



Ground Ambulance & Patient Billing Advisory Committee

Ground Ambulance Payment and Billing for the
Commercially-Insured



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Ground Ambulance Billing and Prices Differ by Ownership Structure

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Most Ambulance Transports are Out-of-Network

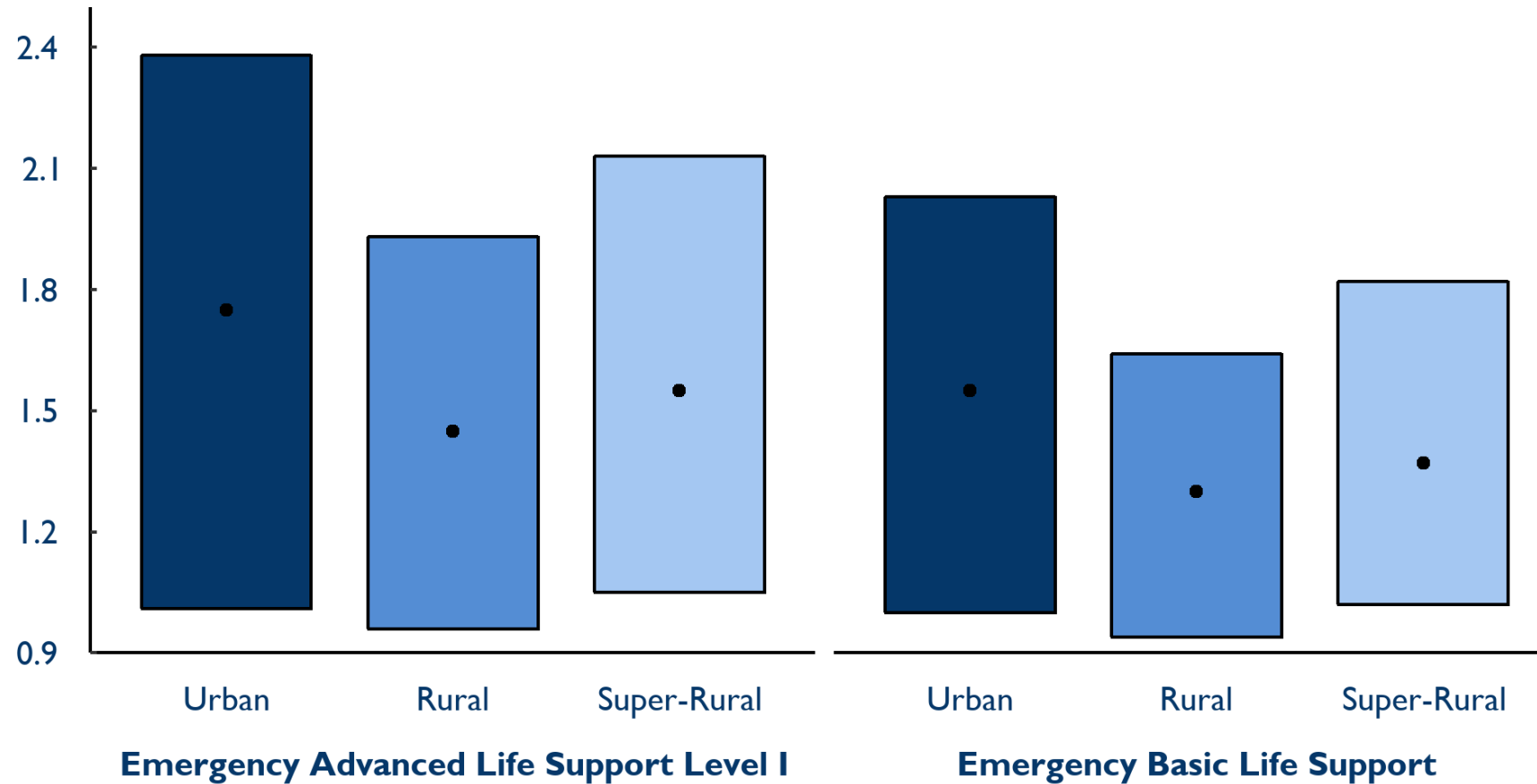
Emergency Transports (2014-17)

