



Ground Ambulance Survey Results

Provider and Carrier Survey Findings

July 26, 2023

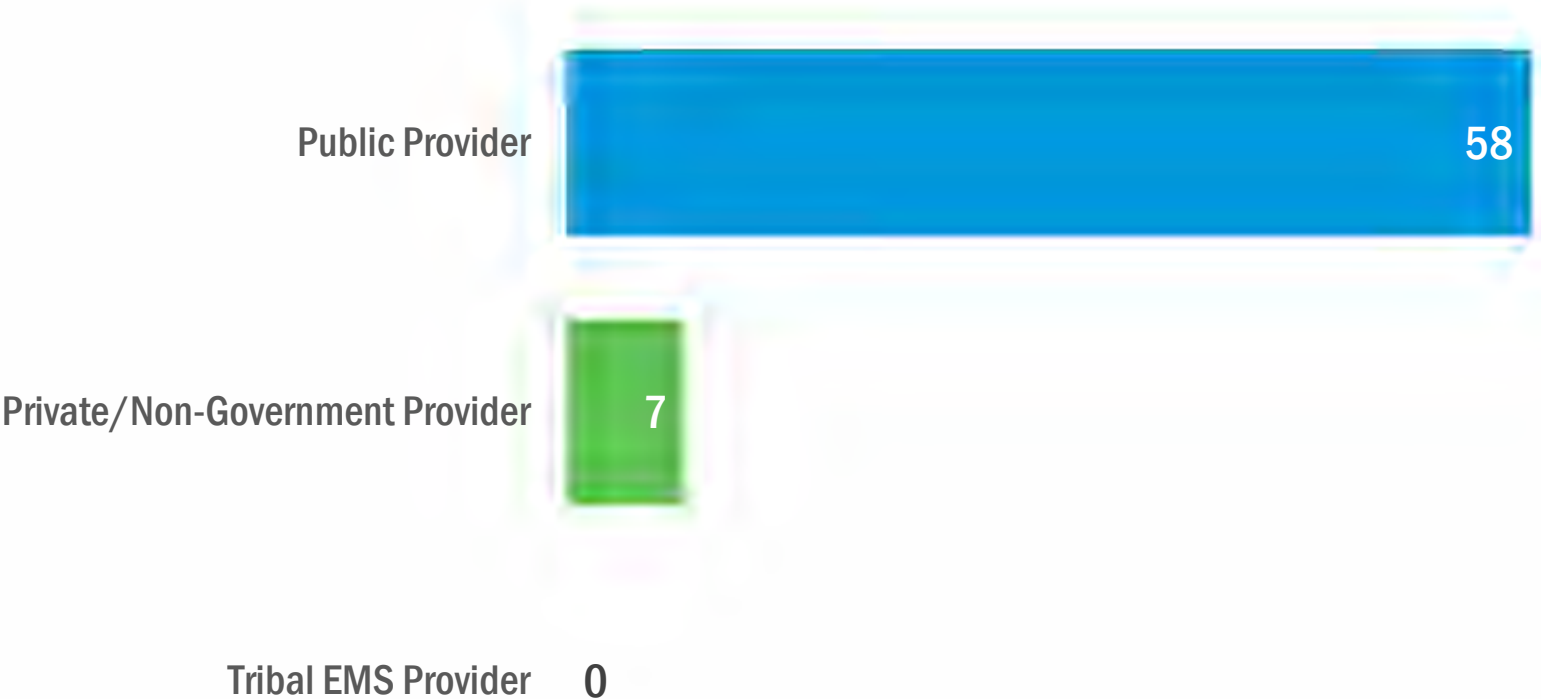


OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE

Ground Ambulance Provider Survey Results

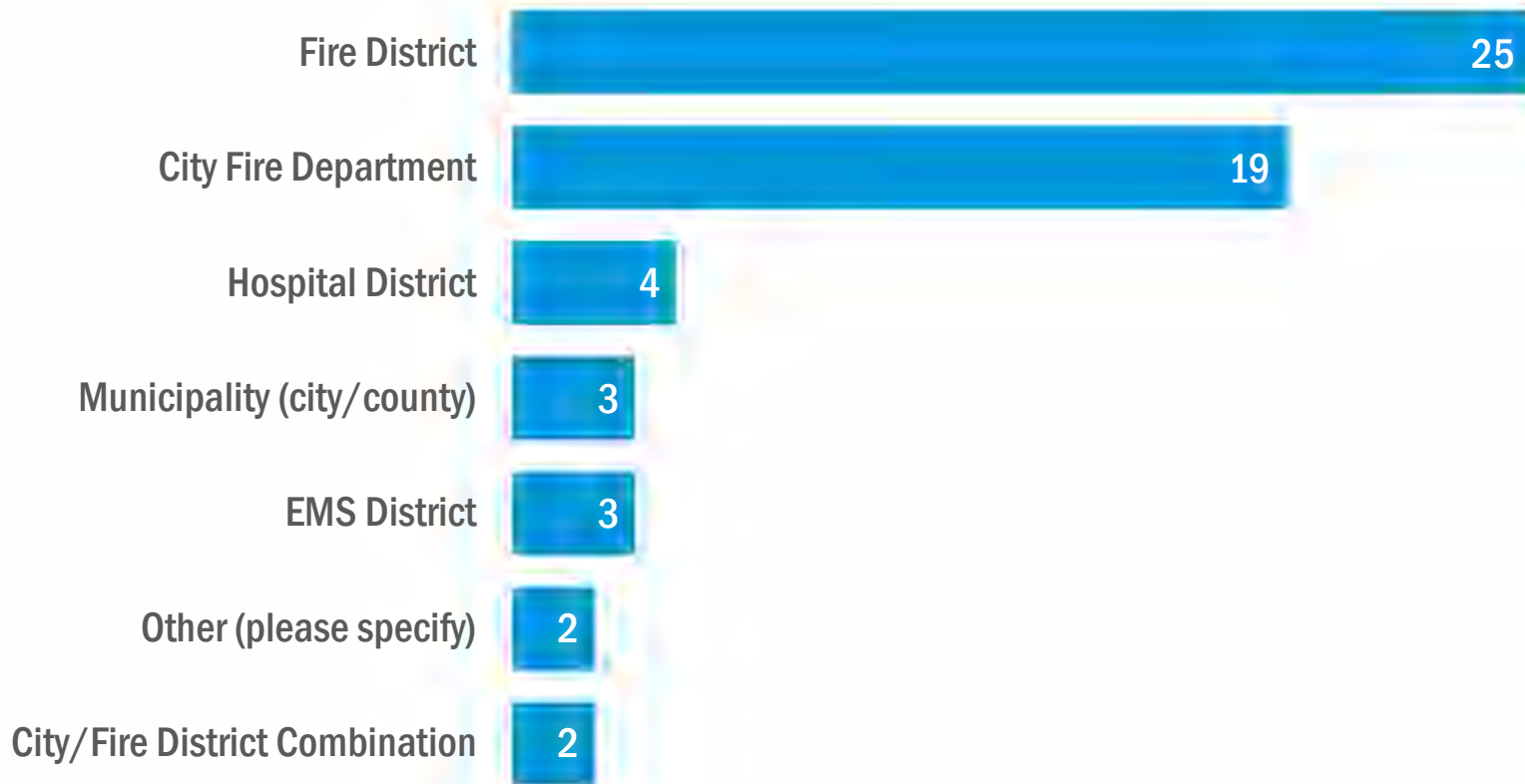
Who responded to the survey?

