

Case study

How medical transport protection solved critical exposures in common healthcare plan types



Client profile

Vertical: Healthcare

Workforce: 20K+ employees

Multiple health insurance carriers

Plan types: HDHP, PPO



Client challenge

The client company's health insurance coverage has both in-network and out-of-network coverage for emergency medical transport costs. Client is looking to protect its workforce from unexpected medical transport costs with more robust coverage.



Study focus

Define the impact MASA benefit coverage can have on client population's out-of-pocket costs for emergency medical transport claims based on client's claims experience.



Emergency transport claims analysis

PPO	In-network	Out-of-network
Individual deductible	\$1,250	\$2,500
Family deductible	\$3,750	\$7,500
Individual OOP max	\$3,500	\$7,000
Family OOP max	\$10,500	\$21,000
Emergency transport	75% after deductible	50% after deductible
HDHP	In-network	Out-of-network
Individual deductible	\$4,000	\$5,000
Family deductible	\$8,000	\$10,000
Individual OOP max	\$6,200	\$12,000
Family OOP max	\$12,400	\$24,000
Emergency services	80% after deductible	60% after deductible

Emergency transport claims analysis

Analysis of 2023 paid claims by primary

Plan	Total charges	Co-insurance	Deductible	Not covered	Other insurance	Plan paid	MASA coverage
Plan 1	\$4,611,018	\$173,074	\$200,310	\$1,835,770	\$0	\$1,736,899	\$2,209,152
Plan 2	\$2,768,152	\$70,842	\$104,521	\$1,231,265	\$74,312	\$1,288,977	\$1,406,628
Plan 3	\$2,792,057	\$75,714	\$110,614	\$579,697	\$2,765	\$1,054,795	\$766,025
Total	\$10,171,227	\$319,629	\$415,444	\$3,646,731	\$77,077	\$4,080,671	\$4,381,805

MASA coverage



Solution

MASA covers employee out-of-pocket expenses which includes coinsurance, deductible, and expenses not covered by primary plan (this applies to all 3 plans listed below). During the examined time period, MASA would have covered up to \$4.4M in employee out-of-pocket expenses.



Summary of findings

- The average ground ambulance bill is \$2,008¹, leaving employees with anywhere from \$401 (best case) to \$2,008 (worst case) out-of-pocket per incident. Maximum coverage falls under the HDHP Plan. In-network coinsurance is 80%, leaving employees with \$401 out-of-pocket per ambulance ride if deductible has already been met (best case).
- 86% of ground ambulance rides are out-of-network for the privately insured², which is only covered at 50% in PPO and 60% in HDHP, leaving employees with an out-of-pocket expense of \$1,004 (PPO) or \$803 (HDHP) per ambulance ride if deductible has already been met.
- If deductibles have not been met, then the employee will pay even more out-of-pocket for the ride, up to \$2,008 on average, with some ground ambulance bills ranging up to \$20,000 (worst case).
- Employees on family plans are at greater risk for emergency transport needs and out-of-pocket expense, with the out-of-network deductibles ranging from \$7,500 to \$10,000.



Want more details? We're here to help.

Connect with your MASA advisor or visit us online at masaaccess.com.



About MASA

The high cost of emergency medical transportation results in unexpected expenses for many families. MASA protects its members from these expenses, stepping in to fill exposures in health coverage. Since our founding in 1974, we've become the leader in emergency transportation solutions — providing protection to over two million members globally.

Need an analysis for your client?



Which analysis is right for you?

Gap analysis

Utilizes medical plan information to outline the potential savings a MASA plan could generate when placed alongside a client's existing plans.

Claims analysis

Utilizes medical transport claims data from the medical or other underlying plan(s) to show the potential savings employees would have experienced if MASA had been placed alongside the medical plan.

Ideal for groups 5,000+

What information is needed from you for an analysis?

- Group medical plan documents (SBCs)

Itemized claim report by ambulance procedure code (see next page for a list of codes) including the following:

- Original ambulance bill amount (total charge)
- Amount paid by plan
- Itemized or total employee out-of-pocket costs, including:
 - Deductible
 - Coinsurance
 - Copayment
 - Denied claims
- Information for additional analysis (not required)
 - Claim creation date
 - Member ID (or Employee ID)
 - Location ID
 - Service state
 - Provider name

What ambulance claim codes are included in an analysis?

Code	Description
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS miles (per mile)
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0425	Ground mileage
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1-emergency)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)
A0430	Ambulance service, conventional air service, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0888	Noncovered ambulance mileage
A0999	Unlisted ambulance service
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments