The Ground Ambulance and Patient Billing (GAPB) Advisory Committee met virtually via Zoom.gov on May 2 and 3, 2023. The attached appendix identifies the Committee members, agency employees, and others who attended the meeting. In accordance with the Federal Advisory Committee Act (FACA), 5 U.S.C. App. 2, the meeting was open to the public. The webcast of the meeting is available at: CMS GAPB.

Several topics were discussed at the meeting: (1) an overview of the ground ambulance industry; (2) insurance and ground ambulance payment systems; (3) ground ambulance billing practices; (4) disclosure of charges to consumers, separation of charges and cost shifting; (5) impact of balance billing on consumers and current consumer protections and (6) balance billing prevention, including potential legislative and regulatory options. The meeting consisted of a morning and afternoon session each day which included presentations and opportunity for discussion. The presentation materials that were provided at the meeting are available for public review and comment at CMS GAPB. The agenda for the meeting is attached as an appendix.

Day One
May 2, 2023

Welcome

The first day of the GAPB Advisory Committee (Committee) meeting began at 9:30 AM on May 2, 2023. Terra Sanderson, moderator with Provider Resources gave welcoming remarks and provided meeting logistics. Ms. Sanderson stated the meeting would be live cast and a recording would be available on the CMS GAPB website following the meeting.

Presentations and Committee Discussion

Following the welcome and meeting logistics, the morning session of day one began. The Committee heard from speakers who presented overviews of the ground ambulance industry and No Surprises Act. After each session, the Committee was invited to ask questions and make comments.

Session 1: Introduction and Background

Introduction to the Ground Ambulance & Patient Billing Advisory Committee
Shaheen Halim, CCIO

The committee first heard from Shaheen Halim, Designated Federal Official for the Advisory Committee on Ground Ambulance and Patient Billing (GAPB) with Centers for Medicare & Medicaid Service. Ms. Halim welcomed the committee members to the inaugural meeting for the GAPB advisory committee. Ms. Halim reviewed the tasks assigned to the Committee by the Committee Charter and the No Surprises Act. Ms. Halim stated the intent of the meeting is to
provide valuable background information to the committee and to the public to ensure that there is a full and robust understanding of issues pertaining to ground ambulance patient billing as it affects consumers and other stakeholders. Ms. Halim noted the GAPB committee is authorized by the No Surprises Act and the scope of topics for the committee is set by legislation, Section 117. Ms. Halim stated the GAPB committee is tasked with delivering a report to the Secretaries of Health and Human Services, Department of Labor, and Department of Treasury. This report will contain options for the secretaries to consider in implementing programs for disclosure of charges and fees for the ground ambulance services and insurance coverage. Finally, Ms. Halim introduced the 17 committee members and allowed them to give a brief introduction.

**Overview of the No Surprises Act**
*Colin Goldfinch, CCIO*

The committee then heard from Colin Goldfinch with the Center for Consumer Information and Insurance Oversight (CCIIO) at Centers for Medicare & Medicaid Services (CMS). Mr. Goldfinch provided an overview of the No Surprises Act as it relates to ground ambulance billing. Mr. Goldfinch discussed the policies prohibiting surprise medical billing protections, and the key transparency policies related to providing consumers with either good faith estimates of their costs or advanced explanations of benefit.

**Congress Recognized Need to Create Tailored Solution Specific to Ground Ambulance Services**
*Kathy Lester, Lester Health Law*