Number of Reporting Providers



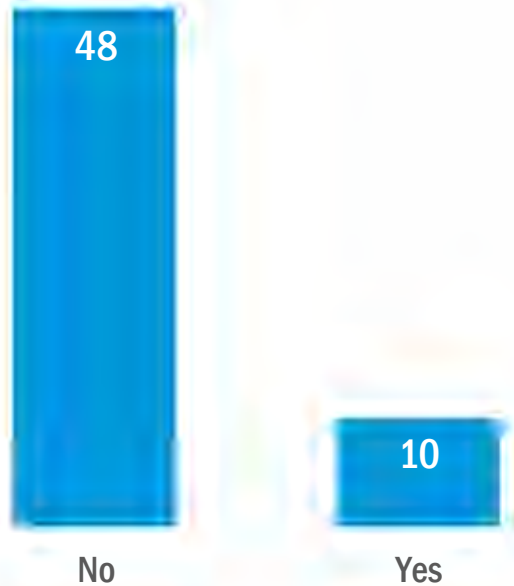
Public provider respondents

Reporting Public EMS Provider Types

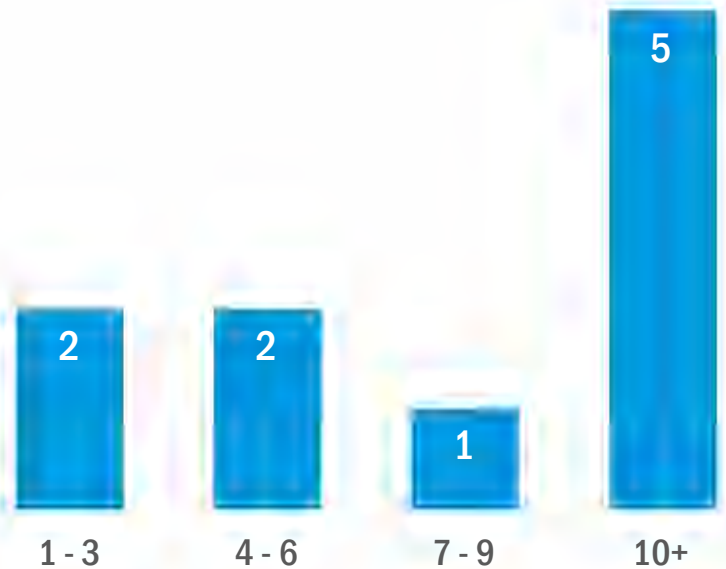


Public providers' network findings

Network status of public providers



Number of commercial plans that public providers contracted with in 2022

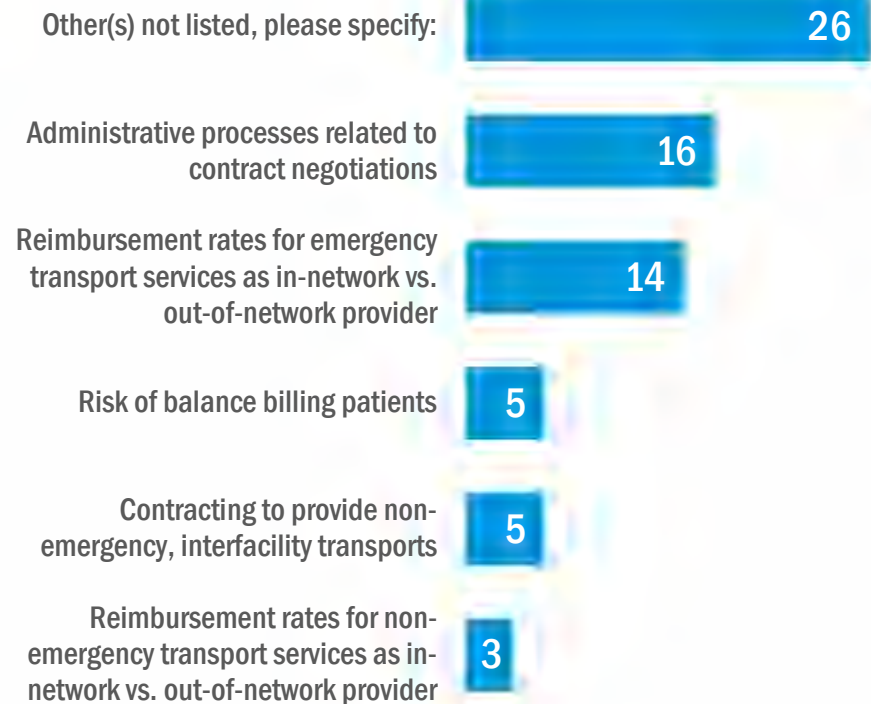


Why public providers participated in commercial health plan networks

Factors that influenced decision to participate in commercial health plan networks

