OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Session 4 of the Rural EMS Billing & Coding Webinar Series

"Anti-Kickback Statute Waivers, Discounting & Rate Setting for Rural EMS"

Ryan Stark, Esq. EMS | MC

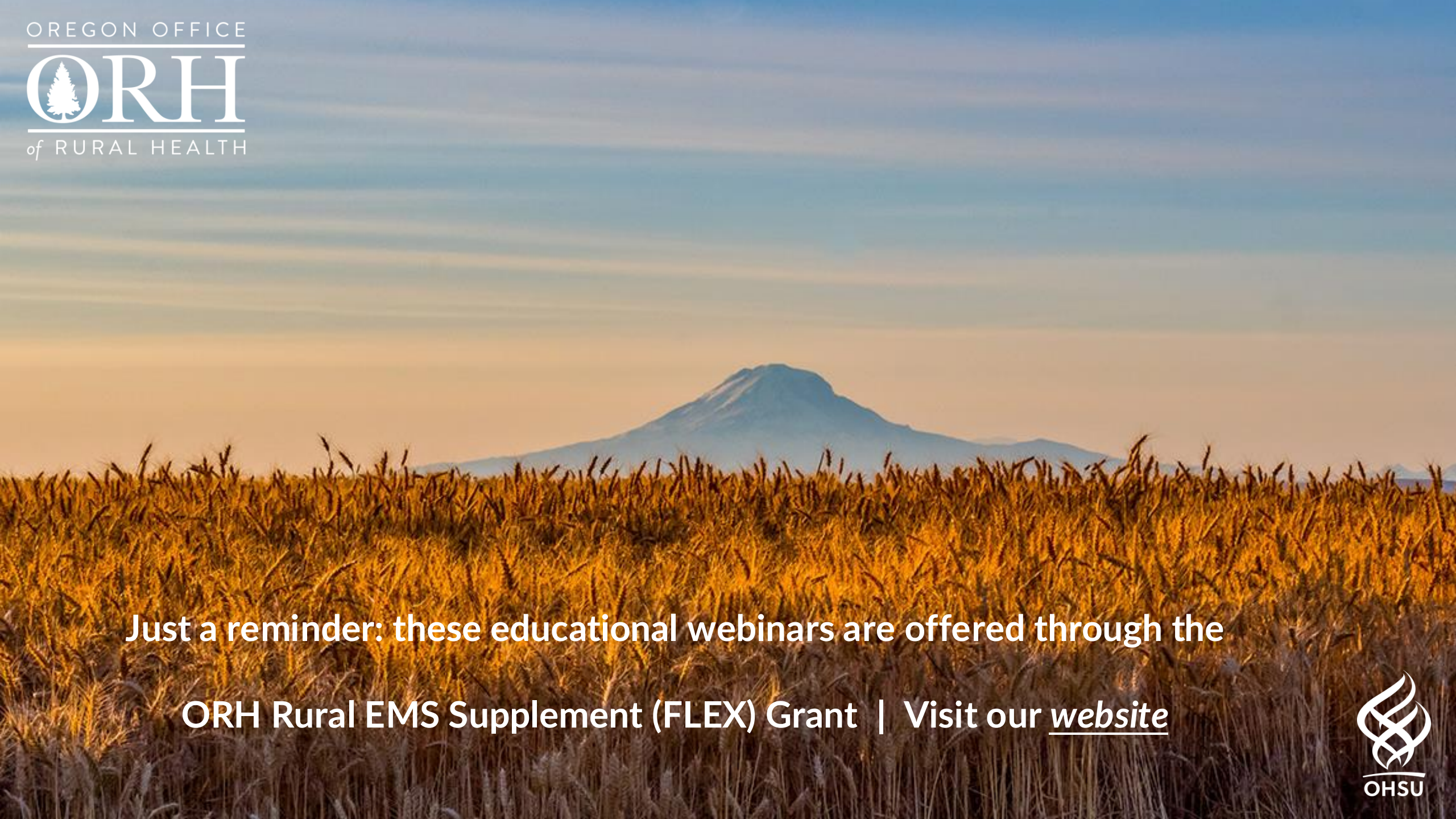
August 27, 2026

Joan Field, EMT-I, CP-C, CHW
OREGON OFFICE OF RURAL HEALTH, RURAL EMS

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

OHSU


OREGON OFFICE
ORH
of RURAL HEALTH
Just a reminder: these educational webinars are offered through the
ORH Rural EMS Supplement (FLEX) Grant | Visit our website
OHSU

OREGON OFFICE of RURAL HEALTH

Webinar Logistics

- Audio will be muted for all attendees at the beginning of the webinar.
- **However**, this is meant to be an interactive session with discussion, so feel free to raise your hand and unmute, and you can also post your question or comment in the chat.
- We encourage you to leave your camera on; it helps us feel connected!
- Presentation slides and recordings will be posted shortly after the session at: https://www.ohsu.edu/oregon-office-of-rural-health/emergency-medical-services-programs.

OHSU

RURAL EMS BILLING & CODING SERIES — SESSION 4

The Anti-Kickback Statute

Waivers, Discounting & Rate Setting for Rural EMS

Understanding AKS Risk in Resident Waivers, Facility Discounts & Rate Setting

Prepared for the Oregon Office of Rural Health at OHSU

PWW | AG

Ryan Stark, Esq.