Next the Committee heard from Kathy Lester with Lester Health Law. Ms. Lester discussed with the Committee Ground Ambulance services and the No Surprises Act. Ms. Lester provides an overview of the problem Congress sought to solve in the “No Surprises Act” and the complexities of understanding the issue of balancing billing in the context of ground ambulance services. Ms. Lester noted that Congress established two goals when establishing the Advisory Committee; to ensure that when Americans need an ambulance one is available and to protect patients and access to ground ambulance services. Ms. Lester discussed the concerns Congress expressed during the drafting of the legislation and the challenges the NSA definitions and structure presented if applied to the ground ambulance services without additional data and consideration by ambulance services, emergency services, and related experts. Next Ms. Lester discussed the costs of ground ambulance services and the current workforce crisis. Ms. Lester stated that more than one-third of ground ambulances providing EMS services in rural America are also in danger of closing. Ms. Lester noted that Congress established the advisory committee to provide a pathway for a solution to protect patients from balance billing and protect access to ground ambulance services and recommendations are needed on how to establish consumer protections to address certain insurance practices and to end the need for balance billing.

**Session 2: Overview of the Ground Ambulance Industry**

**Introduction**
*Asbel Montes, GAPB Chairperson*
Next the Committee heard from Asbel Montes chairperson for the Ground Ambulance and Patient Billing Advisory Committee. Mr. Montes gave welcoming remarks and thanked those present for attending. Mr. Montes stated as the chairperson, he is committed to ensuring that the committee operates with transparency, integrity and steadfast dedication to excellence. Mr. Montes noted that the Committee has been tasked with a vital responsibility of reviewing the options to improve disclosure of charges and fees for ground ambulance services to better inform the consumers that we serve of insurance options for such services and more importantly, protect the consumer from balance billing. Mr. Montes encouraged the Committee members to foster open communication and an inclusive environment where every single member's ideas and perspectives are valued, considered, and most importantly, heard.

Overview of Fire-Based EMS Operations Career/Volunteer
Rob McClintock, International Association of Fire Fighters (IAFF)

Next the Committee heard from Robert McClintock Director of Fire and EMS Operations with the International Association of Fire Fighters (IAFF). Mr. McClintock provided a brief overview on the history and operations of career and volunteer fire-based EMS. Mr. McClintock stated that fire service is the predominant provider of EMS in the United States. Mr. McClintock discussed common trends in the EMS community and advantages of Fire-Based EMS.

Public and Private Partnerships
Mark Postma, AimHI

The Committee next heard from Mark Postma, Senior Vice President of Patient Care EMS (PCEMS) with AimHI. Mr. Postma described the characteristics and components of EMS Public/Private Partnerships commonly referred to as Public Utility Models (PUM). During the session, Mr. Postma pointed out important components of the PUM and fail safe protections for communities. Mr. Postma closed his presentation with a discussion of the financial differences in these Public Utility Models.

Overview of Non-Governmental Ambulance Services
Maria Bianchi, American Ambulance Association (AAA)

The committee then heard from Ms. Maria Bianchi, CEO of the American Ambulance Association. Ms. Bianchi provided an overview of private Emergency Medical Services (EMS) in the United States, the types and features, as well as the data related to private EMS's roles in providing mobile healthcare and its economic impact to communities as businesses and employers. Objectives include: a brief history and overview of private providers, various demographics (size, services provided, patients and communities served), their economic impact as employers and small business owners, and case studies of specific ways private ambulance services provide mobile healthcare in the United States.

Large Government Systems
Robert Luckritz, Austin-Travis County EMS

Rob Luckritz, chief of Austin-Travis County EMS in Austin, Texas presented on large government systems. Mr. Luckritz discussed the various governance models, to include, municipal, county, independent taxing district and the delivery models including fire-based or
independent third services. Mr. Luckritz reviewed the unique mission profile of Austin Travis County EMS. He stated as a public service all of the funding is specifically to support the public good and all of our services are provided regardless of the ability to pay. Next Mr. Lukritz discussed how as a large governmental service the services provided are focused on equity and being a safety net to the providers and to the patients in the community. Mr. Luckritz noted that from a utilization standpoint as the community grows the goal is to identify ways to reduce the utilization of the EMS system. Finally, Mr. Lukritz discussed the funding models and cost drivers for large governmental systems.

