



Ground Ambulance and Patient Billing (GAPB) Advisory Committee Public Meeting #2 – Meeting Summary August 16, 2023

The Ground Ambulance and Patient Billing (GAPB) Advisory Committee met virtually via Zoom.gov on August 16, 2023. The attached appendix identifies the Committee members, agency employees, and others who presented during 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](#)

During the meeting, the Committee reviewed and discussed preliminary findings and recommendations from its two subcommittees. The meeting consisted of morning and afternoon sessions 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.

Welcome & Introduction to the GAPB Subcommittees

The second public meeting of the GAPB Advisory Committee meeting began at 9:30 AM on August 16, 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.

Shaheen Halim, CCIO, Designated Federal Officer
Asbel Montes, GAPB Chairperson

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 began her presentation with a brief background of the GAPB Committee. 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 Federal Advisory Committee Act (FACA) governs the formation and operation of the Committee and membership was formally announced in December 2022. Ms. Halim then reviewed the statutorily mandated scope of the GAPB Committee. The GAPB Committee is tasked with delivering a report that includes recommendations to the Departments of Health & Human Services, Labor and Treasury. This report will contain options for the secretaries to consider in implementing programs for disclosure of charges, consumer protections and fees for the ground ambulance services and insurance coverage. Ms. Halim noted the report is due 180 days after the date of the 1st Committee Meeting which was held May 2-3, 2023. Ms. Halim stated today's meeting will focus on the preliminary findings and recommendations of the Network Adequacy & Cost/Payment Structure and Public/Consumer Disclosure & Coverages subcommittees. Ms. Halim then reviewed the process for submitting public comments to the GAPB Advisory Committee. Comments can be submitted via the chat feature during the meeting or emailed to gapbadvisorycommittee@cms.hhs.gov.



Next, the Committee heard from Asbel Montes, chairperson for the GAPB Committee. Mr. Montes gave welcoming remarks and thanked those present for attending and special guests. Mr. Montes provided the Committee with a brief overview of the subcommittee tasks. The two subcommittees meet weekly on Wednesdays to discuss findings. Mr. Montes stated that the Committee will be provided with an update today on the subcommittee's preliminary findings. Mr. Montes encouraged attendees to submit any questions and public comments via chat or to the GAPB mailbox.

Morning Sessions

Session 1: GAPB Subcommittee on Network Adequacy & Cost/Payment Structures

Rogelyn McLean, HHS
Lee Resnick, HHS

The Committee first heard from Rogelyn McLean, co-lead for the Network Adequacy, cost and Payment Structures subcommittee regarding terms and definitions. Ms. McLean noted the statutory mandate of this subcommittee is to provide recommendations on potential federal, state and local regulatory and enforcement options for preventing ground ambulance balance billing and protecting consumers. Ms. McLean stated the subcommittee is tasked to provide recommended definitions of terms that should be adopted by the Department in rulemaking related to ground ambulance operations and balance bills for ground ambulance services. Ms. McLean then hosted a working session with the Committee to review the list of terms and the definition and welcomed feedback on the definitions.

Session 2: NHTSA & NEMSIS Presentation

Eric Chaney, MS, MBA, NREMT, NTSHA Office of EMS

Next the Committee heard from Eric Chaney, Program Manager, with the National EMS Information System (NEMSIS). Mr. Chaney began his presentation with a brief overview of NEMSIS. NEMSIS is a data standard that was established for all ambulance services in the United States. Mr. Chaney stated that today's presentation will focus on 2022 ground ambulance transport data. The 2022 NEMSIS data contains 51,379, 493 EMS activations submitted by 13,946 EMS agencies serving 54 states and territories. Mr. Chaney noted that ground transport represents 86.62% of this data. Mr. Chaney discussed with the Committee the percentage of calls where patients were treated with no transport. Mr. Chaney stated that 4.65% of patients treated without transport was due to patient refusal. Mr. Chaney then provided the Committee with the percentage of non-transport calls where patients received treatment in place. Next, Mr. Chaney discussed the most common reasons for non-transport for ground ambulance services. Mr. Chaney then provided the Committee with a breakdown of the transport destination for patients that required transport. Mr. Chaney stated that fire departments represent the largest percentage of agencies that submit data to NEMSIS. Mr. Chaney then provided the Committee with a breakdown of the variation of submissions by the USDA Urbanicity Codes. Mr. Chaney noted that NEMSIS uses urban, rural, suburban and frontier to categorize data. Mr. Chaney stated that only seven states require agencies to submit billing information. Mr. Chaney then welcomed any questions from the Committee and public.



Following these presentations, the Committee adjourned for lunch.

During the afternoon sessions, the Committee heard presentations on public/consumer disclosures and coverages, HIPPA regulations and cost and payment structures. As in the morning, after each presentation the Committee was invited to ask questions and make comments.

