OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Session 5 of the Rural EMS Billing & Coding Webinar Series

"Federal and Oregon EMS Billing Laws"

Ryan Stark, Esq. EMS | MC

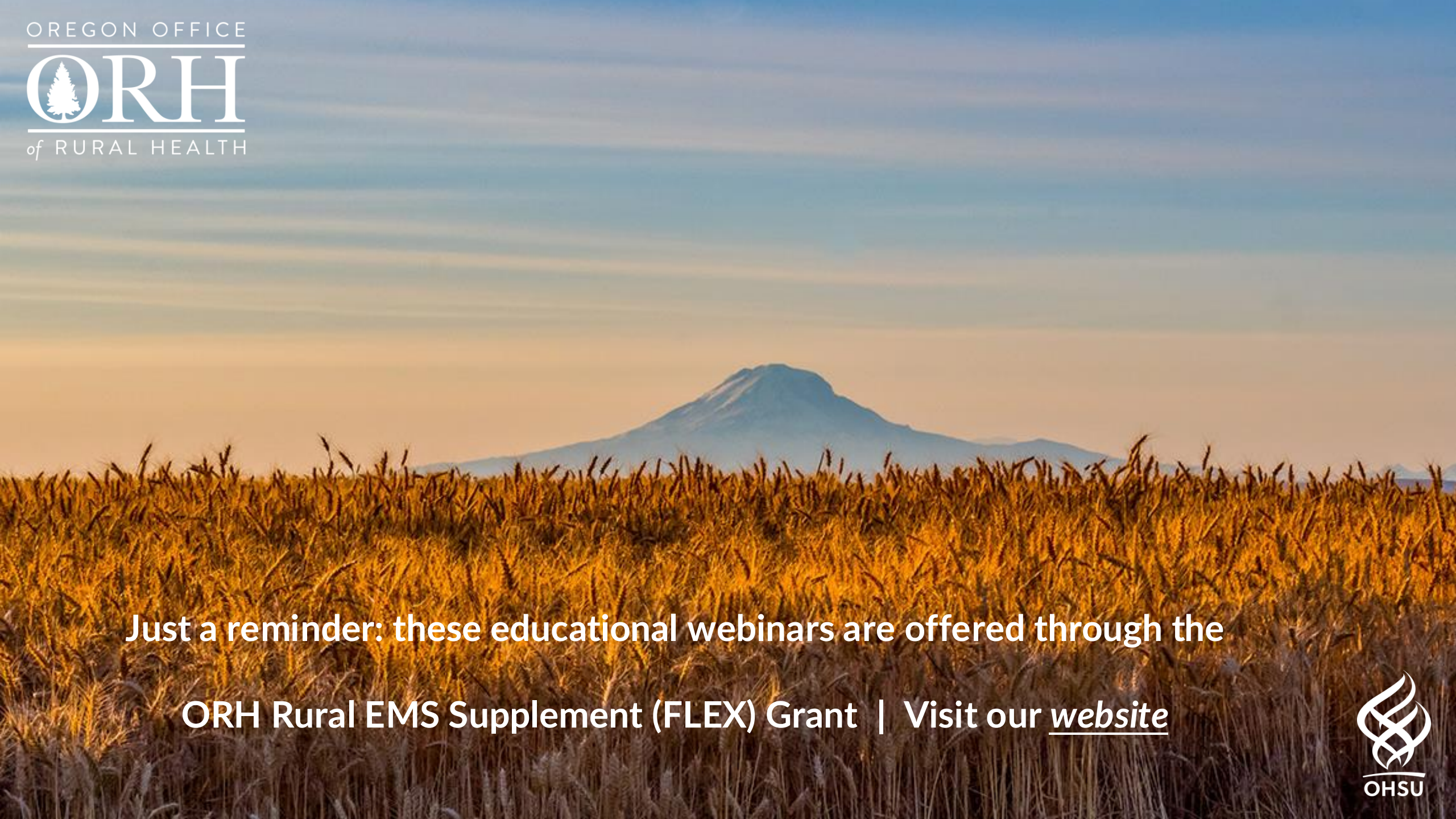
September 1, 2026

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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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 5

Federal and Oregon
EMS Billing Laws

Treatment in Place, Specialty Care Transport & Oregon's Newest Ambulance Laws

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

- 2026 Medicare & Reimbursement Update
- Treatment No Transport (TNT) Under Oregon Medicaid
- Billing Specialty Care Transport (SCT) in Oregon
- Oregon Ground Ambulance Balance Billing Law
- Oregon House Bill 2222 — Mobile Integrated Healthcare
- Wrap-Up & Key Takeaways

2026 MEDICARE & REIMBURSEMENT UPDATE

Navigating Changes.
Strengthening Care. Maximizing Value.

POLICY CHANGES

PAYMENT UPDATES

COMPLIANCE & REPORTING

PARTNERSHIP. SUSTAINABILITY. SUCCESS.

Status of Medicare Ambulance Add-On Bonus Payments Since 10/1/25

10/1/25
Ambulance bonuses expired, government shutdown began

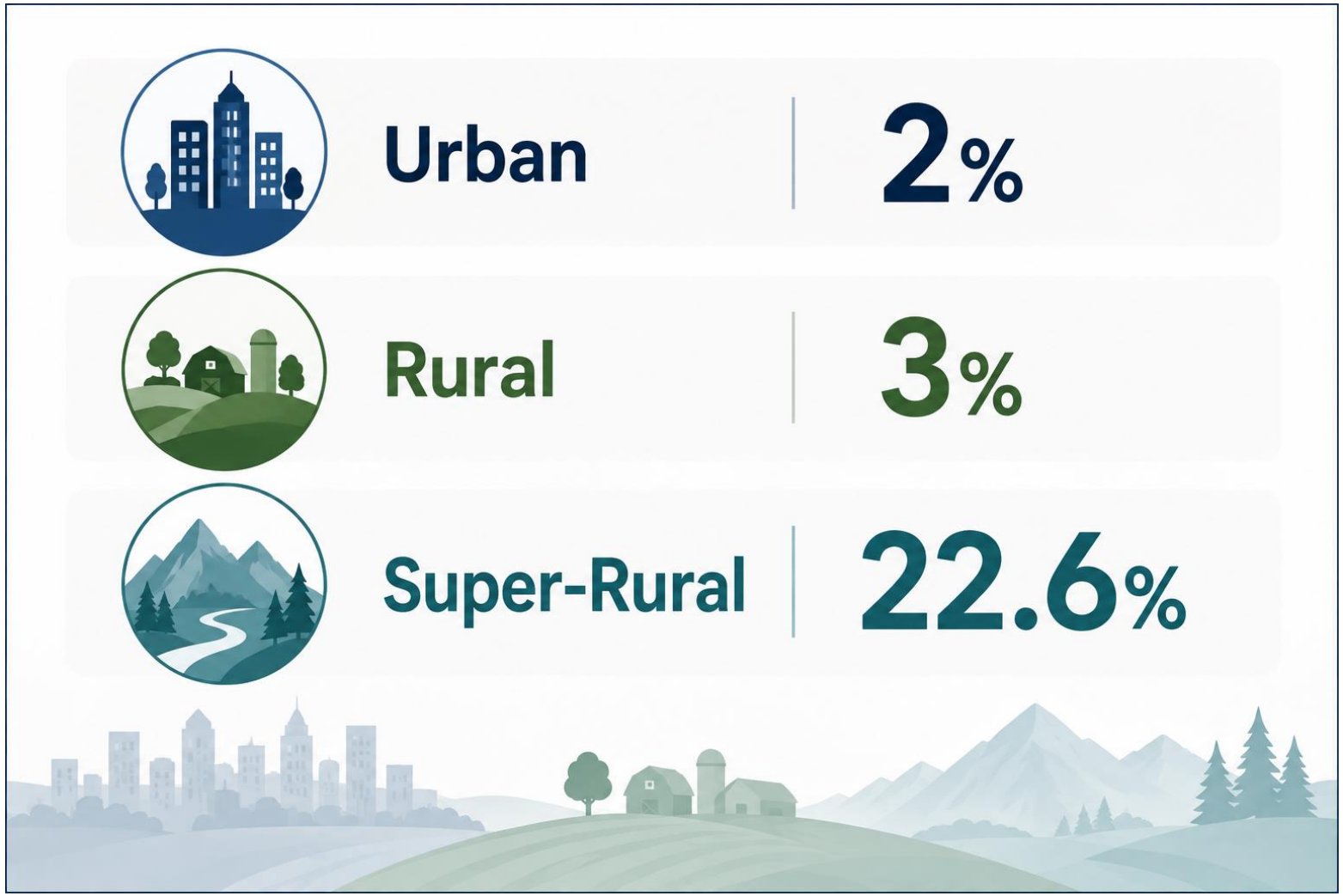
10/21/25
CMS lifts ambulance claim hold

11/13/25
Bonuses extended retroactively to **Oct. 1, 2025, but only through 1/30/26**

1/30/26
Bonuses expired

2/4/26
Bonuses extended retroactively to **1/30/26** through **December 31, 2027**

