



Ground Ambulance and Patient Billing (GAPB) Advisory Committee Public Meeting #1 – Chat (Day 1)

From Jerry Donahue to Everyone:

I arrived a little late so this may have been addressed but will the slides as presented be available? Thank you

From MARTHA BIRD to Everyone:

I work for a small fire department based ambulance service in Colorado. It seems that these rules regarding balance billing only harms the ambulance service. Why does it seem no one is going after the commercial insurances that appear to not be paying per their customer's policy? When we check eligibility on, for example, a Blue Cross patient, their "emergency services benefits" usually state that the "network is not applicable" and the insurance will pay at say a 20% co-insurance. Even though that is what is stated under the emergency services benefits, BCBS usually sends the patient between \$200 to \$500 for payment on our standard in-county \$1600 claim, and leaves the remainder as "not covered" (and sometimes shows "patient responsibility" even though \$0 is applied to patient co-insurance or deductible). This disregard of the benefits listed in the insured's policy seems to be the root of the problem, not the ambulance service being forced to balance bill the patient in order to remain solvent.

From Jerry Grubb to Everyone:

Post the link for the recoding and slides, please.

From John Ungaretti to Everyone:

I have the same concern. With EMS in crisis, why are we letting the health insurance industry dictate our reimbursement. I know this is a law. But, health insurance companies profit billions \$ yearly.

From Kinross EMS to Everyone:

I would encourage this committee to meet and discuss the EMS system with more than fire based or private EMS. There is also hospital based and local government based. Part of the issue is that EMS is not federally mandated like Fire is. Some of us believe that it should be a separate entity and that the best model is government locally owned. We do not normally combine police and fire so why EMS and Fire? There are many studies out there that show you provide better response and care when you focus on one public safety realm instead of multiple as a provider. Look at EMS Authorities.



From Dan Wang to Everyone:

Good point, Martha & John! Also, EMS are not considered as "Healthcare Provider" and No Surprise Act mentions "Provider" everywhere, shouldn't EMS be considered as "Healthcare Provider" first to be into the scope of it?

From Kinross EMS to Everyone:

Cost Data Analysis will hopefully help increase reimbursement rates. Funding is the top problem with almost every EMS agency I have encountered in my 30 years. I run two agencies in a super rural area. One is volunteer and one is full time. CMS Cost Data Collection is in the 1st year of 4 scheduled. I am in the process of reporting as a 2nd year pick and next year as a 3rd year pick. Insurance reimbursement rates need to increase across the board.

From Philip Salamone to Everyone:

EMS in the United States is the ONLY industry that has a legal obligation to provide requested service w/o any expectation of reimbursement by the consumer.

From Kinross EMS to Everyone:

Great perspective Maria. Thank you.

From Aaron Reinert to Everyone:

True Philip, and, in many states, for example Minnesota, the law requires the ambulance provider to respond without regard to the patient's ability or willingness to pay.
Minnesota statute 144E.01

From James McPartlon to Everyone:

Great points Maria

From Beth Jones to Everyone:

I second the amount of uncompensated care & again, ground ambulance providers do not turn patients away. Ground ambulance providers are the base of healthcare. Great points Maria.

From Shaheen Halim to Everyone:

Good Morning, All. The May 2 & 3 meeting agenda is now available here
<https://www.cms.gov/files/document/may-2-3-2023-meeting-agenda.pdf>

From Melissa Denton to Everyone:

Will slides be emailed?



From Rogelyn McLean to Everyone:

Question for Ms. Bianchi: For non-governmental EMS services, is there information on what percentage of non-govt EMS services are in-network with insurance plans?

11:55:43 From Shaheen Halim to Everyone:

We will be adding the presentations to the GAPB Advisory Committee website shortly. Meeting Summaries and Recordings will be available on the website later this month. Thanks!

From Loren Adler to Everyone:

Rogelyn, I will be presenting data to that question this afternoon, or it is available in this article: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00738>

From Kinross EMS to Everyone:

Good points Robert.

From John Ungaretti to Everyone:

Thank you Shaheen

From Beth Jones to Everyone:

Accurate comments Martha Bird, John Lingareth, Dang Wag & Philip Salamone. Thank you for those points.

From Dia Gainor to Everyone:

California is very unusual in that regard (i.e., the county or LEMSA/REMSA control).

From Dia Gainor to Everyone:

Colorado was the only other state with that delegation authority to the county level, but the legislature just reversed that and returned it to the state.

From Loren Adler to Everyone:

Here's an example I came across: <https://www.sonomacountyfd.org/first-responder-fee-faq>

From Dia Gainor to Everyone:

Only about 13 states have enacted legislation declaring that EMS is an "essential service", and fewer still assured that a funding stream and specific level of geopolitical jurisdiction responsibility and accountability were included in the bill.



