FAVORABLE

OIG WATCH

24-09

Billing insurers but waiving all cost-sharing for on-scene EMS care

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What OIG Said

OIG said this model can work if payment terms are fair, uniform, and not used to steer volume or reward referrals.

- ✓ Requestor proposed billing insurers, but waiving all patient cost-sharing for emergency EMS care provided on scene, without transport.
- ✓ OIG said this would still constitute “remuneration” under Anti-Kickback and CMP rules, but declined sanctions because of safeguards.
- ✓ OIG noted the charge was capped at ambulance transport rates, waivers applied uniformly regardless of payor, and uninsured patients weren’t billed at all.
- ✓ OIG emphasized that this structure might actually reduce costs to Federal programs while improving access, if it’s not used to steer future EMS referrals.

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Diligence Checklist

What you need to be ready to show in diligence

- ✓ Show charges for treatment-in-place are set in advance and do not exceed equivalent transport rates.
- ✓ Prove cost-sharing waivers are applied uniformly, without regard to payor or financial need.
- ✓ Document that uninsured patients are not billed, and that no costs are shifted to Federal programs or other payors.
- ✓ Keep a written policy that the waiver is not used for marketing or patient steering, and that the program is EMS-based, not a disguised inducement.
- ✓ Demonstrate that overall EMS utilization and referral patterns are unaffected by the waiver program.

If your waiver structure can't prove fairness, uniformity, and independence from referral volume, you're exposed.

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Structure not diligence-ready?

Cabra Consulting helps healthcare organizations make sure compensation and transaction structures are independently valued, clearly scoped, and defensible in diligence.

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