Medicare Ground Ambulance Bonuses Here Until Dec. 31, 2027



AAA Preliminary Calculation of 2027 Medicare AIF is 2.6%

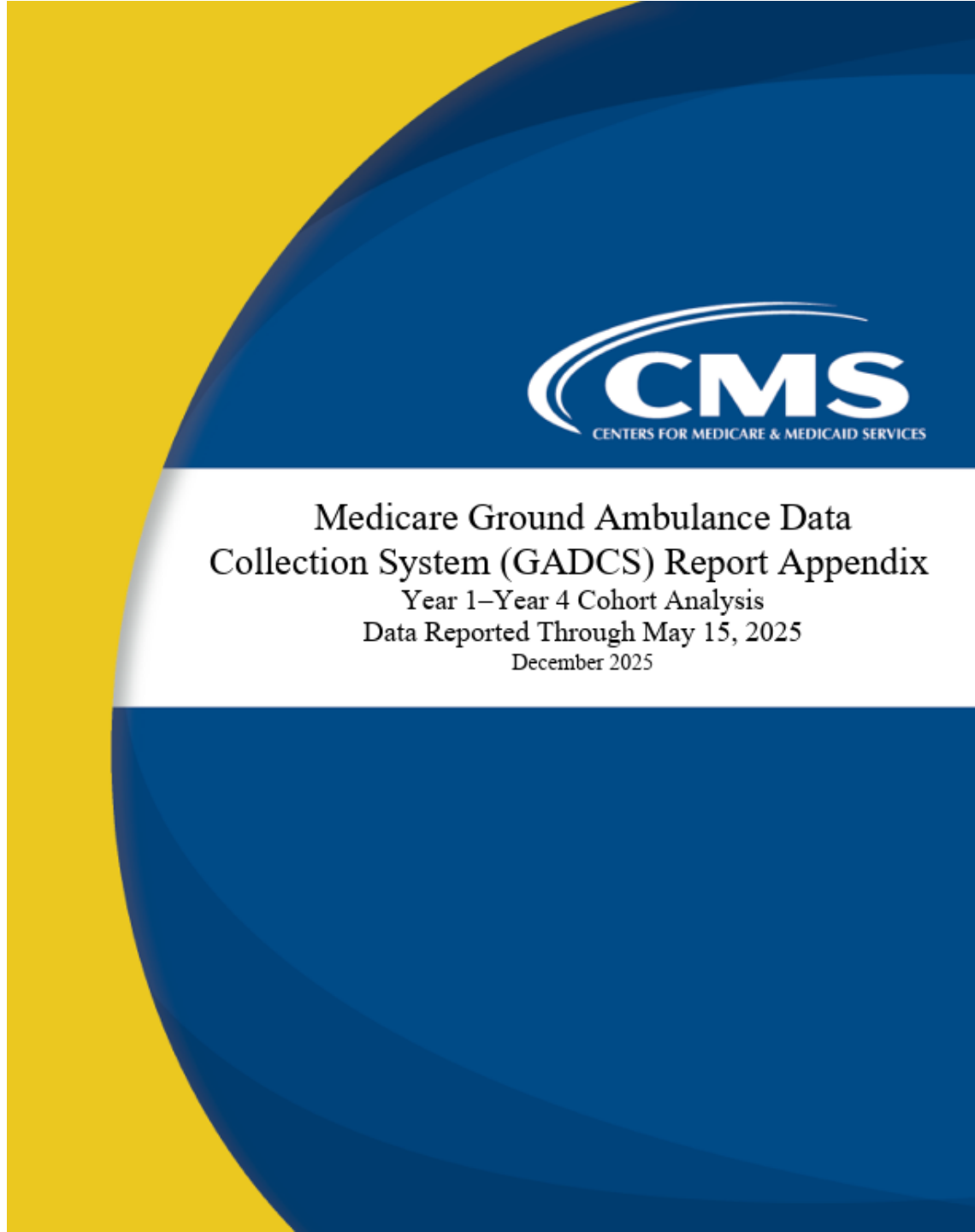
AUGUST 20, 2026, BY BRIAN WERFEL

AAA HQ, Executive, Finance, Government Affairs, Medicare, Member Advisories

1834(l)(3)(B) of the Social Security Act mandates that the Medicare Ambulance Fee Schedule be updated each year to reflect inflation. This update is referred to as the "Ambulance Inflation Factor" or "AIF".

Cost Reporting Update

Year 1 – Year 4 Data Report Issued May 15, 2025

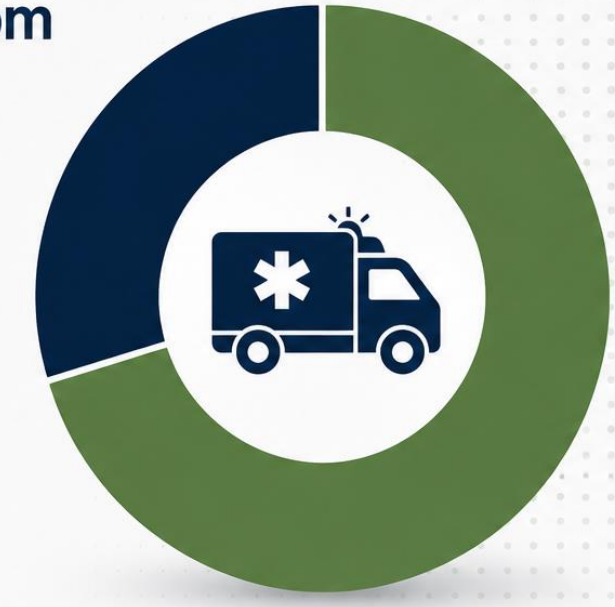


Respondents

Report is based on
completed and certified responses from

7,387

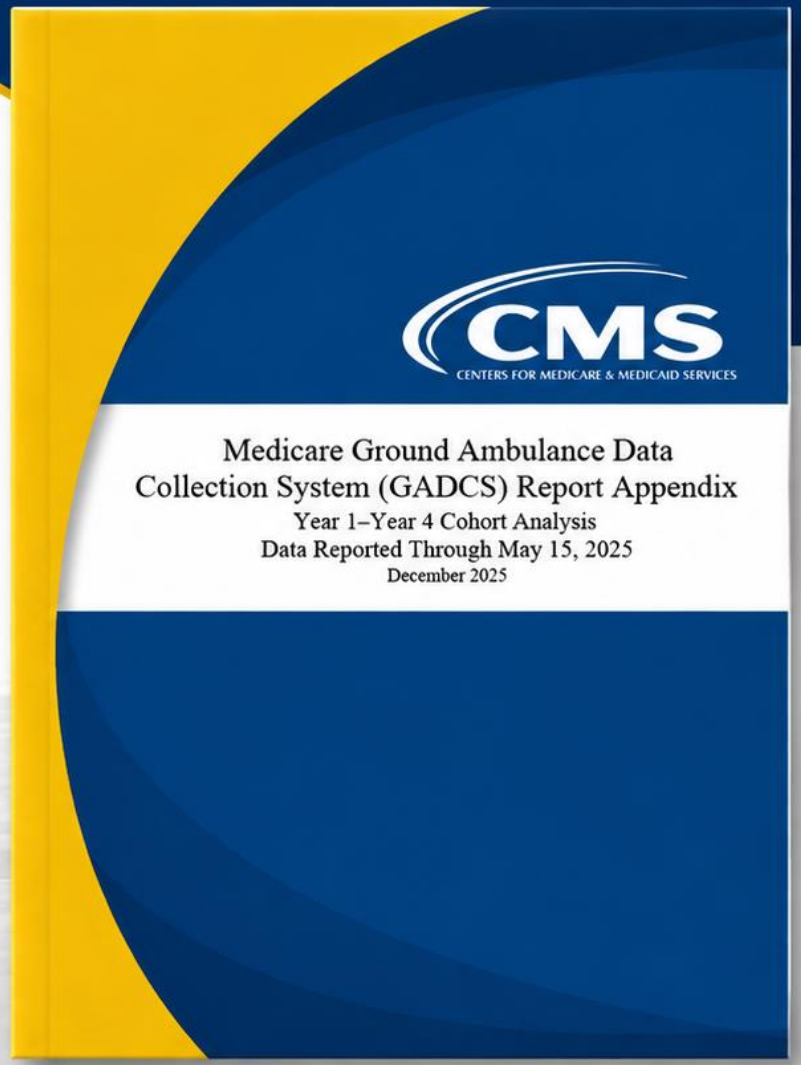
ambulance services



Overall response rate was

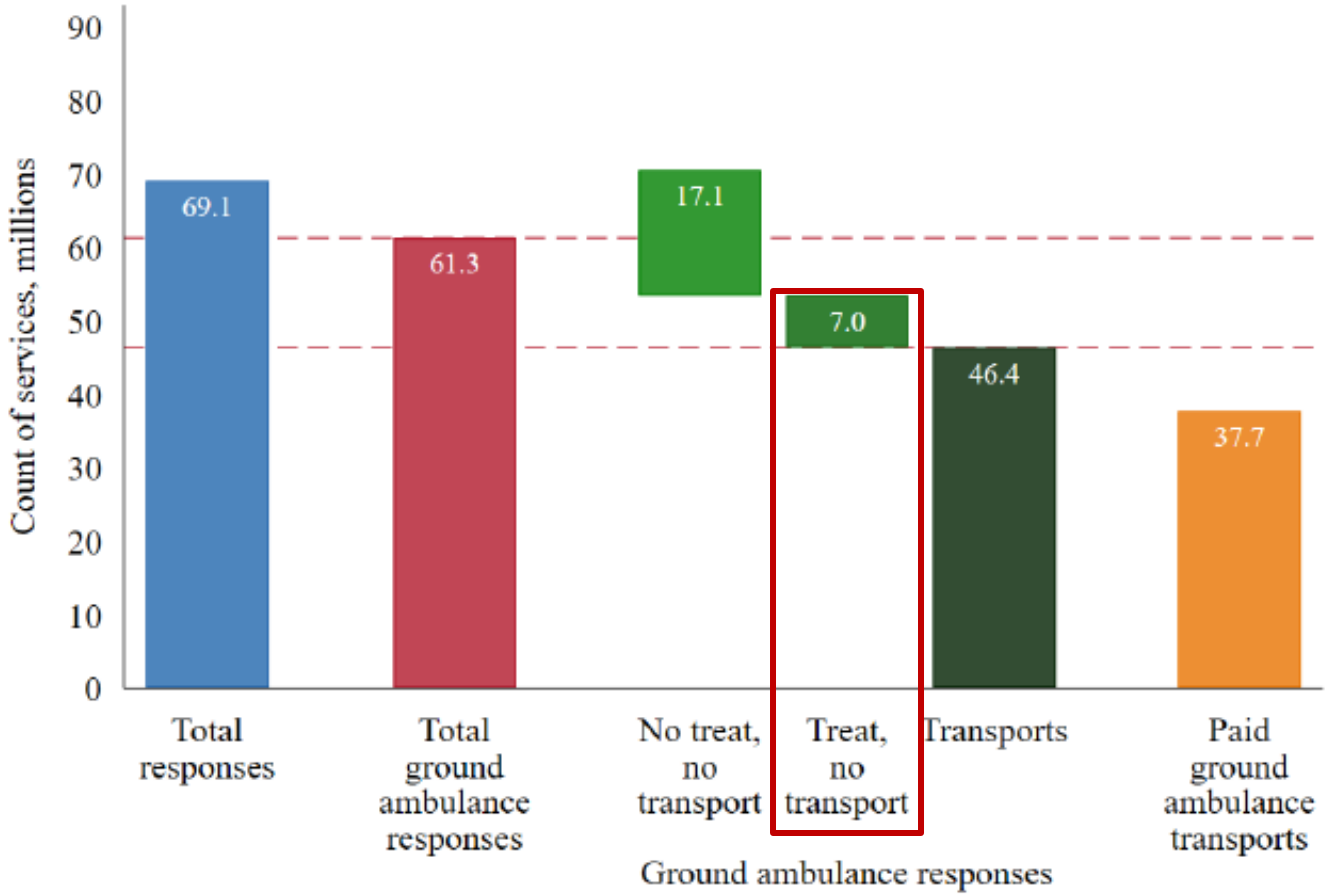
(70%)

