



NEW HAMPSHIRE ASSOCIATION OF FIRE CHIEFS, INC.

Working Together to Make a Difference

547 Charles Bancroft Hwy.

Litchfield, NH 03052

www.nhafc.org

Email: nhfirechiefs@gmail.com

Meeting Minutes of the Board of Directors – August 2, 2023

Litchfield

Called to order by Chief at Emanuel at 1256 hours

Members present: Chiefs Hunter, Emanuel, Carrier, Fraitzl, McShane, S. Buxton, Thomas, Sitar and ED Lemire.

Minutes of previous meeting: Distributed and posted for meeting. A MOTION (Sitar/S. Buxton) to accept carried unanimously.

Financial Reports: Distributed post meeting.

Correspondence: n/a

Life Membership:

President's Report (Best) – No report

Report of the Executive Director: (Lemire)

- The August regular meeting on the 10th will be in Gorham at the Town and Country. You will have 3 dinner choices and a special room rate for stay-over. Chief Carrier will coordinate golf. The North Country chiefs are working to get a good turnout.
- The September BOD meeting will be virtual and the September 14 regular meeting will be at the LRCC and includes breakfast.
- Dep. Maurice Paquette's appointment to the Emergency Medical and Trauma Services Coordinating Board has been confirmed I believe, and the commissioner has re-appointed Peter Lennon of Manchester to the Building Code Review Board.
- Chief Carrier and ED Lemire have been working with our accountant to move the IRS application along. Finally some movement!
- As per direction of the BOD, I've reserved our table and bought the ad for the North Country Public Safety Awards banquet in November.
- Chief Shawn Murray has expressed interest in the NE Chiefs' Director position that I know of.

- Justin Cutting, Scott Cathy, John Steele and Scott Tice have all expressed interest in the Professional Development Committee.

1st Vice President's Report (Emanuel) (Presented by Adam Schmidt)

- Legislative update – Ambulance billing committee meeting summary:
Ambulance Billing “Summit” Overview – 7/28/23

Present at NH DOI: Acting Commissioner DJ Bettencourt (NH Insurance Department/NH DOI), Alex Feldvebel (NH DOI), Keith Nyhan (NH DOI), Jason Dexter (NH DOI), A. J. Kierstead (NH DOI), Michelle Heaton (NH DOI), Jason Aziz (NH DOI), Andrew Demers (NH DOI), Senator Sue Prentiss, Rep. Anita Burroughs, Chief Larry Best (NHAFC), Chief Mike Sitar (NHAFC), Adam Schmidt (NHAFC), Justin Van Etten (Stewarts), Chris Stawasz (AMR), Derick Auman (NH Ambulance Association), Paula Minnehan (NH Hospital Association), Scott Sebastian (United), Sabrina Dunlap (Anthem),

Participating on Conference Call: Rep. Jerry Stringham, Chief David Tauber (Linwood Ambulance Service), Chris Kennedy (Centene/Ambetter), Don Pfundstein/Heidi Kroll (AHIP), Melissa Madore (Centene), Lindsay Nadeau/George Roussos (Cigna), additional representatives from Harvard Pilgrim, Anthem, and Cigna.

Commissioner Bettencourt convened the meeting. He stated the purpose of the meeting was to discuss ambulance reimbursement issues outside of the debate on balance billing. He prefers to take a broader view of the issues involving ambulance billing. He stated that a major player in the discussion is Medicare/Medicaid. Neither of those entities are in the meeting but their impact is immense as they pay for approximately 70% of all transports. A recent study from the State of Maine (attached to the email) indicates that 9% of ambulance service claims are paid by private coverage. He highlighted that the Legislature did pass \$5.8 million in additional funding for Medicaid ambulance service rates in the new state budget. From his perspective, there 5 major issues on which he thought the meetings should focus:

1. Low rate of participation in ambulance networks by providers. This leads to balance bills for consumers.
2. EMS response services being place in jeopardy by low reimbursement. This impacts private provides as well. For municipal ambulance service, it leads to cost shifting to taxpayers.
3. Confusing created by the costs associated with different types of ambulance service categories (Emergency vs. Non-Emergent, aka inter facility transfers).
4. Inefficiencies in the current ambulance systems.
5. Developing a “NH solution” rather than waiting on a federal solution which may not work for the state.

