



Division of Family Health and Preparedness
 Bureau of EMS and Preparedness
 Air Ambulance Committee
 in collaboration with
 Center for Health Data and Informatics
 Office of Health Care Statistics
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Air Ambulance Flight Charges, 2017

Statutory Requirement

SB95 (Sen. W. Harper) from the 2017 General Session requires the Utah Department of Health and the Utah Health Data Committee to report air ambulance charges in the State of Utah. This report addresses the required data publication using claims information from the Utah All Payer Claims Database for calendar year 2017.

Requested Statistical Information

The Utah Department of Health, Office of Health Care Statistics (OHCS) provides the following required information for calendar year 2017:

Table 1. Required Statistics	
Total billed charges for air ambulance flights	\$55,695,670
Total number of air ambulance flights	2,033
Number of flights with no patient responsibility for paying part of the charges	1,548 (76.1%)
Number of flights where the patient was responsible for paying all or part of the charges	485 (23.9%)
Minimum patient responsibility (excluding zeroes)	\$10
Median patient responsibility (excluding zeroes)	\$1,916
Maximum patient responsibility	\$87,521

Table 2. Information for Included Air Ambulance Companies		
Company	Number of claims	Median patient responsibility (excluding zeroes)
Intermountain Life Flight	1291	\$2,246
University of Utah AirMed	357	\$1,674
Classic Air Medical	163	\$150
Mountainstar AirCare (AMRH)	87	\$1,231
Eagle Air Med (AMRH)	31	\$799
Guardian Flight (AMRH)	29	\$1,030
St Marys CareFlight (Grand Junction)	19	\$2,376
San Juan Regional (Farmington, NM)	17	\$3,300
Life Flight Network	11	\$384
Grand County EMS	10	\$100
Mercy Air (Idaho)	9	\$2,073
Rocky Mountain Holdings	9	\$900

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 2017, the APCD represented over 90% 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 2017.
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 was 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. In order to reduce the impact of services originating in other states, out-of-state air ambulance providers with fewer than 5 flights were excluded.
5. **Financial fields:**
 - a. **Charge (billed) amount** – The amount that the air ambulance requested to be paid.
 - b. **Allowed amount** – The total amount the air ambulance is entitled to receive. This may be less than the charge amount under the terms of a contract between the plan and the air ambulance if a contract exists.
 - c. **Plan paid amount** – The total amount that the plan is obligated to pay, taking into account contract terms, patient deductibles and co-pays, and other limitations.
 - d. **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.
 - e. **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.
 - f. **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 captured on a medical claim as the difference between these two amounts. Contracts are uncommon between payers and independent air ambulance services, i.e., those not affiliated with Intermountain Healthcare and the University of Utah Medical Center. Consequently, patients of independent air ambulance services are often exposed to balance billing. Whether an independent air ambulance service seeks to balance bill a particular patient in whole or in part rests solely with the discretion of the service provider.