HIGH LEVEL FINDINGS from GADCS REPORT



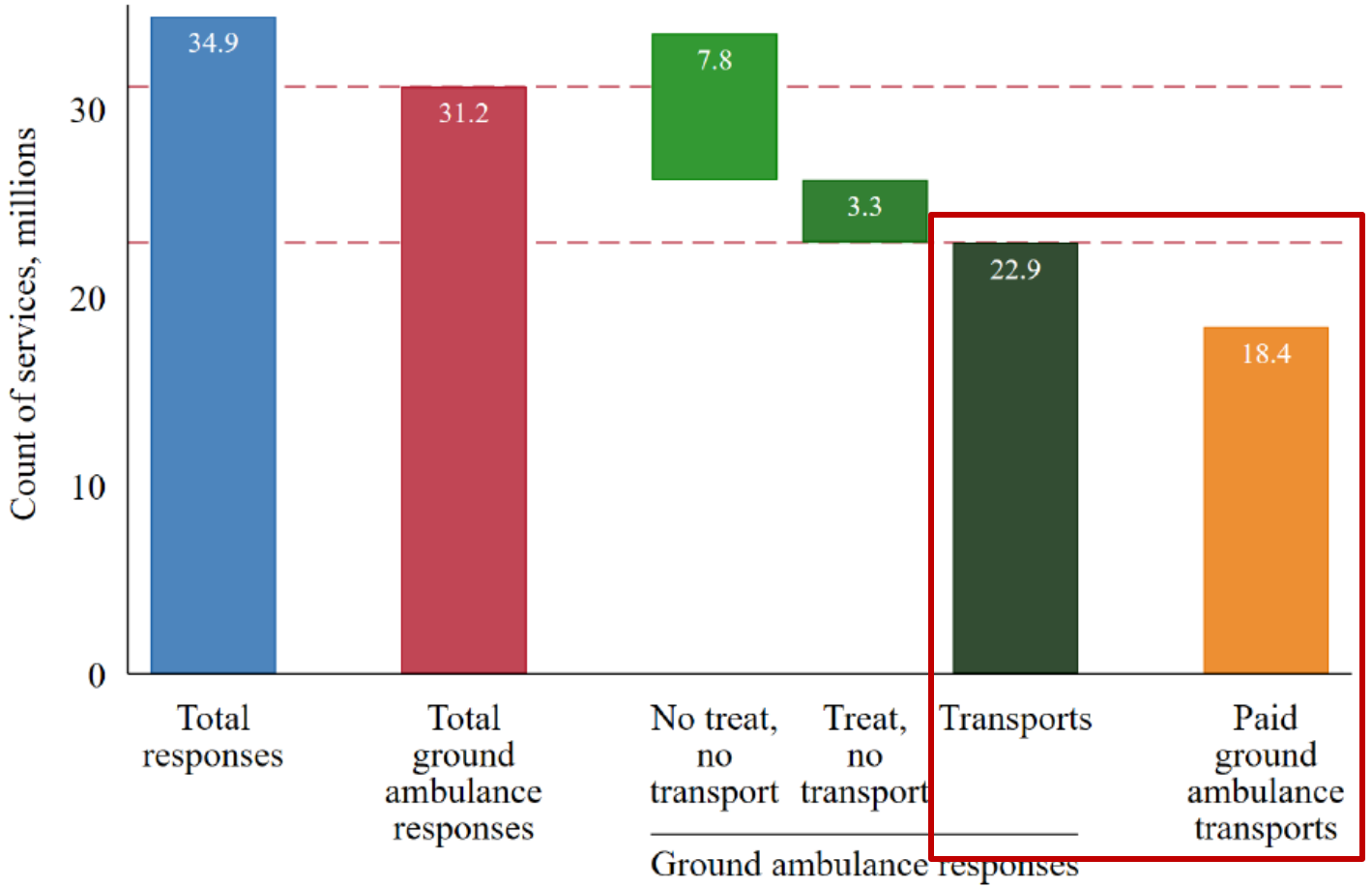
11.4% of all ambulance responses involve ***treatment without*** transport.

Figure 2.16. Aggregated Service Volume Count Comparison, All Organizations



In Report 2, 19.7% of all ambulance transports were unpaid.

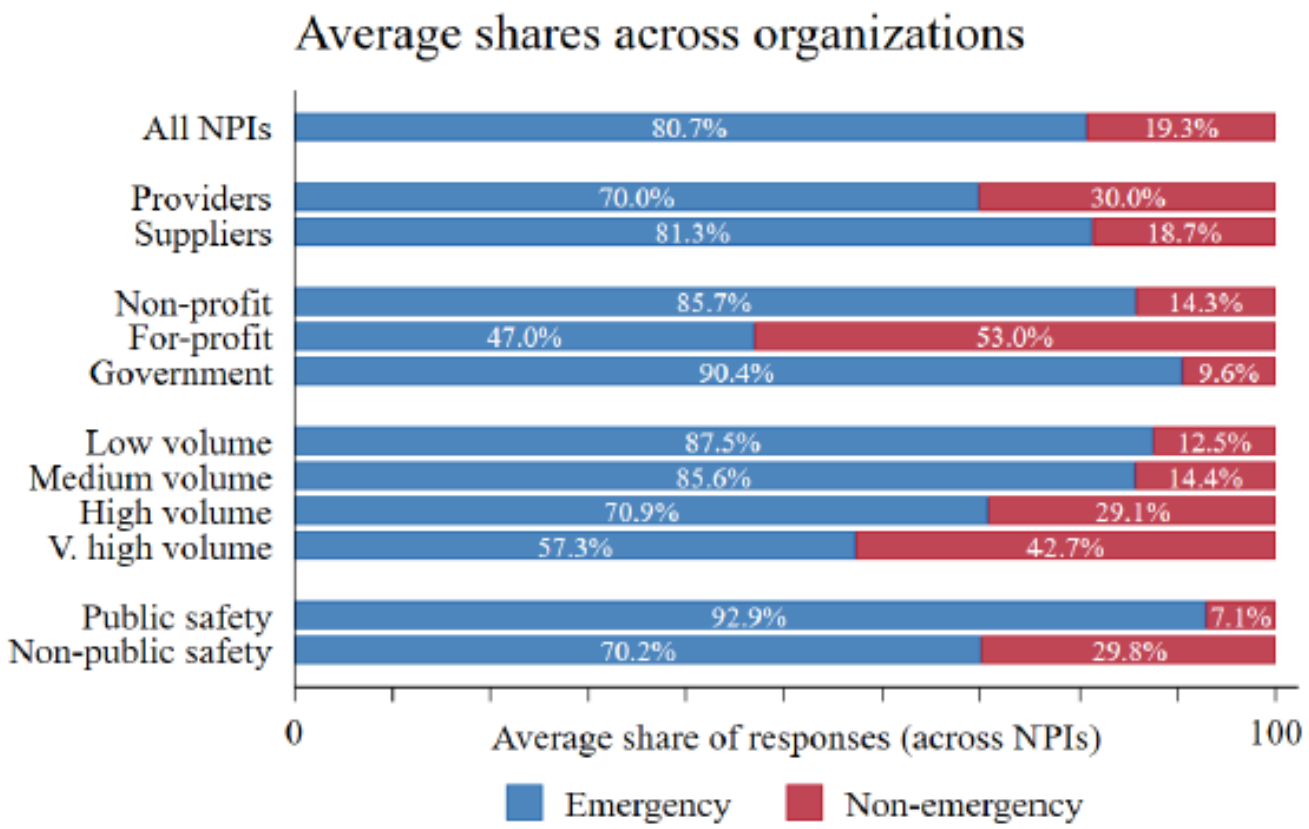
Figure 4.5.1. Aggregated Service Volume Count Comparison, All Organizations



4.7% increase in % of Unpaid Transports

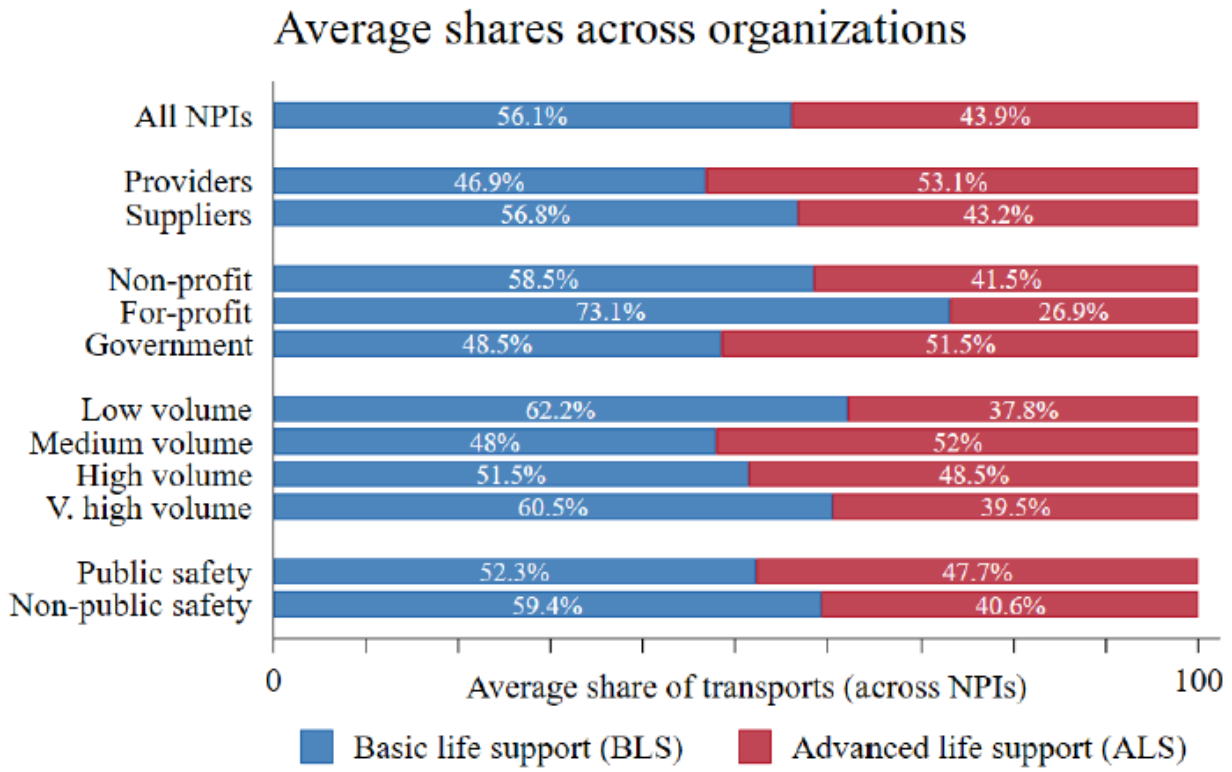
80.7% of all ambulance responses were for **emergencies**.

