



National Association of Emergency Medical Technicians
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April 21, 2020

The Honorable Seema Verma
Administrator, Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Request for Clarification on Presumption of COVID-19 Patients for CARES Act Provider Relief Fund Payments

Dear Administrator Verma:

On behalf of the National Association of Emergency Medical Technicians ([NAEMT](http://www.NAEMT.org)) and our over 72,000 members, thank you for the CARES Act Provider Relief Fund Payments distributed to ambulance suppliers and providers on April 10, 2020. This is a welcome first step in attempting to cover the extraordinary losses to EMS agencies on the front lines of the COVID-19 pandemic.

The attestation statement indicates that as a condition for accepting these payments, providers and suppliers are prohibited from collecting out-of-pocket amounts in excess of what the patient would have paid if care was provided by an in-network provider. Specifically:

“Accordingly, for all care for a possible or actual case of COVID-19, Recipient certifies that it will not seek to collect from the patient out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network Recipient.”

Initially, in evaluating the economics of this provision, ambulance suppliers and providers considered this provision to mean that either the patient’s clinical impression by the ambulance crew included a possible COVID-19 related condition, or the patient being treated by the ambulance crew had been tested and confirmed as being infected with the COVID-19 virus.

However, in the announcement of the Relief Fund Payment, HHS makes the statement that **all patients** are considered COVID-19 patients. Specifically:

“HHS broadly views every patient as a possible case of COVID-19.”
(<https://www.hhs.gov/provider-relief/index.html>)

Some are interpreting this statement to mean that suppliers and providers are prohibited from balance billing **any patient** for whom they provide care.

The impact of this interpretation would devastate ambulance services already struggling under the weight of dramatically reduced revenue from lower transport volumes due to the stay at home orders and prohibition of elective medical procedures, as well as exponentially rising expenses for personnel and supplies.

Compounding the conundrum is that in the absence of a declination of the terms and return of the funds within 30 days of receipt, HHS will *automatically presume* that the recipient agrees to all terms of the Relief Fund Payments.

NAEMT requests a clarification from CMS regarding the statement: "*HHS broadly views every patient as a possible case of COVID-19.*" so that we can provide the clarification to our members to help them make informed decisions on whether or not to accept the Provider Relief Fund payments, and communicate that back to HHS prior to the May 9th deadline.

Once again, thank you for your leadership in addressing the worsening economic crisis for all healthcare providers, including ambulance suppliers and providers.

We are very willing to further discuss this matter with any member of the CMS team at any time.

Respectfully,

A handwritten signature in blue ink, appearing to read "Matt Zavadsky". The signature is fluid and cursive, with a large loop at the end.

Matt Zavadsky, MS-HSA, NREMT
President, NAEMT