Ground Ambulance and Patient Billing (GAPB) Advisory Committee Public Meeting #2 – Chat

From Matthew Adamczyk to Everyone:

The chat is now open for public comment. Please include your name & organizational affiliation when using the chat feature. Public comments more than 3 sentences should be submitted via email to: GAPBAdvisoryCommittee@cms.hhs.gov

From Caresse Jackman to Everyone:

Morning! Caresse Jackman, Consumer Reporter with Gray Television. Do we know the exact date the report will be due/the deadline? Thanks so much!!

From Elizabeth Staple to Everyone:

Elizabeth Staple, MultiMed Billing Service. Can the Committee please clarify whether hospital-to-hospital transfers, in the various contexts discussed, constitute a continuation of hospital-based care, or an ambulance transport not subject to the No Surprises Act in its current form? Medicare reimburses these transports under Part B, and typically no contract or employment relationship exists between the EMS provider and hospital, however this issue has been the subject of significant confusion among payors insisting that ground providers are pulled into the NSA framework through these transports.

From Kim Godden to Everyone:

Kim Godden - Superior Air-Ground Ambulance Service (IL, IN, WI, OH, MI). I appreciate the conversation on interfacility ambulance transportation - our company partners with hospital systems in 5 states and over 90 percent of our transport volume involves interfacility ambulance transportation. Over 85 percent of commercially insured patients we transport are to a higher level of care in an urgent, unscheduled manner where the patient's condition requires specialized treatment/care. Thank you for recognizing the importance of these transports as there is confusion in the area with respect to coverage and necessity.

From Matthew Adamczyk to Everyone:

As a reminder, please select “To: Everyone” when submitting your chat so all of the attendees can see your comments. Thanks, all!

From Angie Burrows to Everyone:

Angie Burrows, Priority Medical Transport, Nebraska. When discussing emergency/non-emergency, and scheduled/unscheduled, since the timeframe from identifying the need to being ready for transport could be extended due to circumstances and resources, it could be beneficial to use the terminology of ‘immediate response’. This is also used in the determination of whether a transport can be billed as an emergency, because if the

ambulance is required to respond 'immediately', then it is probably unscheduled and emergent regardless of whether the need was identified minutes ago or days ago.

From Jerry Grubb to Everyone:

Exactly why Ground Ambulance services need to be paid much better by gov't, insurance and private payers. The current reimbursement rates are why G.A. balance bills. Star EMS Pontiac MI

From Don Whalen to Everyone:

Don Whalen Missoula Emergency Service, Inc. in Missoula Montana. We are one of other ambulance services in Montana that have to Pay the cities thousands of dollars a year to be the provider. (just another cost some of us have)

From Angie Burrows to Everyone:

'Price' could be associated or referenced with 'billed charges' as previously defined. Priority Medical Transport, Nebraska.

From Jim Rieber to Everyone:

We are a small service of about 1600 calls per year. We have tried to contract with BCBS and have been told we are to small and they are not negotiating with small services. We don't have the ability to be in network.

From Matthew Adamczyk to Everyone:

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From Gary Miller to Everyone:

Gary Miller, Exec. Dir. of Indiana EMS Assoc. I want to reiterate the concerns earlier by Kim Godden as we fully agree. In addition to what she mentioned our Rural Areas are experiencing long inter-facility transport times to a higher level of care because of "ambulance desserts" Our Urban areas are suffering because of high call volumes. In 2022, Indiana's Trauma Committee reported that the average wait time for critical patient I.F.T.s for the1st time exceeded a 2 hour eta.

From Ben Zura to Everyone:

Ben Zura, Emergency Resource Management, Connecticut. Would it be possible to run a regional breakdown of some of this data? Understanding the regional variations could be helpful.

From Mia Piazza to Everyone:

Mia Piazza, Falck Ambulance USA. I agree with Ben Zura above. A regional breakdown would be helpful.

From Stacey Twigg to Everyone:

Caroline County DES - I break our calls down via many categories. Yes, we use a spreadsheet however, that is the best way to track the data.

From Katie Arens to Everyone:

Katie Arens, Life EMS Ambulance, Michigan. Even if payor information is documented, we often find it is outdated or unreliable based on 1. The patient doesn't have their insurance information on them and 2. When our crew arrived at the hospital we are given the last encounter data, which is outdated. In addition to the inaccuracy, even if a payor is documented in the nemsis file, it doesn't guarantee that a claim was filed or that the service was covered.

From Terra Sanderson to Everyone:

A detailed agenda is posted on the GAPB Website: https://www.cms.gov/files/document/august-16-2023-meeting-agenda-topics-public-comment.pdf

From Matthew Adamczyk to Everyone:

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From Jim Rieber to Everyone:

Jim Rieber Perham Area EMS I think the protections need to be with Emergent responses and transfer. I think the term emergency and non-emergency leave too much to interpretation

From Heather Sharar to Everyone:

Just a comment: EMS is a catch all. Everyone wants the benefit (Emergency & non-emergency) but no one wants to pay what is actually costs. Insurers low ball EMS reimbursements. EMS is dying. PA has lost 3 entities in 3 months and lack of funding is a HUGE factor. We can't balance bill Medicare or Medicaid. It is not really "surprise balance billing" it is "surprise lack of coverage". Where we are is frustrating and sad.

