



A	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	Provider/Carrier Survey	Additional revenue for GA providers	Doesn't provide full revenue alternative	Potential	Yes	Yes	Yes-OIC for commercial; HCA for Medicaid	No	Yes, if applied to Medicaid	Legislation and oversight required. Plan to provide to only rural and super rural ambulances in certain designations
B	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	Provider/Carrier Survey	Sets rate for reimbursement	Does not provide alternative revenue source and concern about meeting costs	Potential	No	Yes	Yes-OIC	Yes	No	Limiting for providers without fully addressing their concerns.
C	Reimburse at full billed charges	Provider/Carrier Survey	Additional revenue for GA providers	Contracting requirement if limited to in-network provider	Potential	Yes	Yes	Yes-OIC	Yes	No	Contracting requirement would still be necessary for OON providers.
D	Reimbursements at 350% of Medicare	WA Fire Chiefs	Additional revenue for GA providers	Higher than any other state	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Current rates are 325% of Medicare in several other states that have recently enacted GA balance billing prohibitions
E	Reimburse at applicable local government/jurisdiction on approved rate	WA Fire Chiefs	Sets clear reimbursement rate for providers	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides clear rate in statutes.
F	Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at lesser of fixed percentage of Medicare (e.g. 325%) or billed charges	OIC	Sets clear reimbursement rate for providers with back up option if none exists	Legislative oversight and variations per county and jurisdiction	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides clear rate in statutes. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions
G	Ensure mechanism is set up for providers to dispute improper payment	Washington Ambulance Association. WA Fire Chiefs	Protects consumers and providers	Requires regulatory oversight	No	Impact TBD	Yes	Yes-OIC	n/a	No, if only applied to commercial plans	Less about new options and more about oversight that is important for providers and consumers. Could be folded into existing BBPA IDR process.
5	Allow self-insured groups to opt into any protections	NoHLA	Provides protections for consumers	Not a guarantee for all consumers in WA	Yes	Impact TBD	No, current SFGHP opt-in statute would accommodate BBPA amdmt.	Yes-OIC	n/a	n/a	Additional consumer protection that should be considered following original BBPA guidelines
6	Develop reimbursement model that manages prices appropriately	NoHLA	Provides mechanism for evolving price changes	Requires constant regulatory oversight	Potential	Yes	Yes	Yes-OIC	Yes	No	Would require legislation and regular oversight but could help manage prices more appropriately. Could set rate to be reviewed on a regular basis through APCD claims analysis to assess rates.

Coverage of Services Not Currently/Generally Billable											
7	Coverage for transport to alternative sites, consistent with recent BBPA amendment including behavioral health crisis services as emergency services	OIC	Coverage for additional services leading to alternative revenue	Ability of alternative sites to accept patients	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides alternative revenue. Important to consider implications for emergency and non-emergency transports and if this would impact people's willingness to call 911.
8	Coverage of non-covered services such as treat, but no transport	Washington Ambulance Association. WA Fire Chiefs, Systems Design West	Coverage for additional services leading to alternative revenue	Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Would increase revenue through coverage of different services. Would require legislation and consider impacts on emergency and non-emergent situations. Also if it would limit or impact the willingness of some to call 911 at all.
9	Coverage for unloaded miles	OIC	Coverage of a service thus providing an additional funding source	Ensuring appropriate reimbursement rate	Potential	Yes	Yes	Yes-OIC	Yes	No, if only applied to commercial plans	Provides alternative revenue source, but important to consider if it would make up the difference and the impact for rural and super rural communities.
Public Program Funding											
10	Increase Medicare reimbursement	Provider/Carrier Survey	Additional funding for providers	The federal gov't (CMS) sets Medicare rates	Potential	Yes	Yes	Yes- CMS	Yes	Yes	This would require significant legislation and is inadequate to fully address the needs of consumers being balanced billed, we also have no control over Medicare rates and therefore could not feasibly enforce that portion of it
11	<b>Ground Ambulance Medicaid Payment Rate Options</b>										
A	Increase Medicaid Reimbursement	Provider/Carrier Survey	Additional funding for providers	Rates not set by OIC	Potential	Yes	Yes	Yes- HCA for Medicaid	Yes	Yes	This would require significant legislation and is inadequate to fully address the needs of consumers being balanced billed, we also have no control over Medicare rates and therefore could not feasibly enforce that portion of it



Policy/Findings Options	Include as finding? (Ranked 1-23 with "1" as most important)	Include as recommendation? (Ranked 1-23 with "1" as most important)	Apply to emergency services only or apply to emergency and non-emergency services?	Should this apply to public or private providers? Or Both?	Comments:	
End Balance Billing for Consumers	23	23	Both	Both		
No distinction between in-network and OON status for ground ambulance	7	7	Both	Both		
Ground Ambulance services not subject to deductible (except high-deductible health plans (HDHP) with qualifying health savings accounts (HAS))	22	22	Both	Both		
Ground Ambulance Payment Rate Options	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	2	Both	Both		
	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	18	18	Both	Both	
	Reimburse at full billed charges	16	16	Both	Both	
	Reimbursements at 350% of Medicare	17	17	Both	Both	
	Reimburse at applicable local government/jurisdiction approved rate	6	6	Both	Both	
	Reimburse at applicable local jurisdiction fixed rate, or if no local rate, at lesser of fixed percentage of Medicare (e.g. 325%) or billed charges	19	19	Both	Both	
	Ensure mechanism is set up for providers to dispute improper payment	20	20	Both	Both	
Allow self-insured groups to opt into any protections	21	21	Both	Both		
Develop reimbursement model that manages prices appropriately	8	8	Both	Both		
Coverage for transport to alternative sites	5	5	Both	Both		

Ground Ambulance Medicaid Payment Rate Options	Coverage of non-covered services such treat, but no transport	4	4	Both	Both	EMS should be treated as a component of Healthcare, not as a supplier, but as a provider.
	Coverage for unloaded miles	9	9	Both	Both	
	Increase Medicare reimbursement	10	10	Both	Both	
	Increase Medicaid Reimbursement	11	11	Both	Both	
	Maintain GEMT program with current scope of allowable costs	12	12	Both	Both	
	Continue QAF beyond current expiration date (07/01/2028)	13	13	Both	Both	
	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)	14	14	Both	Both	
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	3	3	Both	Both	
	EMS local levy authority increase	4	4	Both	Both	
Make EMS an essential health service that is provided by states and funded by federal, state and/or local funds	1	1	Both	Both		