- Law Partner — Page Wolfberg & Wirth, The National EMS Industry Law Firm
- Chief Compliance Officer — EMS|MC
- EMS Consultant — PWW|AG
- Professor — Creighton University; HACC; Widener Law Commonwealth
- Board Member — Peyton Walker Foundation

PWW|AG

COURSE ROADMAP

What We'll Cover

01 Why the AKS Matters for Rural EMS

02 Elements, Penalties & the AKS-FCA Link

03 Cost-Sharing Waivers for Residents & Patients

04 Discounting to Facilities & Referral Sources

05 Rate Setting for Rural & Municipal EMS

06 Scenarios & Case Studies

07 Wrap-Up & Key Takeaways

EMS | MC

PWW | AG

SESSION GOALS

Session Objectives

- Explain what the Anti-Kickback Statute prohibits and why it applies broadly to rural EMS
- Identify when a cost-sharing waiver for residents or patients is compliant versus risky
- Recognize AKS red flags in facility discounting arrangements, including "swapping"
- Apply fair-market-value principles when setting rates for contracts, subsidies and standby coverage
- Work through real-world rural EMS scenarios involving waivers, discounts and rate setting

MODULE 1

Why the Anti-Kickback Statute Matters

The law that shapes how rural EMS handles money and referrals

PWW | AG

The Anti-Kickback Statute (AKS)

- 42 U.S.C. § 1320a-7b(b) — part of Social Security Act's fraud and abuse provisions
- Prohibits knowingly and willfully offering, paying, soliciting or receiving remuneration to induce referrals of items or services payable by a federal health care program

WHAT DOES “KNOWINGLY” MEAN?

■ Actual knowledge

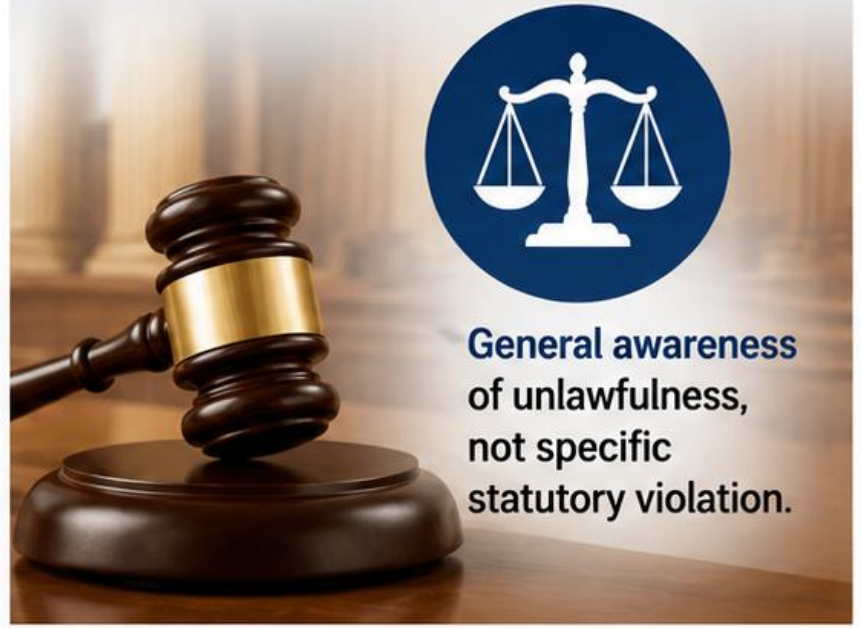
You are **aware** your conduct is unlawful.

■ Acting in deliberate ignorance or reckless disregard

You **suspect** it may be unlawful but choose to look the other way or **ignore** the risk.

■ Courts have read “knowingly” to mean...

Acting with **awareness** that the conduct was generally unlawful — **not** that it violated this statute.



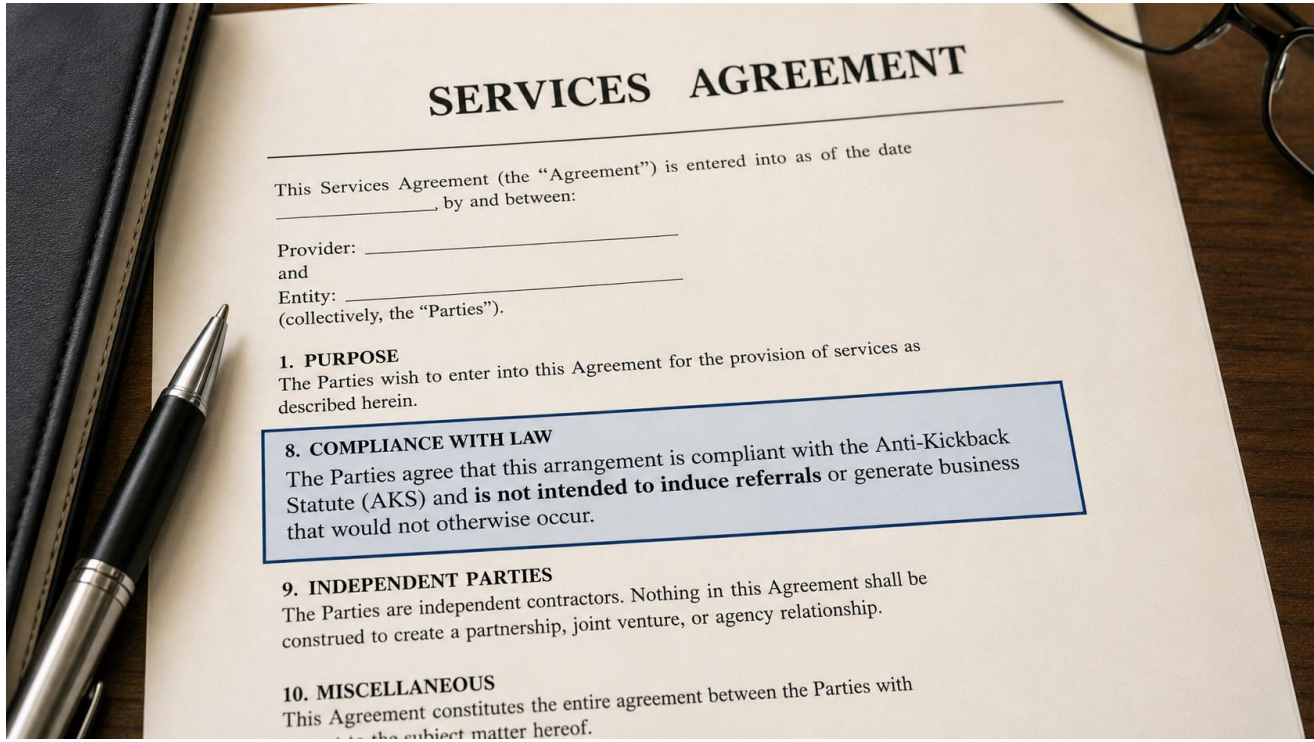
General awareness of unlawfulness, not specific statutory violation.