From Matthew Zavadsky to Everyone:

Texas passed model balance billing legislation in June with support from the payer community. https://capitol.texas.gov/tlodocs/88R/billtext/pdf/SB02476I.pdf

From Matthew Zavadsky to Everyone:

Above from Matt Zavadsky, MedStar and NAEMT.

From Keith Lambert to Everyone:

No one seems to consider that in health insurance, policy coverage is variable. Take BCBS for example. Payments vary greatly per policy.

From Marvi Dolgener to Everyone:

Just a thought: The ground ambulance industry did a great job promoting calling 911 in an emergency or when help is needed, so much so that 911 is used for just about everything not emergency related. Along with standardized definitions for the industry, perhaps a campaign in collaboration with insurance industry to educate and promote what is a 911 emergency and what is a covered service.

From Timothy Dienst to Everyone:

If we are truly essential and non-excludable, should ambulances be paid under first dollar coverage? Tim Dienst, Ute Pass.

From Matthew Zavadsky to Everyone:

Insurers are required to pay billed charges when the municipality files their rates with the Dept of Insurance. If no rates filed with the state, insurers are required to pay 325% of current local Medicare allowable. In return, ambulances do not balance bill.

From Steve Rydquist to Everyone:

Great! Yes Tim Dienst!

From Angie Burrows to Everyone:

Priority Medical Transport, Nebraska. I think it is important to keep in mind that the negotiating process of an ambulance company with a payer or plan can be challenging for many reasons including the resources available and the (lack of) experience level that both the company and the plan have with this type of negotiation. Many plans have never networked with ambulance services, and their systems may not be able to accommodate the urban/rural/super rural payment differences. There are also very few resources available to use to demonstrate or establish what is ‘standard’ in the industry.

From Jill Brauner to Everyone:

Cost-sharing for MA should be at or near the Medicare cost share. I have some MA plans subscribers that are charging $275-$325 copays while taking advantage of the Medicare allowable. Meaning the insurance companies portion is between $50-$100.

For some our MA patients, THEY are paying 80% and the insurance is paying 20%. That's just seems wrong when compared to Medicare.

From Gary Wingrove to Everyone:

We're spending a lot of time talking about ambulance service transparency and disclosure. We also need to address insurer transparency and disclosure. For example they should be required to disclose if they negotiated a contract or simply offered rates, and how they calculated the covered amount they suggested. Hope this makes sense, disclosure for insurers needs to be addressed.

From Heather Sharar to Everyone:

Agree with Gary!!!

From Angie Burrows to Everyone:

Priority Medical Transport, Nebraska. Also, even if the transport is interfacility (not 911), it is not always feasible (nor beneficial) to disclose out-of-network status. The patient's status might still prohibit comprehension (unconscious or altered), or there may be no in-network services to choose from in that geographic area.

From Angie Burrows to Everyone:

The insurer should disclose it as part of their benefit summary along with deductibles and coinsurance etc.

From Peter Lawrence to Everyone:

If the insurance company was required to advise their insured that they had no contract with their 911 ambulance company then the insured may choose a new or different insurance company in order to not be hit with a surprise bill.

From Albert Davey to Everyone:

Agreed, High deductible vs copay vs contracted rate is very confusing and not stipulated in a normal ambulance bill to the patient. We are demonized as the insurance company skates on 70% on the bill

From Paige Thoreson to Everyone:

Patients need to understand that their insurance provider does not negotiate fair reimbursement.

From Elizabeth Staple to Everyone:

The onus is very much on the provider to explain to consumers why they may be receiving a bill, often with limited access to the details of the patient's plan. To Gary's

point, particularly with the misunderstanding between “surprise” vs “balance” billing, it creates significant confusion and aggression toward the provider.

From Paige Thoreson to Everyone:

We are providing the care the patient needs - not elective procedures - and because we will do this service regardless of network status the insurance providers don't need to negotiate with us

From Rhonda Holden to Everyone:

Ground ambulance services should not be considered out of network. That gets around the negotiation of rates. Small agencies do not have the bandwidth to negotiate rates and the insurance agencies don't desire to negotiate with them.

From Patricia Kelmar to Everyone:

If everyone can introduce themselves and their affiliation in the comment section. It's helpful to know your areas of expertise.

From Albert Davey to Everyone:

Albert Davey - Executive Director Narberth Ambulance (Philadelphia suburb)

From Steve Rydquist to Everyone:

Steve Rydquist - EMS Director, City of Wray (Colorado). Rural/Super-rural municipal agency.

From Heather Sharar to Everyone:

Heather Sharar, Executive Director, Ambulance Association of PA

From Matthew Zavadsky to Everyone:

Matt Zavadsky, MedStar Mobile Healthcare (Ft. Worth, TX) and National Association of Emergency Medical Technicians, and Academy of International Mobile Healthcare Integration.