State EMS Officials
Dia Gainor, National Association of State Emergency Medical Services Officials (NASEMSO)

Next the committee heard from Dia Gainor, Executive Director for the National Association of State Emergency Medical Services Officials (NASEMSO). Ms. Gainor discussed with the committee the roles and responsibilities of State EMS officials. Ms. Gainor provided the committee with examples of how state EMS officials have a direct impact on all local ground ambulance services in their state. Ms. Gainor then discussed the National EMS Information System and how the Committee can use data provided to quantify scenarios and practices.

Community-based Paramedicine
Gary Wingrove, The Paramedic Foundation

The committee then heard from Gary Wingrove, President of The Paramedic Foundation. Mr. Wingrove provided the committee with an overview of community paramedicine that included its beginnings, progress over nearly 20 years, and the landscape of current situation.

ET3 Model Test
Alexis Lilly and Chanelle Boone, CMMI

The Committee then heard from Alexis Lilly and Chanelle Boone of the Center for Medicare and Medicaid Innovation (CMMI).

Ms. Boone provided the committee with an overview of the Emergency Triage, Treat, and Transport (ET3) Model, a voluntary, five-year payment model that provides greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service (FFS) beneficiaries following a 911 call. Ms. Boone discussed how under this model, CMS pays participating ambulance providers and suppliers to transport to an alternative destination partner, such as a primary care office, urgent care clinic, or a community mental health center (CMHC), or initiate and facilitate treatment in place with a qualified health care partner, either at the scene of the 911 emergency response or via telehealth. Ms. Boone noted the ET3 Model aims to reduce expenditures and preserve or enhance the quality of care by providing person-centered care, encouraging appropriate utilization of services, and increasing efficiency in the EMS system to more readily respond to and focus on high-acuity cases.

Following these presentations, the Committee adjourned for lunch.
During the afternoon session, the Committee heard presentations on insurance and ground ambulance payment systems. As in the morning, after each presentation the Committee was invited to ask questions and make comments.

Session 3: Insurance and Ground Ambulance Payment Systems

**Government Rate Setting Methodologies**

**Medicaid**

Asher Mikow and Andrew Badaracco, CMS

Next the committee heard from Asher Mikow. Asher Mikow is a Technical Director with the Centers for Medicaid and Chip Services who has specialized in working with states to develop Medicaid value-based and innovative payment models in the Medicaid state plan fee-for-service delivery system. Mr. Miskow provided a high-level overview of how states may pay for ground ambulance services through Medicaid state plan authority. Mr. Miskow also described for the committee, permissible sources of funding of the state share of Medicaid payments and applicable regulatory citations and policies.

**Medicare Ambulance Fee Schedule**

Maria Durham, CMS

The committee then heard from Maria Durham, Division Director for Center for Medicare (CM), Technology, Coding, And Pricing Group (TCPG), Division of Data Analysis and Market Based Pricing (DDAMBP). Ms. Durham provided the committee with an overview of the ambulance transport benefit. Ms. Durham then discussed the COVID-19 Health Equity Task Force that was established by Executive Order 13995, Ensuring an Equitable Pandemic Response and Recovery to address the disproportionate and severe impact of coronavirus disease 2019 (COVID-19) on communities of color and other underserved populations. Finally, Ms. Durham provided information on the Medicare Ground Ambulance Data Collection System (GADCS) and the GADCS process.

**Health Plan Coverage and Payment Requirements**

**Overview of Health Plan Coverage of Ground Ambulance Transportation**

Adam Beck, AHIP

Next the Committee heard from Adam Beck, Senior Vice President for Commercial Employer and Product Policy at AHIP, the national trade association for health insurance providers, and many integrated healthcare systems. Mr. Beck provided an overview of how health plans determine coverage for ground ambulance transportation, including both emergency and inter-facility transportation. Mr. Beck discussed the levels of coverage that many commercial health plans provide for ground ambulance services, the destinations that commercial health plans will pay for ambulance transportation, the requirements that are typically associated with the plan’s obligation to pay, and an provided an example of common plan contract terms and limitations and exclusions.