Bottom Line: “Knowingly” doesn’t require proof you knew you were breaking this exact law — only that you were **aware** your conduct was **generally unlawful**.

AKS Applies to Both Sides of the Arrangement

Good Intent Is (Almost) No Excuse

- Government need not prove a person had actual knowledge of the AKS or specific intent to violate it
- A violation can be found if just one purpose of an arrangement was to induce referrals — even if the arrangement also serves legitimate business purposes



■ "Remuneration" is broad —

cash, discounts, free services, favorable rates, gifts or anything else of value

CASH

DISCOUNTS

FREE SERVICES

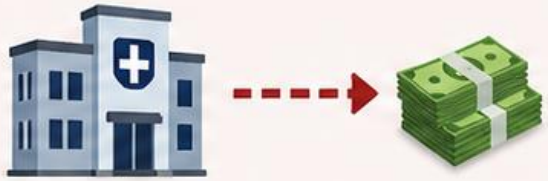
FAVORABLE RATES

GIFTS OR ANYTHING OF VALUE

■ The AKS exists to guard against overutilization — care is supposed to be driven by medical need, not who profits from the referral

DRIVEN BY PROFIT

Risk of Overutilization



- ✗ Financial incentive drives referrals
- ✗ Unnecessary services may be provided
- ✗ Patient care compromised

VS.

DRIVEN BY MEDICAL NEED

Appropriate, Necessary Care

- ✓ Clinical judgment drives referrals
- ✓ Services are appropriate and necessary
- ✓ Patient care comes first

The AKS protects patients, programs, and the integrity of our healthcare system.

Who the AKS Reaches

EMS Agencies

Both giving and receiving remuneration for referrals can trigger liability

Hospitals & Facilities

Nursing homes, hospitals and other facilities that refer patients for transport

Patients

Routine waiver of coinsurance could be a kickback to the patient

Municipalies

Who contract with EMS agencies for services and might ask agencies to provide free or below cost services

Violating the Anti-Kickback Statute Can Be Costly

1 CRIMINAL PENALTIES

Up to
10 YEARS
in prison
per violation

Fines up to
$100,000
per violation

2 CIVIL MONETARY PENALTIES

Civil monetary penalties of
TENS OF THOUSANDS
of dollars
per violation

3x

Plus up to
THREE TIMES
the amount of the unlawful remuneration

3 EXCLUSION FROM FEDERAL PROGRAMS

Automatic exclusion from **MEDICARE** and **MEDICAID** — for the individual and potentially the agency

The AKS has serious consequences.
Protect your patients, your organization, and your future.

AKS + False Claims Act: Dangerous Combination

Before 2010

- AKS violations enforced only by the government
- No automatic link between AKS and False Claims Act liability
- Kickback cases pursued only as standalone AKS matters
- Penalties came only from the AKS itself, not the FCA as well

After 2010 (ACA)

- AKS violations now automatically constitute false claims under the FCA
- Maximum $28,619 per claim and treble damages today (adjusted annually)
- Whistleblowers (relators) can bring qui tam suits based on kickback conduct
- Relators can recover up to 30% of what the government collects

EXAMPLE: AKS ARRANGEMENT LEADS TO FCA LIABILITY

Assumptions: AKS arrangement in place for **360 days**. **100** ambulance claims submitted under the arrangement at approximately **$1,000** per claim. Successful FCA action with **maximum penalties per claim** and **treble damages**.

AKS ARRANGEMENT

Improper arrangement in violation of the Anti-Kickback Statute (AKS)

DURATION: 360 DAYS

CLAIMS SUBMITTED

100 ambulance claims submitted under the arrangement

AMOUNT PER CLAIM: ~$1,000

FCA VIOLATION

Each claim constitutes a false claim (31 U.S.C. § 3729)

VIOLATIONS: 100 CLAIMS

SUCCESSFUL FCA ACTION

Government prevails. Maximum penalties per claim and treble damages awarded.

1. PER-CLAIM PENALTIES (MAXIMUM)

Number of claims: **100** × Maximum penalty per claim: **$28,619** = Total per-claim penalties: **$2,861,900** (100 × $28,619)

2. TREBLE DAMAGES

Government's actual damages: 100 claims × ~$1,000 per claim = **$100,000** × **3** = Treble damages: **$300,000**

TOTAL FCA LIABILITY

Per-claim penalties (maximum) **$2,861,900** + Treble damages **$300,000** = **TOTAL: $3,161,900**

THIS IS WHY IT MATTERS:

It's $14,308–$28,619 per claim multiplied by every claim — plus up to 3x the government's actual damages.