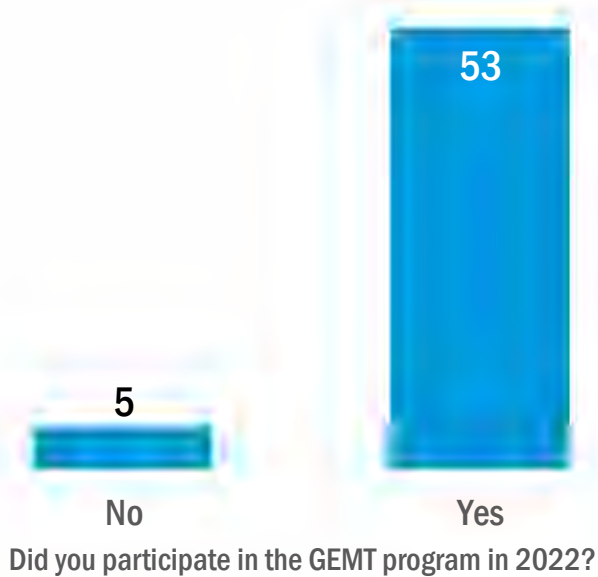


Factors that influenced decision to NOT participate in commercial health plan networks

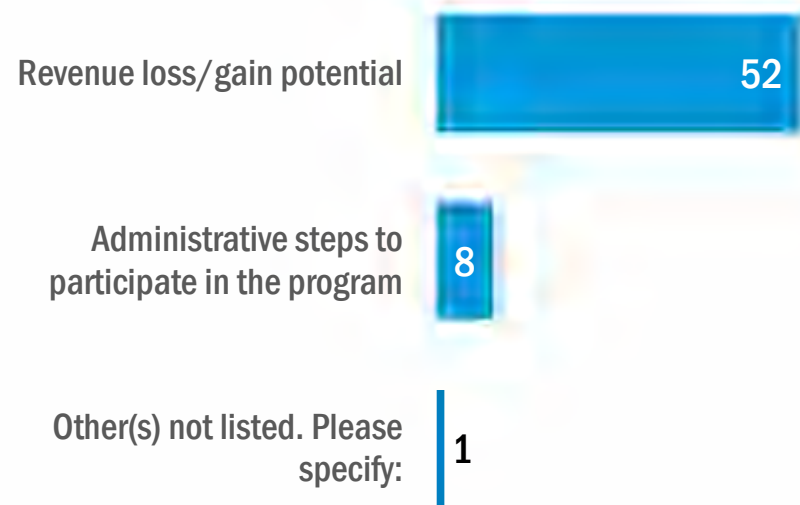


GEMT program participation

Participation in the Ground Emergency Medical Transport (GEMT) program



Factors that influenced decision to participate in GEMT program



Factors for NOT participating in the GEMT program included **lack of information** and **administrative steps to participate**.

