



GAPB Subcommittee on Public/Consumer Disclosures & Coverages

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Subcommittee Goals

- How can consumers best be protected from costly ground ambulance bills?
- Is there a role for disclosures to help patients better understand the costs of ground ambulance transports? And if so, what might those look like?

Policy Issues/Questions

- Should balance bills for ground ambulance services be prohibited?
- If so, should the ground ambulance services be incorporated into existing No Surprises Act protections? Or would different protections be more appropriate?
- Should any protections apply to non-emergency transports? If so, should those differ from protections for emergency transports?
- Should any protections apply to assessment, first responder, or other non-covered fees?

Policy Issues/Questions (cont.)

- Can meaningful public and /or consumer disclosures be crafted?
- Should there be cost-sharing limitations for emergency ground ambulance services in Medicare Advantage?
- Should there be a federal, universal emergency medical services (EMS) benefit?

Who we heard from

- Center for Medicare and Medicaid Innovation (CMMI) officials re: ET3 model
- EMS billing companies
- Insurance claims data organizations
- State officials in CO, CT, ME, MD, and ND

What we heard

- EMS is more than transports. Treatment in place is both prevalent and not always covered by payers.
- Challenges in classifying emergency vs. nonemergency for interfacility transports. Can lead to coverage disputes.
- Cost-sharing for ground ambulance transport tends to be notably higher in Medicare Advantage than in Traditional Medicare.

What we heard (cont.)

From the states:

- Consumers should be taken out of the middle.
- Patient cost-share shouldn't vary by network status of ambulance.
- Payment requirements impact premiums.
- Information about local and state rate-setting processes.
- Simplicity of determining out-of-network ground ambulance payment requirements based on a % of Medicare's rates/ downsides of arbitration specific to ground ambulances.

Takeaways

- Patients served by a ground ambulance organization shouldn't be subject to balance bills.
- Network status shouldn't impact patient cost-sharing for EMS.
- Coverage for treatment in place without transport would be valuable.
- Disclosures should focus on scheduled transport.

Questions for Feedback

- Should surprise billing protections apply to both emergency and non-emergency transports?
- Should insurance coverage be required for certain non-transport services? If so, how should this be defined?
- How should we handle protections/coverage for ambulance transportation from one hospital to another hospital? For emergency reasons, or higher levels of care? For bed capacity? For other reasons?
- What kind of disclosures are helpful? When and where? By which entity (e.g., the facility or ground ambulance company)?
- Should cost-sharing in Medicare Advantage be limited to no higher than in Traditional Medicare?
- What questions aren't we asking, but should?