Supporting your team

The FAQs on MASA for your workforce

masa

Using these FAQs

At MASA, we are here to answer any question you may have. In this document, you will get answers to some of the most frequent questions we receive from employers about our company, products and plan options. If you need further assistance and information, visit the MASA Client Success Team Infosheet or reach out to our Client Success team at (954) 334-8270.

About MASA

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading emergency transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more. Our basic protection area includes the continental U.S., Hawaii, Alaska, Mexico, and Canada, with worldwide protection* offered for certain plans. For more information, visit masaaccess.com.

Membership benefits questions

Which ambulance providers does MASA work with?

Any! In the event of an emergency, simply call 911 and get to the hospital. We have a no-network model where we work directly with the ambulance provider to settle the bill. Our members and their families are protected from out-of-pocket costs, no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and Canada. Some solutions extend globally for members with expanded plans.

Does your protection extend to copays or deductibles?

Yes, when it is applicable to their ambulance bill. Our goal is to leave our members with peace of mind. MASA protection for out-of-pocket costs includes copays, coinsurance, and deductibles associated with their ambulance bill.

How does MASA work with my employee's primary health insurance?

The ambulance provider will submit their invoice to your employee's primary medical insurer first. In most cases, the insurer will pay the provider for the ambulance portion of the bill according to the details of your employee's specific primary insurance plan. Afterwards, the ambulance provider will send your employee a bill for the remaining balance, who can then forward that bill to MASA for processing. MASA does not interact directly with the member's health insurer.

How do enrollees qualify?

MASA has no medical qualifiers, which means:

- No health questions
- No age limits

Plus, there are:

- No claim forms (bill must be submitted within 180 days)
- No deductibles
- No network limitations

How can I contact MASA?

You can reach out to our dedicated Client Success team anytime for assistance with ongoing administrative needs. To find more details, visit the MASA Client Success Team Infosheet.

When should my enrolled employees call you? How do they request payment?

Members should always call 911 for an emergency. Once they receive a bill, they can submit it to us through the member portal at masaaccess.com/member or via email to AmbulanceClaims@masaglobal.com. If members include their health insurance Explanation of Benefits along with their bill, it can help expedite the process. After submission, they'll receive an auto-reply confirmation of receipt with basic details. We'll review their case and reach out if we need more information. Once their request is closed, they'll receive a letter notifying them of resolution.

Should they need to activate specialized transport services after an emergency — such as getting children, pets, or vehicles returned home, or if their physician needs help with medical transport coordination for an organ transplant or repatriation — they can reach out to us for support 24/7/365.

They can also check the status of an existing request and what solutions are included in their membership in the portal at masaaccess.com/member, through the MASA app, or by calling (800) 643-9023.

To find more details, visit our How to Use MASA Access infosheet.

Who is covered by MASA membership plans?

We offer employee-only options, and we offer family memberships, which protect the employee, their partner, and all children under the age of 26 in their household. Plus, you can also offer our Family+ endorsement, so that employees can extend protection to their parents.

Does MASA offer a solution ideal for executive leadership?

Yes! Our Platinum plan with Family+ endorsement enhances executive benefit packages with valuable protection for key leaders, their families, and parents. Our Platinum plan is our most comprehensive protection, with global access, first-class services, and much more.

How much does an ambulance ride cost?

The costs associated with ambulance services vary widely based on factors such as geographical location and the type of treatment provided. According to a report we released last year, Emergency medical transportation: The true costs — and how they're rising, the cost of emergency transportation has increased significantly in the last five years, outpacing medical inflation. Our internal claims data reveals averages of $2,086 for ground ambulance costs and $72,469** for air ambulances.[1]

How often do people require an ambulance?

1 in 15 U.S. families require an ambulance each year.[2] For more information utilization rates and costs, check out our white paper, Emergency medical transportation: The true costs — and how they're rising.

Why might an employee have to pay out-of-pocket for an ambulance bill?