Private provider respondents

Reporting private EMS provider types

Non-profit (private non-profit, private volunteer association)



Independent (private, not publicly traded/not private equity)

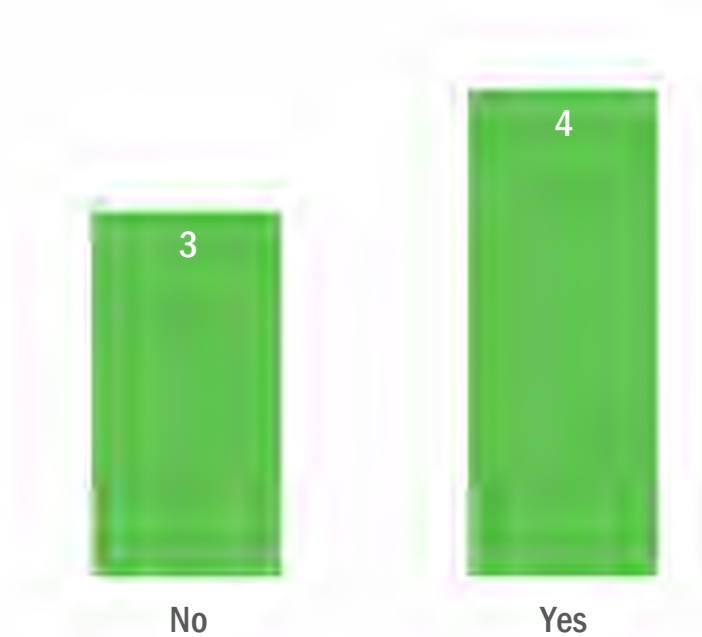


Private equity/publicly traded

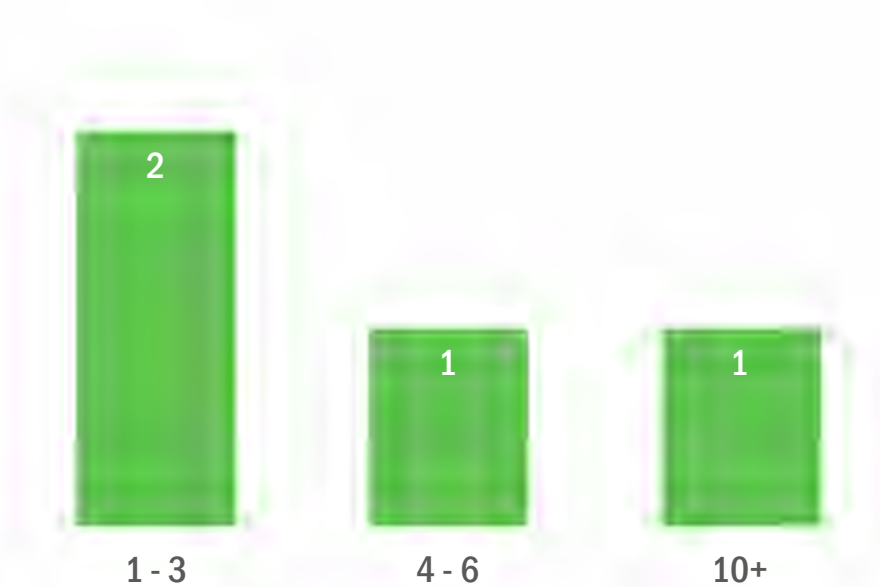


Private providers' network findings

Network status of private providers



Number of commercial plans that private providers contracted with in 2022



Private providers' participation in commercial health plan networks

Factors that influenced decision to participate in commercial health plan networks

Risk of balance billing patients

2

Reimbursement rates for emergency transport services as an in-network vs. out-of-network provider

2

Other(s) not listed, please specify:

1

Contracting to provide non-emergency, interfacility transports

1

Factors that influenced decision to **NOT** participate in commercial health plan networks

Reimbursement rates for emergency transport services as an in-network vs. out-of-network provider

2

reimbursement rates for non-emergency transport services as an in-network vs. out-of-network provider

1

Other(s) not listed, please specify:

