

# Guiding Principles for Our Proposal

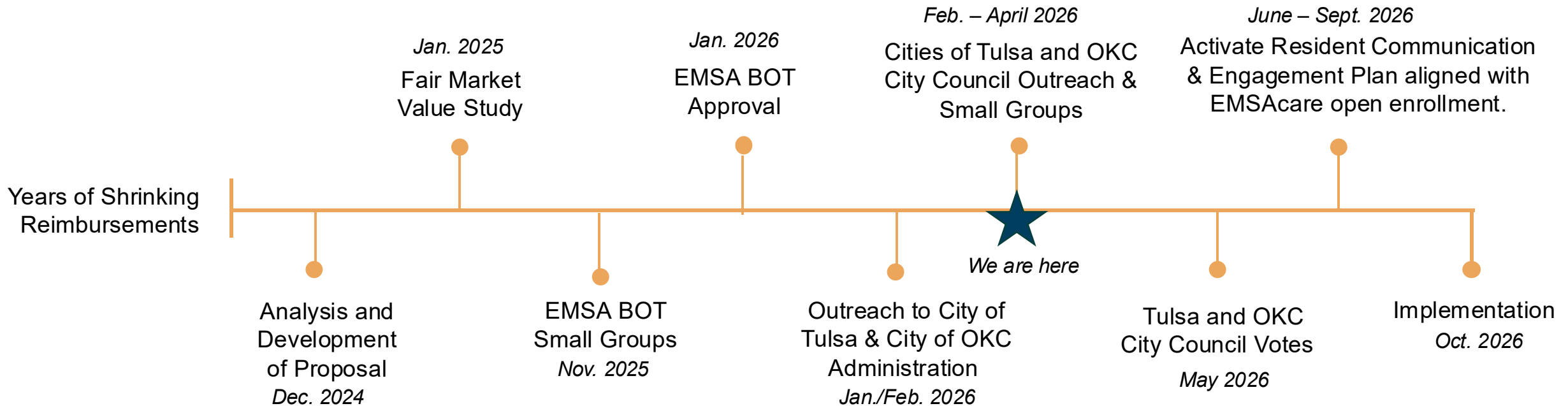
Remain  
patient centered

Minimize out-of-  
pocket impact  
to patients

Align with our  
mission

# Rate Alignment Timeline

## Estimated Implementation Date – 10/1/2026



# Rate Alignment Proposal – Eastern Division

1. **Update base rates** to reflect the level of service provided & reimbursable mileage rate.

- \$1.9M in additional annual reimbursements

2. **Implement a Treatment In Place** rate of \$500 to capture the value of services provided with a cost sharing waiver during the first two years of implementation, enabling EMSA to collect data and assess the program’s effectiveness.

- \$1.6M in additional annual reimbursements

3. **Implement a 40% uninsured discount** to reduce the financial impact of rate alignment to uninsured patients.

- EMSAcare members continue to pay no out-of-pocket costs for emergency transports

Lowest Acuity



Highest Acuity

Charge Description	Percent of Transports (FY25)	Current EMSA Rates	Proposed EMSA Rates (CY26)
Ground Mileage (per mile)	N/A	\$19	\$30
Treatment In Place (TIP)	18% of Responses	\$0	\$500
BLS-N	14%	\$900	\$900
BLS-E*	18%	\$1300	\$1400 (7.69% increase)
ALS-N	3%	\$900	\$1050
ALS-E*	63%	\$1300	\$1650 (26.92% increase)
ALS-2	1%	\$1300	\$2500
SCT	<1%	\$1300	\$2800

*\*The majority of EMSA transports fall into these two transport categories.*

BLS = Basic Life Support  
 ALS = Advanced Life Support  
 N = Non-Emergency  
 E = Emergency  
 SCT = Specialty Care Transport

# Rate Alignment Proposal



## What Changes:

**EMSA will update emergency transport rates for the first time since 2012** and implement a 40% discount on charges for uninsured patients.

EMSA will expand its chargemaster to appropriately bill for the care rendered by EMSA EMTs and Paramedics.

EMSA will establish a \$500 Treatment-In-Place rate for patients who receive emergency medical care from EMSA but are not transported to a hospital.

