

Table 2: Air Ambulance Survey Billing Responses

Air Ambulance Firm	Insurance as full payment	Medicare	Medicaid # (not %)	Uninsured	Balance Billed	In an Insurance Network?	# of lawsuits?	Amount written off in 2014?	Average sent to collections in last 2 yrs? Or long-term pay plan?	Noncontract Lift-off Rate?		Noncontract Loaded Mile Rate?		Contract Lift-off Rate?		Rate?		Reason for change?	Profit Margins?
										2008-base	current-base	2008	current	2008-base	current base	2008	current		
Air Idaho Rescue / Air Methods																			
A.L.E.R.T. / Kalispell Regional Medical Center	skipped Q		skipped Q			Allegiance		skipped Q	skipped Q		skipped Q		skipped Q		skipped Q		skipped Q		
Benefis Mercy Flight			skipped Q		0	e.g. BCBS, Allegiance					skipped Q		skipped Q		skipped Q		skipped Q		skipped Q
Billings Clinic MedFlight	10%	53%	60 in 2014 24 in 2015*	10%	27%	BCBS	0	\$5,001,000; not clear what for Montanans specifically	0 to collections; 239 to long-term pay	RW-\$7,500	RW-\$12,625	RW - \$12	RW-\$60		skipped Q		skipped Q	Inflation, competition	skipped Q
HELP Flight (St. Vincent's)	27%	33%	87 in 2014; 81 in 2015*	23%	1%	Allegiance, BCBS, Cigna, MT Health Co-Op	none known	\$10 million (collected abt 30% of)	unknown	In 2012: RW=\$9,609 FW=\$8,264	RW=\$11,530 FW=\$9,916	In 2012: RW=\$78 FW=\$40	RW=\$100 FW=\$80		varies by insurer		varies by insurer		skipped Q
Life Flight																			
Montana Medical Transport	147	16	5 in 2014; 3 in 2015*	3	0	BCBS, Allegiance, Pac. Health, Tri-Care, MT Health Co-Op		Missoula: \$222,416 charity; \$349,156 bad debt		\$5,993	\$9,023	\$17.22	\$26	same as noncontract				Inflation about 5.8%/yr	Margins 16 to 25% range
Northeast Montana STAT Air	25%	42%	94	12%	21%		0		35	\$4,840	\$13,534	\$17.60	\$38.40	NA	#####	NA	\$32.00	See Note	8.77%
NW MedStar	0	35%	136 in 2014; 125 in 2015*	4%	31%	Group Health 1st choice				NA	RW-\$15,246 FW-\$13,116.4	NA	RW-\$133.10 FW-\$110.10	NA	same as noncontract	NA	same as noncontract	NA	
Sanford AirMed	55%	27%	Yes (in ND)	10%	8%		0		0		RW-\$11,062 FW-\$8,596		RW-\$88 FW-\$37		varies by contract		varies by contract	NA	0-7% range
Summit / REACH																			
Valley Med Flight						Yes (no other info)	0		0									See Note 2.	

* Year to date

Note 1 - Annual Medicare rate changes and preferred provider contracts

Note 2 - Increase in aircraft acquisition costs. Higher salary, fuel, maintenance costs. Decrease in reimbursement from government and commercial payors. Increased costs from regulation, legal costs, etc.

Acronyms: FW=fixed wing RW = rotor

Comments: Northeast MT Stat Air noted they had done 24 appeals for patients whose insurance companies had denied payment. They were able to get denials reversed and get full payment. They noted some insurers pay varying amounts and some pay patients, who may not pay air ambulance. Northeast MT Stat Air also noted that Medicaid payment rates are a bigger problem than Medicare rates because, while Medicare pays \$4,511.36 base rate plus \$12.80 a loaded mile from Glasgow to Billings, Medicaid would pay only

Additional Comments: 1) A.L.E.R.T./KRMC said all patients using the A.L.E.R.T. services had access to KRMC's financial assistance policies, including charity care. 2) Valley MedFlight's response was that the Airline Deregulation Act preempts the State of Montana from passing any legislation that will effect rates, routes, or services. 3) Northeast MT Stat Air noted that "What ... needs to be understood is that the capacity and capabilities of many rural facilities from which flights depart vary widely... Many rural emergency rooms are covered by mid-level providers (nurse practitioners and physician assistants)... Mid-levels bring extreme benefit to the rural communities they serve, but their training is not that of a physician. These facilities also do not have the advantage of the full scope of diagnostic tools available in a tertiary setting. Consequently, when they are making decisions to transfer, they depend greatly on the advice of the more skilled physician specialist at the receiving tertiary care center. ... The decision to fly is more often highly influenced by the physician at the tertiary care center.