

Air Ambulance Survey

13 Montana Licensees

10 respondents

1

Business Models

- ▶ Hospital-Based Not-for-profit
 - Flight crew and medical crew paid by hospital
 - Medical crew paid by hospital; contracted flight crew

- ▶ Hospital-Affiliated Not-for-profit
 - Includes some for-profit operators (see below) as well as entities created by hospital groups

- ▶ For-Profit
 - Includes those affiliated with large firms owned by private equity firms.

2

Majority of Flights are In State

- ▶ Almost all helicopter flights are in state.
- ▶ The highest number of in-state flights was by Northeast MT Stat Air (532 fixed-wing)
- ▶ The next highest number was 526 helicopter flights by Benefis Mercy Flight.
- ▶ Only Northwest MedStar in Missoula had more fixed-wing flights out-of-state than in.
(114 in-state to 130 out-of-state in 2014)

3

Response Times

- ▶ For Fixed Wing Flights – ranges between:
 - 13.9 minutes to 50 minutes
- ▶ For Helicopter Flights – ranges between:
 - 5 minutes and 15 minutes

4

Who decides it's an emergency?

- ▶ Generally the referring physician.
- ▶ In some cases, the referring qualified medical provider in consultation with the receiving physician.

5

Accept Insurance as Full Payment?

- ▶ 3 respondents indicated anywhere from 1/4 to 1/2 of their flights had insurance to cover costs. (one gave actual numbers, one said 0)
- ▶ 5 respondents indicated they are in an insurance network. 3 of these are affiliated with or part of a hospital.
- ▶ 5 respondents accept Medicare (the Medicare portion is about 25% to 42% of patients).
- ▶ Uninsured patients ranged from 4% to 23%.
- ▶ Balance billing used in 1% to 31% of flights.

6

Costs of Air Ambulances (low to higher*)

Fixed Wing		Helicopter (Rotor)	
Lift-off Rate	Loaded Mile Rate	Lift-off Rate	Loaded Mile Rate
A) \$8,596	\$37.00	\$11,062	\$88
B) \$9,023	\$26.00	--	--
C) \$9,916	\$80.00	\$11,530	\$100
D) \$13,116	\$110.10	\$15,246	\$133.10
E) \$13,534	\$38.40	NA	NA
F) \$15,965	\$175.00	Not available	Not available

A = Sanford Health in North Dakota

B = Montana Medical Transport

C = HELP Flight

D = Northwest MedStar

E = Northeast MT Stat Air

F = Summit Air (Belgrade)

*Not all services are shown here.

7

Work Comp payments

- ▶ Montana has a higher share of air ambulance costs (0.9% of total) than the region – 0.6% or the nation (0.5% of total).
- ▶ Montana's fixed-wing payments, as a percent of all air ambulance payments, is about 30%. The region's share for fixed wing, as a percent of all air ambulance payments, is about 10%.
- ▶ NCCI says Montana's fixed-wing work comp costs (use and miles charged) predominate over helicopter charges in the state.
- ▶ Average NCCI fixed-wing cost in Montana = \$16,104.

8

Medical Staffing

- ▶ Most flights have a registered nurse and a paramedic or a physician's assistant.
- ▶ Some flights have respiratory therapists.
- ▶ Billings Clinic's MedFlight includes a physician on neonatal intensive care flights.
- ▶ All but one (Montana Medical Transport) said the medical team was 24/7.

9

Medical components

- ▶ Most flights had access to blood supplies, narcotics and intubation.
- ▶ Five of the air ambulances said they could transport premature newborns.
- ▶ 100% of respondents had the ability to consult with doctors or other medical staff while airborne.

10

Licensing Requirements

- ▶ \$35 license fee, good for 2 years
- ▶ Department of Public Health and Human Services may inspect and investigate.
- ▶ Each type of craft is licensed separately.
- ▶ Rules require certain communications capabilities, e.g. VHF portable radio able to broadcast at specific frequencies.
- ▶ Required personnel per 37.104.326, ARM, is same as a basic life support ground ambulance – but only one of the following plus a pilot is required: an Emergency Care Provider–Emergency Medical Responder, an Emergency Medical Technician, or a physician.

11

Possible Areas of Legislation

- ▶ Uniform dispatch protocols.
- ▶ Revise the reciprocity language in 50-6-320, MCA. Only two of the responding services (St. Vincent HELP Flight and Northwest MedStar) indicated reciprocal arrangements.
- ▶ Revise the language exempting membership services from all aspects of the Insurance Code. For example, if the membership service is not changed, the statute might allow for insurance commissioner review for reciprocity. Or review of balance billing in an emergency context under the Affordable Care Act or McCarran–Ferguson.

12

Possible Legislation, continued

- ▶ Require posting of price lists so consumers can see the potential cost of using an air ambulance. (Arizona model)
- ▶ Require hospital personnel to call in-network providers first before calling out-of-network providers. (North Dakota model)
- ▶ Revise the 2-year operating model before air ambulances can offer memberships. (e.g. – HB 177 allowed the 2-year-experience to be met by out-of-state service.)