Figure 2.20. Shares of Emergency and Non-Emergency Responses by Organization and With Volume Weights



56% of transports reimbursed at the **BLS** level and **44%**were at the **ALS** level.

Figure 4.6.3. Shares of BLS and ALS Transports by Organization and With Volume Weights



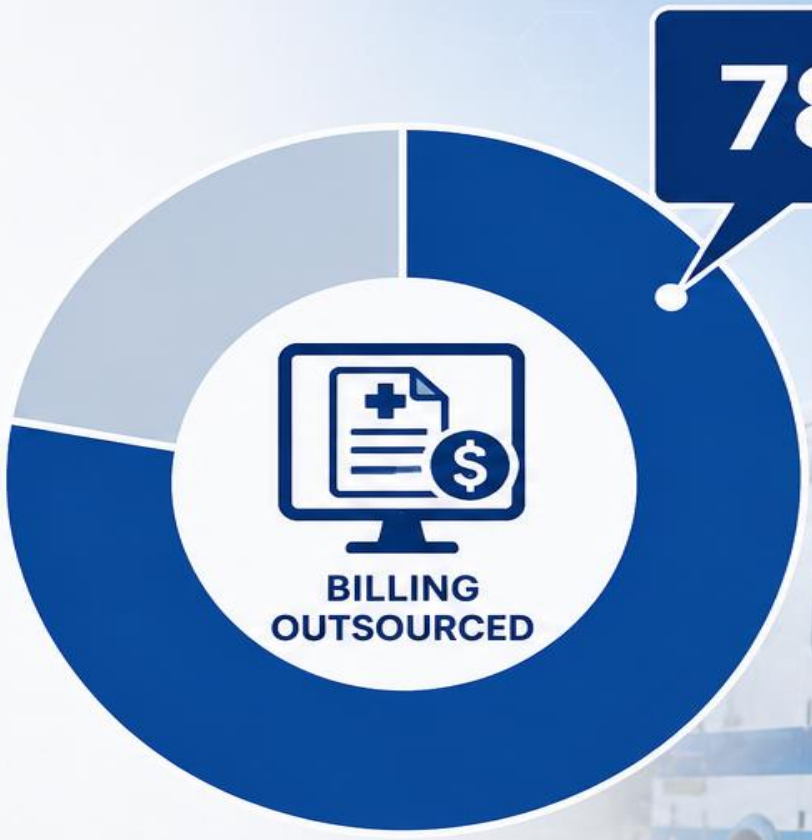
78.8%

of all ambulance services **outsource** their billing

TRUSTED PARTNERS

IMPROVED CASH FLOW

COMPLIANCE FOCUSED



FOCUSED ON CARE. SUPPORTED BY EXPERTS.

Revenue Mix

Revenue Mix	YR 1 - 2	YR 1 - 4	% Change
Medicare	29.9%	29.1%	-2.7%
Medicare Advantage	17.2%	18.3%	6.4%
Medicaid	7.5%	7.8%	4.0%
Medicaid MCO	7.0%	6.9%	-1.4%
Commercial Insurance	27.2%	27.0%	-0.7%
Patient Self-Pay	7.2%	6.7%	6.9%
All Other Payers	4.0%	4.2%	5.0%

Notes
- Of revenue received
- PWW|AG derived table using YR 1 - 2 Figure 4.13.2: weighted % Average Payer Share of Revenue by Organizations &
- YR 1 - 4 Figure 2.34: weighted Organization-Level Revenue Shares, by Payer

Revenue Mix

Note this trend between the first and second year reports

Revenue Mix	YR 1 - 2	YR 1 - 4	% Change
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Notes
- Of revenue received
- PWWJAG derived table using YR 1 - 2 Figure 4.13.2: weighted % Average Payer Share of Revenue by Organizations &
- YR 1 - 4 Figure 2.34: weighted Organization-Level Revenue Shares, by Payer

Revenue Drivers

Median Revenue per Transport	**YR 1 - 2**	**YR 1 - 4**	**$ Change**	**% Change**
All NPIs	$625	$613	**-$12**	-1.9%
Non-Profit	$652	$642	**-$10**	-1.5%
For Profit/Unknown	$461	$466	**$5**	1.1%
Government	$693	$680	**-$13**	-1.9%

Table X - Ground Ambulance Margins

Medicare Ground Ambulance Data Collection System (GADCS)

Created by PWW Advisory Group, December 2025

Years 1 - 4 Report	N	Per Transport – Mean Revenue	Mean Cost	Mean $ Shortfall	Mean % Shortfall	Per Transport – Median Revenue	Median Cost	Median $ Shortfall	Median % Shortfall
All NPIs	9,599	$1,268	$2,763	-$1,495	-54.1%	$613	$1,335	-$722	-54.1%
Provider vs. Supplier Status									
Suppliers	9,085	$1,256	$2,804	-$1,548	-55.2%	$601	$1,378	-$777	-56.4%
Providers	514	$1,487	$2,024	-$537	-26.5%	$876	$1,108	-$232	-20.9%
Medicare Transport Vol.									
Low	4,056	$1,645	$4,034	-$2,389	-59.2%	$716	$2,055	-$1,339	-65.2%
Medium	2,791	$1,072	$2,273	-$1,201	-52.8%	$621	$1,349	-$728	-54.0%
High	1,686	$1,034	$1,648	-$614	-37.3%	$527	$910	-$383	-42.1%
Very High	1,063	$719	$968	-$249	-25.7%	$477	$585	-$108	-18.5%
Ownership Category									
Non-Profit	2,609	$1,136	$2,578	-$1,442	-55.9%	$642	$1,199	-$557	-46.5%
For Profit/Unknown	1,869	$1,135	$1,912	-$777	-40.6%	$466	$609	-$143	-23.5%
Government	5,121	$1,384	$3,167	-$1,783	-56.3%	$680	$1,794	-$1,114	-62.1%
Service Area Pop. Density									
Urban	5,112	$1,267	$2,529	-$1,262	-49.9%	$539	$1,196	-$657	-54.9%
Rural	2,637	$1,062	$2,458	-$1,396	-56.8%	$618	$1,246	-$628	-50.4%
Super Rural	1,851	$1,567	$3,834	-$2,267	-59.1%	$909	$1,971	-$1,062	-53.9%
Public Safety									
Yes	4,443	$1,460	$3,545	-$2,085	-58.8%	$607	$1,969	-$1,362	-69.2%
No	5,156	$1,104	$2,088	-$984	-47.1%	$618	$951	-$333	-35.0%

Enter MedPAC…

First, they scraped data from these folks

- March 2025

Preliminary analytic sample for GADCS data analysis

- We have made two edits to the GADCS data
- Dropped organizations that share costs and revenues with fire departments, police departments, or hospitals
  - Consistent with GAO ambulance analysis (2012)
  - CMS discusses how to make this edit in documentation
- Dropped organizations that have extreme cost levels (more than 3 SDs from the mean)
- 1,710 organizations remain; edited data has higher share of organizations that are for-profit and lower share that are government-owned and urban

Note: GADCS (ground ambulance data collection system), GAO (government accountability office), SD (standard deviation).
Source: Government Accountability Office. 2012. *Ambulance providers: Costs and Medicare margins vary widely; transports of beneficiaries have increased*. GAO-13-6. Washington, DC: GAO.

https://www.medpac.gov/meeting/march-6-7-2025/

Then, they said they were looking to see if Ambulance Fee Schedule payments were adequate…

AMBULANCE FEE SCHEDULE

Quality Care. Immediate Response. Community Commitment.

	SERVICE	DESCRIPTION	FEE
TRANSPORT SERVICES	Basic Life Support (BLS) Non-Emergency	Ground transport – non-emergency	$850
	Basic Life Support (BLS) Emergency	Ground transport – emergency	$1,250
	Advanced Life Support (ALS) Emergency	Advanced care by paramedic – emergency	$2,250
	Mileage (per loaded mile)	Beyond included mileage	$25.00
ADDITIONAL SERVICES	Ground Emergency Standby	Per hour (2-hour minimum)	$300
	Level of Care Upgrade	BLS to ALS – per transport	$400
	Wait Time	Patient-related delay – per 15 minutes	$75
	Stair Chair Assist	Up/Down – per occurrence	$100
SUPPLIES & EQUIPMENT	Oxygen Administration	Per use	$75
	EKG Monitoring	Per use	$125
	IV Therapy	Per use	$150
	Medications	Per medication	Actual Cost + 15%
OTHER FEES	Cancellation Fee	No-show or cancellation without 2-hour notice	$200
	Records Request	Per request	$25
	Payment Plan Setup	Administrative fee	$50

Fees are subject to change.
For inquiries, please contact our billing department.

(555) 123-4567

www.exampleems.org

- April 2025

Motivation for collecting ground ambulance cost and revenue data

- AFS payment adjustments are largely not based on cost data and have not been updated since they were implemented
- Without cost data, it may not be clear:
  - If AFS payments vary appropriately with the costs of providing care to beneficiaries with different needs in different locations
  - If aggregate AFS payments are adequate to ensure access to care and good value for the Medicare program

Note: AFS (ambulance fee schedule).

https://www.medpac.gov/meeting/december-4-5-2025/

Then, they said the goal of GADCS is *not* to assess adequacy of the Ambulance Fee Schedule.

- March 2026

But, they think ambulance cost data collection should continue anyway…

Chair's draft recommendation

- The Congress should direct the Secretary to continue collecting cost and revenue data from suppliers and providers of ground ambulance services.
  - Data collection should focus on information essential to assessing both the accuracy of Medicare payments and Medicare beneficiaries' access to care; and
  - The Secretary should pursue opportunities to streamline data collection to minimize burden on suppliers and providers.


What the
Hell?
Dude?

RECOMMENDATION 6

The Congress should direct the Secretary to continue collecting cost and revenue data from suppliers and providers of ground ambulance services.