- 85% out-of-network
- 28% resulted in a potential balance bill (avg. \$530)

Non-Emergency Transports (2014-17)

- 57% out-of-network
- 26% resulted in a potential balance bill (avg. \$620)

Ratio of All Network Standardized Allowed Amounts to Medicare by Point-of-Pickup and Emergency Transport Type, 2016-2017



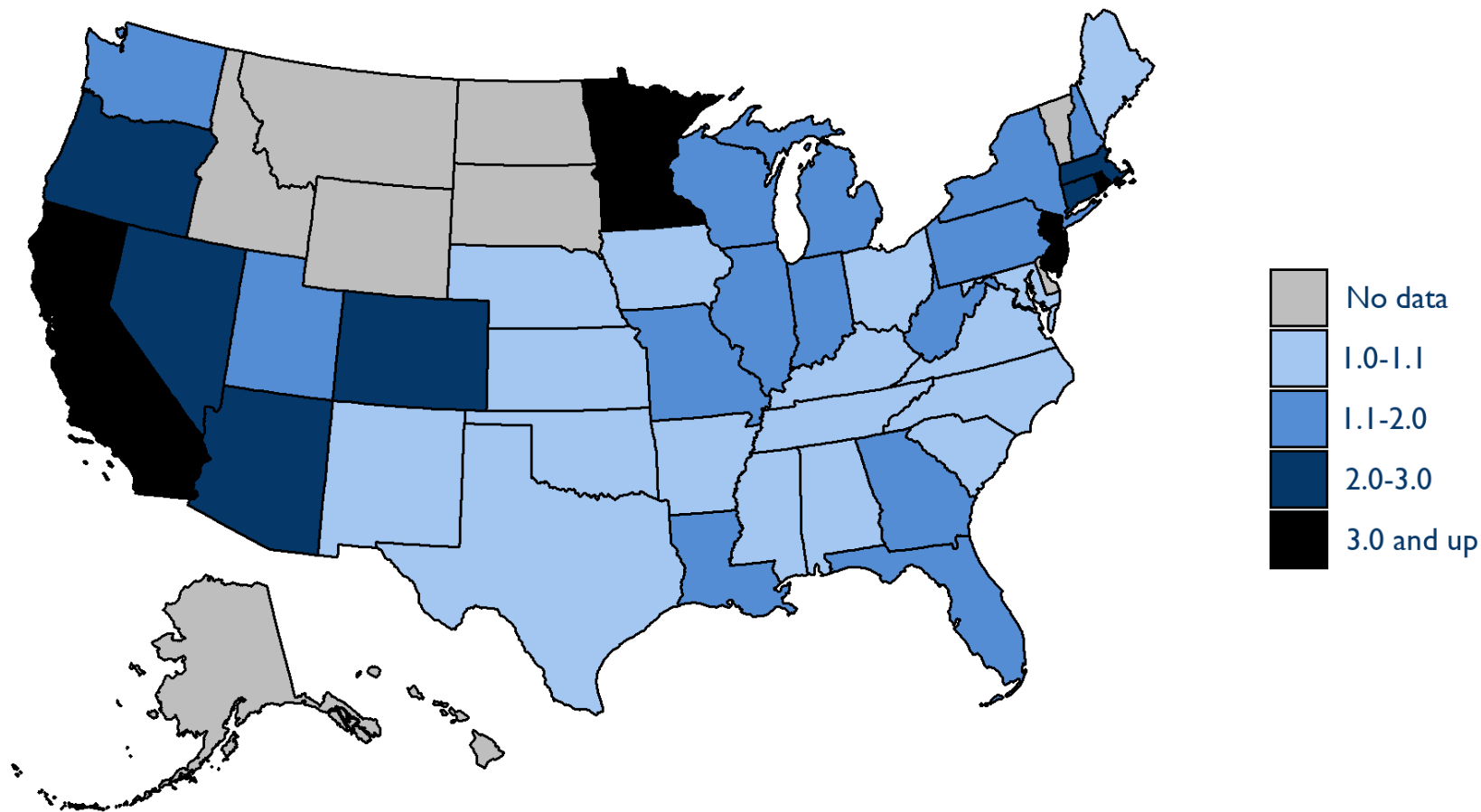
Note: Boxes represent the 20th percentile to 80th percentile range of allowed amount ratios. Dots represent the mean ratio to Medicare. The mean Medicare price for A0427 (Emergency Advanced Life Support Level I) was \$438 for urban pickups, \$568 for rural pickups, and \$715 for super-rural pickups. The mean Medicare price for A0429 (Emergency Basic Life Support) was \$494 for urban pickups, \$629 for rural pickups, and \$799 for super-rural pickups.

