

Washington State Office of Insurance Commissioner

To whom it concerns:

On behalf of Association of Washington Health Plans (“AWHP”), thank you for the opportunity to provide feedback on the balance billing protections for ground ambulances.

To improve the overall effectiveness and implementation of any legislation on this topic, AWHP is offering the following suggestions: clarify the application of this proposed legislation to private ground ambulances and establishing the consumer cost-sharing amount based off the in-network cost-sharing amount.

First, AWHP strongly recommends clarifying whether the proposed allowed amount applies to both public and private ground ambulances. Without clarification, some subject-matter experts are likely to conclude the allowed amount rate only applies to public ground ambulance entities.

Second, the enrollee cost-sharing obligation for out-of-network ground ambulance services should be set at the in-network cost-sharing amount as specified in health plan contract. Currently, the draft legislation states the in-network cost-sharing must be determined using the methodology for calculating the qualifying payment amount from the federal No Surprises Act.

The proposal, as drafted, would require health plans to establish two rates in the system for ground ambulance services – one based on the rate set in statute (either local governmental rate, % of Medicare or billed charges) and a QPA rate.

Currently, carrier’s internal systems can’t apply two different pricing structures. AWHP strongly recommends avoiding any scenario where the reimbursement amount to the provider is different than the amount used to determine the cost-sharing. It is our hope that, because the goal is to set rates for these ground ambulance services, those same rates could be deemed reasonable enough to apply regular, in-network cost-sharing to them, without having to calculate an entirely separate rate for the purposes of cost-sharing.

AWHP recommends the following edits for RCW 48.49(2)(a):

2) If an enrollee receives covered ground ambulance services:

(a) The enrollee satisfies their obligation to pay for the ground ambulance services if they pay the in-network cost-sharing amount specified in the enrollee's or applicable group's health plan contract. The enrollee's obligation must be calculated using the allowed amount determined under (3) of this section. ~~determined using the methodology for calculating the qualifying payment amount as described in 45 C.F.R. Sec. 149.140 as in effect on March 31, 2022.~~ The carrier shall provide an explanation of benefits to the enrollee and the nonparticipating ground ambulance services organization that reflects the cost-sharing amount determined under this subsection;

Again, thank you for the continued opportunity to represent AWHP in this important discussion.

Respectfully,

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