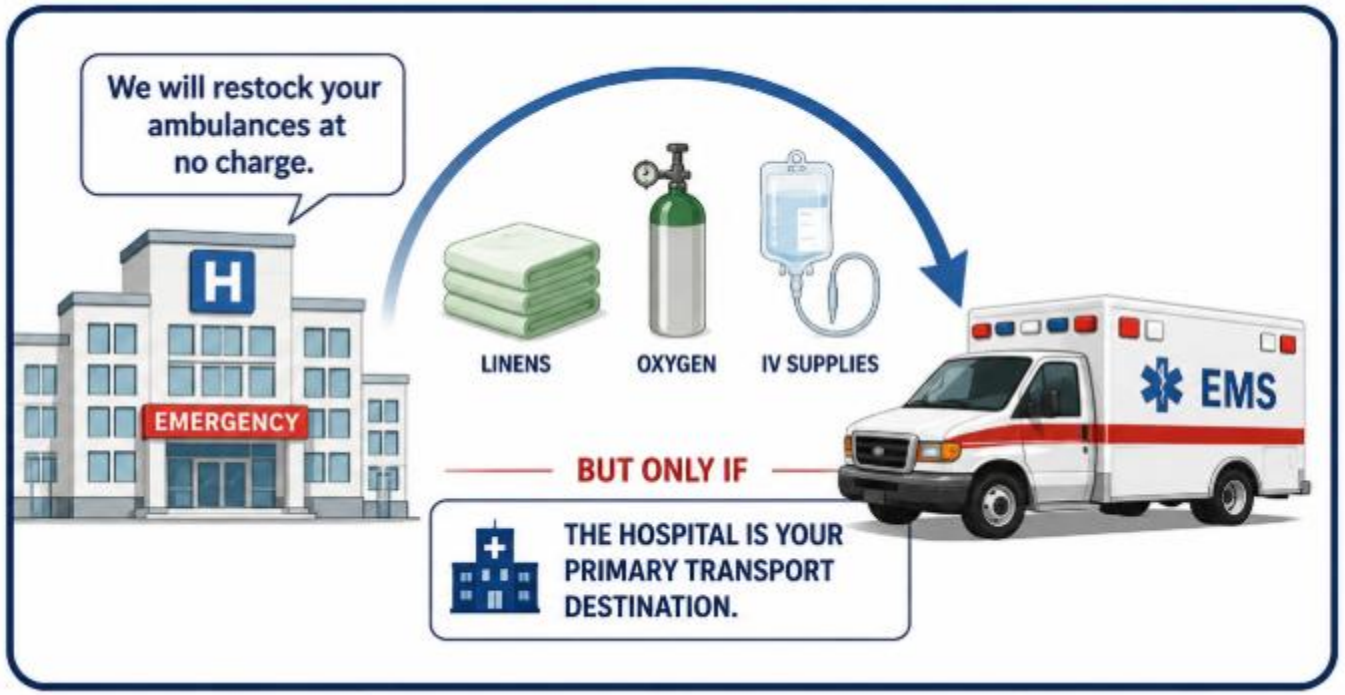
Penalties are mandatory for each separate violation. Since 2010, an AKS violation automatically constitutes a false claim under the FCA.

CASE STUDY

The Free Supplies Scenario

SCENARIO

A hospital ED offers to restock an EMS's agency's ambulances with linens, oxygen and IV supplies at no charge, but only if the hospital is the agency's primary transport destination.



Does it matter that no cash changed hands?

What the OIG Says

"In some industries it is acceptable to reward those who refer business to you (ambulance taking all patients to this hospital). However, in the Federal health care programs, paying for referrals (providing free supplies) is a crime."

Does Not Fit Under Restocking Safe Harbor

- Safe harbor includes:
  - Emergency ambulances
  - Tied to actual usage
  - Open, public, and uniform
- A hospital explicitly conditioning free supplies on "continuing to be the agency's primary transport destination and referral source" — meeting the safe harbor's checklist items wouldn't cure that if the underlying intent element is baked into the deal

MODULE 2

Cost-Sharing Waivers for Residents & Patients

When can a rural or municipal EMS agency waive a patient's bill?

PWW | AG

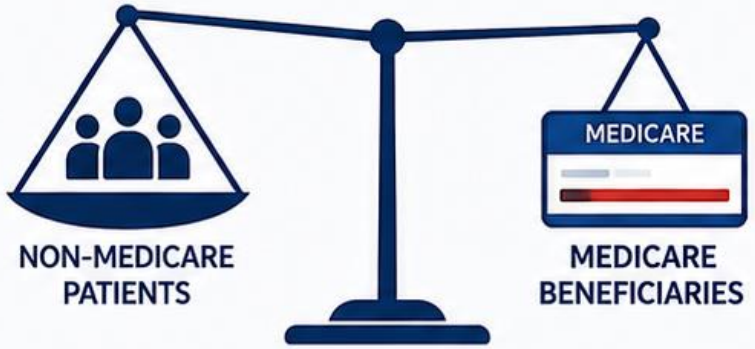
Routine Waivers Are a Red Flag

- Providers generally must make reasonable efforts to collect copayments and deductibles from Medicare beneficiaries
- Routinely waiving cost-sharing for reasons unrelated to an individualized, good-faith hardship assessment can look like an inducement for future business (inducement to patient)
- The OIG has long treated random or blanket waivers of coinsurance for Medicare patients as an AKS risk area — but recognizes specific exceptions

Reasonable Collection Effort

Requirements for Non-Indigent Medicare Beneficiaries

1 Similar Collection Effort



Your collection effort must be similar to what you use for non-Medicare patients.

You cannot collect harder from commercial patients than from Medicare beneficiaries.

2 Timely Billing

For cost reporting periods on or after **October 1, 2020**:

Bill must be sent within **120 days** of the Medicare remittance advice or other triggering date.

For periods **before October 1, 2020**:

Billing was required "on or shortly after" the triggering event.

