



GAPB Subcommittee on Network Adequacy & Cost Payment Structures

August 16, 2023



Rogelyn McLean, Subcommittee Co-chair
Lee Resnick, Subcommittee Co-chair

Network Adequacy, Cost & Payment Structures Subcommittee



Relevant Statutory Mandates:

- Address and provide recommendations on potential Federal/State/Local regulatory and enforcement options for preventing ground ambulance balance billing and protecting consumers.

Subcommittee Members

- Shawn Baird – American Ambulance Association (AAA)
- Adam Beck - America's Insurance Plans (AHIP)
- Rhonda Holden – Kittitas Valley Healthcare
- Ali Khawar - U.S. Dept. of Labor
- Peter Lawrence – Oceanside Fire Department
- Rogelyn McLean - U.S. Dept. of Health and Human Services
- Lee Resnick - U.S. Dept. of Health and Human Services
- Edward Van Horne – Global Medical Response
- Gary Wingrove – The Paramedic Foundation

Four Major Areas of Focus

1. Terms and Definitions
2. State, Federal and Local Authorities
3. Methodology for compensating out-of-network ground ambulance suppliers
4. Differences in costs between ground ambulance suppliers

Terms and Definitions

Goal:

- Recommend definitions of terms that should be adopted by the Departments in rulemakings, etc., related to ground ambulance operations, which would include those related to balance bills for ground ambulance services.

State, Federal and Local Authorities

Goals:

- Address state and federal enforcement authorities that can be leveraged to protect consumers/prevent balance bills.
- Identify those affecting ground ambulance suppliers' ability to balance bill or otherwise cover their costs

Methodology for Compensating Out-of-Network Ground Ambulance Suppliers

Goal:

- Make recommendations on the optimal way to compensate out-of-network ground ambulance suppliers if balance billing for emergency ground ambulance services is to be prohibited.

Differences in Costs Between Ground Ambulance Suppliers

Goal:

- Identify drivers of differences in costs between ground ambulance suppliers in different regions to inform and support the subcommittee's recommendations.

Who We Heard From

- Subcommittee Members
- The National Emergency Medical Services Information System (NEMSIS)
- Center for Medicare Services – Ground Ambulance Data Collection System
- Connecticut's Process for Setting Ground Ambulance Rates
- Maine's Process for Setting Ground Ambulance Rates
- All presenters to the Subcommittee on Public/Consumer Disclosures and Coverages

What We Learned

- Many commercial insurers have adopted the Medicare bundled rate concept and compensate ground ambulance services as a **transport-only** benefit (base rate + mileage).
 - Eliminates the ability for the EMS supplier to receive reimbursement for necessary and expensive supplies, services, medications, oxygen and/or waiting time.
- Many states do not require the payment of an allowed amount to be sent by the insurance company directly to the ambulance supplier or provider.
 - Ambulance services must pursue the patient/beneficiary vs receiving it directly from the insurance company.

What We Learned (cont.)

Lack of cost data relevant to ground ambulance services will be a challenge:

- Currently, there is no comprehensive national source of payment data for ground ambulance payment data/allowable amounts across the country.
- NEMSIS dataset does not currently collect robust cost data
- CMS is currently collecting cost data for ambulance services
- MedPac report is due in 2025
- CMS Transparency in Coverage Rule out-of-network reporting may be leveraged

Questions for Feedback

- How should a federal scheme for addressing balance bills for ground ambulance services work with existing state and local authorities that already address ground ambulance rates?
- Should there be a federal, universal EMS benefit?
- Should EMT's and Paramedics be classified as providers?
- Should state and local governments specify the out-of-network reimbursements?
- Should a public utility model be deployed?
- Should the federal government be responsible for collecting necessary data across the country?
- Should states be allowed to set their own ground ambulance rates?

Questions for Feedback (cont.)

- If balance billing for emergency ground ambulance services is prohibited, what methodology should be used to determine appropriate payments for out-of-network services?
- Independent dispute resolution similar to the current scheme under the NSA?
- Local, regional, state, national benchmark?
- Should there be a federal/universal EMS/ground ambulance benefit?
- What data is available for this purpose?

Public Comment

- **Short Comments** (~ 3 sentences) can be submitted via the chat function at certain times during today's meeting.
 - Please include your name & organizational affiliation when using the chat feature.
- **Lengthy Comments** (more than 3 sentences) should be submitted via email to: **gapbadvisorycommittee@cms.hhs.gov**
- Public Comment can be submitted to this email address at any time. **However**, please submit comments on the specific topics listed in the detailed agenda by **September 5, 2023** to ensure timely consideration.

Questions

