	Po cy/F nd ngs Opt ons	Inc ude as f nd ng? (Ranked 1 23 w th 1 as most mportant)	Inc ude as recommendat on? (Ranked 1-23 w th "1" as most mportant)	App y to emergency services on y or app y to emergency and non emergency services?	Shou d th s app y to pub c 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 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	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.
Ground Ambulance Payment Rate Options	Cost-based reimbursement (similar to Critical Access Hospital [CAH])			emergency only	both	Not familiar with the process, unable to opine
Ground Ambulance Payment Rate Options	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 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.
Ground Ambulance Payment Rate Options	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.
Ground Ambulance Payment Rate Options	Reimbursements at 350% of Medicare			emergency only	both	Same response as what is listed with the MCRE 150 suggestion.
Ground Ambulance Payment Rate Options	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 Ambulance Payment Rate Options	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.
Ground Ambulance Payment Rate Options	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 reimbursment established, that will be beneficial to all involved.
	Coverage for transport to alternative sites			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			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.
Ground Ambulance Medicaid P	Increase Medicaid Reimbursement			emergency only	both	no comment, only familiar with commercial business.
Ground Ambulance Medicaid P	Maintain GEMT program with current scope of allowable costs			emergency only	both	no comment, only familiar with commercial business.
Ground Ambulance Medicaid P	Continue QAF beyond current expiration date (07/01/2028)			emergency only	both	no comment, only familiar with commercial business.
Ground Ambulance Medicaid P	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)			emergency only	both	no comment, only familiar with commercial business.
Ground Ambulance Medicaid P	Cost-based reimbursement (similar to Critical Access Hospital [CAH])			emergency only	both	no comment, only familiar with commercial business.
	EMS local levy authority increase			emergency only	both	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.
Ground Ambulance Payment Rate Options	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.
	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.
	Reimbursements at 350% of Medicare	see comments		emergency only	both	Same response as what is listed with the MCRE 150 suggestion.
	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.
	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 pre-hospital 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.
Ground Ambulance Med	Increase Medicaid Reimbursement	no comment, only familiar with commercial business.		emergency only	both	
	Maintain GEMT program with current scope of allowable costs	no comment, only familiar with commercial business.		emergency only	both	
	Continue QAF beyond current expiration date (07/01/2028)	no comment, only familiar with commercial business.		emergency only	both	
	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)	no comment, only familiar with commercial business.		emergency only	both	
	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/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	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 out-of-pocket (MOOP) limits
	Commercial Health Plan Contracting										
2	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	Addresse emergency situations, but balance billing more likely with respect nonemergency 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.
3	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	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.
4	**Ground Ambulance Payment Rate Options**										
A	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
B	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 350% 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
E	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.
F	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	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 statues. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions
G	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.
5	Allow self-insured groups to opt into any protections	NoHLA	Provides protections for consumers	Not a guarantee for all consumers in WA	Yes	Impact TBD	No, current SFGHP opt-in statute would accommodate BBPA amdmt.	Yes-OIC	n/a	n/a	Additional consumer protection that should be considered following original BBPA guidelines
6	Develop reimbursement model that manages prices appropriately	NoHLA	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
	Coverage of Serv ces Not Currently/Generally Billable										
7	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.
8	Coverage of non-covered services such treat, 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 some to call 911 at all.
9	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.
	Publ c Program 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
11	**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	
E	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	
12	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.	
13	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.	

	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	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 out-of-pocket (MOOP) limits
	Commercial Health Plan Contracting										
2	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	Addresse emergency situations, but balance billing more likely with respect nonemergency 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.
3	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	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.
4	**Ground Ambulance Payment Rate Options**										
A	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
B	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 350% 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
E	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.
F	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	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 statues. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions
G	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.
5	Allow self-insured groups to opt into any protections	NoHLA	Provides protections for consumers	Not a guarantee for all consumers in WA	Yes	Impact TBD	No, current SFGHP opt-in statute would accommodate BBPA amdmt.	Yes-OIC	n/a	n/a	Additional consumer protection that should be considered following original BBPA guidelines
6	Develop reimbursement model that manages prices appropriately	NoHLA	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
	Coverage of Services Not Currently/Generally Billable										

7	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.
8	Coverage of non-covered services such treat, 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 some to call 911 at all.
9	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 Program 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
11	**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
E	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
12	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.
13	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.