**Health Plan Coverage and Payment Requirements**

Asbel Montes, GAPB Chairperson
Next, Asbel Montes, GAPB Chairperson provided examples of coverage and payment requirements for health plans from a payer perspective. Mr. Montes discussed the general coverage guidelines within the No Surprises Act around emergency ambulance services. Mr. Montes reviewed with the Committee the top 10 largest health insurance companies in the United States and their emergency ambulance services coverage.

Anatomy of an EMS Call
Ritu Sahni, MD, Clackamas County EMD and Washington County EMS

Next the Committee heard a pre-recorded presentation from Ritu Sahni on understanding EMS as healthcare. Mr. Sahni discussed the EMS response as a model, the components of the system and provided an overview of the infrastructure and training required to operate the system.

Level of Service and Care
Ed Marasco, Quick Med Claims

The Committee next heard from Ed Marasco of Quick Med Claims who presented on level of service and care aspect of the ambulance payment paradigm. Mr. Marasco discussed key aspects of the history of air ambulance payment system or the ambulance payment system as it relates to level of service. Mr. Marasco reviewed the level of service used in the current ambulance payment paradigm. He discussed the clinical view of these levels of care and service and the payment lens of that care or the payment algorithm which has been used over time. Mr. Marasco described some challenges that are a part of the current ambulance payment paradigm.

Independent Studies of Cost/Payment

Findings from MedPAC and GAO Analyses
Zach Gaumer, Health Management Associates (HMA)

Next the Committee heard from Zach Gaumer, Health Care Policy Consultant with Health Management Associates who presented findings from MedPAC and GAO analyses on ground ambulance services. Mr. Gaumer discussed findings related to costs for providing ambulance transports for various ambulance organization types. Mr. Gaumer noted that independent studies have shown, that higher costs per transport are associated with lower volume ambulance entities, entities with higher shares of emergency transports, geographically isolated areas, as well as entities that have high levels of government subsidy. Mr. Gaumer discussed recommendations from MedPac and GAO for aligning Medicare payment with costs.

Ground Ambulance Payment and Billing for the Commercially-Insured
Loren Adler, USC-Brookings Schaeffer Initiative for Health Policy

The last presentation of the day was Loren Adler, Health Economist at the Brookings Institution in Washington, D.C. Mr. Adler presented discussed with the Committee new data published in Health Affairs on ground ambulance payment and billing for commercially-insured individuals, including breakdowns based on the ownership structure of ground ambulance organizations.
Mr. Adler noted this data will detail prices nationally and by state, patient cost-sharing and balance bill magnitudes, and the prevalence of potential surprise bills. Mr. Adler also discussed how this data differs between ambulances owned by public sector entities, private equity or publicly traded companies, and other private sector companies.

**Session 4: Wrap Up Day 1**

The meeting was adjourned for the day by Ms. Sanderson around 5:30 PM. The meeting will reconvene at 9:00 AM on Wednesday, May 3, 2023
Day Two  
May 3, 2023

Welcome

The second day of the GAPB Advisory Committee (Committee) meeting began at 9:30 AM on May 3, 2023. Terra Sanderson, moderator with Provider Resources gave welcoming remarks and provided meeting logistics. Ms. Sanderson stated the meeting would be live cast and a recording would be available on the CMS GAPB website following the meeting.

Presentations

The morning session of day two consisted of presentations on ground ambulance billing. The Committee heard from speakers who presented on ground ambulance billing practices and disclosure of charges to consumers, separation of charges and cost shifting. After each session, the Committee was invited to ask questions and make comments.

Session 1: Ground Ambulance Billing Practices

Overview of Billing Practices Among Ground Ambulance Provider Types  
Kim Stanley, EMS Management and Consultants (EMSMC)

The Committee first heard from Kim Stanley, Chief Compliance Officer with EMS Management and Consultants who provided an overview of the billing practices amongst the ground ambulance providers. Ms. Stanley provided the Committee the statistical make-up of the client base for a large billing agency, including the number of claims that are affected by potential surprise billing legislation. Ms. Stanley discussed how the charges are determined and explained the process in which a patient is billed for a ground ambulance service.