- **Data collection should focus on information essential to assessing both the accuracy of Medicare payments and Medicare beneficiaries' access to care; and**

Access

- **The Secretary should pursue opportunities to streamline data collection to minimize burden on suppliers and providers.**

Easier?

https://www.medpac.gov/wp-content/uploads/2026/06/Jun26_MedPAC_Report_To_Congress_SEC.pdf

The Outcome:

Cost collection Likely Back in 2028

Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/16/2026

1. FUTURE GADCS

CMS states that it will address future data collection under the Ground Ambulance Data Collection System (GADCS) in next year's rulemaking.

CMS says: *"We expect to address the ongoing data collection requirements for the Medicare Ground Ambulance Data Collection System in the CY 2028 PFS rulemaking to include the Medicare Payment Advisory Commission (MedPAC)'s June 15, 2026, Report to the Congress's findings."*

https://www.medpac.gov/document/june-2026-report-to-the-congress-medicare-and-the-healthcare-delivery-system/.

KEY TAKEAWAYS

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- The Medicare Ground Ambulance Data Collection System (GADCS) is likely here to stay
- They are trying to be inclusive of all ground ambulance services
- No significant reform to AFS on the near horizon

H.R.9970 - RESCUE Act of 2026

119th Congress (2025-2026) | Get alerts

BILL Hide Overview ✕

Sponsor: Rep. Pfluger, August [R-TX-11] (Introduced 07/27/2026)

Committees: House - Energy and Commerce; Ways and Means

Latest Action: House - 07/27/2026 Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. (All Actions)

Tracker: **Introduced** | Passed House | Passed Senate | To President | Became Law

THE ONE BIG BEAUTIFUL BILL ACT (OBBA) UPDATE

Key Provisions. Real Impact. What You Need to Know.

TAX REFORMS

ECONOMIC GROWTH

STRONGER COMMUNITIES

BETTER FOR AMERICA

KEY MEDICAID POLICY CHANGES AHEAD

Work ("Community Engagement") requirement (2027)

Immigrant Restrictions (October 1, 2026)

Reduced retroactive eligibility (December 31, 2026):

- From 90-days to 30-days for Medicaid expansion enrollees

More frequent Medicaid re-eligibility redeterminations for Medicaid expansion enrollees – every 6 months (December 31, 2026)

These changes will impact eligibility, enrollment, and administrative processes.
Stay informed and plan ahead.

Copays on Medicaid Services

- Requires states impose cost sharing on Medicaid expansion patients with incomes over 100 percent of the Federal Poverty Level (FPL)
- Cannot exceed $35 per service and aggregate family cost sharing not more than 5% of family income
- Effective: 2028

Potential EMS Impact:
Reduced Medicaid Reimbursement

Recommendations – Medicaid Copays

- Conduct economic modeling of loss of anticipated decreases in Medicaid reimbursement
  - Count on not collecting max copayment of $35 from expansion patients
- Work with the state Medicaid to try and implement automated process to collect co-pays

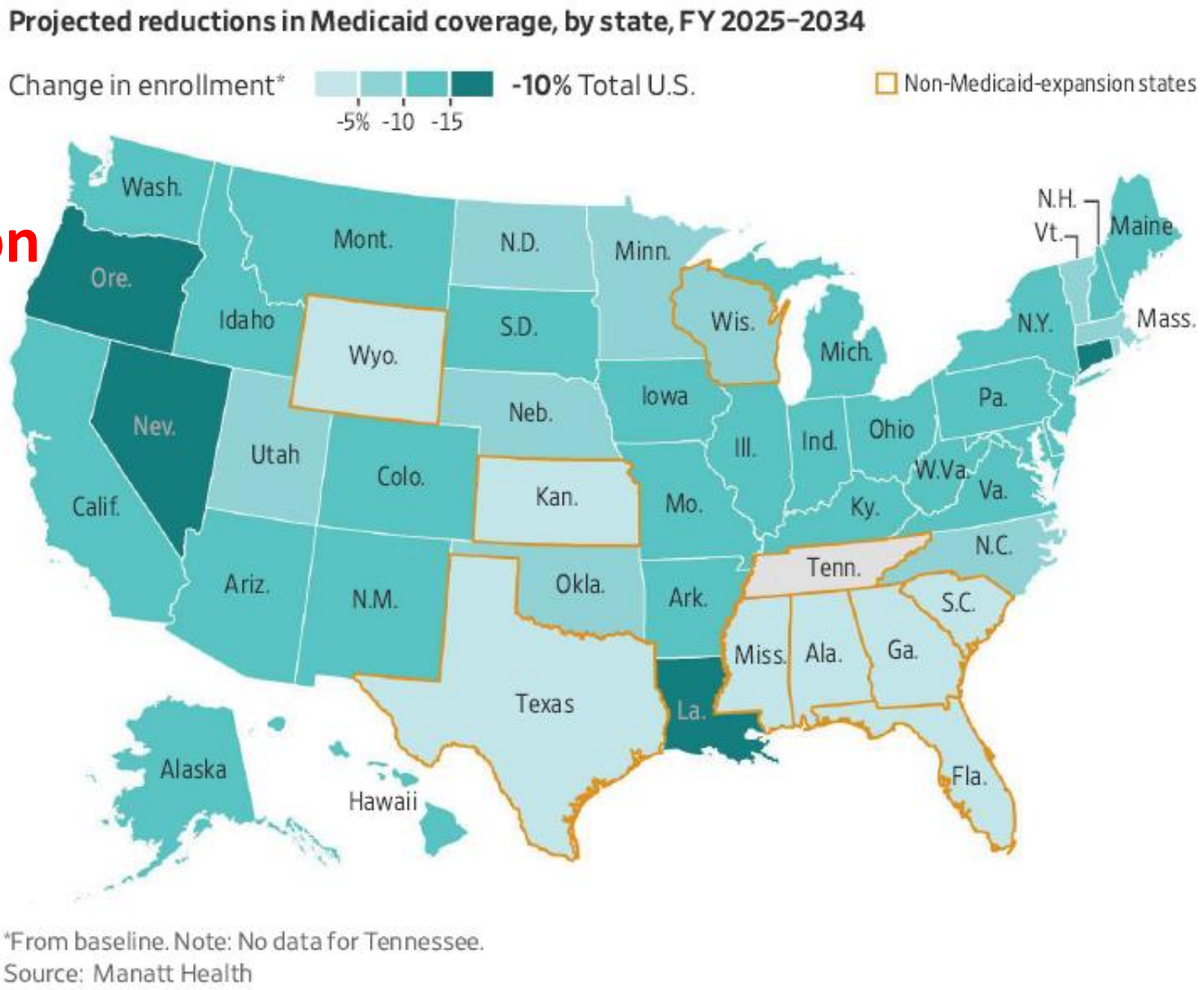
Limits on ACA Exchange Enrollment

- Shortens enrollment window by month
- End automatic (passive) re-enrollment
- Limits eligibility in expansion states
- Removes premium tax advantage and subsidies
  - **23.1 million people signed up for 2026 coverage, down 1.2 million from 2025.**

EMS Impact:
More uninsured, or Medicaid

Projected Reductions in Coverage

~15% Reduction



*From baseline. Note: No data for Tennessee.
Source: Manatt Health

Action Plan

- Conduct economic modeling of shift of anticipated Medicaid payer mix
  - Worst case – 15% go to uninsured
- Eligibility verifications are in real time
- Stay tuned to PWW|AG

Decreased Medicaid Eligibility by 15%

Actual (Budgeted) [Projected]	**FY 2025-26**	**FY 2026-27**	**FY 2027-28**	**FY 2028-29**	**FY 2029-30**	**FY 2030-31**
Ambulance Transports	7,021	7,249	7,485	7,729	7,980	8,241
Average Gross Patient Charge (ALSE Base + Mileage)	$4,040.60	$4,240.00	$4,452.00	$4,674.60	$4,908.33	$5,153.75
Billed Revenue	$28,367,331	$30,735,193	$33,322,170	$36,127,775	$39,170,560	$42,470,656
Revenue						
Net Revenue per Transport	$901.97	$941.86	$965.31	$989.45	$1,014.32	$1,031.05
Total Ambulance Fee Revenue	**$6,332,361**	**$6,827,443**	**$7,225,114**	**$7,647,027**	**$8,094,742**	**$8,496,646**
Other Revenue						
Total Other Revenue	**$4,318,926**	**$4,435,411**	**$4,555,580**	**$4,679,561**	**$4,807,487**	**$4,975,972**
Total Revenue	**$10,651,287**	**$11,262,854**	**$11,780,693**	**$12,326,588**	**$12,902,229**	**$13,472,618**

CSA Actual (Budgeted) [Projected] Expenses	**FY 2025-26**	**FY 2026-27**	**FY 2027-28**	**FY 2028-29**	**FY 2029-30**	**FY 2030-31**
Total Expenses	**$8,430,277**	**$8,784,886**	**$9,159,687**	**$9,545,730**	**$9,944,019**	**$10,362,220**
Expense Per Transport	***$1,200.80***	***$1,211.90***	***$1,223.78***	***$1,235.13***	***$1,246.05***	***$1,257.44***
Operating Retained Earnings (FFS Revenue - Expenses)	**($2,097,916)**	**($1,957,443)**	**($1,934,573)**	**($1,898,703)**	**($1,849,277)**	**($1,865,574)**

Optimize Financial Assistance

Review and update
charity care policies

Screen for
hardship eligibility

Predict
propensity to pay

Stronger policies. Smarter screening. Better outcomes.
Helping ensure the right care gets the right support.