Source: Authors' analysis of 2016 and 2017 HCCI data.

National Distribution of Standardized Allowed Amount to Medicare Price Ratios, Emergency Transports, 2016-17



State Median Ratio of Allowed Amount for Average Distance Transport to Medicare Price, Emergency ALS Level I Transport, 2016-17



Note: Data for cells in grey cannot be shown because of low sample sizes. The following states are excluded due to low sample sizes: AK, DC, DE, HI, ID, MT, ND, SD, VT and WY.

Source: Authors' analysis of 2016-17 HCCI data.

Breakdowns by Ownership Structure

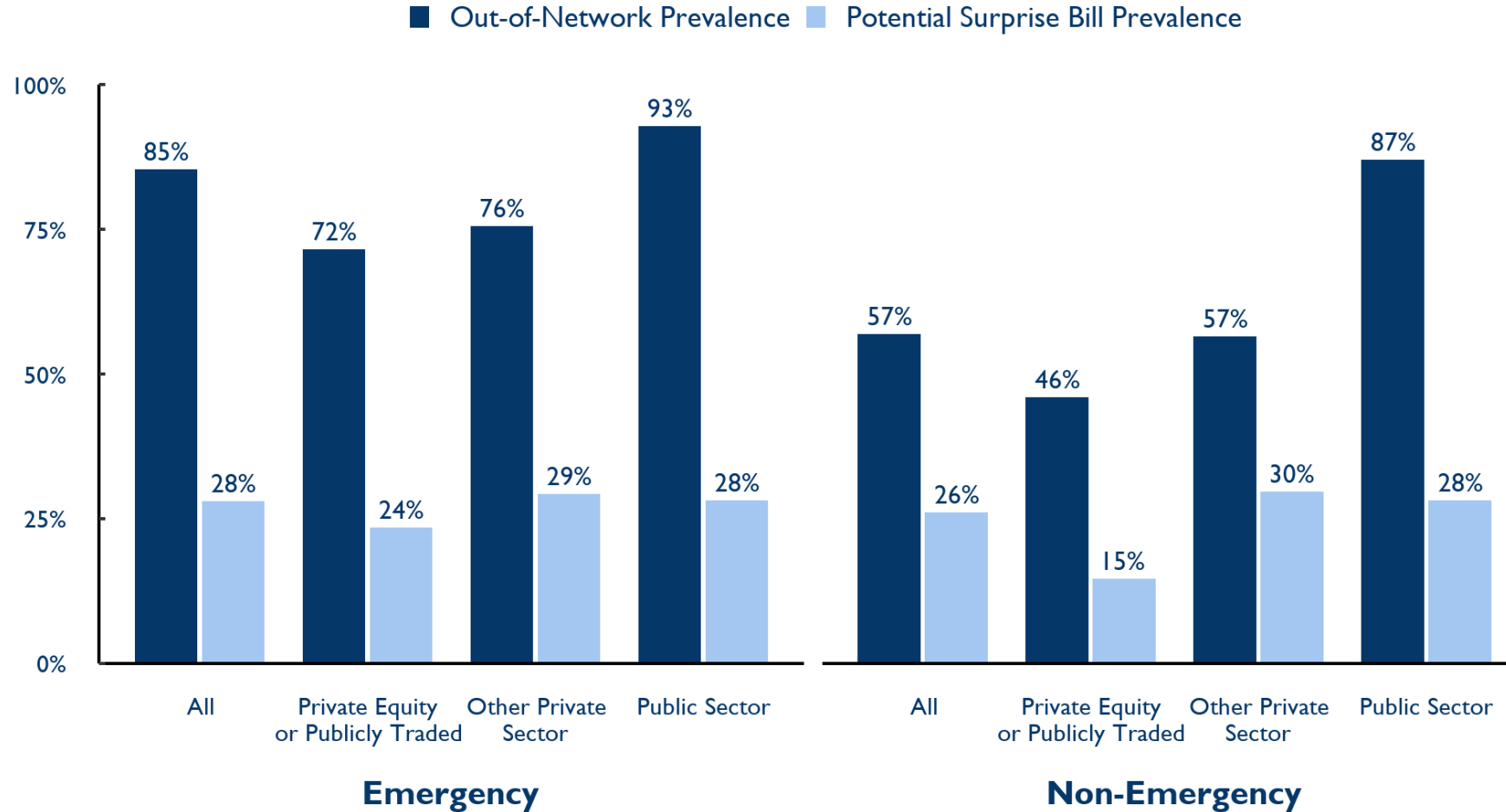
Summary Statistics, 2014-2017

	Total Number of Claims	Percentage of Claims	Number of Claims by Ownerhip		
			Private Equity or Publicly Traded	Other Private Sector	Public Sector
Emergency					
A0429 (BLS)	734,360	34%	46,085 (6%)	260,061 (35%)	428,214 (58%)
A0427 (ALS, Level 1)	1,377,501	64%	148,052 (11%)	411,169 (30%)	818,280 (59%)
A0433 (ALS, Level 2)	36,480	2%	2,645 (7%)	11,830 (32%)	22,005 (60%)
Total Emergency	2,148,341	85%	196,782 (9%)	683,060 (32%)	1,268,499 (59%)
Non-Emergency					
A0428 (BLS)	283,731	74%	65,873 (23%)	198,710 (70%)	19,148 (7%)
A0426 (ALS, Level 1)	100,415	26%	22,771 (23%)	60,965 (61%)	16,679 (17%)
Total Non-Emergency	384,146	15%	88,644 (23%)	259,675 (68%)	35,827 (9%)
All CPT Codes	2,532,487	100%	285,426 (11%)	942,735 (37%)	1,304,326 (52%)

Note: Percentages listed in parentheses for each ownership type grouping represent their share of claims for that CPT cod in our analytical sample. BLS = Basic Life Support. ALS = Advanced Life Support.

Source: Authors analysis of 2014-17 HCCI data.