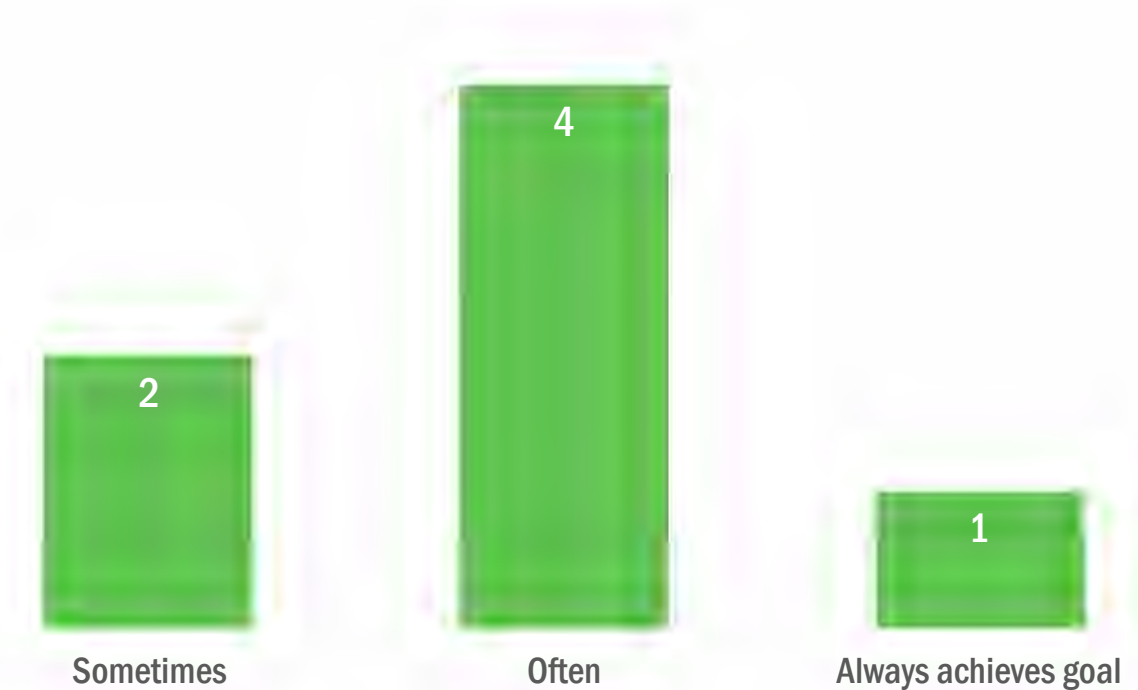
1

Administrative processes related to contract negotiations

1

Private providers' perception of the QAF program

Does the Quality Assurance Fee (QAF) program achieve its goal?



Comments about QAF, GEMT, and participation in commercial health plan networks

Comments (captures main themes in submitted comments)

Not enough information to participate in programs.

GEMT allows agency to break even for emergency transports.

Prohibiting balance billing would affect the revenue and ability to provide services.

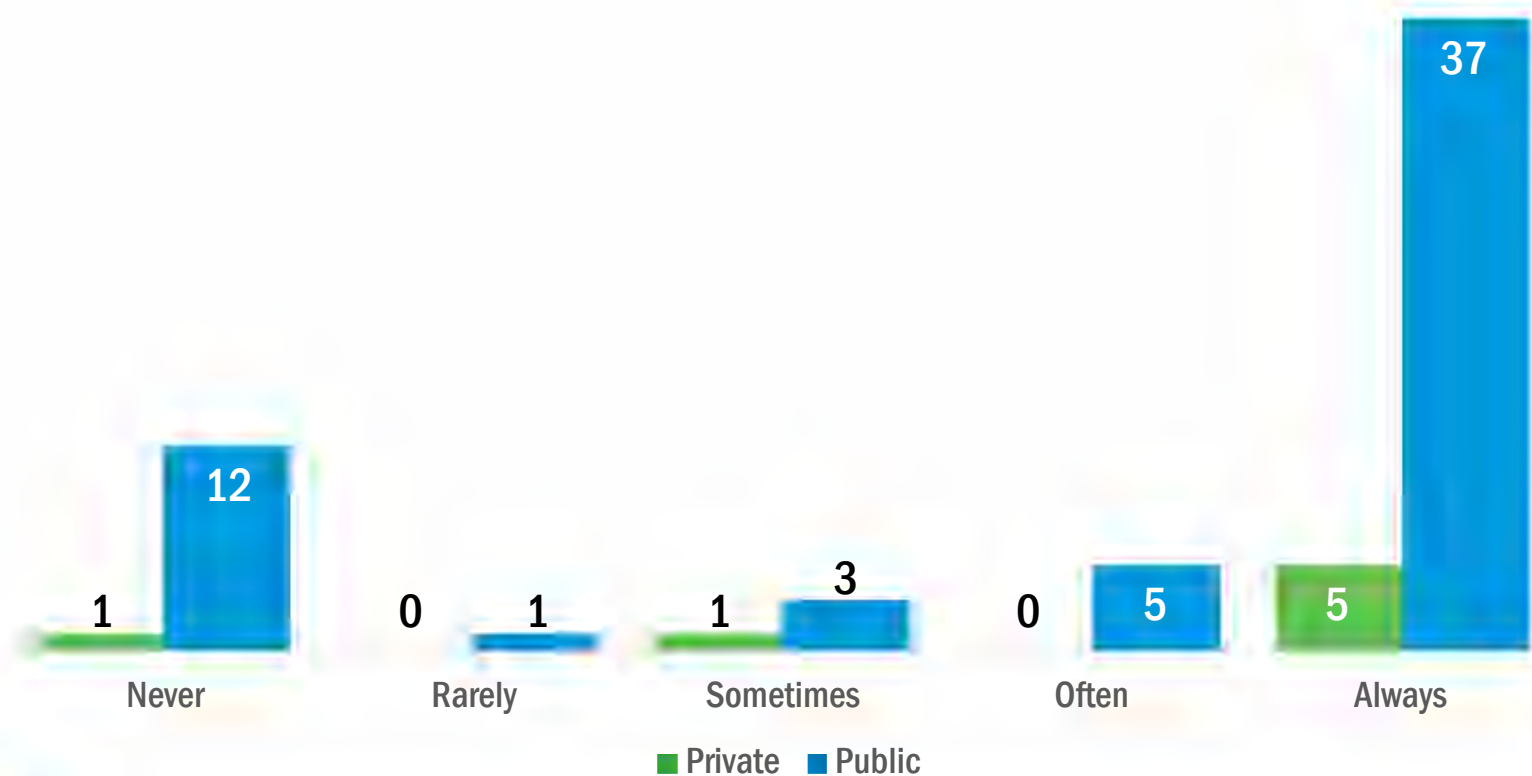
Agency is small and has limited administrative staff who are able to negotiate with commercial payers.