EMSA will recover costs that are currently reimbursed by private insurers and Medicaid.

## What Stays the Same:

EMSAcare Members will continue to pay \$0 in out-of-pocket costs for EMSA emergency transports.

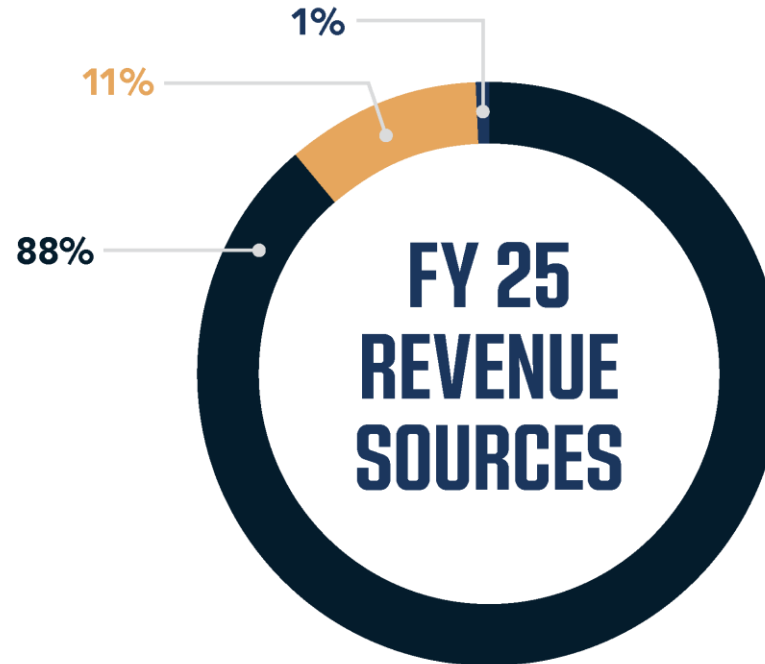
No change to EMSA's mission, operational structure, and the way we dispatch and respond to medical emergencies.

Treatment-In-Place will be covered by EMSAcare. EMSA will not charge uninsured patients for TIP during the initial two-year trial period that will be used to gather data.

EMSA will remain the lowest cost EMS provider in the state of Oklahoma.

# Understanding EMSA Funding

- Primarily funded by commercial and federal health insurance programs
- EMSA receives no money from Tulsa's General Fund
- Optimizing Net Patient Revenue may reduce *dependence* on EMSAcare fund distributions.