These requirements are outlined in 42 C.F.R. § 413.89.

2 PATHS TO A COMPLIANT PATIENT WAIVER

The Ambulance Safe Harbor

42 CFR § 1001.952(k)(4)

Case-by Case Determination

Ambulance Safe Harbor - Discretionary

Ownership	Owned and operated by a state, political subdivision, or tribal health program
Emergency Only	Covers emergency ambulance services only — not nonemergency transports
Payment Basis	Applies where a federal program pays under fee-for-service
Uniform Basis	Offered uniformly to all residents or all transported individuals — not by ability to pay
No Cost-Shifting	Can't later claim the waived amount as bad debt or shift the burden elsewhere

Safe Harbor vs. Individual Decisoin

NOT PROTECTED

"We'll waive your copay because you called and have requested a waiver."— a patient-specific, ability-to-pay decision

PROTECTED

"Our district waives cost-sharing uniformly for all residents transported by emergency ambulance, regardless of individual circumstances." — a uniform, residency-based policy

CASE STUDY

The Fire District Scenario

SCENARIO

A rural fire protection district that owns and operates its own ambulance service wants to waive Medicare copayments and deductibles for any resident of the district who is transported by emergency ambulance, funded by the district's property tax revenue.

Fire District: Does It Qualify?

Ownership	✓ Met — a fire protection district is a political subdivision of the state
Emergency Only	✓ Met — the scenario is limited to emergency ambulance transports
Payment Basis	✓ Met — Medicare pays for the transports on a fee-for-service basis
Uniform Basis	✓ Met — waived for any resident transported, not by ability to pay
No Cost-Shifting	✓ Met — funded by tax revenue, not claimed as bad debt or shifted

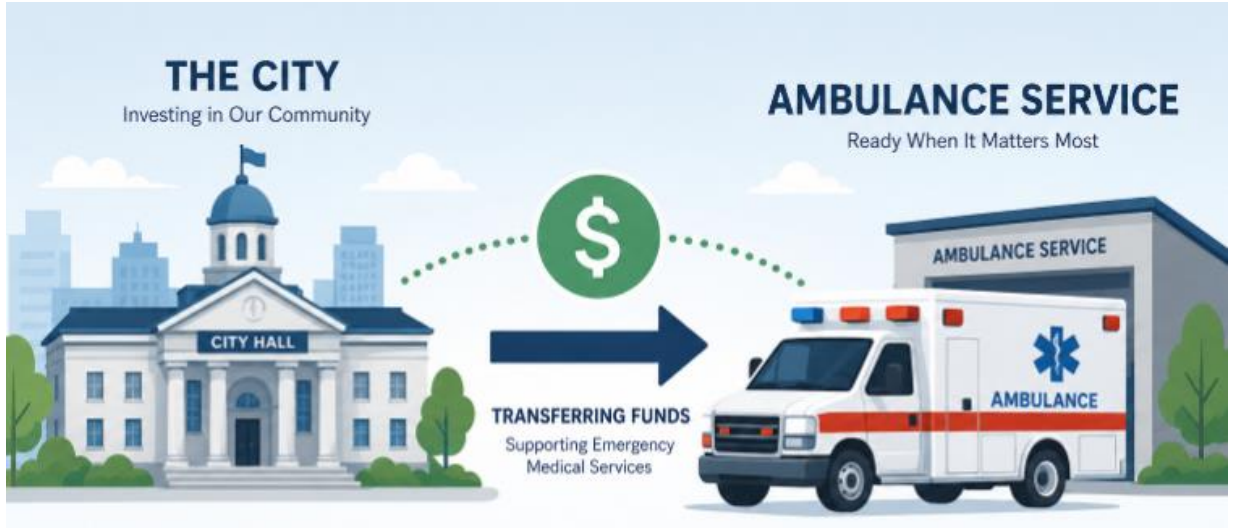
All five elements are met — protected under the ambulance safe harbor, 42 CFR § 1001.952(k)(4)

When a Contractor Is Involved

- The government-ambulance safe harbor does not extend to nongovernmental ambulance providers
- But the OIG has recognized that if a state or municipality pays a contracted private ambulance company an amount actuarially equivalent to residents' cost-sharing, the AKS may not be implicated
- Safe harbor does not need to be followed to waive copayments — but the structure and math both matter, so involve counsel

A City Can't Just Order the Waiver

- Advisory Opinion 01-12, an exclusive municipal 911 contract required the private ambulance contractor to waive Medicare copayments for city residents
- OIG said city can pay or assume the obligation itself — but it can't just require its contractor to absorb it as a contract condition



EMS|MC

PWW|AG

Financial Hardship Waivers

- Not a safe harbor — longstanding, OIG-recognized basis for waiving cost-sharing on a case-by-case basis
- Requires an individualized, good-faith determination of financial need, documented with a hardship waiver form and supporting information
- Apply your agency's written hardship policy consistently — using a current federal poverty guideline benchmark — every time

HHS Poverty Guidelines for 2026

Join our listserv to stay up-to-date on the latest news regarding the poverty guidelines.

2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,960
2	$21,640
3	$27,320
4	$33,000
5	$38,680
6	$44,360
7	$50,040
8	$55,720
For families/households with more than 8 persons, add $5,680 for each additio person.	

FINANCIAL HARDSHIP POLICY

Our mission is to provide high-quality care and serve our community. We are committed to ensuring that no patient is denied medically necessary care due to their inability to pay.

1. POLICY STATEMENT

We offer financial assistance to patients who are unable to pay for medically necessary care based on their individual financial situation.

