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Senate Bill 790 Ambulance Survey

More information about this report is located on the ground ambulance billing data call page. Name of ambulance service provider: Contact email: Address: Contact phone number: City: State: State license number: ZIP Code: **QUESTION 1:** This ambulance provider type is: County government ☐ City 3rd Service ☐ City fire □ Not for profit □ Private (for-profit) Hospital Volunteer EMS □ Volunteer fire Other type of service, Explain: **QUESTION 2:** This ambulance provider operates in the following Texas region(s): □ Texas Panhandle □ North Texas ☐ East Texas South Texas Central Texas West Texas **QUESTION 3:** This ambulance provider conducts the following type(s) of transports: Emergency only ○ Non-emergency only OBoth emergency and non-emergency **QUESTION 4:** How many total dispatches did this provider respond to in 2020? **QUESTION 5:** How many total patients did this provider transport in 2020?

QUESTION 6: Does this ambulance provider bill a higher dollar amount to patients who are not residents of the district? Always
Sometimes
○ Never
○ Not applicable
QUESTION 7: Does this ambulance provider attempt to identify if a patient is covered by Medicaid or Medicare before seeking to bill the patient?
○Always
○ Sometimes
○ Never
○ Not applicable
QUESTION 8: Does this ambulance provider attempt to identify if a patient is covered by a commercial health plan (private insurance) before seeking to bill the patient?
○Always
○ Sometimes
○ Never
○ Not applicable
QUESTION 9: Does this ambulance provider bill patients who are uninsured (<u>not</u> covered by Medicaid, Medicare, or a commercial health plan)?
○ Always
○ Sometimes
○ Never
○ Not applicable
QUESTION 10: Other than patient copays and coinsurance, if a patient is covered by Medicaid or Medicare, does this ambulance provider balance bill the patient for the amount that Medicaid or Medicare do not pay?
○ Always
○ Sometimes
○ Never
○ Not applicable

1	QUESTION 11: Other than patient copays and coinsurance, if a patient is covered by a commercial health plan (private insurance), does this ambulance provider balance bill the patient for the amount that the health plan does not pay?
	○Always
	Sometimes
	○ Never
	○ Not applicable
- 1	QUESTION 12: Does this ambulance provider send unpaid bills to a third party for collection?
	○ Sometimes
	○ Never
	○ Not applicable
ľ	QUESTION 13: What was the average standard charge for <i>Ambulance service, advanced life support, non-emergency transport, level 1</i> (ALS1, HCPCS code A0426)? 2019 2020
١	QUESTION 14: What was the average standard charge for <i>Ambulance service, advanced life support, emergency transport, level 1</i> (ALS1-EMERGENCY, HCPCS code A0427)?
	2019
	2020
ľ	QUESTION 15: What was the average standard charge for <i>Ambulance service, basic life support, non-emergency transport</i> (BLS, HCPCS code A0428)?
	2019
	2020
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QUESTION 16: What was the average standard charge for <i>Ambulance service, basic life support, emergency transport</i> (BLS-EMERGENCY, HCPCS code A0429)?
2019
2020
QUESTION 17: What was the average standard per mile charge for basic life support (HCPCS code A0380)?
2019
2020
QUESTION 18:
What was the average per mile charge for advanced life support (HCPCS code A0390)?
2019
2020
QUESTION 19: What was the average per mile charge for ground mileage, per statute mile (HCPCS code A0425)? 2019
2020
QUESTION 20: In 2019, was this ambulance provider in-network with any commercial health plans? ○ No ○ Yes
If yes, how many?
○ 1-3
<u></u>
○ 8-10 ○ 11
○11+

QUESTION 21:
n 2020, was this ambulance provider in-network with any commercial health plans?
○ No
○Yes
If yes, how many?
○1-3
○4-7
○ 8-10
○11+
QUESTION 22:
Does this ambulance provider have more, fewer, or the same number of network contracts with commercial health plans than it did five years ago?
○ More
○ Fewer
○ The same
○ Not applicable
QUESTION 23: Which <u>one</u> of the following factors would make this ambulance provider <u>most likely</u> to join a commercial health plan' network that it is not already a part of?
○ Favorable reimbursement rates
○ Prompt payment of claims
A direct and accessible provider support system
A contract with clear and predictable terms and payment rates
Network contracting decisions are made by another entity and not by this provider
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QUESTION 24: Which <u>one</u> of the following factors would make this ambulance provider <u>least likely</u> to join a commercial health plan's network that it is not already a part of?
○ Unfavorable reimbursement rates
Amount of time to receive full payment
Having to negotiate a contract with the health plan
○ Being bound to a contract
 Network contracting decisions are made by another entity and not by this provider