An employee may have to pay out-of-pocket for an ambulance bill if the provider is out-of-network. In fact, research shows that nearly 60% of ground ambulance rides are deemed out-of-network.[3] Health insurance typically covers out-of-network medical transport at a lesser rate, even if the ride is to an in-network hospital. This can lead to balance billing, where the ambulance company charges your employee the difference between what was billed and what your employee's health insurance paid. Even in emergency situations, some insurers may still impose limits on out-of-network coverage, depending on how your employee's health insurance policy is written.

Another reason for out-of-pocket costs is a claim denial from your employee's health insurer.* This can happen if the insurer determines the ambulance ride wasn't medically necessary (even in emergency situations), if the provider didn't submit the correct codes or documentation, or if your employee's policy requires preauthorization for non-emergency transport and it wasn't obtained. Additionally, the mode of transport can be challenged — for example, air transport may be deemed not medically necessary by your employee's insurer if they conclude ground transportation would have been sufficient.

*Information on claim denial reasons is limited and does not include or group health plans. What data is available shows infrequency of denials based on a lack of medical necessity.

Visit these related articles in our Learning Center for more information:

Understanding ambulance costs

Emergency services: how much will it all really cost?

How to know if your ambulance is in-network

How do you differ from a membership with my regional ambulance providers?

MASA works as a payor, not a provider. Memberships offered by local ambulance services provide help for your employees **only in the event they are picked up by that specific service.** Our plans provide protection that extends to ALL ambulance companies operating within the continental United States, Alaska, Hawaii and Canada. With over 24,000 ambulance companies operating in the United States, the chances of getting picked up by only a preferred provider are very slim.[4]

Employer questions

With passage of the Federal No Surprises Act (NSA), does MASA still offer necessary protection?

The No Surprises Act (NSA), enacted in 2022, aims to protect patients from unexpected medical bills. However, it only limits surprise billing for air ambulance services and does not cover ground ambulance transport. Some states offer limited protections for ground transport to supplement the NSA. Despite these measures, traditional insurance companies can still pass certain costs on to patients for both air and ground ambulance services.

MASA offers protection from claim denials, even from emergency transport bills that are adjudicated by the government's IDR (independent dispute resolution) process — activated when air ambulance providers don't have a network agreement with the patient's primary health insurance company.

Read our case studies on MASA's impact after NSA.

How do I know which plan is right for my employees?

Start by asking your benefits broker if they are a MASA representative. If they are not, they can connect with us to find the right solution. We can provide you with case studies of companies similar to yours that break down the value of adding MASA to your benefits in a variety of ways. If you prefer to understand how MASA would fit into your specific benefits package, we would be happy to collaborate on creating a custom exposure analysis report.

How can I manage the cost of MASA?

In some cases, MASA can be built into your medical program along with the primary health insurance. Or we can be added to your supplemental offerings. For optimal employee awareness and engagement, we recommend positioning MASA just after the medical benefits. We can accommodate employer-paid, cost share with the employee, or voluntary options.

When can my employees enroll?

MASA can be offered at open enrollment, during new hire onboarding, and during off-cycle enrollment events. You can offer our protection anytime throughout the year, with activation starting as early as the following month.

How do we manage MASA membership benefits?

MASA can be managed either through your broker's account managers or with your HR benefits administrators. The team that manages your employee benefits will be given a self-service portal link to manage employee changes. You can find more information by visiting the MASA Client Success Team Infosheet and you can contact our Client Success team for assistance at (954) 334-8270.

Do you work with self-insured employers?

Yes. Our membership benefits are compatible with self-funded offerings to help mitigate the financial volatility of emergency transportation claims. In other words, MASA helps you reduce medical plan reimbursements for medical transports, while protecting your workforce from the remaining out-of-pocket costs after primary health coverage is applied by directly working with the ambulance providers..

How do I identify if my employees' health insurance fully covers emergency transportation?

We would be happy to offer a deep dive into your specific emergency transportation protection risk analysis. You or your broker will need to provide some details of your current plans, then our analyst team can produce a custom report on your exposures, as well as answer any questions you may have. Ask your broker or benefits administrator to reach out to your MASA representative to get started.

