	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												
	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.	
		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. Could set rate to be reviewed on a regular basis through APCD claims analysis to assess rates.	
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.	

	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 - most important	Both	Both	It is critical that OIC's report include a recommendation to end balance billing for consumers, as broadly as possible. Washington consumers continue to suffer serious harm because of the gap in balance billing protections for ground ambulance services. It is time to take consumers out of the middle of reimbursement disputes between insurers and ground ambulance providers and manage those issues in a different way.
	No distinction between in-network and OON status for ground ambulance		1 - see comments	Both	Both	From a consumer perspective, it is essential to ensure that protections from balance billing include a requirement that insured enrollees will only face cost-sharing related to the in-network negotiated rate. On the front end, there should be no longer be a distinction between in-network and out-of-network ground ambulance providers. On the back end, there may be some differences, depending on the reimbursement mechanism selected.
	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	2 - see comments				We recommend flagging the problem of high deductibles and other cost-sharing in the report as finding or area that needs further study. Even if we end balance billing, consumers may face high cost-sharing for ground ambulance services - this was clear in the Workgroup discussiom about how Medicare enrollees are struggling with high cost-sharing in Medicare Advantage plans, even though balace billing has been eliminated in Medicare. However, we are not certain that requiring all health plans to place ground abulances prior to the deductible is warranted at this time. Actuarial value limitations mean that removing the deductible from one service can have a substantial impact on cost-sharing for other services. This needs more analysis. We recommend asking the carriers in the Workgroup to model the likely cost-sharing impact of potential reimbursement models and further discussion of this point - perhaps at a mid-fall re-convening?
Ground Ambulance Payment Rate Options	Cost-based reimbursement (similar to Critical Access Hospital [CAH])					Any consideration of a costs-based approach needs a mechanism to examine whether costs are warranted and appropriately managed.
	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate					We are open to this general approach, but recommend further examination of whether consumer access could be maintained at this lower percentage of Medicare.
	Reimburse at full billed charges					This suggestion is inappropriate because it could result in billed charges that spiral ever higher for consumers, without any mechanism to manage that trend.
	Reimbursements at 350% of Medicare					We are open to this general approach, but recommend further examination of the consumer cost impact of pursuing this higher percentage of Medicare.
	Reimburse at applicable local government/jurisdiction approved rate					We are open to this general approach, but there should be a mechanism to address jurisdictions that don't have a default rate. There should also be a state-wide mechanism to ensure that local jurisdiction rates are appropriate/cost-based, to prevent the possibility that local jurisdictions could use the set rate as a way to generate additional revenue from carriers that is not related to the costs of ground ambulance services.
	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		1 - most important (with caveats, see notes)	Both	Both	This "hybrid" approach seems to meet the practical needs of most stakeholders while offering consumers protection from balance billing. However, we have concerns about the percentage of Medicare selected as an example, given that it is over 3 times the reimbursement level the federal government has deemed to be fair/appropriate. We are concerned that a rate of 325% of Medicare could "bake in" excessive pricing and profit incentives we see in the market today. At the last Workgroup meeting, we saw data that compared ground ambulance commercial claims to Medicare, and the results spanned a wide range (from 152% of Medicare to a whopping 646% of Medicare). At the July Workgroup meeting, we saw data indicating that commercial billed charges and allowed amounts have risen substantially over the last 5 years, often by about 50% or greater. This suggests that there may be excesses occurring in some parts of the ground ambulance market. We recommend starting discussion with a lower percentage of Medicare (for example, a percentage that is closer to the average allowed amount by the public ground ambulances), and regardless of which percentage is selected, including: (1) authority at OIC or another regulatory body to modify the percentage based on analysis of costs and consumer impact, (2) a regularly-scheduled look-back analysis that would trigger such review, and (3) an off-cycle review scheduled whenever Medicare modifies their rates. As noted above, we also suggest: (1) Asking health plan participants in the Workgroup to model the likely premium and cost-sharing impacts associated with the percentage of Medicare that is selected; and (2) identifying a mechanism by which local jurisdiction rates can also be subject to a reasonableness review to ensure they are tethered to appropriately-managed costs. Finally, we flag the question of how this approach would handle services that aren't covered by Medicare but billed charges may be excessive - could there be another default rate in that instance, such as the carrier's usual/customary in-network rate?