Afternoon Sessions

Session 1: GAPB Subcommittee on Public/Consumer Disclosures & Coverages

Patricia Kelmar, PIRG

Loren Adler, USC-Brookings Schaeffer Initiative for Health Policy

For the first afternoon session, the Committee heard from the Public/Consumer Disclosures & Coverages subcommittee co-leads Patricia Kelmar and Loren Adler. Mr. Adler reviewed with the Committee the goals of the subcommittee. Mr. Adler stated the focus of this subcommittee is to address how consumers can be best protected from costly ground ambulance bills, what are the consumer protections and are disclosures needed. Mr. Adler discussed with the Committee the policy issues/questions that were addressed during the subcommittee meetings. Mr. Adler noted that the subcommittee heard from multiple Subject Matter Experts (SME) to include the Center for Medicare and Medicaid Innovation (CMMI) officials: ET3 Model, EMS billing companies, insurance claims data organizations and state officials. Ms. Kelmar provided the Committee with an overview of the feedback the subcommittee received from the SMEs. Ms. Kelmar stated that emergency services encompass more than just transport and treatment in place is not always covered by payers. The subcommittee also found that there are challenges in classifying emergency versus nonemergency for interfacility transports and this can lead to coverage disputes. Ms. Kelmar noted that due to the cost-sharing for ground ambulance transports being higher for Medicare Advantage than for a traditional Medicare plan, consumers on a traditional plan have higher costs. Ms. Kelmar then provided the Committee with feedback received from the State representatives. Ms. Kelmar noted that the consensus for all the state regulators was that consumers should be taken out of the middle of network disputes and emergency situations. Ms. Kelmar stated that there are now thirteen states that have surprise billing laws to protect consumers. Ms. Kelmar then discussed with the team the subcommittee's findings and welcomed public comment on the consumer protections and disclosures topics listed on the agenda. Ms. Kelmar noted public comments should be submitted to the GAPB mailbox by September 5, 2023.

Session 2: HHS OCR Presentation

Timothy Noonan, Office for Civil Rights (OCR)

Next the Committee heard from Timothy Noonan. Mr. Noonan is the Deputy Director for Health Information Privacy, Data, and Cybersecurity, at the Office for Civil Rights (OCR), United States Department of Health and Human Services. OCR administers and enforces the HIPAA Privacy, Security, and Breach Notification Rules and the Patient Safety and Quality Improvement Act and Rule through investigations, rulemaking, guidance, and outreach. Previously, Mr. Noonan



served in OCR headquarters as the Acting Associate Deputy Director for Operations and the Acting Director for Centralized Case Management Operations. Mr. Noonan joined OCR as the Southeast Regional Manager in November 2013. Prior to joining OCR, Tim worked for the U.S. Department of Education, Office for Civil Rights, and was a shareholder in a Michigan law firm. Mr. Noonan is a graduate of Michigan State University and Wayne State University Law School.

Mr. Noonan began with a short overview of the HIPAA rules. Mr. Noonan stated that the HIPAA statute required the adoption of federal privacy protections for individually identifiable health information. This is accomplished through three rules; the HIPPA privacy rule, the HIPPA security rule and the HIPPA breach notification rule. Mr. Noonan provided the Committee with a description and examples of each rule. Next, Mr. Noonan discussed with the Committee who must comply with HIPAA and what is Protected Health Information (PHI). Mr. Noonan noted that HIPPA rules apply to covered entities and certain provisions, the security rule and primarily the impermissible disclosure provisions apply to business associates. A covered entity is defined as healthcare providers who transmit health information electronically in connection with the transaction for which the is a HIPPA standard. Mr. Noonan stated that PHI is identifiable health information held or transmitted by a covered entity or its business associate, this can be in any form to include electronic, paper or oral. Mr. Noonan then focused on areas of interest for ambulance providers covered by HIPAA and what protected health information hospitals can share with ambulance providers.

Session 3: GAPB Subcommittee on Network Adequacy & Cost Payment Structures

Rogelyn McLean, HHS
Lee Resnick, HHS

For the last presentation of the day, Rogelyn McLean provided an update from the GAPB Subcommittee on Network Adequacy and Cost Payment Structures. This subcommittee is lead by Rogelyn McLean and Lee Resnick. Ms. McLean noted the stator mandate of this subcommittee is to provide recommendations on potential federal, state and local regulatory and enforcement options for preventing ground ambulance balance billing and protecting consumers. Ms. McLean then announced the members of the subcommittee and reviewed the four major areas of focus for the subcommittee. Ms. Mclean stated the first area of focus is terms and definitions. The subcommittee is tasked to recommend definitions of terms that should be adopted by the Department in rulemaking related to ground ambulance operations and balance bills for ground ambulance services. Ms. McLean stated the next area of focus for the subcommittee is to address state and federal authorities that can be leveraged to protect consumers and prevent balance bills. This third area of focus for the subcommittee is the methodology for compensating out-of-network for ground ambulance services. The last area of focus for the subcommittee is to review the differences in costs between ground ambulance suppliers. Ms. McLean stated that the subcommittee has heard from several SMEs to include NEMSIS, CMMI and State Regulators. Ms. Mclean then reviewed the Committee feedback received during the subcommittee meetings and welcomed public comment on the topics.