From Mannat Singh to Everyone:

Mannat Singh, Executive Director, Colorado Consumer Health Initiative.

From Angie Burrows to Everyone:

Angie Burrows, Business Administrator, Priority Medical Transport. Privately owned service - primarily interfacility and primarily rural/super-rural Nebraska

From Erin Mucitelli to Everyone:

Erin Mucitelli, Assistant Chief, Central Oneida County Ambulance, private not for profit

From Phil Ward to Everyone:

Phil Ward, Quick Med Claims

From Paige Thoreson to Everyone:

Paige Thoreson - Paramedic Billing Services, Revenue Cycle Manager. A patient never chooses an ambulance provider, either they call 911 or a clinician orders the transport, so there is no 'negotiation' between an ambulance provider and the insurance provider

From Jill Brauner to Everyone:

Jill Brauner - Twin City Ambulance (Buffalo NY area), Operations and Billing

From Mannat Singh to Everyone:

Paige - thank you, yes!

From Suzanne Prentiss to Everyone:

Its CT not NH -

From Paul Pedersen to Everyone:

Paul Pedersen, GMR AZ. AZ DHS regulates ambulance services through a CON system. Rates are set by state through an exhaustive process of analysis of ambulance service costs.

From Matthew Zavadsky to Everyone:

There was a reference to materials being available for download - could you send how we can do that?

From Matthew Adamczyk to Everyone:

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From Angie Burrows to Everyone:

Can you define the IDR process that you have referred to please?

From Rogelyn McLean to Everyone:

Will do!

From Regina Godette-Crawford to Everyone:

Independent dispute process

From chris stawasz to Everyone:

Without the cooperation of the major health insurance carriers, auto insurers, workers comp carriers and the VA, this process will be challenged to succeed. The existing IDR structure is not a model that the clear majority of ambulance providers can understand or afford to follow.

From Melissa Panettiere to Everyone:

The NSA does not define what the initial payment should be under IDR

From Angie Burrows to Everyone:

Yes, thank you

From Rhonda Holden to Everyone:

There is also a fee that is charged to for each claim. For an ambulance provider it is two claims-a fee for the transport and the mileage. Typically the cost of the IDR process isn't worth it given the small amount of the claim and the resources required

From Elizabeth Staple to Everyone:

Elizabeth Staple, MultiMed Billing Service. In addition to the IDR costs and disparity of resources, the arbitration process as it exists now requires two separate arbitrations for each air claim — one for the base rate code and one for mileage, although the supporting materials for those arbitrations are identical. Coupled with the 90-day cooling off period after a determination and the volume of ground ambulance claims, this will quickly become completely untenable.

From Michael Baulch to Everyone:

Air ambulance is pretty baffled by how the insurers are calculating the QPA. It’s very arbitrary and often low-balled.

From John Sheridan to Everyone:

John Sheridan,Bangs Ambulance, Ithaca NY For Medicare Beneficiaries specifically…since the ambulance benefit is currently limited to only transportation, any no-transport is currently statutorily excluded. Are you thinking that statutorily non-covered services, such as lift assists, joint responses w/o contract w/ transporting

agencies (that are currently beneficiary responsibility,) should be added to no-surprise billing?

From Angela Melina to Everyone:

There are elements in the NSA that would work for the GA community.

From Peter Lawrence to Elizabeth Staple, Everyone:

Thank you for being on and providing input on the IDR.

From Thomas Leonards to Everyone:

Thomas Leonards, Acadian Ambulance, LA. Robust and timely accountability procedures are needed for payors who deny and or pend claim adjudication for administrative requests such as lacks information and medical records. How would outliers and abusive practices be addressed? Potentially this would negatively impact payors relying on timely cashflows.

From Matthew Zavadsky to Everyone:

Matt Zavadsky: Where do we submit comments?

From Matthew Adamczyk to Everyone:

Submit public comments by September 5th to the following email address: GAPBAdvisoryCommittee@cms.hhs.gov

From Gary Miller to Everyone:

Gary Miller- Exec. Dir. of Indiana EMS Assoc. The IN General Assembly passed legislation requiring insurance providers to negotiate based on criteria (after the largest payor sent a notice that all providers would be paid the same rate which creates the "balance/surprise" bill) and the insurance providers are ignoring the legislation and not utilizing the criteria. Yet their patients continue to be transported and cared for as necessary.

From Matthew Zavadsky to Everyone:

Thank you!!

From Heather Sharar to Everyone:

Thank you

From Beth Jones to Everyone:

Thank you everyone.

From Loren Adler to Everyone:

Thanks everyone for the comments! Lots of great insight in here.

From Don Whalen to Everyone:

Thank you

From Melissa Panettiere to Everyone:

What are the dates for the tentative upcoming meetings?

From Patricia Kelmar to Everyone:

Thanks to all who joined this meeting and we look forward to reading all of your good ideas!

From Shaheen Halim to Everyone:

Tentative Dates for the next public meeting are: October 31 & November 1, 2023

From Ailyn Risch to Everyone:

Thank you for all your continued and diligent work

From Patricia Kelmar to Everyone:

Thanks to Asbel and Shaheen