2. ELIGIBILITY

You may be eligible if you meet the financial criteria below:

- Household income at or below 250% of the Federal Poverty Guidelines, or
- Assets are limited and do not exceed allowable limits, or
- Extraordinary medical expenses exist

3. HOW TO APPLY

To request financial assistance:

- Complete the Financial Assistance Application
- Provide requested documentation
- Submit in person, by mail, fax, or online

We are happy to help you complete the application.

4. BENEFITS

If approved, you may receive:

- Full or partial discount on emergency or other medically necessary care
- Payment plan options with no interest
- Relief from extraordinary collection actions

5. CONFIDENTIALITY

All information provided will be kept confidential and used only to determine eligibility for financial assistance.

This policy is available in multiple languages and formats.

OUR COMMITMENT

We will not engage in extraordinary collection actions before we make reasonable efforts to determine whether you are eligible for financial assistance.

EXTRAORDINARY COLLECTION ACTIONS WE DO NOT TAKE INCLUDE:

- Lawsuits related to unpaid bills
- Liens on property
- Wage garnishment
- Reporting to credit bureaus

QUESTIONS? We are here to help.

Call us: (555) 123-4567
Email: financialassistance@ourhealth.org

Mail: Patient Financial Services
123 Health Way
Yourtown, ST 12345

Scan to view our Financial Assistance Policy and Application online.

This policy does not apply to services provided by physicians in private practice who are not our employees or agents.

Subscription & Membership

- Not covered by the government-ambulance safe harbor — evaluated case-by-case
- Must be **actuarially sound**, so the membership fee reasonably reflects the cost of the coverage provided
- Must be lawful under state law — some states restrict or prohibit ambulance subscription programs

CASE STUDY

The Indiscriminate Write-Off

SCENARIO

Whenever a patient calls the billing office and says they can't afford their ambulance bill, the agency's routine practice is to write off the balance without asking any questions or documenting a hardship determination.

Why does this pattern — even without an explicit quid pro quo — create AKS exposure?

MODULE 3

Discounting to Facilities & Referral Sources

Where price and referrals can quietly become the same conversation

Fair Market Value Is the Baseline

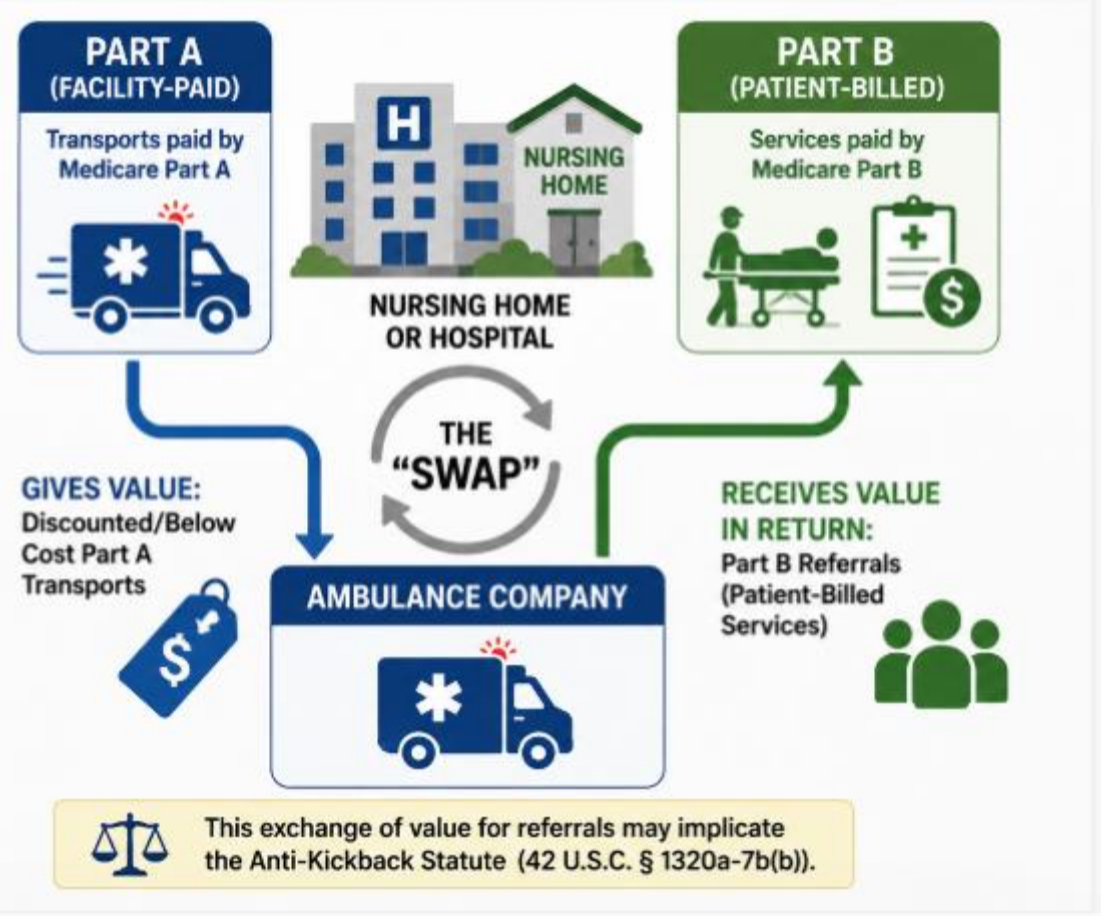
- Any rent, fees, discounts or other value exchanged with a referral source must reflect fair market value
- Fair market value cannot take into account referrals
- No unwritten side deals

EMS|MC

PWW|AG

Swapping: A Classic EMS Trap

- OIG in Advisory Opinion 99-2 — Classic pattern: discounting below FMV Part A (facility-paid) transports for a nursing home or hospital, in exchange for the facility's Part B (patient-billed) referrals
- The Part A discount is the value given; the Part B referrals flowing back are the remuneration — that's the "swap"



EMS|MC

PWW|AG

CASE STUDY

The Nursing Home Ask

SCENARIO

A skilled nursing facility tells your agency that if you lower your contracted, facility-paid per-mile rate for its Medicare Part A residents, it will give you the contract to serve the facility.

