in Wisconsin, we are currently in conversation with iCare and UnitedHealthcare, both Medicaid managed care organizations. We cannot finalize contracts with them until fire departments and EMS agencies have formally joined our network, which we hope to have concluded in the coming weeks. We will keep you posted on those steps and on our discussions with the Medicaid MCOs.
I also saw your earlier email asking whether we have Medicaid or Medicare in any other jurisdictions. Apologies for missing that. To clarify, we do not work directly with state Medicaid agencies or with CMS, which administers Medicare nationally. We work with the health plans that manage Medicare Advantage and managed Medicaid programs.

In that sense, yes, we have a contract with a Medicaid managed care organization in Missouri, and we are in advanced negotiations with a Medicare Advantage plan in Montana.

Happy to jump on the phone at any stage to discuss questions you or your colleagues may have. Thanks again.

1. Can you let us know how long it "usually" takes to get more insurance providers to agree and get signed up with this program? **Typically, it takes about six months to finalize a contract with a health plan. In some cases, it may move faster or take a bit longer depending on the plan's familiarity with Community EMS and their internal approval process.**
2. Is it helpful if we too reach out to our local insurance companies to show why this is so important and helpful? **Yes. We strongly encourage coordinated introductions from EMS agencies and fire departments. In other states, it has been especially effective when a fire chief or EMS chief makes an introduction to a local health plan and helps establish why this network model is important for their agency / community.**
3. How are we notified when new insurance carriers are added? **Before any contract is signed, the proposed terms and rates of a potential health plan agreement will be shared with chiefs so they can review and provide feedback if they would like. Once an agreement is finalized, an onboarding session will be held with participating departments to walk through the contract and discuss how it will be operationalized.**
4. Can we be apart of this plan AND contact our local insurance companies even if they are not apart of the plan? **Yes. Joining the network does not prevent a fire department or EMS agency from negotiating and contracting with local health plans. However, most departments join the network because they do not have the time or capacity to negotiate and manage multiple health plan contracts on their own. Even a local health plan often serves a broader region spanning several fire and EMS service areas, so it is usually more efficient for the plan to contract through the network rather than pursue separate agreements with individual departments. If, from the outset, a department intends to**

independently pursue contracts with local health plans that we would also expect to approach through the network on behalf of neighboring departments, it might be best to have a further conversation to understand in more detail.

1. Collection policy for Community EMS services

As part of the contracts Paralign negotiates with health plans, the intent is that patients do not have any copay or out-of-pocket responsibility for Community EMS services (i.e., scheduled, non-emergent visits outside of an ambulance response). Claims are submitted directly to the health plan, and no bill is sent to the patient. This is a core principle of the model.

Health plans typically reimburse on a standard claims cycle (roughly 30–60 days), and Paralign manages submission and follow-up with the plan.

2. Expected payer coverage (Community EMS in Wisconsin / Dane County)

The goal over time is to have coverage across all major plans so that most Community EMS encounters are reimbursable when a patient is insured. That said, this builds over time. We typically start with one plan and expand from there. In a market like Dane County, I would expect something on the order of ~8–10 contracts (across Medicaid, Medicare, Commercial) to achieve broad coverage for Community EMS programs, which may take up to ~2 years to fully build out.

3. Patients without participating insurance (Community EMS)

If a patient's insurance is not part of a contracted health plan, reimbursement is not available for that Community EMS visit. These are not standard EMS billing codes (e.g., transport or treatment-in-place); they are health plan-specific arrangements. As a result, submitting a claim outside of a contract would lead to a denial.

With that in mind, it becomes a department-level decision on how to approach those patients within a Community EMS program. Many programs continue to operate with a mix of funding sources and therefore still serve patients whose insurance is not covered under a contract, as well as those who are uninsured. Over time, health plan funding is expected to grow as more contracts are signed, with coverage continually expanding to include additional patient populations.

4. Best practices / workflows (Community EMS)

We try to minimize disruption to existing Community EMS workflows:

- Documentation typically remains in your current system (e.g., ImageTrend Elite Community EMS module)
- Paralign extracts the relevant data for Community EMS billing and reporting
- We provide guidance on clinical best practices, documentation standards and workflows (depending on where you need our help)

5. Epic access (Community EMS coordination)

Epic access is generally not required for Community EMS operations, although read-only access can be helpful for care coordination.

Please let me know if you have any additional questions, more than happy to answer them.

Cheers,
Aaron

On the billing amount, Paralign works directly with the health plan to establish the reimbursable rate for a Community EMS visit. That rate is negotiated with the health plan in advance and reflected in the payer contract. The rate will likely vary for every health plan and you will be notified as we finalize rates in each contract.

On Paralign's payment, as a reminder, it is free for the agency to join the network, and we only get paid when the agency gets paid. For every visit, as an example, the network is compensated $150, of which Paralign earns less than $5 with the balance paid to the agency. For every patient, we negotiate an outcomes or performance bonus. The mechanics of how this incentive payment is split are outlined here, starting around minute 22.

I'm happy to send the contract to you and Greg Hyer. The final document and the document for digital signature will be sent this week. Please let me know if you have any questions.

Cheers,
Aaron

Baldwin EMS

Holly
Sorry for the delay in this response.
I was out of the office last week on vacation.
At this time, we do not do any billing.
We work with our local hospital, and we split the cost of the CP program as we both see the benefits of the programs.
We have seen a reduction in calls from some of our frequent patients that we have identified and put into the program.
These patients typically were on Medicare or Medicaid, and we had very poor reimbursement when we billed them.
So, in a roundabout way, we save a little money not sending crews and trucks to them vs sending one person to them. The hospital also saves some money by not getting penalized when the patient calls 911 and gets brought back to the hospital for the same thing there were discharged not too many hours ago.
We all have those patients.
By sending a CP to help them, we stem the abuse to the 911 system and the ER.
Theys till sometime call 911, but it does reduce it.

If you are a member of WEMSA, reach out to Alan DeYoung, they are working on a billing option for CP program that you might be interested in.

Milwaukee county

Chief,

Thanks for reaching out, there's a few methods that we are using locally in Milwaukee County. We have 7 different agencies with MIH programs in Milwaukee County, some details are below:

1. Milwaukee Fire - dedicated staffing, bureau shift, budgeted and some agreements with insurance companies.
2. West Allis Fire - flex staffing, largely grant funded
3. Greenfield - on duty staffing.
4. South Milwaukee - dedicated staffing
5. Oak Creek - dedicated staffing
6. Franklin - dedicated staffing
7. Milwaukee County - dedicated staffing

We received a significant funding award from our Opioid Settlement Funds to subsidize all of the programs above from Milwaukee County of nearly $3.5M. Some of the other funding sources are noted above as well.

Wisconsin will allow for treat in place starting next year ($300 per patient contact), we are looking into the ability to bill for MIH services with that. WEMSA also has a source called Paralign that is willing to assist with billing for MIH services.

Please let me know if you have any other questions.

Reedsburg

We primarily do it on shift. We have a number of medics trained.

We work with our hospital and they reimburse us. WEMSA is working on a plan to get insurance companies to reimburse EMS for this.

Thanks,

Josh

Senior center – does not charge