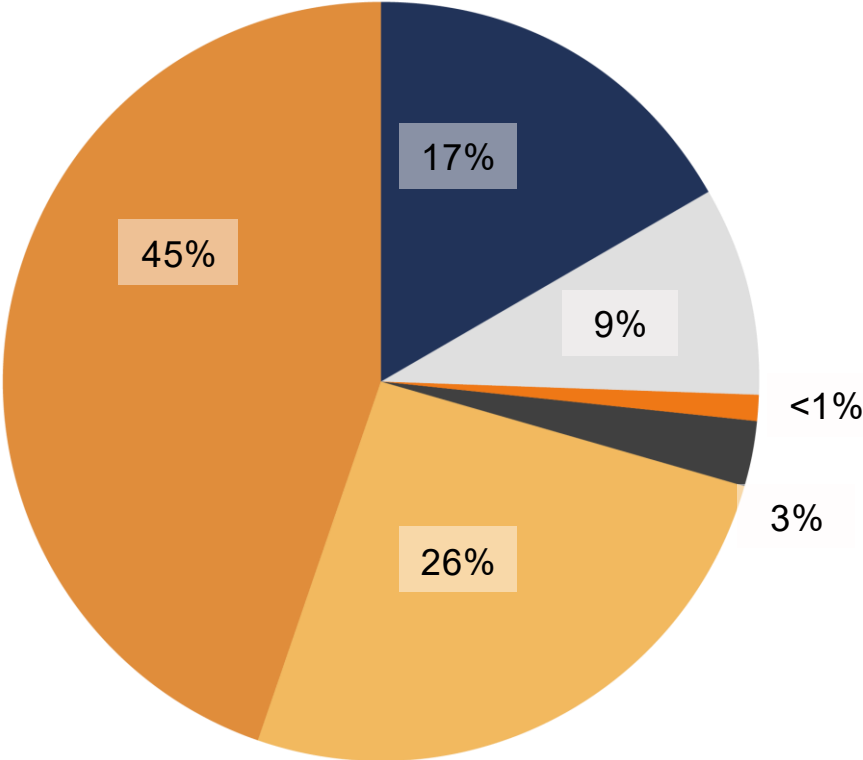


- **Net Patient Revenue**  
*Commercial Payors, Medicare/ Medicaid, Self-Pay*
- **Other Revenue**  
*Special Events, Interest, Etc.*
- **EMSAcare Fund Distribution**  
*EMSAcare Subscription Revenue through City of Tulsa and City of Oklahoma City Utilities*



# Understanding EMSA's Funding

- Medicare & Medicare Advantage
- Medicaid & Managed Medicaid
- Commercial Payors
- Self-Pay
- Other Federal Payors
- Facilities



- Over 70% of EMSA's payor mix reimburse **at or below the cost of care**.
- EMSA's current rates are at or below the allowable rates from major commercial payors.**
- Oklahoma balance billing laws tie reimbursement to approved rates or 325% of Medicare Allowable.



# EMSA's rates vs 325% of Medicare Allowable

Charge Description	EMSA Current Rates	325% of Medicare Allowable	Difference between EMSA current rates and 325% Medicare Allowable
Mileage	\$19	\$29.74	<b>-\$10.74</b>
BLS-N	\$900	\$854.26	<b>\$45.74</b>
BLS-E	\$1300	\$1366.82	<b>-\$66.82</b>
ALS-N	\$900	\$1025.12	<b>-\$125.12</b>
ALS-E	\$1300	\$1623.08	<b>-\$323.08</b>
ALS-2	\$1300	\$2349.20	<b>-\$1049.20</b>
SCT	\$1300	\$2776.35	<b>-\$1476.35</b>



# EMSA remains the lowest cost EMS provider in Oklahoma, despite significant changes in the EMS landscape:



Increase in ambulance replacement cost (55%)



Increase in wage & compensation (32%)\*



Increase in capital equipment and supply costs (25-30%)\*



The Healthcare inflation rate, between 2012 and 2026, increased 43.8%.\*\*

*\*Increases are from 2020 to 2025*  
*\*\*Consumer Price Index, April 2026*

# Transport Rate Analysis: Fair Market Value Study (Jan. 2025)

The fair market value study shows EMSA's transport rates are lower than similar EMS agencies in the US and in Oklahoma.

Charge Description	REMSA (NV)	Richmond Ambulance Authority (VA)	Pafford EMS (Yukon)	EMSA Current Rates	EMSA Proposed (CY26) Rates
Ground Mileage (per mile charge)	\$27.04	\$31	\$55	\$19	<b>\$30</b>
BLS-N	\$1652.66	\$942	\$1800	\$900	<b>\$900</b>
BLS-E	\$1762.26	\$1507	\$2350	\$1300	<b>\$1400</b>
ALS-N	\$2525.28	\$942	\$1800	\$900	<b>\$1050</b>
ALS-E	\$1739.44	\$1789	\$2350	\$1300	<b>\$1650</b>
ALS-2	\$1706.38	\$2589	\$3400	\$1300	<b>\$2500</b>
SCT	\$5700.76	\$3060	\$4010	\$1300	<b>\$2800</b>

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# Transport Rate Analysis: Oklahoma EMS Agencies (Feb. 2026)



Charge Description	EMSA Proposal	Miller EMS	Owasso	Pafford	Berryhill	Bixby	Broken Arrow
Ground Mileage	\$30	\$45	\$15	\$55	\$20	\$18	\$18
BLS-N	\$900	\$1800	\$500	\$1800	\$750	N/A	\$1100
BLS-E	\$1400	\$2350	\$1300	\$2350	\$1500	\$1200	\$1100
ALS-N	\$1050	\$1800	\$500	\$1800	\$2000	N/A	\$1300
ALS-E	\$1650	\$2350	\$1300	\$2350	\$2250	\$1300	\$1300
ALS-2	\$2500	\$3000	N/A	\$3400	\$2750	\$1300	\$1400
SCT	\$2800	\$3500	N/A	\$4010	N/A	N/A	N/A
Monthly EMS Subscription Fee	\$5.45	\$7	\$4	\$5.65	N/A	\$7.50	\$6.45
Funded through Municipal General Funds	No	Unknown	Yes	Yes (Dependent on service area)	Yes	Yes	Yes

