



Air Ambulance Rates Report

STATE OF UTAH
Office of Emergency Medical Services and Preparedness
September 30, 2022

To: Health and Human Services Committee
From: Guy Dansie, EMS Director
Subject: Air Ambulance Rates Report (UCA 26-8a-107 and 26-8a-203)

Purpose

UCA 26-8a-107(7) requires the Department report to the legislature each year on the following:

(7) (a) The committee shall prepare an annual report, using any data available to the department and in consultation with the Insurance Department, that includes the following information for each air medical transport provider that operates in the state:

- (i) which health insurers in the state the air medical transport provider contracts with;
- (ii) if sufficient data is available to the committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and
- (iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.

(b) When calculating the average charge under Subsection (7)(a)(ii), the committee shall distinguish between:

- (i) a rotary wing provider and a fixed wing provider; and
- (ii) any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the committee.

(c) The department shall:

- (i) post the committee's findings under Subsection (7)(a) on the department's website; and
- (ii) send the committee's findings under Subsection (7)(a) to each emergency medical service provider, health care facility, and other entity that has regular contact with patients in need of air medical transport provider services.

Executive Summary

The Utah Air Ambulance Committee and the Utah Department of Health and Human Services are required by statute to issue a report for the Utah licensed air ambulance providers. The requirements and information given in this report are for the calendar year 2021. Our reliance on voluntary data continues to limit the conclusions and recommendations we could make.

Requested Statistical Information

The Utah Air Ambulance Committee sent a voluntary questionnaire to the Utah licensed Air Ambulance Providers and a request to the State Insurance Department for insurance claims data in order to include the most correct data with this report.

Table 1 for Self-Reported Billing Information from the beginning of 2022

Provider	Reported	Rotary Wing Aircraft Rates	Fixed Wing Aircraft Rates	Balance Billing Practices
AirMed (University of Utah)	Yes	Base Rate \$17,444.30 + Mileage Rate \$232.50	Base Rate \$12,577.50 + Mileage Rate \$84.40	No
Life Flight (Owned and operated by Intermountain Health Care)	No	Not available	Not available	Not available
Classic Air (Owned and operated by Intermountain Health Care)	No	Not available	Not available	Not available
Guardian (Owned and operated by AMRH)	No	Not available	Not available	Not available
All other Utah based air ambulance providers (less	No	Not available	Not available	Not available

than 5% of patient transports)				
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AirMed has self-reported insurance contracts with the following: Aetna ASA, Aetna Standard, Network, Aetna Utah Connected Network, Cigna HMO, Cigna PPO, DMBA, First Choice of Midwest, First Choice Health/Health InfoNet, First Health Leased Network First Health Workers, Compensation, Health Utah Network, Molina MarketPlace, MotivHealth, MultiPlan Network, Northern Nevada Trust Funds (BPA), PacificSource, PacificSource/Smart Health (IPN), PEHP Advantage Care, PEHP Preferred Care, PEHP Summit & Summit Exclusive Care, PHCS, Prominence (formerly Saint Mary's), Regence Federal (FEP), Regence Traditional, Regence ValueCare, Regence FocalPoint, Regence HPN, Regence Individual & Family, SelectHealth, Southeastern Idaho Physician Network (SIPHO), Universal Health Network (UHN), United Options PPO, UUHP Healthy referred/Premier, and WISE Network.

The Utah Department of Health and Human Services has previously contacted the Insurance Department to inquire about related data for the report. The Insurance Department does not maintain information listed in Title 26-8a-107(7).

26-8a-203 Data collection.

(2)(b) Beginning July 1, 2017, the committee shall coordinate with the Health Data Authority created in Chapter 33a, Utah Health Data Authority Act, to create a report of data collected by the Health Data Committee under Section 26-33a-106.1 regarding:

- (i) appropriate analytical methods;
- (ii) the total amount of air ambulance flight charges in the state for a one-year period; and
- (iii) of the total number of flights in a one-year period under Subsection (2)(b)(i):
 - (A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;
 - (B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;
 - (C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and
 - (D) the name of any air ambulance provider that received a median paid amount for

patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

Requested Statistical Information

The Utah Department of Health and Human Services, Office of Health Care Statistics (OHCS) provides the following required information for calendar year 2020:

Table 2. Required Statistics

Total billed charges for ambulance flights	\$67,339,622
Total number of air ambulance flights	1,806
Number of flights with no patient responsibility for paying part of the charges	1,504 (83.3%)
Number of flights when the patient was responsible for paying all or part of the charges	302 (17.7%)
Minimum patient responsibility (excluding zeroes)	\$2
Median patient responsibility (excluding zeroes)	\$1,884
Maximum patient responsibility (excluding zeroes)	\$83,722 - this includes two very high claims from MotivHealth. Next highest is \$8,528.

Table 3. Information for Included Air Ambulance Companies

Company	Number of claims (including zeroes)	Median patient responsibility (excluding zeroes)	Number of out of network flags
Life Flight (Intermountain Health Care)	1,101	\$1,893	14 (1.3%)
AirMed (University Health Care)	309	\$1,995	3 (1.0%)

Classic Lifeguard (Classic Air Medical)	204	\$2,045	6 (2.9%)
Mercy Air Service	55	\$1,281	14 (25.5%)
Guardian Flight (AMRG)	51	\$344	6 (11.8%)
St. Mary's Medical Center	16	\$1,178	0 (0.0%)
Rocky Mountain Holdings, LLC.	16	\$532	3 (18.8%)
San Juan Regional Medical Center	7	\$2,311	0 (0.0%)
Med-Trans Corporation	6	\$4,934	2 (33.3%)
Flagstaff Medical Center	4	N/A	0 (0,0%)
Research Air Medical Services	4	N/A	0 (0.0%)
Life Flight Network LLC.	3	\$1,872	0 (0.0%)
Other	30	\$1,126	2 (6.7%)

Note - this excludes any balanced billing.

Analytical Methods

The following analytical methods were used.

1. **Data Source:** The Utah All Payer Claims Database (APCD) contains information from health plans, insurers and other carriers with more than 2,500 Utah covered lives. In 2020, the APCD represented over 80% of covered Utahns (excluding Medicare).
2. **Definition of an air ambulance flight:** Medical claims using Current Procedural Terminology (CPT) codes A0430, A0431, A0435, and A0436.
3. **Claims included/excluded:** Final adjudicated medical claims for an air ambulance flight where the payer was designated as the primary payer, service date in calendar year 2020.
4. **Air Ambulance Providers:** We used the National Provider Identifier (NPI) listed on the

claim as the billing provider to identify the air ambulance company. If the field is blank, the service provider was used. If both billing and service provider NPIs were blank, the provider name was used. We combined variations in air ambulance names into single entities where appropriate.

5. **Financial fields:**

1. **Charge (billed) amount** – The amount that the air ambulance requested to be paid
2. **Patient responsibility** – The total amount that the plan estimates to be the patient’s responsibility for the air ambulance service. If a patient has secondary coverage, part or all of this responsibility may be covered by another payer. NOTE however, if the air ambulance is considered out of network the patient may be balance billed (see 5-d below).
3. **Calculating medians** – Since over half of the air ambulance claims have no patient responsibility, the overall median is \$0. The reported medians are conditional medians where all claims with no patient responsibility are excluded.
4. **Balance Billing:** If a payer does not have a contract with the air ambulance, the patient may be billed for the difference between the billed charge and the allowed amount. This possibility (called “balance billing”) is not captured on a medical claim.