QAF has been beneficial, but even with enhanced payments, still paid below actual “cost” of services.

Without GEMT, agency would lose on most transport costs.

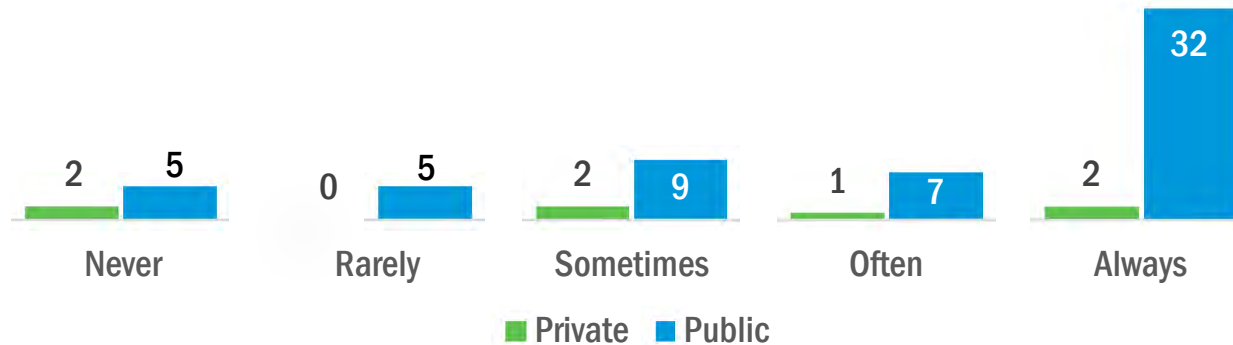
Do providers identify commercial health plan coverage?

Do you identify commercial health plan coverage before submitting a claim for payment?



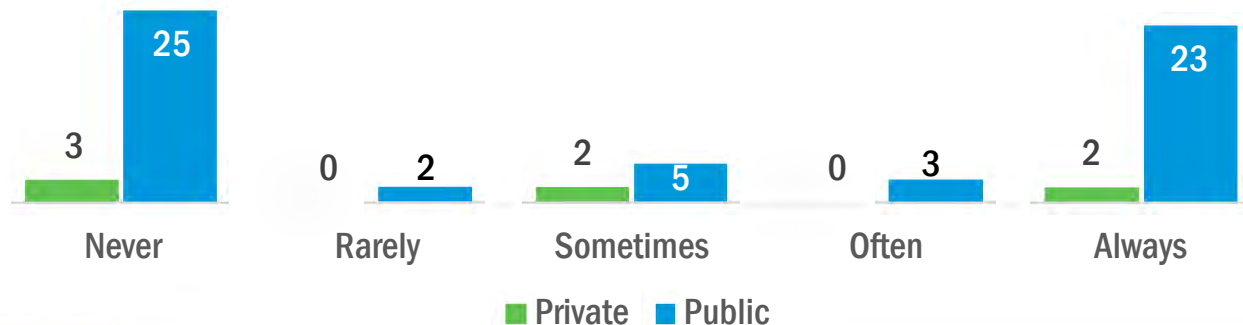
Billing for patients covered by a commercial health plan

How often do you bill the patient for any amount in excess of the reimbursement received for **emergency** transports?