Session 4: Next Steps & Public Comment

Shaheen Halim, Ph.D., J.D., Designated Federal Officer
Asbel Montes, GAPB Chairperson

Next Shaheen Halim thanked all the presenters and members of the public for feedback during today's meeting. Ms. Halim stated all public comments should be submitted via email to the gabadvisorycommittee@cms.hhs.gov mailbox to ensure timely consideration.

Asbel Montes then discussed with the Committee the next steps for the subcommittee members. Mr. Montes stated that immediately following this meeting the two subcommittees will consolidate into one subcommittee. This subcommittee will be led by Asbel Montes and Rogelyn McLean and will meet weekly. provided the Committee with the next steps. Mr. Montes noted that during the final public Committee meeting in November the full committee will vote on recommendations to be included in the final report to CMS. The meeting concluded with the opportunity for final comments from the Committee and the public in attendance.

Materials for this meeting will be available for download on the CMS.gov [GAPB](#) website. Presentations will be available within 7 days after the meeting. A recording of the virtual meeting will be made available within 30 days after the meeting. As we continue this webinar series, we look to you as industry experts to provide feedback and recommend information that would be beneficial in future webinars. Public comments on the specific topics listed in the agenda should be submitted by September 5th for consideration by the Advisory Committee.

The second public meeting of the GAPB Advisory Committee was adjourned by Ms. Terra Sanderson 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

Asbel Montes
Committee Chairperson
Ground Ambulance and Patient Billing Advisory Committee



Appendix

Ground Ambulance and Patient Billing Advisory Committee Public Meeting #2 (Virtual) August 16, 2023 • 9:30 AM to 5:30 PM EST

Welcome & Introductions

Welcome & Introduction to GAPB Subcommittees

9:30AM – 9:45AM

- Shaheen Halim
- Asbel Montes

Morning Sessions

Session 1: GAPB Subcommittee on Network Adequacy & Cost/Payment Structures

9:45AM – 11:30AM

- Definitions
- Discussion/Q&A
- Public Comment

Break • 11:30AM – 11:40AM

Session 2: NHTSA & NEMSIS Presentation

11:40AM – 12:45PM

- Presentation
- Discussion/Q&A
- Public Comment

Mid-Day Break • 12:45PM – 1:30PM

Afternoon Sessions

Session 1: GAPB Subcommittee on Public/Consumer Disclosures & Coverages

1:30PM – 2:45PM

- Disclosures & Coverages
- Discussion/Q&A



Break • 2:45PM – 2:55PM

2:55PM – 3:25PM

Session 2: HHS OCR Presentation

- Presentation
- Discussion/Q&A

Break • 3:25PM – 3:35PM

3:35PM – 4:20PM

Session 3: GAPB Subcommittee on Network Adequacy & Cost Payment Structures

- Update on Committee Progress
- Discussion/Q&A

Break • 4:20PM – 4:30PM

4:30PM – 5:30PM

Session 4: Next Steps & Public Comment

- Committee Feedback/Public Comment
- Summarize Follow-up Actions and Next Steps
- Wrap Up & Adjourn

Adjourn Meeting & Close GAPB Public Meeting #2



The Committee seeks public comment on the following issues under consideration:

Please submit public comments by September 5th to the following email address:

GAPBAdvisoryCommittee@cms.hhs.gov

1. Should balance bills for ground ambulance services be prohibited (as with services currently under the purview of the No Surprises Act)?
2. Would it be appropriate to incorporate ground ambulance services into existing NSA protections?
3. Should any protections apply to non-emergency transports? If so, should those protections differ for emergency transports?
4. Should any protections apply to assessment, first responder, or other non-covered fees?
5. How can meaningful public and /or consumer disclosures be crafted?
6. Should there be cost-sharing limitations for EMS in Medicare Advantage?
7. Should there be a federal, universal EMS benefit?
8. Should EMT's and Paramedics be classified as providers?
9. Should state and local governments specify the out-of-network reimbursements?
10. Should a public utility model be deployed?
11. Should emergency ambulance services be considered "in-network" since the consumer has no choice when they call 9-1-1?
12. We are seeking information related to examples where consumers receive bills from ambulance providers for services not covered by an insurance carrier.
13. What communities or areas in the United States are without emergency ambulance service coverage?
14. Should NSA protections apply to volunteer ambulance service agencies?