

September 11, 2024

Sydney Rogalla
Policy & Legislative Affairs Division
Washington Office of the Insurance Commissioner
P.O. Box 40260
Olympia, WA 98504-0260
Submitted via email to: rulescoordinator@oic.wa.gov

Re: Comments relating to R 2024-01 Implementation of SSB 5986 and Updates to the Balance Billing Protection Act

Dear Ms. Rogalla,

The Association of Washington Healthcare Plans (AWHP) thanks the Office of Insurance Commissioner (OIC) for the opportunity to review and provide feedback on the second pre-publication draft of the proposed rules relating to implementation of SSB 5986 and updates to the Balance Billing Protection Act. AWHP greatly appreciates OIC's establishment of the October 1 deadline to submit rates to be effective by the following January 1, as that will lead to greater predictability around reimbursement rate changes and will hopefully minimize reimbursement disputes between carriers, local government entities (LGEs), and ground ambulance services organizations (GASOs).

As the January 1, 2025, implementation date fast approaches, AWHP respectfully request that OIC take the following concerns as rulemaking and process changes are finalized:

#### 1. Resident/Non-resident Rates

Multiple carriers have reported system limitations that prevent paying the same provider at different rates for the same service. If the requirement to differentiate reimbursement for residents and non-residents remains, carriers may need to manually adjudicate all ground ambulance claims, significantly increasing administrative costs. We encourage OIC to remove the rate differential for residents and non-residents and establish a single reimbursement rate for LGEs and GASOs per CPT code that carriers must follow.

Should the resident/non-resident rate differentiation remain, AWHP requests that OIC define these terms clearly to avoid any ambiguity.

## 2. Publicly Accessible Database

While AWHP understands that OIC intends to maintain only the most current rates in the database, we request that OIC retain historical reimbursement rates for LGEs and GASOs in a downloadable format (such as XLS or CSV) for a period of two years. This would provide a single source of truth for reimbursement rates and reduce OIC's involvement in potential disputes between carriers and LGEs/GASOs.

### 3. Off-cycle Reimbursement Updates

AWHP requests that OIC establish an automated notification system to alert carriers when reimbursement rates are updated outside the annual cycle such as in cases where an LGE determines there is an emergent financial risk to a GASO and submits rates under WAC 284-43B-029(4)(c).

## 4. Mutual Aid Transports

Carriers continue to seek clarity regarding mutual aid transports and how reimbursement may differ from the standard rates established by LGEs and GASOs. If reimbursement for mutual aid transports will vary from these rates, we request that OIC define mutual aid transports and clearly specify how the reimbursement would differ. AWHP also notes that concerns about resident/non-resident rates would similarly apply if mutual aid transport rates differed from the standard rates.

# 5. Late Payment Interest (LPI)

AWHP opposes the inclusion of LPI penalties for out-of-network ground ambulance services. LPIs are especially concerning if some carriers are forced to process claims manually due to the resident/non-resident rate issue outlined above. However, if OIC implements an LPI requirement, AWHP requests that: (1) LPI requirements align with WAC 284-170-431, and (2) a grace period of six months, ending June 30, 2025, be granted before carriers are required to pay LPI on out-of-network ground ambulance claims.

#### 6. Test Data

AWHP requests that OIC provide carriers with the reimbursement rates submitted by LGEs and GASOs as rates are available in advance of the October 16, 2024, deadline. This will give carriers sufficient time to begin system configuration, data testing, and identify any potential issues.

AWHP values its ongoing partnership with the Office of Insurance Commissioner on this matter, especially through the constructive conversations within the Ground Ambulance Advisory Group alongside GASOs and LGEs.

Thank you for your consideration.

Sincerely,

Peggi Lewis Fu
Executive Director

Association of Washington Healthcare Plans