Average amount patients billed:
\$921.86

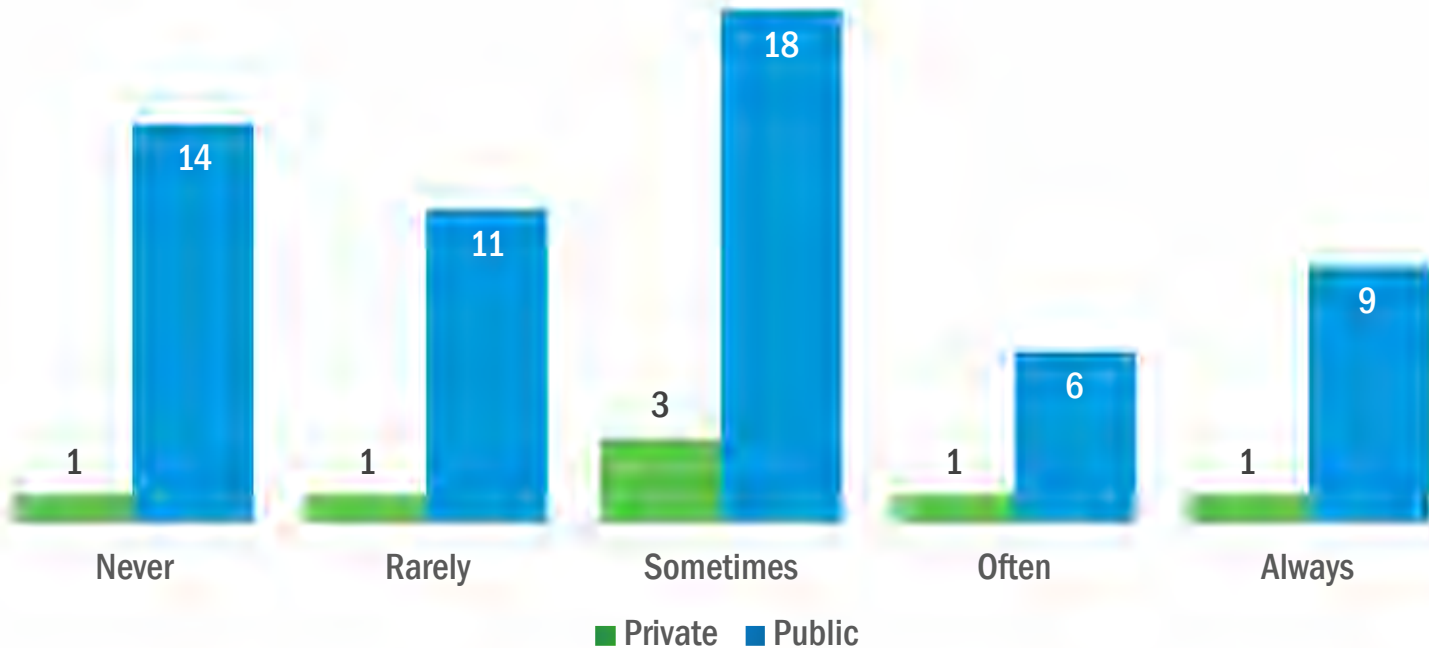
How often do you bill the patient for any amount in excess of the reimbursement received for **non-emergency** transports?



Average amount patients billed:
\$898.72

Unpaid bills to collections

How often do you send unpaid patient bills to a third party for collections?



Hardship programs

- 70% of respondents indicated that they do offer a hardship or charity program that pays a patient's portion of a bill.
- Factors considered when determining eligibility:
 - Economic status/income level
 - Feder poverty level guidelines
 - Check w/ local hospital for action taken for patient
 - Age, social circumstances, health, household size, residency
 - Whether they ask for it
- Programs pay up to 100% of the patient's bill

Billing in excess of reimbursement for different transport types

What percentage of respondents bill patients in excess of the reimbursement received for transports?

	Residents	Non-Residents
Emergency Transports	60% bill in excess of reimbursement	71% bill in excess of reimbursement
Nonemergency Transports	44% bill in excess of reimbursement	48% bill in excess of reimbursement

Average costs by service

Ground ambulance service	Average cost
BLS nonemergency transport (A0428)	\$1,370.87
BLS emergency transport (A0429)	\$1,382.25
ALS nonemergency transport lvl 1 (A0426)	\$1,559.06
ALS emergency transport lvl 1 (A0427)	\$1,732.82
ALS emergency transport lvl 2 (A0433)	\$1,923.59
Specialty care transport (A0434)	\$2,246.61
Ground mileage, per statue mile (A0425)	\$18.77

Average annual ground ambulance operating costs in 2022

Cost category	Average cost
EMT/Response staff	\$5,231,170
Administration/Facilities staff	\$946,449
Owned ground ambulance	\$275,468
Leased ground ambulance	\$61,224
Other vehicles (non-ambulance)	\$48,788
Capital medical equipment	\$117,820
Capital non-medical equipment	\$57,495
Medical equipment, supplies, and consumables	\$64,797
Medications	\$7,725
Other	\$780,043

Ideas to reduce balance billing

- Increase reimbursement from Medicare and Medicaid to better align with the cost per service.
- Commercial payers' payments need to align with cost of providing services.
- EMS levy expansion (beyond 1% limit factor)
- Continued funding of GEMT.
- Limits/prohibitions on balance billing will be devastating to EMS providers.
- Cost-based reimbursement (similar to CAH).
- Have transports not be subject to deductible and/or have it covered at 100% of billed charges.
- Additional funding source similar to GEMT

Final comments

- Annual costs are estimated.
- Cost per service is based on GEMT cost analysis. Demand and availability cost is not factored in.
- Costs would be reduced by 10% if “frequent flyer”, non-emergency patients could self-transport.
- Requiring contracts with payers would negatively impact ability to provide quality care.
- Need GEMT funding restored to 2022 levels.
- Difficult to accurately provide detailed dollar amount responses – relied on estimates.