From Kinross EMS to Everyone:

If the fire services are being asked by the cities or the transporting EMS agencies to "fill a time gap" and respond to scenes, why isn't the fire department paid a fee from the city or the EMS agency for that response? And are the fire departments only dispatched for a certain type of call, like cardiac arrest, breathing difficulties, etc...? Or for any call based on availability and time of response from the EMS agency?

From Dan Wang to Everyone:

Great information, Dia! Thank you so much! Just wondering if there is anywhere we can find a list of these 13 states where EMS is an "essential service"?

From Kinross EMS to Everyone:

Dia, can you tell us what states have declared EMS an "Essential Service"?

From Dia Gainor to Everyone:

@Dan Wang, the latest authoritative capture of that info is here:
<https://legislature.maine.gov/doc/9057>

From Kinross EMS to Everyone:

thank you

From Dan Wang to Everyone:

Thank you so much, Dia! Really appreciate it!

From Philip Salamone to Everyone:

As the cost of living has continued to increase and the wages of EMS have remained stagnant or decreased, EMS has morphed into a "spring-board" medical position to resume boosting rather than a legitimate medical practice. I have ad's for two FT employees. Of the qualified applicants I have received, both are FT in college who are looking to go further in other medical disciplines.

From Philip Salamone to Everyone:

To springboard off of other's conversations; Prior to my present position in Emergency Management, I was working 80-120 hours a week for 3 different EMS organizations trying to make ends meet. My daughter who was 3 at the time, came into my room one morning and stated "Daddy, what are you doing in Mommy's bed?" It was at that time that I needed to leave the field full time



From Dia Gainor to Everyone:

@Patricia Kelmar, no, as I mentioned we did not contemplate the importance of that information being captured "someday" back in the '90s. Plus, reimbursement data/outcome may not be known for weeks or months after the fact.

From MARTHA BIRD to Everyone:

as far as out of network negotiations, er

From Philip Salamone to Everyone:

Maria, thank you for the response. Salary increases are agency-dependent. I'd love to give my employees pay raises... However when I provide medications that cost more than the reimbursement I'm going to receive from an insurance company/CMS, how exactly does that happen?

From MARTHA BIRD to Everyone:

oops..we are not in network and have been negotiating with Multiplan and Naviguard for a variety of insurances and accepting some of those offers. Naviguard is asking us to accept a blanket negotiation. while we still won't be contracted, at least we will get paid a set amount without the balance billing problem. is that a viable solution in your opinion?

From Dan Wang to Everyone:

Great point Martha! I love this idea! It would be great that all EMS as a whole can negotiate with each insurance company so that EMS have a negotiation power versus to big insurance companies...

From Jackie Flick to Everyone:

Session 3 will begin at 1:50 PM ET.

From Loren Adler to Everyone:

The 50% bump-up for rural miles is only for the first 17 miles, but Medicare should still be reimbursing for mileage above 17 (just not with that 50% rural add-on).

From Kinross EMS to Everyone:

If the add ons and the flexibilities are not made permanent very soon along with an overall increase in reimbursements, we will see more agencies closing.



From Dan Wang to Everyone:

The multi-factor productivity is a heavy compound penalty on an industry already struggling... if any organization is able to realize productivity, the organization and the employees who make it possible should be awarded to keep the benefits.

From Kim Latham to Everyone:

I don't see that it really matters if increased payment amounts are approved or how much the payment amounts are raised as long as insurance, Medicare/Medicaid are allowed to write off the costs that we, as service providers, have to absorb. \$1800 Medicare bill, wrote of \$1740. We received \$60. That didn't even cover the cost of 1/2 of the 50 mile trip one way to the hospital.

From John Ungaretti to Everyone:

BCBS of Montana is processing claims citing the NSA is in effect for ground ambulance. We have gone to the State Insurance Commission. They won't stop.

From Dan Wang to Everyone:

Great information, Peter! Thanks!

From Loren Adler to Everyone:

Not really in dollar terms, Tristan. Some states do, but those typically will only apply to fully-insured health plans (roughly half of commercial insurance enrollment). That is something that would typically be part of any surprise billing type of solution.

From Loren Adler to Everyone:

*Sorry, the first sentence was referencing the federal question.

From MARTHA BIRD to Everyone:

I agree with Peter, why are different insurances allowed to pay at different rates and expect us to take what they choose to give us? Kaiser is an excellent payer in Colorado (esp. compared to those other insurances). Our rates are the same on all claims, but Kaiser does not ever have that "not covered" or "discount" seen on some many other EOBs from other insurances.

From Kim Latham to Everyone:

What negotiation? We are told by the companies "This is what we will pay". There is no negotiation.



