The Save Our Air Medical Resources (SOAR) campaign is dedicated to ensuring that all communities across the country have access to emergency air medical services, regardless of their zip code or ability to pay. Unfortunately, access to these services is at risk as many private insurance companies have left patients stuck in the middle between the providers of care and how to pay for services. While many private insurance companies do right by their members and cover air medical transportation at a fair rate, SOAR is taking steps to address insurers who deny payment for these life-saving services.

### Air Ambulance Services Are Under-reimbursed

- Reimbursement from commercial health insurance varies widely across the country, ranging from low multiples of Medicare to payment at or near billed charges. Air ambulance providers depend on insurance reimbursement as their main source of funding due to the significant cost shortfall of Medicare/Medicaid reimbursement. On average, Medicare reimburses only about half the cost of an air medical flight. Because roughly 70 percent of air medical transport patients are covered by Medicare, Medicaid, or are uninsured, emergency air medical transports are severely underpaid for seven out of 10 transports.
- Fair private payor reimbursement is critical to markets with high Medicare/Medicaid payer mix – the markets that often need access to these critical life-saving services the most. Unfortunately, in some markets, private insurance carriers are unwilling to pay or contract at rates that cover air medical providers’ most basic costs.
- The result is cost-shifting in which a smaller portion of patients are unduly sustaining the whole system. This is unsustainable for air medical providers and for patients.

### Insurance Tactic: Deeming Emergency Care Not “Medically Necessary”

- When private payors under-reimburse for an air medical transport, insurance providers argue that the transport wasn’t “medically necessary,” when in fact the transport was ordered by a physician or first responder.
- For example, in 2017 one air medical provider found that roughly half of all transports were denied by the insurance company and 11% of those denials were for medical necessity.
- Air medical providers aren’t alone. In recent years, private payors have begun for emergency room visits that it deems unnecessary, because they aren’t, in the insurance plan’s view, true emergencies. These denials of coverage are often made after the patient’s visit to the ER.

Visit [www.soarcampaign.com/coverage-when-it-counts](http://www.soarcampaign.com/coverage-when-it-counts) to learn more

"The one and only person in the whole world that has the authority to determine what is medically necessary in an emergency room situation is the attending physician. The insurance company doesn’t have any authority to override the decision of the attending physician. It is not right. It’s not correct. It’s not fair. My message to the insurance companies is quit deciding what is medically necessary. Let the doctors and the hospitals decide what is medically necessary."

- John Franchini, New Mexico’s current Insurance Superintendent
FACT SHEET: Coverage When It Counts & The Importance of Private Insurers Covering Air Medical Services

Insurance Tactic: Refusal to Go In-Network With Providers

- Often, insurers believe that narrow networks are necessary to reduce cost, despite the fact that there is little evidence that this strategy is effective in reducing costs and substantiated evidence that it reduces patient access to care and causes surprise bills. But, as insurers continue to pursue narrowing networks in an attempt to reduce their costs and maintain their profit margins, more and more patients may receive a surprise bill.
- This kind of behavior goes beyond air medical services, as those providing care to rural areas are often hit the hardest by these tactics. At several rural facilities across Texas, Blue Cross Blue Shield of Texas has threatened to go out-of-network if the hospitals do not accept lower reimbursements for a multitude of services.
- A recent legislative study conducted in Montana showed that for only $1.70 more per month in insurance premiums, emergency air medical transportation can be reimbursed in full without burdening patients with huge bills. A similar study in Kentucky estimated that the increase would be between $0.92 and $3.69 per person per month.
- Air medical providers are willing to negotiate fair agreements that preserve access and protect patients. For example, in August 2018, Air Methods and Air Evac, providers of air medical services, announced in-network agreements with Anthem Blue Cross and Blue Shield in Missouri to offer emergency services at discounted in-network rates, taking the patient out of the middle and ensuring those services would be covered.
- Air medical providers have patient advocate teams in place whose sole function is to advocate on the patient’s behalf and exhaust every avenue to get coverage from their insurance carrier.

Our Solution

We’re calling on private insurers across the health care system to do right by patients and adequately cover emergency services. After all, isn’t that what insurance is for?

Make Your Voice Heard: Sample Letter to the Editor

Americans pay monthly premiums for health insurance to ensure they have coverage in an emergency, but countless reports of surprise bills after insurers refuse coverage show the system is broken.

Air medical services provide critical care and transport to the most appropriate facility for patients experiencing an emergency. As rural hospitals continue to close and with 1 in 4 Americans living more than an hour away from a Level 1 or Level 2 trauma center, air medical services help fill the gap and save lives. They never self-dispatch and are only called to the scene when a first responder or doctor deems it critical to the patient’s health.

But some private insurers have pursued narrow networks, arbitrarily lowered reimbursement rates, or denied coverage for these life-saving services after the fact by claiming it was not “medically necessary,” all of which has left patients in the middle and threatens continued patient access to air medical services. Families across the United States deserve to know they’ll have coverage when it counts. But if they can’t rely on their insurance provider to cover emergency life-saving services like air medical, then what is insurance for?

Tweet This:

- @SOARCampaign’s #CoverageWhenItCounts is a call to action for private insurers to do what’s right by their customers and adequately cover patients when the unthinkable happens
- Consumers need to have peace of mind that when the unthinkable happens, they will have coverage for their care. Isn't that what insurance is for? We must ensure patients have #CoverageWhenItCounts
- We’re excited that @SOARCampaign has launched #CoverageWhenItCounts, a campaign that asks the question: "What's the point of insurance, if it doesn't cover emergency health care when you truly need it?"
- Patients deserve to know they’ll be protected when the worst happens without having to worry about surprise medical bills going uncovered by insurers. Let’s make sure patients have #CoverageWhenItCounts