

# Ground Ambulance Survey Question Guide

Senate Bill 790 (87R) requires that the Texas Department of Insurance, in collaboration with the Texas Department of State Health Services, conduct a study of local EMS ground ambulance service providers. This document provides additional guidance on questions asked by the ground ambulance survey.

## **QUESTION 1:**

Check the box or boxes of the type(s) of ground ambulance service that your organization provides. Check all boxes that apply to your organization.

## **QUESTION 2:**

Use the following county-to-region guides to choose the region(s) of Texas that your ground ambulance organization responds to calls or picks up patients. Please check the boxes of all regions that apply.

### **PANHANDLE:**

Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler.

### **SOUTH TEXAS:**

Aransas, Atascosa, Bandera, Bee, Bexar, Brooks, Calhoun, Cameron, Comal, DeWitt, Dimmit, Duval, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Hidalgo, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Maverick, McMullen, Medina, Nueces, Real, Refugio, San Patricio, Starr, Uvalde, Val Verde, Victoria, Webb, Willacy, Wilson, Zapata, and Zavala.

### **WEST TEXAS:**

Andrews, Bailey, Borden, Brewster, Brown, Callahan, Cochran, Coke, Coleman, Comanche, Concho, Crane, Crockett, Crosby, Culberson, Dawson, Dickens, Eastland, Ector, El Paso, Fisher, Floyd, Gaines, Garza, Glasscock, Hale, Haskell, Hockley, Howard, Hudspeth, Irion, Jeff Davis, Jones, Kent, Kimble, King, Knox, Lamb, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Motley, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Schleicher, Scurry, Shackelford, Stephens, Sterling, Stonewall, Sutton, Taylor, Terrell, Terry, Throckmorton, Tom Green, Upton, Ward, Winkler, and Yoakum.

**CENTRAL TEXAS:**

Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, and Williamson

**NORTH TEXAS:**

Archer, Baylor, Clay, Collin, Cooke, Cottle, Dallas, Denton, Ellis, Erath, Fannin, Foard, Grayson, Hardeman, Hood, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wichita, Wilbarger, Wise, and Young.

**EAST TEXAS:**

Anderson, Angelina, Austin, Bowie, Brazoria, Camp, Cass, Chambers, Cherokee, Colorado, Delta, Fort Bend, Franklin, Galveston, Gregg, Harris, Harrison, Hardin, Henderson, Hopkins, Houston, Jasper, Jefferson, Lamar, Liberty, Matagorda, Montgomery, Morris, Marion, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Wharton, and Wood.

**QUESTION 3:**

Select the button for the type(s) of ground ambulance transports your organization provides.

**QUESTION 4:**

Enter the number of total dispatches that your organization responded to in calendar year 2020.

**QUESTION 5:**

Enter the number of the total patients transported by your organization in calendar year 2020.

**QUESTION 6:**

Because the cost of providing EMS services is sometimes subsidized by local taxes, some ambulance providers charge a higher rate to patients who are not residents of the district. Select the button to indicate if your organization charges a higher rate to patients who are not part of the service district.

**QUESTION 7:**

Select the appropriate button to indicate if your organization attempts to identify if a patient is covered by Medicaid or Medicare before seeking to bill the patient.

**QUESTION 8:**

Select the appropriate button to indicate if your organization attempts to identify if a patient is covered by a commercial health plan (private insurance) before seeking to bill the patient.

**QUESTION 9:**

Select the appropriate button to indicate if your organization bills patients who are uninsured. "Uninsured" means that they are not covered by Medicaid, Medicare, or a commercial health plan (private insurance).

**QUESTION 10:**

Select the appropriate button to indicate if your organization bills patients covered by Medicaid or Medicare.

**QUESTION 11:**

If a patient is covered by a commercial health plan (private insurance) and the patient pays all copays and coinsurance payments, but there is still an unpaid amount that the commercial health plan and patient copays did not cover, does your organization bill the patient for the unpaid balance?

**QUESTION 12:**

Select the appropriate button to indicate if your organization sends unpaid bills to a third party for collection.

**QUESTIONS 13-19:**

For both 2019 and 2020, enter the dollar amount number for the average standard charge for the services listed in the question. The healthcare common procedure coding system (HCPCS) identifiers are provided. If your organization only charged one amount, enter that dollar amount.

If your organization charged more than one amount during the year, determine an average for the year. For example, if the rates changed mid-year, calculating the average of the rate before the change and the rate after the change is an acceptable way to determine the average for the year.

Likewise, if your organization charged different amounts in different regions that it serves, averaging the amounts is an acceptable way to determine the average for the year.

**QUESTIONS 20-21:**

Select the appropriate button to indicate if your organization was in contract (agreement with a commercial health plan to be part of its provider network) with any commercial health plans (private insurance) during the year. If the answer is yes, indicate the number of commercial health plans that it was in contract with that year.

**QUESTION 22:**

Select the appropriate button to indicate if your organization has more, fewer, or the same number of network contracts (agreement with a commercial health plan to be part of its provider network) than it did five years ago.

**QUESTION 23:**

Select the appropriate button to indicate which of the listed factors would make your organization most likely to join a commercial health plan's (private insurance) network.

**Question 24:**

Select the appropriate button to indicate which of the listed factors would make your organization least likely to join a commercial health plan's (private insurance) network.