Discussing these issues will be a challenge. He stated he had been told by carriers that they attempt to negotiate with providers. At the same time, providers tell him that the carriers will not offer reasonable rates. He asked all sides to leave past arguments outside and focus on developing consensus. Before opening the meeting for attendees' input, he suggested that working group could look at potential solutions including: eliminating balance billing, developing a process for adjudicating rates, increasing rates, improving efficiencies, aligning reimbursement with costs, requiring cost reporting to the Department, phased reimbursement for in network participation (this could be based on the Maine concepts, but would want to make it work for NH). He concluded by stating this issue will take several meetings to discuss adequately. He is happy to facilitate discussions but is seeking input from stakeholders.

Senator Prentiss asked for clarity regarding “system inefficiencies”. Bettencourt responded that there are inefficiencies on both the provider and payor sides. Payors should be more focused on developing adequate rates. At the same time, providers need to ensure that they are working toward business models which are sustainable. Carriers should not be expected to prop up flawed systems. Attorney Pfundstein (AHIP) asked if the Maine data is correct, and private payors only represent 9% of claims, is the real problem government funding. Rep. Stringham responded by explaining that the new State budget increases the mileage reimbursement from \$4 to \$12 per mile. He stated he hoped that would serve as floor for payors. He also highlighted that there are ambulance services for which providers are not paid. He used Narcan treatment as an example. He stated that future state budgets should build on the increases from this year.

Chris Stawasz stated that in other parts of the country, carriers abide by the rates created by communities for both Emergency and Inter facility transfers. Chief Best explained that the current system in most municipalities is to develop a fee structure based on surrounding and comparable communities. Those rates are then approved by the local governing body. He stated Salem went through the process in 2017. The NH DOI staff asked a number of questions about this process and did not appear familiar with it. Van Etten stated that the Department should consider developing network adequacy standards. Centene has developed a statewide ambulance service network. It can be done, but there needs to be regulatory pressure on payors to participate meaningfully. Senator Prentiss clarified that communities can set EMS response rates but did not think they could regulate inter facility transfer rates.

Bettencourt asked for the carriers’ response to the concept of municipalities setting their own rates for reimbursement. Chief Best stated his concern was creating new issues for individuals who may need E-911 services. If they are concerned about local providers being out of network, they may not call for aid when it is truly necessary. This could lead to delays in providing treatment, which could lead to higher medical service costs, overall. Mr. Nyhan (NH DOI) asked if different providers currently bid for ambulance services based on rates developed by communities. The private providers confirmed that was the case. Mr. Van Etten stated that some of the communities his business provides services for have asked him to use very high rates in order to help avoid balance billing to residents. He gave several examples of high rates set by communities, but stressed it was their decision. Ms. Dunlap (Anthem) stated that if all providers came in network, they would not be the need for balance bills. She referenced that some codes were not being used correctly. That is why some transports are not billable in some instances. There was discussion about potential future changes at the federal level to improved payment for services that did include transport. Sen. Prentiss stated it would be worth considering developing a NH model to address this issue. Mr. Stawasz stated in other states, some E-911 calls can be screened by a nurse. If a call is determined to be non-emergent, an Uber is contacted and the individual is brought to a FQHC for care, rather than an ER.