ALERT:

CMS Proposed Rule

GEMT Supplemental Reimbursement at Risk

Released: May 20, 2026
Earliest Effective Date: January 1, 2029

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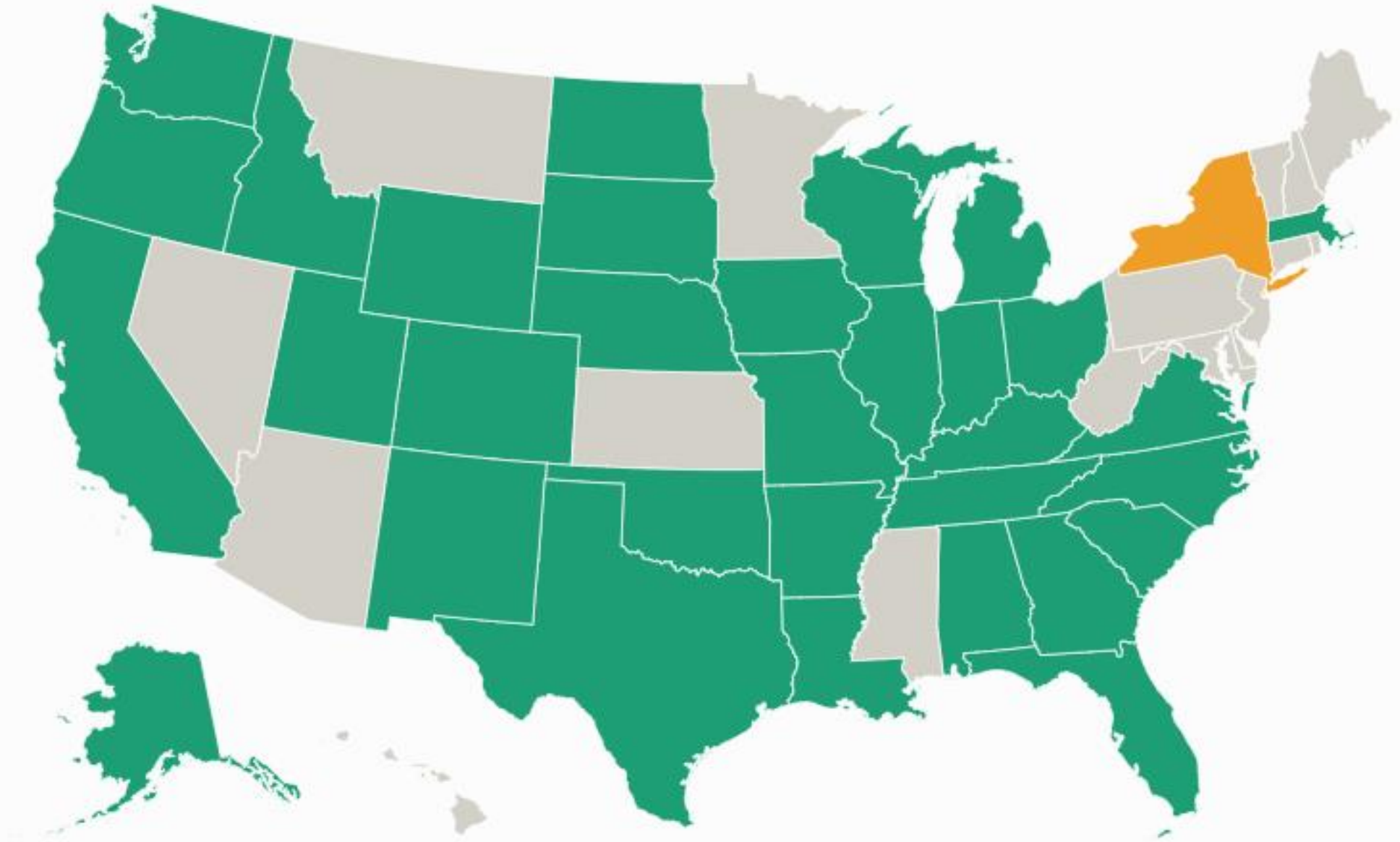
Verified state data structure for mapping visualization



What CMS Released

IMPORTANT NOTE:
This is all subjected to change

- Could be substantially same
- Could exclude GEMT
- Rule may not ever be passed

1. Notice of Proposed Rulemaking (NPRM) that could significantly reshape GEMT supplemental reimbursement for GEMT providers
2. Timeline:

    Proposed Rule
    60-day comment period (ended July 21, 2026)
    CMS reviews and responds to all comments
    Final Rule with any changes

3. Proposed payment limits would not take effect until rating periods on or after January 1, 2029

EMS|MC

What Is CMS-2449-P?

The Problem CMS Is Targeting

State Directed Payments (SDPs) and FFS supplemental payments have ballooned to **$97.8 billion in FY 2024**

Example

If the AFS amount for an ALS emergency in your area is $450, that becomes the maximum total GEMT reimbursement — inclusive of what you've already received from Medicaid.

The New Rule Caps At:

Expansion States

100% of Medicare Ambulance Fee Schedule

Non-Expansion States

110% of Medicare Ambulance Fee Schedule

Comment deadline: July 21, 2026 | Earliest effective date: January 1, 2029

EMS|MC

Oregon Medicaid Payment for Treatment No Transport

How OHP pays EMS agencies for treatment in place

PWW | AG

TNT Under Oregon Medicaid

- TNT — also called an 'aid call' — is when an EMS crew responds, assesses and treats a patient, but the patient is not transported to a facility
- Oregon Medicaid (OHP) bills TNT under HCPCS code A0998, separate from the transport-based ambulance codes (A0426–A0433)

EMS|MC

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How Oregon Prices a TNT Response:

Before the Policy Change

- A0998 (Aid Call) was reimbursed at a flat rate of $54.45, regardless of the level of care provided
- In 2020, OHA temporarily raised the TNT rate during the COVID-19 public health emergency
- The temporary increase matched the ALS1 emergency base rate under A0427 ($420.62)

Current Policy

- OHA made the enhanced TNT rate permanent through a Medicaid State Plan Amendment (SPA)
- A0998 is now priced using the ALS1 Base Rate (A0427), currently $420.62
- The rate applies to OHP fee-for-service claims

Oregon Medicaid A0998 (Treat-No-Transport) Rate

Key Point: The $420.62 figure is the Oregon Health Authority's fee-for-service rate.

OHA expressly cautions that its published FFS rates apply to services billed directly to OHA.

For a patient enrolled in a Coordinated Care Organization (CCO), you need to look to that CCO's reimbursement terms/rate.

1. Fee-for-Service (FFS) Patients

Billed directly to OHA

OHA's published FFS rate for A0998 (Treat-No-Transport):

$420.62

This rate applies when you bill services directly to **OHA (FFS).**

2. Coordinated Care Organization (CCO) Patients

Billed to the patient's CCO

For CCO patients, reimbursement is set by the CCO—not OHA.

Look to that CCO's reimbursement terms/rate.

Do not assume the rate is $420.62. It varies by CCO.

Important Background – COVID Guidance

Oregon's original COVID guidance required CCOs to increase their **A0998 rate to their own ALS1/A0427 base rate**, rather than requiring every CCO to pay the state's $420.62 FFS amount.

A0998 (Treat-No-Transport) → Billed to CCO at the CCO's ALS1/A0427 base rate

Always verify the patient's coverage and confirm reimbursement with the applicable CCO before billing.

OHA TNT Billing Checklist

- ✓ Bill A0998 for TNT
- ✓ Medicare First for Denial, Then OHA
- ✓ Reimbursed at ALS1 level – currently $420.62

Coordinated Care Organization Checklist

- ☑ **Bill A0998 for TNT**
- ☑ **CCO's ALS1/A0427 rate under OHA's published TNT guidance, subject to the CCO's current contract/policy**

Check Commercial Plans

OREGON COMMERCIAL PAYERS & TREAT-NO-TRANSPORT (TNT) – A0998

Coverage, Reimbursement & Billing Requirements (2026)

KEY TAKEAWAYS

- Many Oregon commercial plans reimburse A0998 (TNT), but policies vary by payer.
- Verify coverage, documentation and billing rules with each payer before billing.
- HB 3243 (effective 1/1/2026) limits balance billing for covered ground ambulance services.

Treat-No-Transport (TNT) – HCPCS A0998: EMS response and treatment at the scene; patient not transported.
Note: Medicare generally does NOT pay A0998 as a standalone benefit. Coverage below applies to commercial plans.

PAYER	COVERS A0998 (TNT)?	REIMBURSEMENT METHODOLOGY	MODIFIER REQUIREMENT	DOCUMENTATION / BILLING NOTES	POLICY / SOURCE (2026)
Regence	Yes (Commercial & Medicare Advantage)	Paid per usual ambulance fee schedule. Specific rate is contract/plan dependent.	No modifier required. Adding a modifier may cause claim denial.	Medical necessity must be documented (including why transport was not medically necessary).	Regence Ambulance Guidelines (Effective 1/1/2026) regence.com/provider
Providence	Yes (Commercial Plans)	Reimbursed per contracted rate. Considered a covered ground ambulance service.	Origin/Destination modifier not required per policy.	Document assessment, treatment provided, and clinical reason patient did not require transport.	Providence Health Plan Ambulance Policy 2026 providence.org/providers
PacificSource HEALTH PLANS	Yes (Commercial Plans)	Paid per contracted rate. Considered medically necessary when criteria are met.	No specific modifier requirement.	Medical necessity must be supported in the EMS report. Follow standard claim submission.	PacificSource Provider Manual Ambulance Services 2026 pacificsource.com/providers
moda HEALTH	Yes (Commercial Plans)	Paid per contracted rate. Subject to plan benefits & limitations.	No modifier required per policy.	Include reason for non-transport and services provided. Meets plan medical necessity.	Moda Health Provider Guide Ambulance Services 2026 prodahealth.com/providers
cigna healthcare	Yes (Commercial Plans)	Paid per contracted rate. A0998 is a covered ambulance service when medically necessary.	No specific modifier requirement.	Document medical necessity for response and why transport was not performed.	Cigna Ambulance Services Billing Guidelines 2026 cignaforhcp.com
aetna	Yes (Commercial Plans)	Paid per contracted rate. Covered when medically necessary.	No modifier required per policy.	Provide clinical justification for on-scene treatment and non-transport.	Aetna Provider Manual Ambulance Services 2026 aetnabetterhealth.com/providers
United Healthcare	Varies (Plan Dependent)	Coverage and payment vary by plan. Some plans cover A0998; others do not. Check member benefits.	Varies by plan. Confirm requirements before billing.	Confirm benefit coverage and medical necessity per plan prior to billing.	UHC Provider Manual Ambulance Services 2026 provider.uhc.com

OREGON HB 3243 (EFFECTIVE 1/1/2026)

- Applies to Oregon-regulated commercial health benefit plans.
- Plans must reimburse covered ground ambulance services at the established local rate or, if no local rate exists, at least 325% of the Medicare rate.
- Does not require a plan to cover a service that is not otherwise a covered benefit.

BEST PRACTICES

- Always verify coverage and reimbursement with the member's plan.
- Follow each payer's documentation & billing instructions.
- Keep detailed records of assessment, treatment, and reason for non-transport.

