	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		10	Both	Both	EMS services across the spectrum, have the common mission of providing ambulance services to our patients in their greatest time of need. This is done 24 hours a day, 7 days a week, regardless of the patients ability to pay. In private EMS we operate on a fee for service model, meaning we only bill for services provided, when they are provided. If we can achieve reasonable and predictable reimbursement for our services, we can support ending balance billing for consumers.
	No distinction between in-network and OON status for ground ambulance		17	Both	Both	EMS agencies have no ability to decide who will utilize our services. If a resident of Seattle is traveling through Spokane and they need EMS services they will still receive the service. It is unreasonable to think EMS agencies could be in network for every patient
	Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))		11	Emergency	Both	Would reduce on "Surprise Lack of Insurance Coverage." Often times patients believe they have adequate insurance coverage and are surprised to learn their ACTUAL coverage benefits when the bill arrives. Plans with high deductibles create significant out of pocket expenses for consumers. Consumers should not have to factor in the cost of their deductible during an emergency. In an emergency private and public agencies do not have any choice in who the customer will be, what their needs will be, and we are bound to provide services regardless of the patients ability to pay.
Rate Options	Cost-based reimbursement (similar to Critical Access Hospital [CAH])		18	Both	Both	Cost based reimbursement creates a net zero environment.
	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate		19	Neither	Neither	150% of Medicare is unfair to providers and will result in reduction of services available to consumers.
	Reimburse at full billed charges		20	Both	Both	This would keep us where we currently are. Puts the consumer at greater risk for balanced billing. Ranked higher if other items on the list are not pursued.
	Reimbursements at 350% of Medicare		4	Both	Both	This recommendation is one of the pathways for ending balance billing to help ensure patients have access to services and EMS is continue operating. Similar model to what other states have adopted.

Ground Ambulance Payment	Reimburse at applicable local government/jurisdiction approved rate		3	Both	Both	This recommendation is one of the pathways for ending balance billing to help ensure patients have access to services and EMS is continue operating. Accounts for cost variances throughout different regions of the state. Prevents carriers from setting unfair/unrealistic rates. Gives a more accurate account of local EMS system costs, patient needs, etc.
	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		2	Both	Both	This recommendation is one of the pathways for ending balance billing to help ensure patients have access to services and EMS is continue operating. Fair reimbursement is the only way we can provide necessary care to patients requiring ambulance services.
	Ensure mechanism is set up for providers to dispute improper payment		9	Both	Both	Dispute resolution should be greatly minimized with predetermined rates. In cases where a dispute does occur the resolution process should be fair, objective and affordable. As it sits now, many smaller agencies do not have the administrative means to dispute unfair claims. In many cases it costs more to dispute the claim then to just accept the loss and move on.
	Allow self-insured groups to opt into any protections		12	Both	Both	Given the amount of employees covered by self-insured employers in WA, it will be important to for any agreed to solution to allow for an opt-in for self-insured employers.
	Develop reimbursement model that manages prices appropriately		1	Both	Both	WA state citizens deserve protection from the growing, often times egregious, healthcare costs. We need to strike a balance where consumers are protected, EMS agencies are healthy, and Insurance carriers are paying their fair share AND no one (provider or insurance carriers) is lining their pockets with unreasonable profits. Currently Medicaid and Medicare reimburse EMS services, both public and private, at less than the actual cost of service. GAO and MedPac have both done studies on Medicare reimbursement and have concluded that Medicare reimbursement is less then the cost of service. Medicaid in WA pays far less than Medicare, so it also reimburses EMS agencies less than cost. In private EMS that leaves commercial payors as the only viable revenue stream. Poorly funded Medicare and Medicaid programs require cost shifting for agencies to maintain viability.
	Coverage for transport to alternative sites		15	Both	Both	Alternative destinations may improve the appropriateness and congestion of healthcare systems, but zero to minimal impact will be had on ground ambulance costs. EMS agency costs, or bills, do not change based on destination. Mileage and level of care are the indicators of billable amounts.

	Coverage of non-covered services such treat, but no transport		13	Both	Both	Need to have the ability to bill for non covered services. Often times the patient requests ambulance services when they don't meet the threshold for medical necessity. In these cases, ambulance providers are still providing the service, and there should be appropriate ways to recover those costs.
	Coverage for unloaded miles		14	Both	Both	Reimbursement currently only covers loaded patient miles. This creates access to care issues, and often sets EMS agencies up for financial loss, if tasked with out of area transports.
	Increase Medicare reimbursement		6	Both	Both	GAO and Medpac have both concluded that Medicare reimbursement is below actual operating cost. Medicare patients rely heavily on EMS services and make up approximately 1/3 of all EMS patients. Unfortunately that translates into a loss for 1/3 of EMS billable services.
Ground Ambulance Medicaid Payment Rate Options	Increase Medicaid Reimbursement		5	Both	Both	This recommendation is one of the pathways for ending balance billing to help ensure patients have access to services and EMS is continue operating. WA state has had 1 Medicaid rate increase in 19 years and that was in July of 2023. With the passage of the Affordable Healthcare Act more citizens of WA are utilizing Medicaid than ever before. Many agencies have greater than 30% of their consumers on Medicaid plans, which directly translates into operating at a loss for 30% of their calls for service. Currently Non Emergency ambulance transport is funded by WA state at a higher level than Emergency ambulance transports. Non-Emergency BLS $ 207.61 Als $276.23 Emergent BLS $115.34 ALS $168.34 These rates are unreasonable and unsustainable. We have seen many EMS agencies have to close their service directly because of poor Medicaid reimbursement, this leaves major voids in EMS coverages and puts people at risk.
	Maintain GEMT program with current scope of allowable costs		16	Both	Both	GEMT is only available to Public Agencies. Reimbursement rate is close to 10x the amount that Private agencies are reimbursed for the same transport.
	Continue QAF beyond current expiration date (07/01/2028)		7	Both	Private	QAF was enacted in 2020 and only applies to Emergent Medicaid transports. It allows private EMS to receive federally matched Medicaid funds. To do this Private EMS agencies are mandated into levying a tax against them selves on a per call basis, those funds are then pooled together and utilized to draw down a federal match. The QAF was reauthorized in the 2023 Legislative Session and is set to expire in 2028. Private agencies are required to submit annual reports on how federal matching funds are utilized, WA state reported that 76% of all proceeds were utilized for increased employee wages and benefits.

	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)		8	Both	Private	Any improvement in the QAF results in a leveling of the reimbursement options for private EMS. Which in turn reduces need for cost shifting to commercial payors and ultimately will result in less potential for the consumer receiving a balanced bill. As written the QAF only applies to Emergent Medicaid transports.
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	Duplicate	Duplicate	Duplicate	Duplicate	Duplicate
	EMS local levy authority increase		21	Emergency	Public	
	Make EMS an essential health service that is provided by states and funded by federal, state and/or local funds		22	Emergency	Public	

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

	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.	