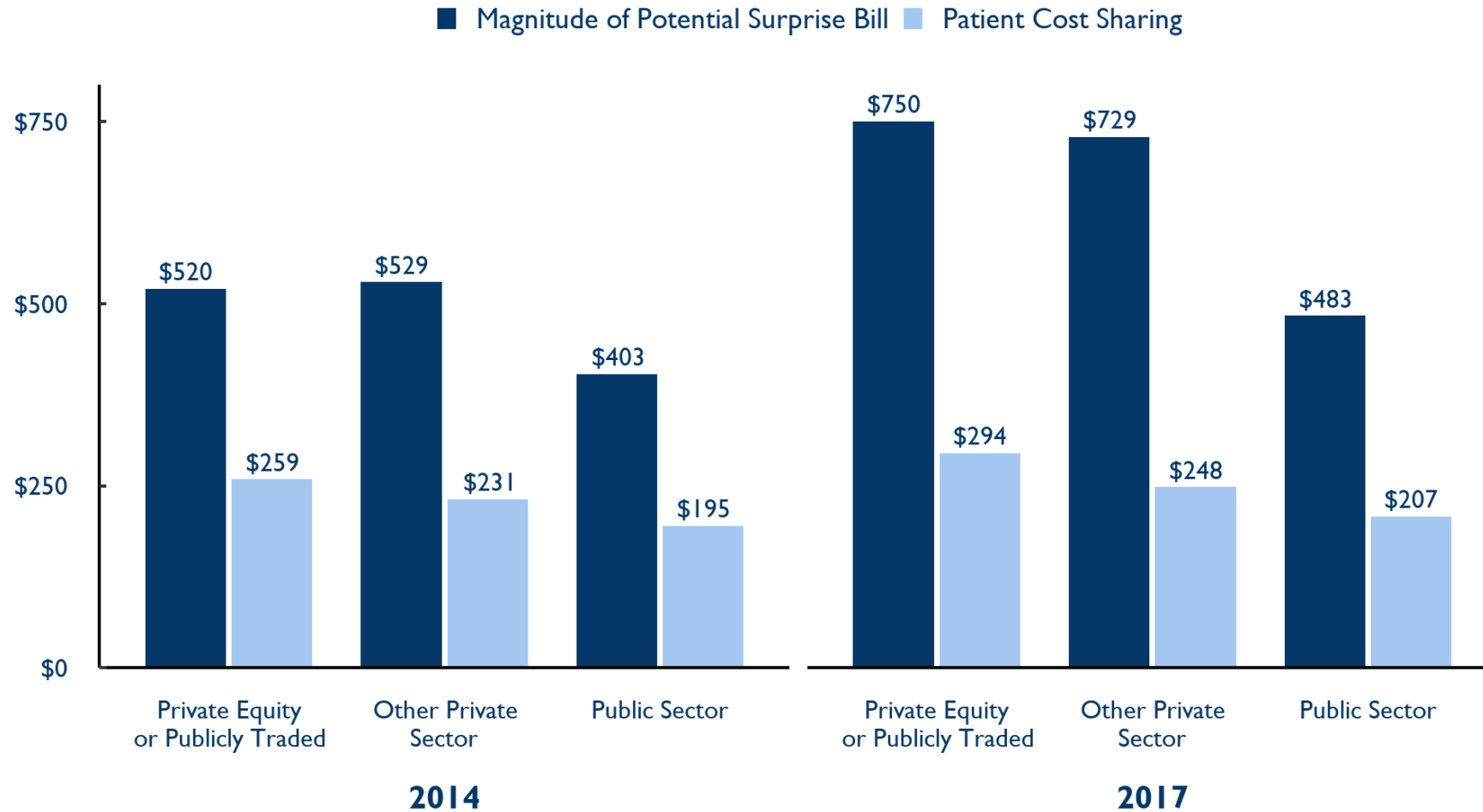
Out-of-Network and Potential Surprise Bill Prevalence by Ownership, 2014-2017



Note: In order to be classified as having a potential surprise bill, a claim must both be out-of-network and have the insurer's allowed amount less than the ambulance organization's charge.