What makes this arrangement look like swapping, and what would need to change to make it defensible?

CASE EXAMPLE 1: SOUTHERN CALIFORNIA AMBULANCE COMPANIES

Ambulance "Swapping" Arrangement with Skilled Nursing Facilities (SNFs)

THE ALLEGED ARRANGEMENT

AMBULANCE COMPANIES

Provide discounted or free ambulance transports to SNFs for trips the SNFs are financially responsible for.

SKILLED NURSING FACILITIES (SNFs)

In exchange, refer the companies more lucrative transports billable to Medicare **Part B.**

RESULT

A "swapping arrangement" that violates the Anti-Kickback Statute (AKS).

FALSE CLAIMS ACT (FCA)

Medicare Part B claims resulting from the allegedly kickback-tainted referrals are false claims under the FCA.

KEY TAKEAWAY: You cannot give an SNF a financial benefit on the business the SNF pays for in order to obtain the Medicare business the SNF can refer.

THE RESOLUTION

$11.5+ MILLION SETTLEMENT

In 2015, five Southern California ambulance companies agreed to pay more than $11.5 million to resolve allegations of violating the AKS and submitting false claims to Medicare.

Source: U.S. Department of Justice (September 2, 2015)

CASE EXAMPLE 2: REGENT MANAGEMENT SERVICES, LLC

Skilled Nursing Facility Company Held Accountable for Ambulance "Swapping"

THE ALLEGED CONDUCT

AMBULANCE COMPANIES

Provide discounted or free ambulance transports to nursing facilities managed by Regent.

REGENT MANAGEMENT SERVICES, LLC

In exchange, Regent referred the companies lucrative Medicare and Medicaid ambulance transports.

VIOLATION

These arrangements allegedly violated the Anti-Kickback Statute (AKS) and resulted in false claims to federal health care programs.

KEY TAKEAWAY: Not only ambulance providers—facilities that receive the improper benefits and generate the referrals can face significant AKS and FCA liability.

THE RESOLUTION

$3.2 MILLION SETTLEMENT

In 2015, Regent Management Services agreed to pay approximately $3.2 million to resolve allegations that it received kickbacks from ambulance companies in exchange for referrals.

This was believed to be the first settlement holding the medical institution, rather than the ambulance company, accountable for this type of ambulance swapping arrangement.

Source: U.S. Department of Justice (June 15, 2015)

BY THE NUMBERS

12 Nursing facilities managed by Regent

Millions of dollars in allegedly improper benefits received

Backed by False Claims Act liability

Standby & Event Coverage

- Free or below-cost standby coverage for a hospital, facility, or community event can itself be "remuneration" if that facility also refers federally reimbursed business
  - Charge a fair-market rate for standby and special-event coverage, and document how that rate was set
  - Put every standby arrangement in writing, specifying the service, the rate and the term — no informal handshake deals

Free Space Is Still Remuneration

- In Advisory Opinion 03-14, a hospital supplied a rural air-ambulance company with free helipad use and crew resting quarters
- Shows why noncash benefits — space, equipment, personnel, fuel, dispatch, supplies — can be "remuneration" under the AKS, not just cash
- The same lens applies to standby coverage: anything given to a referral source, cash or not, needs an FMV rationale and a written agreement

MODULE 4

Rate Setting for Rural & Municipal EMS

Setting defensible rates for contracts, subsidies and standby coverage

PWW | AG

Rate Setting Is an AKS Issue

- Rates for facility contracts, medical director agreements, leases and standby coverage are all remuneration under the AKS
- A rate that's unusually low — or unusually high — for a referral source can look like it's being used to buy or reward referrals
- The fix isn't a specific dollar figure; it's a defensible, referral-neutral process for arriving at the number

Paying a City for 911 Access

- In Advisory Opinion 99-05, ambulance companies paid a city a $50,000 annual dispatch fee, and participating companies rotated responsibility for the city's 911 calls
- The OIG expressly recognized that this kind of "pay to play" arrangement implicates the AKS — a rate that's unusually high for the access it buys is remuneration, too
- The detailed facts about the municipality's legitimate costs mattered — a defensible, cost-based fee isn't automatically a kickback

Rate-Setting Checklist

- ✓ Fair Market Value
- ✓ Written Agreement
- ✓ Commercially Reasonable
- ✓ Counsel Reviewed
- ✓ Independent Support
- ✓ Referral-Neutral
- ✓ Periodic Review

Resident vs. Non-Resident Rates

- Most compliant practice is to set uniform, cost-based rates for residents and non-residents
- Under the government-ambulance safe harbor, residency is an acceptable basis for a uniform waiver policy
- Commercial insurers have complained about non-uniform rates

Contracting with Facilities

- Understand exactly what your contract covers: the rate, the services included, and the service area
- Emergency transports are generally covered whether or not you have a contract — but the amount owed may be unclear without one
- A contract can guarantee payment directly to the provider and lock in the payment amount, rather than leaving reimbursement to chance

RFPs Can Trigger AKS Risk

- In Advisory Opinion 13-18, an ambulance supplier sought guidance on responding to a city's RFP for all of its emergency ambulance service
- The OIG concluded the proposed arrangement could generate prohibited remuneration under the AKS and could expose the supplier to administrative sanctions
- Winning bids that bundle "pay to play" terms — free equipment, training, waived fees — into an RFP response carry real AKS risk

CASE STUDY

The Community Event Ask

SCENARIO

A critical access hospital asks your agency to provide free standby coverage for its annual community health fair, and mentions that it's currently deciding which EMS agency to route its future non-emergency transfer contract to.