At this point, Commissioner Bettencourt stated that his goal was to use a process similar to the Mental Health Working Group that was used to examine the issues facing the state’s mental health services a few years ago. The group would hold large, joint meetings, but individuals would form smaller groups to talk about issues in greater depth and bring them back to the entire group for consideration. Senator Prentiss asked if network adequacy should be examined by a smaller group. She asked about the current status us regulations. Mr. Feldvebel (NH DOI) stated that there are currently standards for network adequacy for most providers. If a carrier’s offer is refused by a provider, it creates an exception to the standard. Arguably, the rates that carriers are offering are commercially reasonable. Ms. Heaton (NH DOI) added that ambulance coverage is a core service. Carriers are expected to contact for inter facility transfers. This requirement does not apply to emergency services. She reminded everyone that the 9% of

commercial plan referenced earlier may not include self-funded private plans. At this point, Commissioner Bettencourt asked for additional feedback from carriers.

A representative from Anthem on the phone indicated that the company was happy to have conversations with ambulance providers. She stated that carriers are required to provide coverage, by law. She stated that the reason for the No Surprise Billing Act at the federal level was to avoid the huge balance bills which consumers were receiving. At the state level, ER, radiology, and anesthesia were all addressed. Consumers who received balance bills for these services could petition the Department help address the issue. The lack of in network participation by providers was the genesis for the federal law. Mr. Pfundstein stated that Medicaid patients could not be balance billed. Mr. Stawasz suggested that more time was spent reviewing whether some of the rates that were being offered were “commercially reasonable”. NH DOI staff indicated that they could examine some of the data in the Health Cost Website. A representative from Cigna stated that they have reached to several ambulance providers recently regarding contracting and have not received a call back. They indicated a willingness to work on rates.

Mr. Nyhan (NH DOI) stated he assumed that private carrier ambulance rates were based on Medicare rates. He asked what the basis for the rates were. Ms. Dunlap (Anthem) explained that there were many factors and that Medicare was relevant. She described a patient who received a \$4,000 ambulance bill for a transfer from a provider across the street from Concord Hospital to Concord Hospital. Commissioner Bettencourt stated that any new system will need to be transparent. The Department does receive complaints from consumers regarding ambulance bills. There needs to be better understanding about the bills that consumers receive. Moving forward, he suggested three working groups:

1. System Efficiencies – this group could examine different models. He suggested Senator Prentiss lead this effort.
2. Inter facility Transports – he would like the carriers to explain more about the issues involving codes.
3. Commercially Reasonable Rates – this group could look at the current contracting processes and determine if there is a way to simplify it.

He stated that he would think about who could lead working groups 2 and 3. He plans to email attendees with follow up on next steps.

At this point, Senator Prentiss suggested that some “low hanging fruit” could be requiring that payors pay providers rather than their subscribers. Chief Best, and others, provided examples of individuals receiving payment from their carrier and not paying the claim. Anthem responded that they never send payments to providers that are not in network. This would eliminate any incentive to contract with the carrier. At this point, Commissioner Bettencourt stated his preference for as much work to be done outside of the Legislature. He would like to see if improvements can be made quickly that avoid the legislative process. He indicated another meeting will be held next month. The meeting was adjourned.

Discussion ensued as to the outcomes of the discussions and how the municipalities will use the data.

Chief Emanuel also stated that he had spoken to Rick Mason about recognizing Ron Siarnicki of the Fallen Firefighters on his retirement. We will send a letter and challenge coin.

He spoke on credentialing on the national level for our Directors of the Fire Academy and the State Fire Marshal. They do not allow it. Will we allow it on a state level. They will be encouraged to apply. Consensus is to support their applications.

2nd Vice President's Report (Watkins) – no report

Sgt. At Arms Report (Hunter) –

Chief Hunter suggested that they were about to shed a lot of PPE post covid and wanted to know if any departments needed any. Most departments are in the same situation

IAFC – NED – (R. Buxton) – no report

New Business: Brian Murray Scholarship Fund – contribution to be discussed in September.

Old Business: Scholarship Fund: Recommended funding of \$500 each for scholarships to Brendan McQuillen, Lauren Best, and Reagan Johnson. A MOTION (Sitar/Thomas) to approve carried unanimously.

Motion to adjourn carried at 1353 hours.

Respectfully submitted,

Brent T. Lemire, MPA
Executive Director