

Docket No. SA-530

Exhibit No. 4-G

NATIONAL TRANSPORTATION SAFETY BOARD

Washington, D.C.

Panel on Current EMS Models and Reimbursement Structures
Presentation by Mr. Marc Hartstein

(5 Pages)

Medicare Coverage of Helicopter Ambulance Services

- Transport to nearest hospital with appropriate facilities if:
 - Facility is inaccessible by ground vehicle.
 - Transport is over great distances or complicated by other obstacles (heavy traffic).
 - Patient's condition is not appropriate for ground ambulance transport.

Who Can Get Paid for Helicopter Ambulance Services?

- Enrolled Suppliers (non-hospital owned) and Providers (hospital-owned) that meet crew and vehicle requirements such as:
 - Equipped to respond to medical emergencies.
 - Complies with State and local licensing and certification of an emergency vehicle.
 - Air ambulances must have a valid charter flight license (FAA Part 135 Certificate).

How are Helicopter Ambulance Services Paid?

- Based on a Fee Schedule:
 - Per Trip Rate: \$3,308 (urban), \$4,962 (rural)
 - Mileage Rate: \$21.53 (urban), \$32.30 (rural)
 - Add trip rate and product of the mileage rate and number of miles to determine fee schedule amount.
- Fee Schedule Replaces Reasonable Charge System beginning in 2002:
 - Adopted through negotiated rulemaking.
 - Budget neutral implementation.

Impacts of Ambulance Fee Schedule

- Redistribution from:
 - Hospital providers to non-hospital ambulance supplier.
 - Urban to rural ambulance services.
 - Ground to air ambulance services.
- “Air ambulance trips reimbursed by Medicare increased 24 percent, from 1.65 transports per 1,000 beneficiaries in 2001 to 2.04 transports per 1,000 beneficiaries in 2004.” (GAO, 2/2007)