	Ensure mechanism is set up for providers to dispute improper payment					
	Allow self-insured groups to opt into any protections		1 - most important	Both	Both	Our experience with the BBPA suggests that allowing a self-insured opt-in would be appropriate and valuable to ensure balance billing protections reach as many WA consumers as possible. Alternatively, could the state directly regulate the issue for self-insured enrollees by placing the protections in DOH statute and regulating the ground ambulance services themselves?
	Develop reimbursement model that manages prices appropriately		1 - most important	Both	Both	As noted above, this is a key consideration for consumers. Any reimbursement mechanism needs to recognize that ambulance costs are already untenable for consumers and cannot be allowed to grow without review.

	Coverage for transport to alternative sites	3 - open to including				Though this is not integral to the issue of balance billing, it may be apprropriate to discusss as a finding, given the need to address behavioral health crises and other public health issues that do not require transport to a hospital facility.
	Coverage of non-covered services such treat, but no transport	3 - open to including				Though this is not integral to the issue of balance billing, it may be apprropriate to discusss as a finding, given the need to address behavioral health crises and other public health issues that do not require transport to a hospital facility.
	Coverage for unloaded miles	3 - open to including				Though this is not integral to the issue of balance billing, it may be apprropriate to discusss as a finding, given the need to address rural access.
	Increase Medicare reimbursement					May be appropriate to discuss the likelihood of changes to Medicare rates in the near future so that state policymakers understand that the federal environment is likely to change.
Ground Ambulance Medicaid Pa	Increase Medicaid Reimbursement					Seems reasonable to discuss stakeholder concerns as part of the background section of the report.
	Maintain GEMT program with current scope of allowable costs					Seems reasonable to discuss stakeholder concerns as part of the background section of the report.
	Continue QAF beyond current expiration date (07/01/2028)					Seems reasonable to discuss stakeholder concerns as part of the background section of the report.
	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)					Seems reasonable to discuss stakeholder concerns as part of the background section of the report.
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])					Any consideration of a costs-based approach needs a mechanism to examine whether costs are warranted and appropriately managed.
	EMS local levy authority increase	3 - open to including				It is clear that public authorities are struggling to manage within current levy limits. It seems appropriate to suggest greater flexibility, given that any increases would need to be approved by voters so there is a "check" against excesses.
	Make EMS an essential health service that is provided by states and funded by federal, state and/or local funds		2 - medium important (but may take transition time - see comments)			This is an appropriate recommendation that would meet the needs of many stakeholders, including consumers. The Workgroup has discussed the fact that EMS is an essential service that is integrated into fire services and other municipal services in many jurisdictions. Many local public services do not contract with carriers. Instead of moving to a system that emphasizes carrier reimbursement, it would be appropriate for the Legislature to consider the possibility of a public utility model for ground ambulance services. There may be lessons learned here from the struggle for mental health parity implementation - in retrospect, would it have been better to build on the public BH infrastructure we had, instead of attempting to build up a carrier-based reimbursement system that has been challenging to achieve? We suggest including the notion of a purely public system in the discusson of recommendations, but since this is less likely to be adopted by the Legislature in short order, we recommend suggesting it as an alternative to the reimbursement model we selected as our primary recommendation. Perhaps the Legislature could include a study of what it would cost to transition to a public utility model? If this approach is selected, it would be important to tax health insurers or other industry stakeholders who would benefit from the enhanced public infrastructure. It would also be important to establish a fair public reimbursement system that accounts for current shortfalls while managing costs. And it would be important to consider whether such a public system should continue to contract with private providers and whether it would serve non-emergency services.
					OTHER COMMENTS	We suggest including a finding or recommendation in the report related to: (1) the need for consumer education and notices, particularly if there are any gaps in the regulatory approach that consumers need to understand; and (2) the need for ongoing study of the problems in the ground ambulance sector. Our Workgroup has done a relatively shallow examination of a number of issues that are important to consumers, such as the best way to ensure that EMS personnel can be available for "treat in place" type scenarios that are important for public health and behavioral health. The Legislature may wish to continue the Workgroup at OIC or elsewhere for ongoing examination of these issues and to help implement any balance billing protections and related reimbursement approaches.