Ground Ambulance Carrier Survey Results

Carrier – Provider contractual relationships, 2017 – 2022

- In 2017, carriers contracted with from 0 to 7 **public** ground ambulance providers (avg 0.88).
- In 2022, carriers contracted with from 0 to 7 **public** ground ambulance providers (avg 0.81)

- In 2017, carriers contracted with from 0 to 4 **private** ground ambulance providers (avg 1.28)
- In 2022, carriers contracted with from 0 to 5 **private** ground ambulance providers (avg 1.44)

Carrier – Provider contractual relationships, 2017 – 2022

- Most of the public provider that carriers contracted with were hospital districts.
- In 2022, carriers did not contract with any public ground ambulance providers in 28 counties (from 29 in 2017).
- In 2017 and 2022, carriers contracted with a private ground ambulance provider in every county.

Top 3 reasons for not contracting with ground ambulance providers

1

The **primary** reason carriers reported for not contracting with ground ambulance providers



Other:

- Members do not have a choice of provider.
- Existing national contract.
- Contract with all available providers.
- No formal policy or reason.

2

The **secondary** reason carriers reported for not contracting with ground ambulance providers



3

The **third** reason carriers reported for not contracting with ground ambulance providers



Other:

- Exclusive Operating Areas (EOAs) can prevent competitive contracting options.

Importance of balance billing in contract process

How is balance billing considered **when determining whether you want to contract** with a ground ambulance provider?

The risk of an enrollee being balance billed is a significant factor when deciding to contract



The risk of an enrollee being balance billed is not a factor when deciding to contract



The risk of an enrollee being balance billed is a slight factor when deciding to contract



How is balance billing considered **during contract negotiations** with a ground ambulance provider?

The risk of an enrollee being balance billed is a significant factor when deciding to contract



The risk of an enrollee being balance billed is a slight factor when deciding to contract



The risk of an enrollee being balance billed is not a factor when deciding to contract



Ground ambulance claims volume, 2022

Transport type (procedure code)	Nonparticipating	Participating
BLS nonemergency transport (A0428)	1,846	3,341
BLS emergency transport (A0429)	6,303	8,519
ALS nonemergency transport lvl 1 (A0426)	402	506
ALS emergency transport lvl 1 (A0427)	5,861	7,228
ALS emergency transport lvl 2 (A0433)	336	344
Specialty care transport (A0434)	396	675
Ambulance response and treatment, no transport (A0998)	23	29

Across all services: 42% claims from nonparticipating providers.

Emergency services: 44% claims from nonparticipating providers.

Nonemergency services: 37% claims from nonparticipating providers.

Average charge and paid amounts for ground ambulance claims, 2022

Transport type (procedure code)	Nonparticipating		Participating		Average cost from provider survey
	Average charge	Average insurer paid amt	Average charge	Average insurer paid amt	
BLS nonemergency transport (A0428)	\$1,447.89	\$796.08	\$1,574.39	\$609.32	\$1,370.87
BLS emergency transport (A0429)	\$1,176.09	\$714.18	\$1,382.11	\$964.16	\$1,382.25
ALS nonemergency transport lvl 1 (A0426)	\$1,931.29	\$1,034.27	\$1,911.23	\$791.52	\$1,559.06
ALS emergency transport lvl 1 (A0427)	\$1,435.98	\$841.91	\$1,655.19	\$876.62	\$1,732.82
ALS emergency transport lvl 2 (A0433)	\$1,373.14	\$1,015.09	\$1,363.26	\$905.27	\$1,923.59
Specialty care transport (A0434)	\$4,699.60	\$3,342.49	\$2,621.89	\$1,806.17	\$2,246.61
Ambulance response and treatment, no transport (A0998)	\$331.39	\$163.54	\$279.64	\$152.25	NA

How have billed charges/allowed amounts changed over the past 5 years?

Participating

	Emergency services	Nonemergency services
Billed charges	46% increase	40% increase
Allowed amounts	50% increase	50% increase

Nonparticipating

	Emergency services	Nonemergency services
Billed charges	69% increase	75% increase
Allowed amounts	66% increase	62% increase

Consumer complaints, grievances, and appeals

- From 2017 – 2022, carriers received a total of **616** complaints, grievances and appeals related to billing in excess of insurer's reimbursement.
- Of the 616, **259 were resolved in favor of the consumer (42%)** and **357 were resolved against the consumer (58%)**.

Have carriers implemented policies to address ground ambulance providers' balance billing patients?

- Several carriers report paying ground ambulance claims at billed charges and process members cost-share at in-network benefit levels.
- National Supplier Agreement includes “Member Hold Harmless” language related to covered services.
- Apply all state and federal regulatory guidelines.

Ideas to reduce/eliminate balance billing for ground ambulance services

- Factor ground ambulance into the state BBPA cap at no more than 150% of Medicare base rate for those who refuse to contract at a market-based rate.
- Increase Medicaid reimbursement

Additional comments

- Supportive of ground ambulance services being subject to the BBPA, assuming surprise billing dataset reflects reasonable transportation/support charges (based on actual costs).
- Was unable to respond for years specified as not operating in WA at the time.
- Bill out-of-network as if they were in-network.

Questions?