Overview of EMS Billing for the Oceanside (CA) Fire Department  
Peter Lawrence, Oceanside Fire Division

Next the Committee heard from Peter Lawrence with Oceanside Fire Department in Southern California. Mr. Lawrence provided a high level overview of how the Oceanside Fire Department bills for EMS responses and transports. Mr. Lawrence provided information on how Oceanside Fire Department determines ground ambulance base rates, as well as their billing processes. Mr. Lawrence discussed some issues that help determine how Oceanside Fire Department bills for a service to include, time on task, mileage and medications, supplies needed, and the assessment required.

Private Ambulance Service Suppliers’ Billing Practices Profile  
Shawn Baird, American Ambulance Association

Next the Committee heard from Shawn Baird, licensed paramedic and past president of the American Ambulance Association. Mr. Baird discussed the role of private entities that provide ground ambulance services, particularly in rural and underserved areas, emphasizing the impact of how these challenges impact billing practice.
Session 2: Disclosure of Charges to Consumers

Overview of the Medicare Ground Ambulance Data Collection System
Andrew Mulcahy, The RAND Corporation

Next the Committee heard from Andrew Mulcahy, Health Policy Researcher and Health economist at the RAND Corporation who provided an overview of the Medicare Ground Ambulance Data Collection System (GADCS). Mr. Mulcahy discussed the GADCS process and how CMS selects organizations to collect information. He provided a high level overview of the GACDS general instructions and the 13 GACDS sections.

Disclosure of Charges to Consumers and Role of Essential Health Benefits
Adam Beck, AHIP

The Committee then heard from Adam Beck on the role of essential health benefits and disclosure of charges to consumers. Mr. Beck reviewed the 10 essential health benefit (EHB) categories that were established by the Affordable Care Act. Mr. Beck discussed how health plans cover EHB’s and provided an example of costing.

Ambulance/EMS Responsibilities for Disclosure
Steve Wirth and Doug Wolfberg, Page, Wolfberg & Wirth, LLC

The final morning session presentation was given by Steve Wirth and Doug Wolfberg who provided overview of the challenges in EMS that make it difficult to provide informed disclosures to patients about the cost and coverage of ambulance services, especially at the time-of-service delivery or scheduling. They provided a summary of federal and state disclosure requirements and an overview of the current state of the law with respect to rate regulation of ambulance services. They described local rate regulation and disclosure requirements and the ordinance and contract rate regulation models. Finally, they described why point of service rate and coverage disclosures are such a challenge for both emergency and non-emergency ambulance services and the patients they serve.

Following these presentations, the Committee adjourned for lunch.

During the afternoon session, the Committee heard presentations on the impact of balance billing on consumers and current consumer protections and balance billing prevention, including potential legislative and regulatory options. As in the morning, after each presentation the Committee was invited to ask questions and make comments at the end of each session.


Impact of Surprise Billing Laws
Jack Hoadley, Georgetown Center on Health Insurance Reforms

The Committee first heard from Jack Hoadley from the Georgetown Center on Health Insurance Reforms. Mr. Hoadley was asked to present to the Committee about the impact of surprise billing laws and state action to address ground ambulance billing. Mr. Hoadley discussed why
ground ambulance billing protection is important and the ten states that protect patients from surprise ambulance billing. Mr. Hoadley reviewed factors related to consumer and rate reimbursement and the partnership between state and federal in the No Surprises Act.