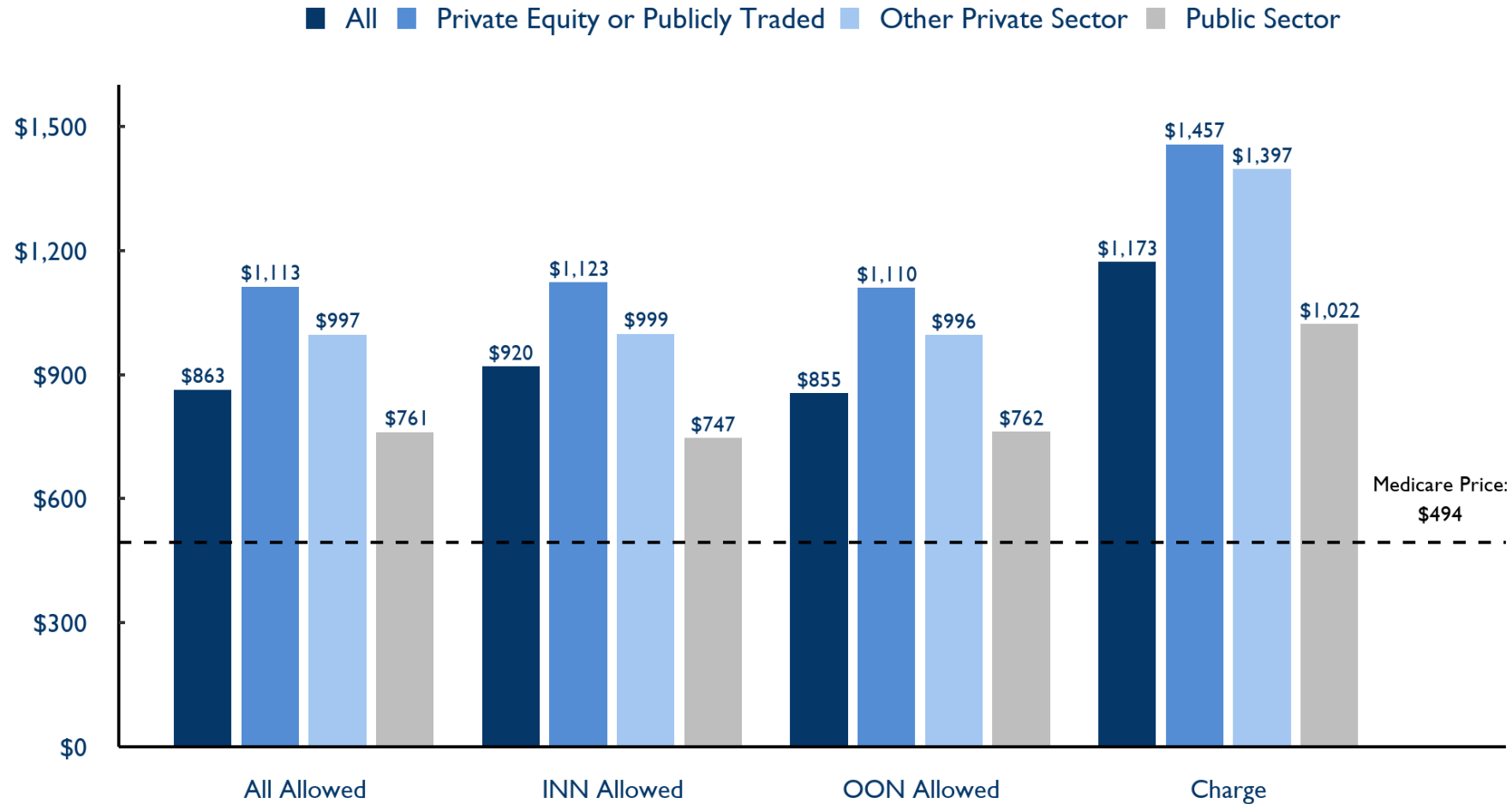
Source: Authors' analysis of 2014-17 HCCI data.

Mean Patient Cost Sharing and Magnitude of Potential Surprise Bills by Ownership, Emergency Advanced Life Support Level I (CPT Code A0427)



Source: Authors' analysis of 2014 and 2017 HCCI data.

Mean Standardized Allowed Amounts and Charges by Ownership, Emergency Advanced Life Support Level I (CPT Code A0427), 2016-17



Note: The amounts are based on transports originating from an urban zip code. Standardized allowed amounts reflect the allowed amount for an average-distance transport (8 miles for CPT code A0427 transports from an urban zip code).

Source: Authors' analysis of 2016-17 HCCI data.

Takeaways

- Most transports are out-of-network
- Potential surprise bills common for nonemergency transports too
- Prices, cost-sharing, and potential surprise bills much larger for private sector vs. public sector ambulances
- Rural ambulances get paid less relative to Medicare than urban ambulances
- Wide variation in pricing

Policy Implications

- Patient protections may be needed for both emergency AND nonemergency transports
- In-network prices unlikely to be reliable guide for arbitrators
- Focusing on local market prices could enshrine inequitable payments going forward
- Any payment metric (e.g., QPA) set as a multiple of Medicare prices nationally would be relatively more generous to rural and public sector ambulances