From Loren Adler to Everyone:

In the data I've worked with (which includes all claims from United, Aetna, and Humana), about 60% of out-of-network emergency ground ambulance claims to commercial insurers are paid in full. But many ambulances just charge Medicare prices, whereas others charges 3, 4, or 5 times Medicare rates. So whether insurers/employers are just paying full charges depends substantially on how high the billed charge amount is.

From Tristan North to Everyone:

State regulations Affect how an insurance can reimburse the ambulance providers. One of the issues with commercial insurance reimbursement is that each state regulates insurances differently. In California (Oceanside?) Kaiser pays properly because of regulations protecting consumers based DHCS (Dept Department of Health Care Services). BUT some PPOs specifically UHC and Aetna are regulated in California by CDI (California Dept of Insurance) and there are no regulations within CDI to protect consumers. That is California. Every state has different regulations that protect consumers and that affects how insurances can be allowed to improperly pay requiring an ambulance provider to pursue the patient. Balance billing prohibitions does not change the practice of an insurance to assign "Medicare Allowed" based reimbursement for ambulance care.

From Kim Latham to Everyone:

Our rates are standard base rates, determined by our county government. Our rates don't change, it doesn't matter what insurance company is the policy holder.

From Loren Adler to Everyone:

(sorry, 67% of out-of-network emergency ambulance bills were in paid in full by insurers/employers, not 60%)

From Kim Latham to Everyone:

The only time we get a paid in full amount is if it is patient pay (no insurance) and they make monthly payments until their account is paid off. Everything else is written down, much more than 50%

From Dan Wang to Everyone:

I agree with Kim. The only case where any of our bill is paid in full is when a patient is on a payment plan. No insurance pays in full...

From Cynthia Wisner to Everyone:

when payers have to post their payments will that include payments for ground ambulance transports?



From Loren Adler to Everyone:

Interesting. This definitely varies a ton across the country and across payers.

From Loren Adler to Everyone:

Cynthia, that data should all be publicly-available today

From Loren Adler to Everyone:

But the file sizes are enormous, so it's difficult to work with at present. I wonder whether Turquoise Health or a private company like that has tried to pull some of this. I can try to task a research assistant here at Brookings to at least take a crack at it.

From Matt Zavadsky to Everyone:

My understanding is it's not a balance bill, non-transport is not covered, so as a non-covered service, the patient is fully responsible.

From Loren Adler to Everyone:

Apologies, I got ahead of myself. I don't think the insurer transparency files have data on how much the ambulance organization charged, so it is likely difficult to do this perfectly. Charges by NPI are available publicly as recently as 2020, so you could get a rough idea potentially.

From MARTHA BIRD to Everyone:

@Matt Zavadsky Sometimes the "not covered" amounts show as patient responsibility, sometimes it states the provider cannot bill the patient if this was an emergency. We balance bill regardless as we are a publicly funded fire department in Colorado.

From Beth Jones to Everyone:

@ Matt & Martha, it is our understanding as well, that balance billing would pertain to covered services. Non covered services would be billable to the patient. Some insurance plans don't cover ambulance at all.

From Matt Zavadsky to Everyone:

Thanks, Beth!

From Kinross EMS to Everyone:

Yes, Adam.



From Matthew Adamczyk to Everyone:

We will resume Session 3 at 4:00PM ET. Thanks!

From Matt Zavadsky to Everyone:

Medicare has a really good definition of "emergency"... Something like 'intake from a 911 or similar system, and the provider takes all necessary steps to immediately response to the request'

From Matt Zavadsky to Everyone:

Most public sector providers has lower bills.

From Matt Zavadsky to Everyone:

Public providers are often subsidized with tax funding.

From Dan Wang to Everyone:

Well said, Gary! Great point!

From Jamie Pafford to Everyone:

Loren—. Coming from Arkansas — a predominantly Blue Cross State- it seems the data is specific to the three carriers you mentioned- is there a reason blues are not included or do not report??

From Loren Adler to Everyone:

Jamie: While the I used did not include Blue plans, it is notable that the newer HCCI data do include most blue cross data (but not Elevance/Anthem). However, the newer data no longer includes United data. I do plan to look at the newer data too, but it won't be ready that soon unfortunately.

From Tristan North to Everyone:

This is charge data versus allowed data, did you analyze the Payment Data? Hope not confusing.

From Jamie Pafford to Everyone:

Thank you Loren—. Could you possibly speak to ALLOWED VS PAID studies?

From Loren Adler to Everyone:

The "allowed amount" data I showed is the actual prices paid (including the amount owed by patients in cost-sharing)



From Loren Adler to Everyone:

"Charges" are the billed charge, or sort of a list price

From Loren Adler to Everyone:

It's all available here too:

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00738>

From Tristan North to Everyone:

Thank-You

From Twanda Williams to Everyone:

Thank You.

From Lisa Paris to Everyone:

Thank you