**Consumer Access and Equity Issues**  
*Justin Giovanelli, Georgetown*

Next the Committee heard from Justin Giovanelli from Georgetown Center on Health Insurance Reforms. Mr. Giovanelli discussed consumer access and equity issues related to ground ambulance billing. Mr. Giovanelli reviewed how consumers are affected by the regulatory landscape for ground ambulance billing and how the gaps in the ground ambulance billing affects consumers as a practical matter. Mr. Giovanelli provided background information on regulatory mechanisms and network adequacy that is available for regulating and improving consumer access to providers.

**Rural and Volunteer Ambulance Service**  
*Gary Wingrove, The Paramedic Foundation*

Next the Committee heard from Gary Wingrove with the Paramedic Foundation. Mr. Wingrove provided an overview of rural and volunteer ambulance services. Mr. Wingrove described the uniqueness of providing EMS in rural, super-rural and volunteer models. Mr. Wingrove discussed the costs of ground ambulance services and provided policy suggestions.

**Consumer Advocacy**

**Balance Billing – Impact on Consumers & Current Consumers Protections**  
*Patricia Kelmar, PIRG*

The Committee then heard from Patricia Kelmar, Senior Director for healthcare campaigns for U.S. PIRG, the Public Interest Research Group. Ms. Kelmar discussed the role of PIRG and the GAPB Committee. Ms. Kelmar noted her goal on this Committee is to help create solutions that maintain a robust emergency transportation system in all communities, but also accomplish two things for patients and insured Americans. Ms. Kelmar provided a real-life scenario of a patient impacted by ground ambulance billing. She then discussed the cost of surprise ambulance bills and provided suggestions on how to protect consumers.

**Session 4: Potential Legislative and Regulatory Options to Prevent Balance Billing**

**Solutions/Objectives – Legislative and Regulatory Options – How to Prevent Balance Billing**

*Commissioner Jon Godfread, National Association of Insurance Commissioners (NAIC)*

To begin session 4 the Committee heard from North Dakota Insurance Commissioner Jon Godfread. Mr. Godfread serves as Vice President for the National Association of Insurance Commissioners (NAIC). Mr. Godfread discussed approaches regulators can take while maintaining state and local control. Mr. Godfread shared recommendations for the Committee to
consider based on the varying structures of ground ambulance billing while focusing on fairness for the consumer.

*Matt Zavadsky, National Association of Emergency Medical Technicians (NAEMT)*

Next the Committee heard from Matt Zavadsky, Director-at-Large for the National Association of Emergency Medical Technicians. Mr. Zavadsky provided an overview of the gap between the cost of service delivery, the reimbursement provided by governmental and commercial payers and how legislative action could mitigate the impact of balance billing on the patient, and local taxpayers, due to below cost reimbursement from commercial and governmental payers. Mr. Zavadsky discussed three legislative changes that can be made to help reduce the impact of balance billing to patients due to under-reimbursement for ambulance services.

*Evan Davis, IAFF*

Next the Committee heard from Ethan Davis with IAFF. Mr. Davis discussed the different payer types for the EMS industry and a number of the challenges faced. Mr. Davis reviewed limitations to EMS reimbursement and provided suggestions on solutions to prevent balance billing.

*Adam Beck, AHIP*

Next the Committee heard from Adam Beck with AHIP. Mr. Beck discussed the challenges of ground ambulance billing and potential solutions. Mr. Beck provided the Committee with three potential solutions at the federal legislative and regulatory levels. Mr. Beck then discussed potential solutions at the state level. He noted that currently ten states have some legal protections from consumers from ground ambulance billing and discussed these protections.

*Kathy Lester, American Ambulance Association (AAA)*

Next the Committee heard from Kathy Lester, Principle and Founder of Lester Health Law in Washington DC. Ms. Lester reviewed the goals for the advisory committee established by Congress. Ms. Lester then discussed recommendations for the advisory committee.