TNT Commercial Billing Checklist

- ☑ Bill correct HCPCS code (check with payer)
- ☑ Paid at contracted rate if participating
- ☑ Rates can vary

Billing SCT in Oregon

Requirements, how it differs from Medicare, and why it matters for rural agencies

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Oregon's SCT Staffing Rule

- OHP bills SCT under A0434, listed with other 'Secured Transport and Specialty Care Transports' services
- Oregon Administrative Rule 333-255-0073 requires a Paramedic with additional specialty-care training, or an "ambulance-based clinician" (RN, physician or PA), in the patient compartment
- The vehicle must also carry specialty equipment — including continuous waveform capnography and a device for pressure infusion of IV fluids

Oregon Medicaid vs. Medicare

MEDICARE

SCT is billed like any other ambulance level under the Ambulance Fee Schedule — no routine prior authorization is required for the transport itself

OREGON MEDICAID (OHP)

SCT (A0434) is filed under OHP's non-emergency medical transportation benefit, which requires prior authorization from the local brokerage before the trip

SCT Billing Checklist

- ✓ Confirm SCT Staffing
- ✓ Bill A0434 for SCT
- ✓ Bill Medicare First
- ✓ Coordinate with Sender
- ✓ Specialty Equipment
- ✓ Get Prior Auth
- ✓ Document Care Needed

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Oregon HB 3243: Balance Billing

Oregon's fix for the gap the Federal No Surprises Act leaves open

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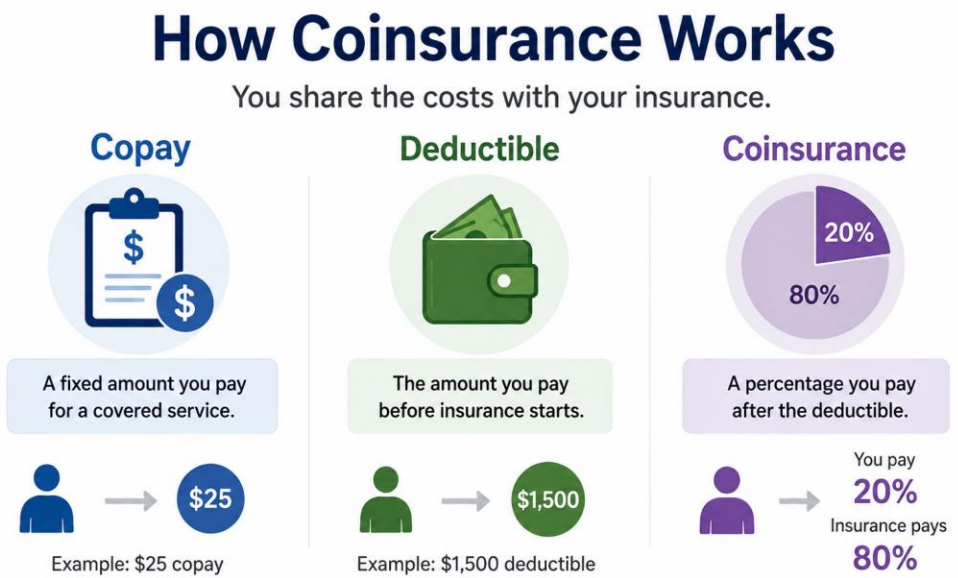
The NSA: Air Ambulance Only

- The **Federal** No Surprises Act (NSA) protects patients from surprise billing for emergency and air ambulance care
- Ground ambulance is not covered — some payers incorrectly applied NSA rules to ground claims anyway
- CMS clarified this in the Federal Register (88 FR 75806, 11/2/23): NSA protections do not extend to ground ambulance

What the Federal NSA Does NOT Do

- The NSA does not eliminate a patient's liability for services that are not covered by their health plan
- The NSA does not eliminate a patient's cost-sharing obligations — deductibles, copays and coinsurance under the plan still apply



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STATE BALANCE BILLING PROTECTIONS

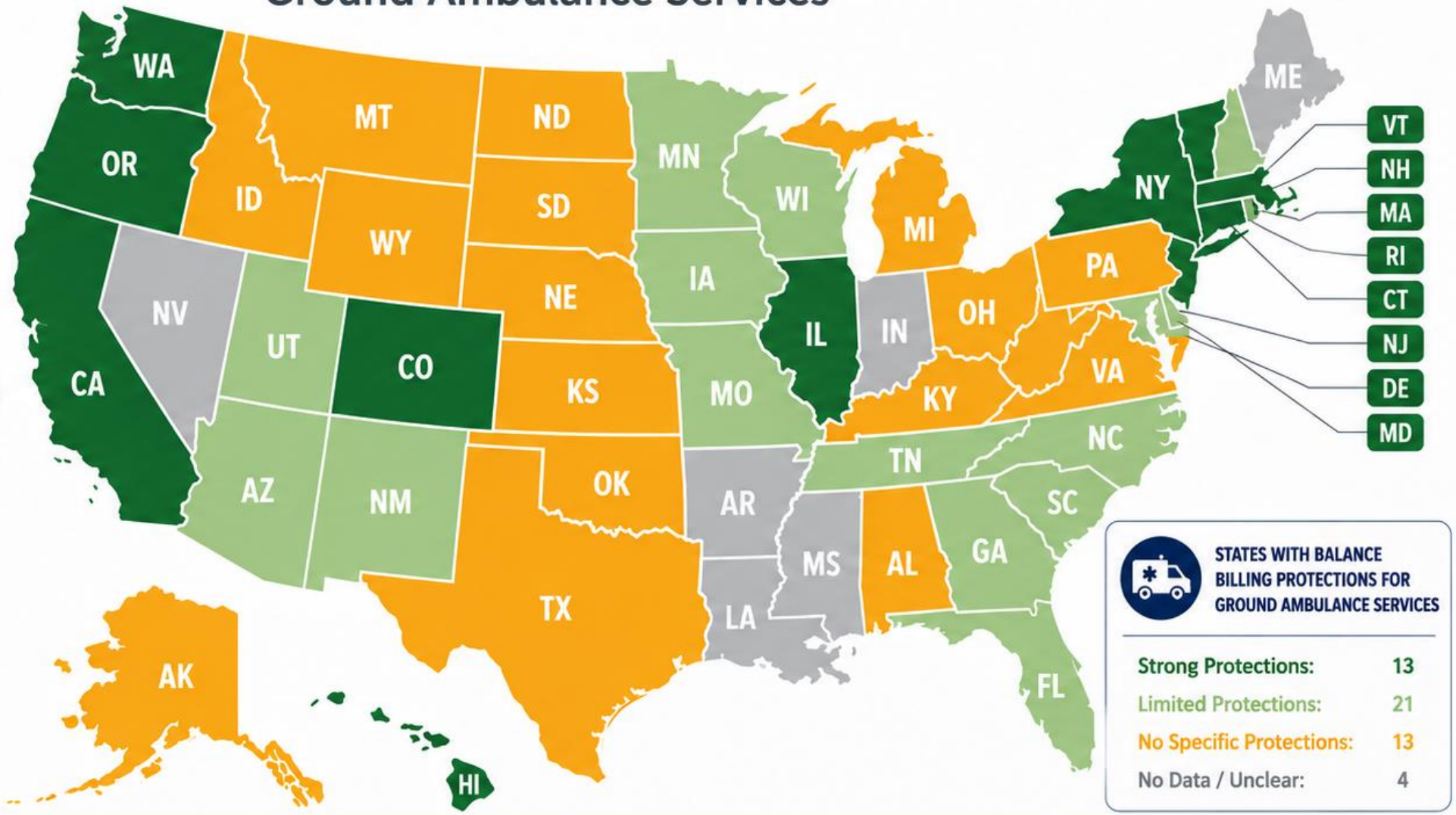
Ground Ambulance Services

STRONG PROTECTIONS
Comprehensive balance billing protections for ground ambulance services.

LIMITED PROTECTIONS
Some balance billing protections or reimbursement standards in place.

NO SPECIFIC PROTECTIONS
No specific balance billing protections for ground ambulance services.

NO DATA / UNCLEAR
No clear law identified or insufficient information available.



STATES WITH BALANCE BILLING PROTECTIONS FOR GROUND AMBULANCE SERVICES

Strong Protections:	13
Limited Protections:	21
No Specific Protections:	13
No Data / Unclear:	4

Laws and regulations vary. Always consult legal counsel for specific guidance.

THE PATCHWORK PERSISTS

State laws addressing ambulance balance billing continue to evolve. This map reflects the current landscape and will change over time.

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HB 3243: Balance Billing Ban

- A GASO may not balance bill an enrollee who has paid their in-network cost-sharing amount
- It applies to both emergency and interfacility transports, and to public and private agencies alike
- Any amount overpaid due to a violation must be refunded within 45 business days

Implementation Dates

- ORS 743B.292 applies to **health benefit plans issued, renewed, or extended on or after January 1, 2026**
- In effect for about eight months at this point
- The related reporting section (DCBS's report to the Legislature on the law's impact) runs on its own separate clock — due no later than September 15, 2026

What Plans are Covered?

- All "health benefit plans" as defined in ORS 743B.005 — this means Department of Consumer Business Services (DCBS)-regulated commercial insurance:
  - Individual market health insurance policies governed by DCBS
  - Group market (employer-sponsored) health insurance policies governed by DCBS, where the employer is fully insured (not self-funded, ERISA-governed plans)

What Plans are NOT Covered?

- **Self-funded employer group health plans** (these are federally regulated under ERISA, so Oregon can't mandate them directly)
- **Public Employees' Benefit Board (PEBB)**
- **Oregon Educators Benefit Board (OEBB)**

But, They Can Opt-in

- **Self-funded employer group health plans**
- **PEBB** group health plans
- **OEBB** group health plans

Group Name
BLACKSTONE AUDIO INC
Marquis Companies I Inc.
NORTHWEST FIREFIGHTERS RELIEF ASSOCIATION
Oregon Fire Chiefs Association
Special Districts Insurance Services
Columbia Sportswear Company
Clackamas Fire District
ASSOCIATION OF OREGON

Self-Funded Opt-in Information

Health insurance regulation

Prior Authorization

Patient protection reports

Regulatory guidance

Oregon Reinsurance Program

Behavioral Health Parity reporting

Annual Network Adequacy

Health benefit plan reports

Prompt payment reporting

Quarterly health enrollment reporting

Ground ambulance rate reporting

Common law employee requirements

How to opt-in to the Oregon ground ambulance balance billing law

Self-funded employer, State of Oregon PEBB and OEBB group health plans may elect to participate with Oregon's ground ambulance balance billing law provisions in ORS 743B.292.

Opt-in is for a full year unless the self-funded plan selects to automatically renew. Notices submitted January 1, 2026 through January 31, 2026 may have an effective date of January 1, 2026 or later. The plan can participate for any calendar or plan year and must notify the department at least 15 days before the end of the year to opt-out.

