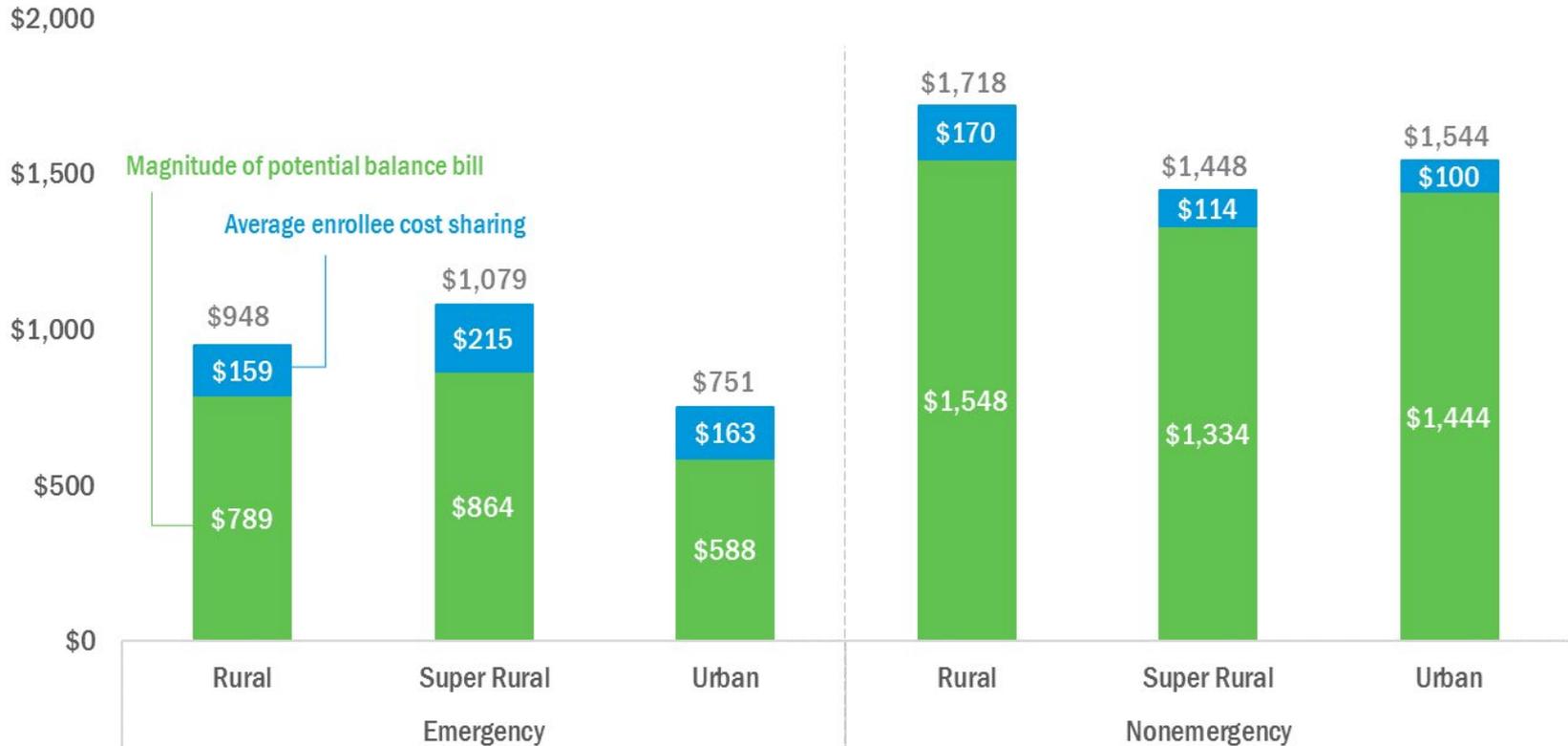
Only includes claims where the allowed amount was less than the billed charges



Data analysis (continued)

Enrollee cost exposure for ground ambulance services, 2019-2022-Q2

The average enrollee cost sharing and magnitude of potential balance bills by ownership type



Data analysis (continued)

Service cost by provider estimated cost, billed charges, and percentage of Medicare allowed amount

		Non-Participating				Participating			
Transport type (procedure code)	Average cost from provider survey***	Billed Charge-public	Billed Charge-private	Allowed Amount as % of Medicare-public	Allowed Amount as % of Medicare-private	Billed Charge-public	Billed Charge-private	Allowed Amount as % of Medicare-public	Allowed Amount as % of Medicare-private
BLS nonemergency transport (A0428)	\$1,370.87	\$840.09 (34) **	\$1,310.79 (712)	243%	406%	\$943.96 (64)	\$1,490.90 (1672)	347%	396%
BLS emergency transport (A0429)	\$1,382.25	\$802.92 (1,383)	\$1,195.53 (1,308)	172%	229%	\$781.62 (1,734)	\$1,410.04 (2,262)	190%	327%
ALS nonemergency transport lvl 1 (A0426)	\$1,559.06	\$1,113.82 (33)	\$2,399.96 (224)	258%	586%	\$1,079.50 (50)	\$2,276.97 (420)	311%	646%
ALS emergency transport lvl 1 (A0427)	\$1,732.82	\$1,039.89 (1,586)	\$1,714.00 (777)	186%	293%	\$991.13 (2,038)	\$1,505.27 (1,095)	207%	340%

State ground ambulance balance billing protection laws

15 state laws - 4 passed in 2023 (Arkansas, California, Louisiana, and Texas)

Common features of laws:

- 12 apply to both public and private ground ambulance providers
- 9 apply only to emergency services
- 11 regulate reimbursement rates for out-of-network providers

Reimbursement rate formula:

- Locally set rate or if none exists then;
- Lesser of: Percent of Medicare or provider's billed charges

Federal Advisory Committee on Ground Ambulance and Patient Billing (GAPB)

The No Surprises Act (NSA) 2021 required creation of the [GAPB](#) to make recommendations to Congress related to ground ambulance balance billing.

Awaiting final recommendations from Committee.

Policy recommendations

- ❑ **Prohibit balance billing for consumers**
 - Apply to emergency and non-emergency transports
 - Apply to public and private providers
- ❑ **Reimburse ground ambulance services at locally set rate, or if no local rate exists, at the lesser of a fixed percentage of Medicare or billed charges.**
 - Apply to emergency transports
 - Apply to public and private providers
 - Review of Medicare and locally set rate standards (2026)
- ❑ **Mandate coverage for emergency transportation to alternative sites**
 - Apply to emergency transports
 - Apply to both public and private providers
 - Alternative sites are behavioral health emergency services providers, including crisis stabilization providers.

Please see full report on the OIC website page ["Ground ambulance services and surprise billing."](#)

Key findings

- ❑ **Uncompensated ground ambulance services**
 - Analysis of costs to cover treat, but no transport services
- ❑ **Maintain public funding for public and private ground ambulance services paid by Apple Health (Medicaid)**
 - Maintain GEMT program (public providers)
 - Maintain QAF program (private providers)
- ❑ **Future study of EMS as an essential health service that is provided by local and state governments and funded by federal, state, and/or local funds**
 - Strongly supported by advisory group
 - Outside scope of this study

Please see full report on the OIC website page [“Ground ambulance services and surprise billing.”](#)

Questions?

Jane Beyer- *Senior Health Policy Advisor*
jane.beyer@oic.wa.gov

Simon Casson- *Data and Economic Analyst*
simon.casson@oic.wa.gov

Sydney Y. Rogalla- *Health Policy Analyst*
sydney.rogalla@oic.wa.gov

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