Compliance questions

How are MASA membership benefits categorized across the U.S.?

In most states we are regulated as a service or membership and provide member service agreements. In some states we adhere to insurance regulations under the accident and health (A&H) type and provide underwritten policies.

What if our employer situs is in a non-insurance state and an employee resides in an insurance state?

In most cases, the employee would be issued a membership certificate based on where their employer is headquartered. For employees residing in MI, NJ, NY, WA or UT, special accommodation or exclusions may be required.

What if our employer situs is in an insurance state, and an employee resides in a non-insurance state?

If an employee does not reside in a restricted state, they would be issued an insurance policy based on where their employer is headquartered. For employees residing in NJ, NY, WA or UT, special accommodation or exclusions may be required.

Does ERISA apply only to insurance states, or does it also impact certificate states?

ERISA sets minimum standards for retirement, health, life, disability, and other welfare plans within the private sector. Under ERISA, plan administrators must meet certain standards and provider detailed requirements. Employers are not required to establish a plan, but it does require employers that meet certain requirements to do so.

ERISA rules and regulations apply for both insurance states and membership states.

How does the Safe Harbor Exemption apply to your membership benefits?

If our membership benefits are in an insurance state and not employer-sponsored, then the Safe Harbor exemption will apply.

Employer sponsored health benefits are generally subject to ERISA; however, regulations provide a safe harbor under which ERISA does not apply for voluntary insurance arrangements that meet specific criteria.

How does the Consolidated Omnibus Budget Reconciliation Act (COBRA) apply to your membership benefits?

If you offer MASA through your company's COBRA plan, the employee may continue MASA protection. At the end of such coverage, they can elect MASA protection from our consumer-direct plan offerings. Companies offering COBRA must have more than 20 eligible employees.

Note: Consumer plan offerings vary by state and may not be available in all locations. Protections vary from plan to plan.

Who manages MASA membership benefits when COBRA is applied?

COBRA benefits are managed by the employer, typically through a COBRA designated administrator. The administrator will be given a self-service portal link for management of the employees.

Are you HIPAA compliant?

Yes. MASA is a covered entity and adheres to the physical, administrative, and technical safeguards outlined in HIPAA.

Is MASA considered a health plan by HIPAA?

While MASA offers membership benefits unique to traditional health insurance plans, we are considered by HIPAA to be a health plan in insurance states.

Is MASA a covered entity?

Yes, we are a covered entity. HIPAA covered entities include health plans, clearinghouses, and certain healthcare providers.

Are MASA membership benefits portable?

Members can call MASA up to three months prior to their last day of employment and elect protection from our consumer-direct solutions available in their state by calling (954) 820-4332. Our representatives are available from 9 am-5 pm EST to assist. MASA can make the new protections effective on the date of group plan termination.

How do you manage the HSA requirement?

Our enrollment file template includes a field for employers to notify us if a member is enrolled in an HSA eligible plan. When a member submits a claim through email or the member portal, automatic messages are activated that remind the member of their obligations to meet the IRS statutory minimum deductible (which differs from the health insurance plan deductible). The member claim is processed under the assumption that the member has met and satisfied the IRS deductible. If a claim is submitted by mail or fax, the member will be reminded of their responsibility in the payment notice sent after the claim is successfully processed. All members receive these messages regardless of enrollment file indications to ensure visibility. *Note: Not all states allow this process. We complete as permitted.*

Sources:
1: MASA Internal Claims Data, Updated January 2025 | 2: Milliman data compiled December 2023 | 3: FAIR Health, 2023 | 4: IBISWorld – Industry Market Research – Ambulance Services Industry Report, 2024

*Worldwide protection includes any region with the exclusion of Antarctica (and not prohibited by U.S. law or under certain U.S. travel advisories) as long as the member has provided ten (10) day notice.

**Based upon the enactment of certain legal protections regarding surprise medical billing, actual member liability may be less than the provider's charges.

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