Entities may opt-in through the following form: ***OR Ground Ambulance Balance Billing Opt-in***

Complete this form to participate in the Oregon ground ambulance balance billing law. (Note: The information you submit will appear on our website. You will not receive email verification upon completion of the form.)

Health Plans Participating in the Oregon Ground Ambulance Balance Billing Law

See the current list of self-funded group health plans, State of Oregon PEBB and OEBB group health plans that have elected to participate (opt-in) to the Oregon ground ambulance balance billing law.

A directory of opted-in entities can be downloaded in Excel format here.

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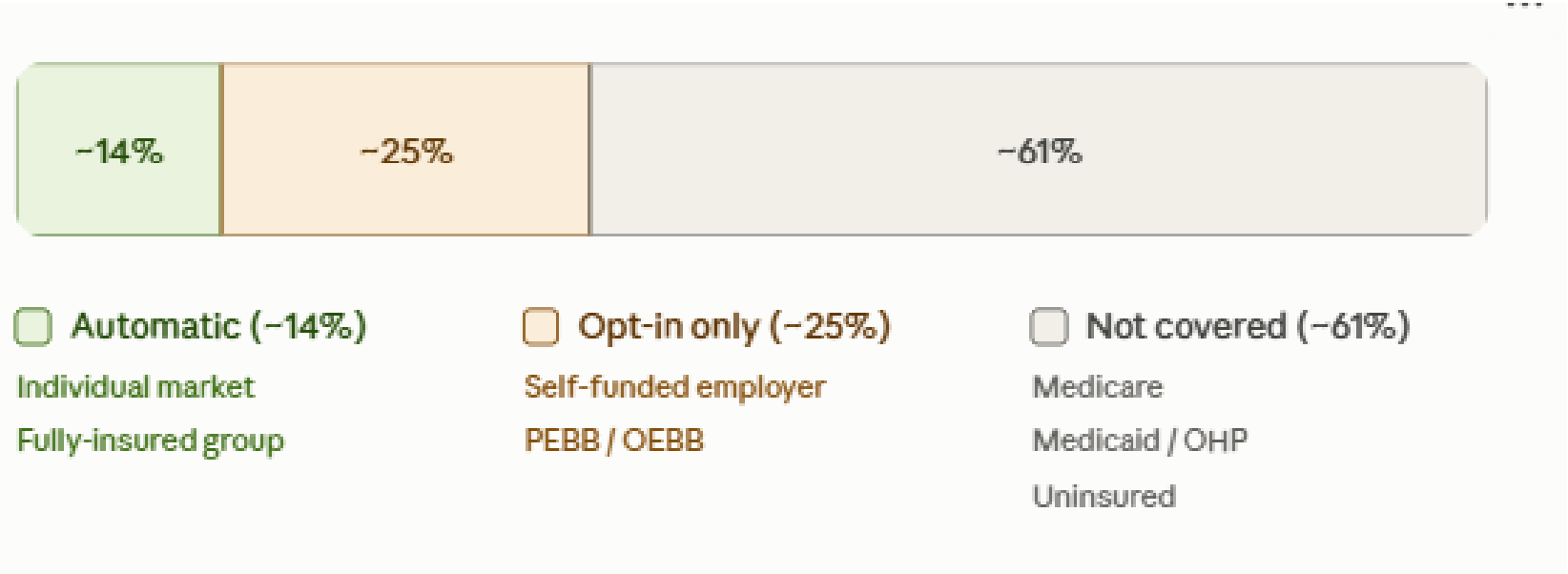
Plans Not Covered

- **Medicare** and **Medicaid/OHP** — these aren't "health benefit plans" under the ORS 743B.005 definition
- **Uninsured/self-pay patients** — this law protects *enrollees* of a covered plan who've paid their in-network cost-sharing



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PRACTICAL TAKEAWAY
for a Rural Agency

You generally know a patient's balance-billing protection applies if they have INDIVIDUAL-MARKET OR FULLY-INSURED GROUP COMMERCIAL COVERAGE.

LIKELY PROTECTED
(CHECK COVERAGE TYPE)

- INDIVIDUAL-MARKET COMMERCIAL COVERAGE
- FULLY-INSURED GROUP COMMERCIAL COVERAGE

CHECK DCBS OPT-IN LIST
(NOT AUTOMATIC)

- PEBB (PUBLIC EMPLOYEES BENEFIT BOARD) PLANS
- OEBB (OREGON EDUCATORS BENEFIT BOARD) PLANS
- SELF-FUNDED EMPLOYER PLANS

Check the DCBS Opt-In List

- ☑ Is the plan listed?
- ☑ Is it opted in?
- ☑ Coverage applies only if opted in.

NO BEARING ON

- **MEDICARE** (Federal program – not affected by state opt-in law)
- **OHP (OREGON HEALTH PLAN)** (Medicaid program – not affected by state opt-in law)

BOTTOM LINE: If a patient has individual-market or fully-insured group commercial coverage, balance-billing protections generally apply. PEBB, OEBB, and self-funded plans require a check. No impact on Medicare or OHP claims.

The Other Part of the Law:
Payment Floor for Covered Plans

1. Health benefit plans must reimburse ground ambulance services at the 'established local rate' where one exists
2. If no established local rate exists, the plan must pay no less than 325% of the Medicare rate

The 'Established Local Rate'

PATH A — Government-Owned Agency

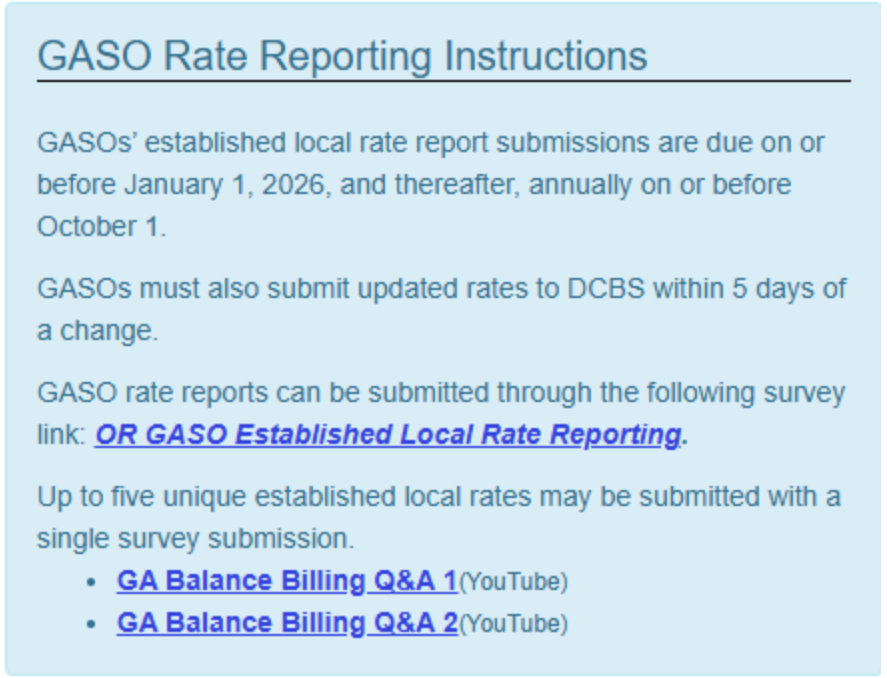
Set by the local government entity, when it owns or operates the ambulance service

PATH B — Privately Owned Agency

Set by contract between a private ambulance organization and the local government it serves

Reporting & The Rate Database

- Ground ambulance providers must report their established local rates to the Department of Consumer and Business Services (DCBS) annually, and within 5 days of any rate change



GASO Rate Reporting Instructions

GASOs' established local rate report submissions are due on or before January 1, 2026, and thereafter, annually on or before October 1.

GASOs must also submit updated rates to DCBS within 5 days of a change.

GASO rate reports can be submitted through the following survey link: ***OR GASO Established Local Rate Reporting.***

Up to five unique established local rates may be submitted with a single survey submission.

- **GA Balance Billing Q&A 1** (YouTube)
- **GA Balance Billing Q&A 2** (YouTube)

https://dfr.oregon.gov/business/reg/health/pages/ground-ambulance-rate-reporting.aspx

Action Plan

1. Establish a local rate if you don't have one (that is greater than 325% of Medicare AFS)
2. Report rate to Department of Consumer and Business Services (DCBS)
3. If you do nothing, plans affected will pay you 325% of Medicare AFS

OR No Surprises Act Compliance Checklist

- ✓ Ground Transports
- ✓ Report Rates to DCBS
- ✓ Effective Jan. 1, 2026
- ✓ Local Rate or 325%
- ✓ Public & Private
- ✓ 45-Day Refund
- ✓ No Balance Billing Covered Plan Enrollees

HB 2222: Mobile Integrated Healthcare

Where MIH billing & Medicaid enrollment stand today

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HB 2222 – Stalled in Joint Committee on Ways and Means

- Would set criteria for MIH providers to enroll in Oregon Medicaid
- It would have directed OHA to give technical assistance to MIH providers applying for enrollment
- An earlier draft went further — an MIH registry and dedicated billing codes — before being narrowed in 2025

HB 2222 Did Not Pass in 2025

- HB 2222 stalled in the Joint Committee on Ways and Means and never received a floor vote — it is not law
- Related MIH funding continues through House Bill 4052 (2022)'s pilot program, with a report due by June 30, 2026
- The Oregon MIH Coalition says it will keep pursuing Medicaid enrollment and funding in future sessions

What This Means for MIH Now

- Without HB 2222, there is still no dedicated Oregon Medicaid enrollment pathway or billing code for MIH services
- Rural agencies running MIH-style programs today generally rely on existing OHP codes (like TNT/A0998), grant funding, or CCO-specific arrangements — not a standalone MIH benefit
- Watch upcoming legislative sessions and OHA's HB 4052 pilot-program report for any new MIH billing pathway

WRAP-UP

Putting It All Together

A quick-reference recap before we close

Key Takeaways

- Please for decrease in Medicaid from OBBA
- Oregon Medicaid permanently pays TNT (A0998) at the ALS1 base rate
  - Commercials may pay
  - CCOs pay
- SCT (A0434) requires prior authorization
- Oregon NSA in effect: no balance billing, and payment at the local rate or 325% of Medicare for covered plans

THANK YOU

Questions & Resources

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Prepared for the Oregon Office of Rural Health at OHSU

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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*)

ORH HERO: Helping EMS in Rural Oregon | EMS Agency Training Grant | Reopens in Spring 2027 (*More information here*)

OREGON OFFICE 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

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OPPORTUNITY Just knock.

Thank you!

Joan Field
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OHSU