**Consumer Advocacy**

*Potential Legislative and Regulatory Options*

*Patricia Kelmar, Public Interest Research Group (PIRG)*

Next the committee heard from Patricia Kelmar with the Public Interest Research Group (PIRG). Ms. Kelmar discussed the need for ground ambulance services and the No Surprises Act protections for consumers. Ms. Kelmar provided recommendations for legislative and regulatory options for the Committee. She discussed the successes of the No Surprises Act and noted the law prevented one million out-of-network bills every month. Ms. Kelmar provided the Committee with real life examples of patients affected by ground ambulance billing.

*Policy Options to Prevent Balance Billing*

*Loren Adler, USC-Brookings Schaeffer Initiative for Health Policy*
For the final presentation of the Day, the Committee heard from Loren Adler Health Economist at the Brookings Institution in DC. Mr. Adler provided an overview of the federal and state options believed to be available for protecting consumers from balance bills from ground ambulance providers. Mr. Adler discussed the range of federal legislative approaches, limits with federal regulatory options, and how states that have regulated balance bills for ambulances have taken different approaches.

Session 5: Wrap Up Day 2

Next Shaheen Halim discussed the requirements of the GAPB Advisory Committee. Ms. Halim noted that the Committee has two subcommittees. One of those subcommittees will be responsible for material related to network adequacy and cost and payment structures. Ms. Halim stated that this subcommittee will be co-led by Rogelyn McLean, who is the Secretary of HHS's designee for this FACA committee and Mr. Lee Resnick, who is a CMS employee that works in CCIIO, the Center for Consumer Information and Insurance Oversight. The second committee will be responsible for recommendations and findings pertaining to public and consumer disclosure and protection. Ms. Halim stated co-leading this committee will be Loren Adler and Patricia Kelmar. Both of these subcommittees will be responsible for addressing options for legislative and regulatory oversight to prevent balance billing of consumers and to enforce requirements.

The meeting concluded with the opportunity for final comments from the Committee and the public in attendance. The first meeting of the GAPB Advisory Committee was adjourned by Ms. Shaheen Halim around 4:00 PM.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Shaheen Halim, Ph.D., J.D.
Designated Federal Official
Ground Ambulance and Patient Billing Advisory Committee
Centers for Medicare & Medicaid Services
Appendix

Ground Ambulance and Patient Billing Advisory Committee
Public Meeting #1 (Virtual) • Day 1
May 2, 2023 • 9:30 AM to 5:30 PM EST

Day 1 – Morning Sessions

Session 1: Introduction and Background
9:30AM – 10:50AM
- General Welcome/Housekeeping – Terra Sanderson, Provider Resources, Inc.
- Introduction to the Ground Ambulance & Patient Billing Advisory Committee – Shaheen Halim, CCIIO
- Background - Overview of the No Surprises Act
  - Overview of the No Surprises Act – Colin Goldfinch, CCIIO
  - Congress Recognized Need to Create Tailored Solution Specific to Ground Ambulance Services – Kathy Lester, AAA
- Committee/Public Feedback

Session 2: Overview of the Ground Ambulance Industry
10:50AM – 1:10PM
- Ground Ambulance Provider Types & Services
  - Introduction – Asbel Montes, GAPB Chairperson
  - Overview of Fire-Based EMS Operations Career/Volunteer – Rob McClintock, IAFF
  - Public and Private Partnerships – Mark Postma, AimHI
  - Overview of Non-Governmental Ambulance Services – Maria Bianchi, AAA
  - Large Government Systems – Robert Luckritz, Austin-Travis County EMS
  - State EMS Officials – Dia Gainor, NASEMSO
  - Alternative Delivery and Payment Systems
    - Community-based Paramedicine – Gary Wingrove, The Paramedic Foundation
    - ET3 Model Test – Alexis Lilly and Chanelle Boone, CMMI
- Committee/Public Feedback

