Recommendation/Fi nding	Suggester Organization	Primary Benefit	Primary Concern	1. Protects Consumers	2. Enhanced EMS funding	4. Policy legislation needed	5. Regulatory Oversight Responsibility	6. Potential Medicaid MCO or commercial health plan rate Impact	7. General Fund- State fiscal impact	Notes
rohibit Balance iilling								pian rate impact		
ind Balance Billing for	OIC, NoHLA	Protects Consumers	Eliminates a currrent funding source for	Yes	No	Yes	Yes-OIC	Yes	No	Directly related to legislative directive to submit report and any recommendations "as to how balance billing can be prevented and whether ground ambulance services should be subject to the BBPA. Also would require consumer cost-sharing calculation at in-network rates and application of consumer cost-sharing to their deductible and maximum out-of-pocket (MOOP) limits
.onsumers	OIC, NOHLA	Protects Consumers	EIVIS providers	Yes	NO	Yes	Yes-OIC	Yes	NO	(MOOP) limits
Commercial Health Plan Contracting										
	WS Hospital Association	Protects consumers in emergency situations	Does not address non-emergent services	Potential	Potentially, depends upon rate established by payer	Yes	Yes-OIC	Yes	No	Addresse emergency situations, but balance billing more likely with respect nonemergency services. Applying balance billing protection means that the service is calculated at the innetwork cost-sharing rates. GA should not be considered OON – consumer has no choice of which EMS provider responds. GA providers don't have the bandwidth to negotiate or contract with carriers. Challenging to have "take it or leave it" contracting situations.
	Provider/Carrier Survey	Protects consumers from higher charges	Would still require contracting between carriers and providers if not applied to OON providers as well	Yes	Yes	Yes	Yes-OIC	Yes	No	Concern for HDHP enrollees who would be exempt from this. Contracting requirement could still be necessary depending upon scope of this policy.
Ground Ambulance Payment Rate Options										

	Cost-based reimbursement (similar to Critical Access Hospital	Provider/Carrier	Additional revenue	Doesn't provide full				Yes-OIC for commercial; HCA		Yes, if applied to	Legislation and oversight required. Plan to provide to only rural and super rural ambulances in certain
Α	[CAH])	Survey	for GA providers	revenue alternative	Potential	Yes	Yes	for Medicaid	No	Medicaid	designations
: : !		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.
		Provider/Carrier Survey	Additional revenue for GA providers	Contracting requirement if limited to innetwork provider	Potential	Yes	Yes	Yes-OIC	Yes	No	Contracting requirement would still be necessary for OON providers.
	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
8	Reimburse at applicable local government/jurisdicti 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 statues.
; ; ;	Reimburse at applicable local urisdiction fixed rate, or if no local rate, at esser 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 statues. Consistent with approach taken in several states that have recently enacted GA balance billing prohibitions
9	set up for providers to dispute improper	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.
8	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
1	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										
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.
		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 nonemergent situations. Also if it would limit or impact the willingness of some to call 911 at all.
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										
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
Ground Ambulance Medicaid Payment Rate Options										
Increase Medicaid	Provider/Carrier Survey	Additional funding for providers	Rates not set by OIC	Potontial	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

pr		Provider/Carrier Survey		-	No cost-sharing for Medicaid clients	No	No	Yes- HCA	No	No	This is likely to happen and does not address private providers or fully provide alternative revenue source for balance billing
cu	•	Provider/Carrier Survey	•	Doesn't address public ambulances or provide enough revenue to cover that lost from balance billing	Potential	No	Yes	Yes- HCA	No	No	While this is likely to happen currently it is not guaranteed in 5 years and still does not fully provide alternative revenue source for balance billing.
(si ca ta	,	Provider/Carrier Survey	Provides additional revenue	We are very close to the cap already	Potential	Yes	Yes	Yes- HCA	No	No	Currently QAF is capped at 6%. We are very close to the cap, but not there yet. Chapter 74.70
re (si		Provider/Carrier Survey	Provides additional revenue to 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
	•	Provider/Carrier Survey	Additional funding for public GA providers	Subject to local determination	Yes	Yes-if passed	Yes	Yes-Local gov'ts	No	No	Would require legislation and voter approval in every county on 6- and 10- year basis to increase unless permanent levy is in place. Would have to be county specific, unless a state-wide levy was created which would require additional legislation.
es se pr ar fe		WS Hospital Association	Provides protection and additional revenue source	Requires legislation	Yes	Yes	Yes	Yes- DOH & local gov [†] ts	No	Yes	This would protect consumers and apply public health logic to EMS services, however it would require legislative buy in and would completely shift how EMS has previously been viewed.

	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	
	Cost-based reimbursement (similar to Critical Access Hospital [CAH])	2	2	Both	Both	
Options	Cap OON ground ambulance rate at 150% of Medicare for providers that refuse to contract at a market rate	18	18	Both	Both	
nt Rate (Reimburse at full billed charges	16	16	Both	Both	
Payme	Reimbursements at 350% of Medicare	17	17	Both	Both	
nbulance	Reimburse at applicable local government/jurisdiction approved rate	6	6	Both	Both	
Ground Ambulance Payment Rate Options	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	

	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	
Options	Increase Medicaid Reimbursement	11	11	Both	Both	
Ground Ambulance Medicaid Payment Rate Options	Maintain GEMT program with current scope of allowable costs	12	12	Both	Both	
Medicaid Pa	Continue QAF beyond current expiration date (07/01/2028)	13	13	Both	Both	
mbulance N	Enhance QAF funding (subject to federal 6% cap on provider tax/donations programs)	14	14	Both	Both	
Ground A	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	