How should your agency price this standby request, and what should you document either way?

CASE EXAMPLE 3: PARAMEDICS PLUS, LLC, ET AL.

Anti-Kickback Statute (AKS) Violations Lead to False Claims Act (FCA) Liability

THE ALLEGED SCHEME

The government alleged that Paramedics Plus and related entities paid improper financial benefits to municipal entities to secure and maintain exclusive or preferred ambulance service contracts and associated federal health care business.

1. IMPROPER PAYMENTS

Paramedics Plus provided improper financial benefits, including payments and other things of value, to municipal officials.

2. SECURE CONTRACTS

In exchange, the municipalities awarded or renewed exclusive ambulance service contracts to Paramedics Plus.

3. INCREASED REFERRALS

The companies received more ambulance transports and referrals of patients covered by Medicare, Medicaid, and other federal health care programs.

4. FALSE CLAIMS ACT VIOLATIONS

Claims submitted to federal health care programs were alleged to be false because they resulted from AKS violations.

CASE DETAILS

- **Case Name:** *United States ex rel. Dean v. Paramedics Plus, LLC, et al.*
- **Docket No.:** 4:14-CV-203 (E.D. Tex.)
- **Allegations:** Violations of the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)) and False Claims Act (31 U.S.C. §§ 3729–3733)
- **Settlement Announced:** March 21, 2019

WHISTLEBLOWER REWARD

The whistleblower received more than **$4.9 million.**

THE RESOLUTION

$21+ MILLION

TOTAL SETTLEMENTS

Seven defendants agreed to pay more than $21 million to resolve allegations of violating the Anti-Kickback Statute and submitting false claims.

• Paramedics Plus, LLC and related entities (ETMC)	**$20,649,000**
• Emergency Medical Services Authority (EMSA)	**$200,000**
• Alameda County, CA	**$125,000**
• Pinellas Emergency Medical Services Authority (PEMSA)	**$100,000**
• Individual Defendant	**$50,000**
TOTAL SETTLEMENTS	**$21,124,000+**

THE IMPACT

- Reinforces that paying or offering anything of value to obtain or retain ambulance contracts is illegal.
- Applies to both private ambulance companies and the government entities that accept the benefits.
- Violations can lead to massive FCA liability, including treble damages and per-claim penalties.

KEY TAKEAWAY: Offering or giving financial benefits to secure ambulance contracts or increase federally reimbursed business violates the AKS — and any resulting claims to Medicare, Medicaid, or other federal programs can be false claims under the FCA with severe financial consequences.

WRAP-UP

Putting It All Together

A quick-reference recap before we close

Common AKS Pitfalls to Avoid

- Waiving copays case-by-case based on what a patient says, instead of a uniform policy
- Discounting Part A rates below cost and FMV
- Free standby or supplies for a referral source, with no written agreement or FMV rationale
- Setting rates with no documented rationale
- Assuming small agency size is a defense — the AKS applies regardless of size

WRAP-UP

Safe Harbors & Red Flags

SAFE / LOWER RISK

- Uniform resident waivers (govt-owned agency)
- Documented hardship waivers
- FMV facility contracts, in writing
- Actuarially sound subscriptions
- Cash-pay-only relationships
- Actuarially equivalent tax payments
- Periodic rate review

HIGHER RISK

- Case-by-case waivers
- Part A discounts for referrals
- Free supplies with no FMV basis
- Undocumented "handshake" pricing
- Rates tied to referral volume
- Unwritten side deals of any kind

Key Takeaways

- The AKS prohibits exchanging anything of value for referrals — and no specific intent is required to violate it
- Cost-sharing waivers for residents can be safe-harbored, but only for government-owned agencies offering emergency services uniformly
- Facility discounts and rates must reflect fair market value and can never be tied to referral volume or value
- When in doubt, document your rationale, put it in writing, and call counsel first

THANK YOU

Questions & Resources

Ryan Stark ryan.stark@EMSMC.com

Prepared for the Oregon Office of Rural Health at OHSU

EMS|MC

PWW|AG

ORH Announcements

ORH Rural EMS Leadership series, and EMS Billing/Coding educational webinar series
Links to past webinars can be *found here*
Links to **upcoming** webinars are in this **ORH News** release, *found here*

New Rural EMS Webinar: **Topic: The EMS Buprenorphine Roadmap and Rural EMS Agencies**
Oregon Public Health Institute and the Bridge Center | September 11 | 10:00 a.m.
(*Register here*)

Next ORH Community Conversation | September 17 | 12:00 p.m.
Topic: How CHWs at Rural Hospitals and Clinics Are Improving Health Outcomes
(*More information here*)

October 7-9, Bend, OR | 43rd Annual Oregon Rural Health Conference
(*More information here*)

Rural EMS Scholarship Program | Reopening September 2026 | Applications accepted on a rolling basis (*More information here*)

Oregon Rural Health Excellence Award | Nomination application deadline August 31st (*More information here*)

OREGON OFFICE ORH of RURAL HEALTH

- **Oregon Rural EMS and MIH meeting place and resource site dedicated to addressing your workforce recruitment & retention needs. It's a closed site. Request access here.** *(Note: There is a brief delay as your email must be added for login privileges.)*

- **Additionally, to be updated on specific ORH EMS resources,** complete the SharePoint form and select your particular areas of interest.

- **Please email any other topics or questions** you would like to see addressed in future webinar sessions to Joan at fieldj@ohsu.edu

OHSU

OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Thank you!

Joan Field
Rural EMS Program Coordinator
fieldj@ohsu.edu

OHSU