



Ground Ambulance & Patient Billing Advisory Committee

Protecting Patients and America's EMS System: Considerations for Developing Potential Legislative and Regulatory Options to Prevent Balance Billing



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Twin Objectives

- When call 911 anywhere in the country, an ambulance will come
- Patients and ground ambulance service suppliers are forced into balance billing situations because of insurance company practices

If we get "Surprise Billing" wrong, the country's emergency medical response system will be severely limited or disappear

Adding Ground Ambulance to NSA Alone Will Risk Patient Access to EMS

Assumes ground ambulance service suppliers can bill claims the same way other provider do, but that is not the case

For 2023, \$350 fee for each claim will exceed the average amount sought – ground ambulance claims comprise of 2 parts

- Prohibition

- Amount Paid

- Arbitration

- Provider Protections

NSA requires QPA to be based on negotiated in-network rates and arbitration

Not appropriate when most plans do not negotiate

Ignores state and local rate setting and medical protocol requirements

The provider protections needed for ground ambulance service suppliers

Stop Balance Billing by Eliminating Market Inequities that Force the Situation

The Advisory Committee should consider the following:

Access: Requirements for Insurers' Coverage / Consumer Protections

Rate Setting: Role of the Federal Government / Role of State and Local Governments

Payment: Establishment of a Fair and Accurate Payment Standard

Transparency: Reporting Requirements

Considerations for Policy Options

Congressional Considerations

- Define “balance” bills appropriately
- Establish consumer protections to ensure access to ground ambulance services (e.g., plan design issues)
- Incorporate state, local laws related to rates and services
- Identify and recognize market dynamics unique to ground ambulance services and address “take-it-or-leave it” practices
- Understand the direct and indirect cost of providing ground ambulance services (e.g., recognizing ground ambulance data collection system)
- Account for different models and lack of access to other funding sources
- Recognize small volume of services

Apply NSA Patient and Provider Protections

Prohibit Balance Billing

- Define balance billing taking into account state laws (e.g., requirements to bill patients), unique situation of EMS (e.g., lack of access to insurance information)

Coverage requirement

- Must cover ground ambulance emergency without prior authorization and without regard to status as in-network provider

Administrative restrictions

- Prohibited from imposing any administrative requirement/limitation of benefit that are more restrictive than in-network emergency services

Cost sharing restrictions

- Cost-sharing calculated as if the total amount that would have been charged for the items and services by a participating provider were equal to the recognized amount for the items and services

Prompt Pay

- The plan or issuer must indicate that it will pay or will deny the claim within 30-days after a nonparticipating provider has submitted the bill

Direct Pay

- The plan or issuer must pay the nonparticipating provider directly the amount that is equal to the amount by which the out-of-network rate for the items and services involved exceeds the cost-sharing amount for the items and services less any initial payment amount

Recommendations Should Protect Access to Ground Ambulance Services

Respect State/Local Laws and Rate Setting

- Account for state, local ground ambulance laws, regulations, ordinance, etc
- Understand state balance billing laws

Independent dispute resolution process

- Minimize the need for arbitration by setting adequate payment standard
- Tailor to ground ambulance services

Payment standard

- Ensure that it accurately account for ground ambulance costs and not based upon current market imbalances
- Take into account data from CMS ground ambulance data collection system