

Table 2: Air Ambulance Survey Billing Responses (revised April 4, 2016)

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?		Contract loaded mile 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	skipped Q		skipped Q			Allegiance		skipped Q	skipped Q		skipped Q		skipped Q		skipped Q		skipped Q				
Airlift Northwest	23%	32%		7%	38%	Premera, State of Wash. Regence, Star Health Ntwrk				\$6,400 FW	\$15,000 FW	\$57.25 FW	\$110 FW	NA				Financial			
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%	1%	BCBS	0	\$5,001,083 ; 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 billed amt)	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			~35%			No	No access	\$250 million	No access to information		\$15,965		\$175		NA		NA			0 to 7% range	
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. 4) Summit/REACHAir described its compassionate billing and equal treatment policy. "If the patient expresses a hardship and unable to pay they are provided a hardship application and from that it is determined what they can pay. Often we write off 85% to 100% of the balance. Our company has never placed a lien on anyone... who was unable to pay. The insurance companies have been decreasing the benefits for both air and ground services. Usually the first claims are being denied requiring appeals and this places undue stress on the patients and their families as well as doubling the time it takes to receive payment for services. (Sometimes 180 days or longer compared to the 90 days a few years ago.) REACHAir also pointed out that as of 2016 Summit had been dissolved into REACHAir.