■ N/A - Line of Service not Offered by EMS Provider

# Patient Perspective: Rate Alignment



Diane fainted at her home. Her spouse called 911. EMSA responds and performs an ALS assessment and an EKG. Diane is now alert, and EMSA transports Diane to the hospital for further treatment.

She lives one mile from the hospital.

## Diane is an EMSAcare Member:

**Impact (current rates):**  
No out-of-pocket costs for transport

**Impact (proposed rates)**  
No out-of-pocket costs for transport

## Diane is an insured, non EMSAcare Member:

**Impact (current rates):**  
\$1319 billed to insurance;  
Diane pays her copay

**Impact (proposed rates)**  
\$1680 billed to insurance;  
Diane pays her copay

## Diane is uninsured:

**Impact (current rates):**  
Diane will pay \$1319

**Impact (proposed rates)**  
\$1008; includes 40%  
discount on \$1680 total

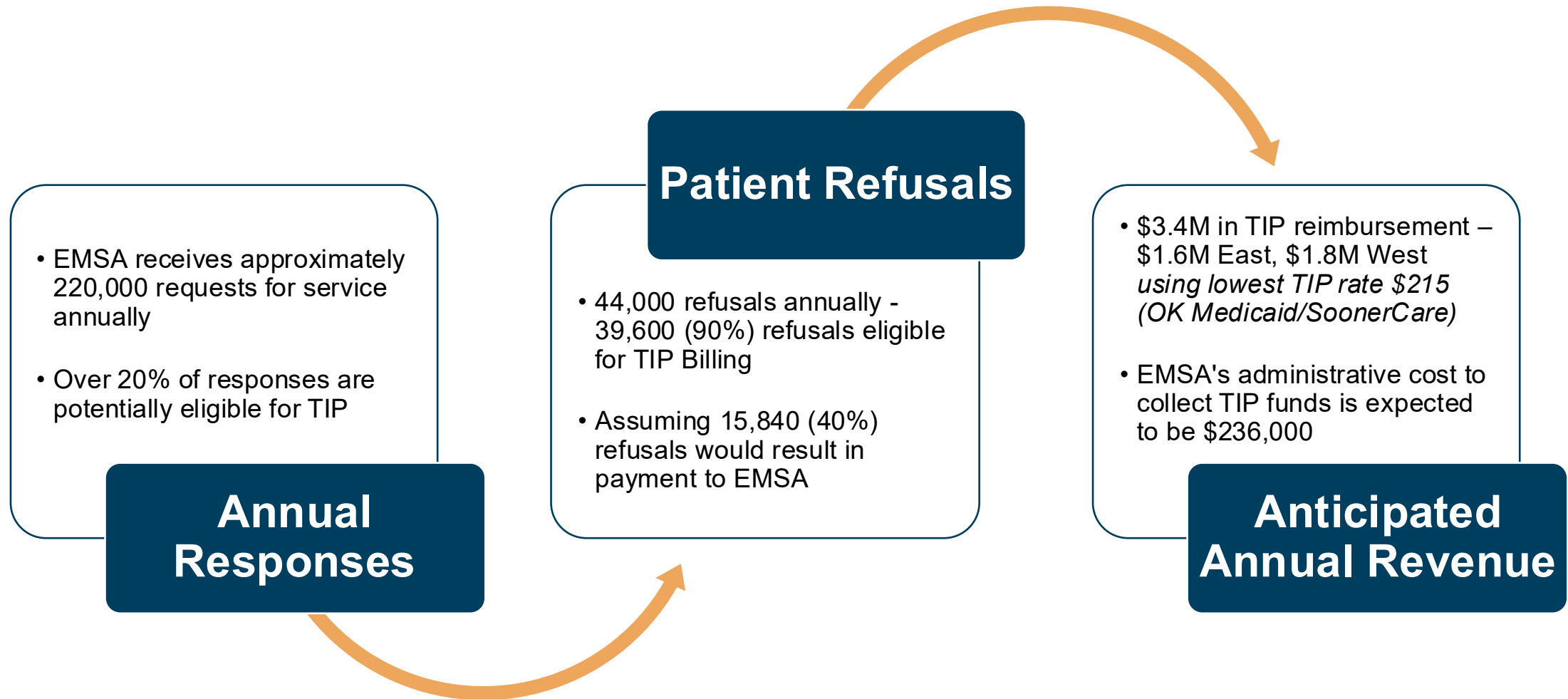


# Treatment in Place: **Reimbursement Opportunity**

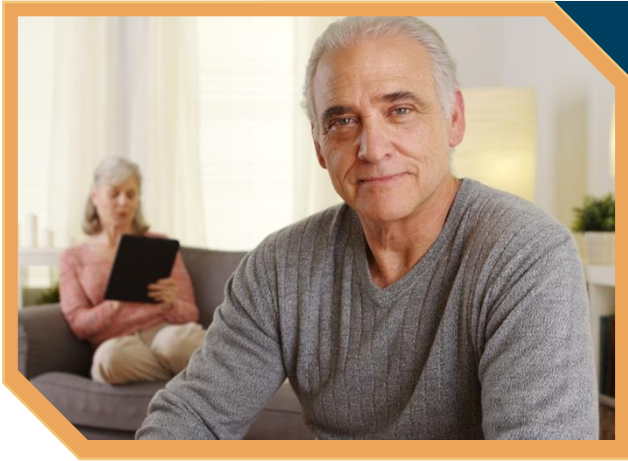
- **Treatment-In-Place (TIP) is NOT community paramedicine or a new line of service**
  - TIP services are emergency requests and responses with no resulting transport.
  - Approximately 39,600 responses per year fall under TIP conditions
- **TIP occurs when:**
  - Call is placed to 911
  - Assessment is completed and EMSA EMTs and Paramedics provide care
  - Patient refuses transport
- **EMSA is not currently reimbursed for TIP**
  - **EMSA spends approximately \$15M annually providing TIP**
  - Oklahoma Medicaid has provided reimbursement for TIP since 2011
  - Many commercial insurers reimburse EMS providers for Treatment in Place when billed