Mid-Day Break • 1:10PM – 1:50PM
# Day 1 – Afternoon Sessions

## Session 3: Insurance and Ground Ambulance Payment Systems

### 1:50PM – 3:45PM
- Government Rate Setting Methodologies
  - Medicaid - Asher Mikow and Andrew Badaracco, CMS
  - Medicare Ambulance Fee Schedule – Maria Durham, CMS
- Health Plan Coverage and Payment Requirements
  - Overview of Health Plan Coverage of Ground Ambulance Transportation – Adam Beck, AHIP
  - Coverage and Payment Requirements for Health Plans - Asbel Montes, GAP Chairperson
- Anatomy of an EMS Call – Ritu Sahni, MD, Clackamas County EMD and Washington County EMS
- Committee/Public Feedback

### Break • 3:45PM – 4:00PM

## Session 3: Insurance and Ground Ambulance Payment Systems (cont.)

### 4:00PM – 5:25PM
- Level of Service and Care – Ed Marasco, QMC
- Independent Studies of Cost/Payment
  - Findings from MedPAC and GAO Analyses – Zach Gaumer, HMA
  - Ground Ambulance Payment and Billing for the Commercially-Insured – Loren Adler, USC-Brookings Schaeffer Initiative for Health Policy
- Committee/Public Feedback

## Session 4: Wrap Up Day 1

### 5:25PM – 5:30PM
- Close Out – Terra Sanderson, Provider Resources, Inc.

---

Adjourn Day 1 • Resume Committee Meeting May 3, 2023 • 9:30AM
## Ground Ambulance and Patient Billing Advisory Committee

Public Meeting #1 (Virtual) • Day 2  
May 3, 2023 • 9:30 AM to 5:30 PM EST

### Day 2 – Morning Sessions

#### Session 1: Ground Ambulance Billing Practices

9:30AM – 10:25AM

- Overview of Billing Practices Among Ground Ambulance Provider Types
  - Overview – Kim Stanley, EMS Management and Consults
  - Overview of EMS Billing for the Oceanside (CA) Fire Department – Peter Lawrence, Oceanside Fire Division
  - Private Ambulance Service Suppliers’ Billing Practices Profile – Shawn Baird, AAA
- Committee/Public Feedback

#### Session 2: Disclosure of Charges to Consumers

10:25AM – 11:35PM

- Overview of the Medicare Ground Ambulance Data Collection System – Maria Durham, CMS, Andrew Mulcahy, The RAND Corporation
- Disclosure of Charges to Consumers and Role of Essential Health Benefits – Adam Beck, AHIP
- Ambulance/EMS Responsibilities for Disclosure – Steve Wirth and Doug Wolfberg, Page, Wolfberg & Wirth, LLC
- Committee/Public Feedback

**Mid-Day Break • 11:35PM – 12:05PM**
### Day 2 – Afternoon Sessions


- Impact of Surprise Billing Laws – Jack Hoadley, Georgetown
- Consumer Access and Equity Issues – Justin Giovannelli, Georgetown
- Rural and Volunteer Ambulance Service – Gary Wingrove, The Paramedic Foundation
- Consumer Advocacy
  - Balance Billing – Impact on Consumers & Current Consumers Protections - Patricia Kelmar, PIRG
- Committee/Public Feedback

#### Mid-Day Break • 1:55PM – 2:25PM

#### Session 4: Potential Legislative and Regulatory Options to Prevent Balance Billing

- Solutions/Objectives – Legislative and Regulatory Options – How to Prevent Balance Billing
  - Commissioner Jon Godfread, NAIC
  - Matt Zavadsky, NAEMT
  - Evan Davis, IAFF
  - Adam Beck, AHIP
  - Kathy Lester, AAA
- Consumer Advocacy
  - Potential Legislative and Regulatory Options - Patricia Kelmar, PIRG
  - Policy Options to Prevent Balance Billing - Loren Adler, USC-Brookings Schaeffer Initiative for Health Policy
- Committee/Public Feedback

#### Session 5: Wrap Up Day 2

- Discussion of Subcommittees
- Next Steps
- Public Comment
- Close Out – Terra Sanderson, Provider Resources, Inc.

### Adjourn Day 2 & Close GAPB Public Meeting #1