# Treatment in Place: Estimate of Billable Refusals



# Patient Perspective: Treatment-in-Place



Jack is diabetic and feels extremely weak with an increased pulse. His spouse calls 911 and says she thinks he has low blood sugar. EMSA responds and tests Jack's glucose level. Post assessment, it is determined that Jack is hypoglycemic. He is treated with an IV of dextrose. After treatment, Jack feels better, his blood glucose has normalized, and he declines transport to the emergency department.

## **If Jack is an EMSAcare Member:**

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EMSAcare members will not pay out-of-pocket costs for treatment-in-place

## **If Jack is an insured, non EMSAcare Member:**

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Insurance contracts prohibits EMSA from waiving TIP out-of-pocket costs for insured patients

## **If Jack is uninsured:**

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EMSA will waive all out-of-pocket costs for the initial 2-year period



# Rate Alignment Summary

- **Medicare/Medicaid reimbursement remains at or below cost** of providing services.
- Impending changes to Medicaid may lead to **increased uncompensated care**.
- Fair market value comparison shows **EMSA's charges are lower** than like-sized EMS providers.
- **EMSA's base rates have largely remained unchanged** since 2012, despite increasing costs of labor, supplies and fuel.
- Under this proposal, annually EMSA could recoup \$1.9M in insurance reimbursement with updated rates, and \$1.6M from Treatment in Place reimbursements in the Eastern Division



# EMSA's proposal to maintain financial health while remaining patient centered and fiscally responsible:



Update transport rates to maximize third party reimbursement



Capture the full value of our care through existing - but underutilized - reimbursement opportunities



No change to operational deployment



Maximize the value of EMSAcare without increasing patients' out-of-pocket costs