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Air Ambulance Data Report Instructions – Group Health Plans, Health Insurance Issuers, and FEHB Carriers

Background & Purpose

Section 9823 of the Internal Revenue Code (the Code), section 723 of the Employee Retirement Income Security Act (ERISA), and section 2799A-8 of the Public Health Service Act (PHS Act), as added by section 106(b) of the No Surprises Act, require group health plans and health insurance issuers to submit data on air ambulance services provided to participants, beneficiaries, and enrollees, as applicable, to the Departments of the Treasury, Labor (DOL), and Health and Human Services (HHS) (collectively, the Departments). The Departments and the Office of Personnel Management (OPM) proposed implementing regulations at 5 CFR part 890; 26 CFR part 54; 29 CFR part 2590; and 45 CFR part 149. The Centers for Medicare and Medicaid Services (CMS) is collecting these air ambulance data on behalf of the Departments.

These are the Instructions for the Air Ambulance Data Report (AA Report). The purpose of this document is to provide instructions and definitions for submission of the required air ambulance data to CMS. The required data elements are described in the proposed 45 CFR 149.230. These Instructions provide information on the organizational responsibility for reporting, the deadlines and reference period for the data submission, definitions, instructions for the specific data fields, and the submission process.

Applicability of Reporting Requirements

These reporting requirements apply to all group health plans (plans), health insurance issuers offering group or individual health insurance coverage (issuers), and Federal Employees Health Benefits carriers (FEHB carriers) subject to section 9823 of the Code, section 723 of ERISA, and section 2799A-8 of the PHS Act as well as the implementing regulations at 5 CFR part 890; 26 CFR part 54; 29 CFR part 2590; and 45 CFR part 149. For self-funded group health plans, the plan sponsor is the responsible entity. The responsible entity may engage a third party (such as a third-party administrator (TPA)) to submit the air ambulance data on their behalf. We refer to the entity that submits the data to CMS as the submitting entity.

These reporting requirements apply to grandfathered health plans. These reporting requirements do not apply to excepted benefits, short-term limited-duration insurance, and health reimbursement arrangements and other account-based group health plans. In addition, plans, issuers,

and FEHB carriers are required to submit AA Reports to CMS only if during the 2022 and/or 2023 calendar years, they receive, incur, or pay for claims for air ambulance services.

Deadlines and Reference Period for Data Submission

The AA Report reflecting the data for the 2022 calendar year reporting period must be submitted to CMS by March 31, 2023. The AA Report reflecting the data for the 2023 calendar year reporting period must be submitted to CMS by March 30, 2024. The AA Report must include data relevant to air ambulance services furnished within the reporting period, as well as data relevant to air ambulance services with payment dates that fall within the reporting period.

Submission Process

The data collection system for air ambulance data is under development. CMS will update both the information collection section of the rule and these instructions, as well as provide additional guidance regarding the submission process, once the technical development of the data collection system has been completed.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Organization Information

This section collects identifying information about your organization.

Item Number	Data Element	Instructions
O1	Reporting Period	Enter 2022 or 2023, as applicable.
O2	Submitting Entity Name	Enter the name of the entity submitting the data.
O3	Submitting Entity FEIN	Enter the FEIN of the entity submitting the data.
O4	Submitting Entity Point of Contact: Name	Enter the name of the point of contact for the entity submitting the data.
O5	Submitting Entity Point of Contact: E-mail	Enter the email for the point of contact for the entity submitting the data.
O6	Responsible Entity Name	If the AA Report contains data for a single responsible entity, enter the name of the plan, issuer, or FEHB carrier. If the AA Report contains data for multiple responsible entities, enter "Multiple."
O7	Responsible Entity FEIN	If the AA Report contains data for a single responsible entity, enter the FEIN of the plan, issuer, or FEHB carrier. If the AA Report contains data for multiple responsible entities, leave blank.

Claims Data

This section collects claims data on air ambulance services provided to participants, beneficiaries, and enrollees, as applicable, of the responsible entity.

- For each claim, please provide the line-level detail or header-level detail as required by the data element. For example, there may be several CPT/HCPCS code(s) and modifier(s) per claim.

Item Number	Data Element	Instructions
C1	Plan Name	Enter the name of the group health plan. If responsible entity is a health insurance issuer and the plan is fully-insured, leave blank.
C2	Issuer or Plan Sponsor Name	For group health plans: enter the name of the plan sponsor. If the responsible entity is a health insurance issuer and the plan is fully-insured, leave blank. For health insurance issuers (if issuer is not the submitting entity): enter the name of the issuer. If already reported in Organization Information section, leave blank.
C3	Issuer or Plan Sponsor FEIN	For group health plans: enter the FEIN for the plan sponsor. If the responsible entity is a health insurance issuer and the plan is fully-insured, leave blank. For health insurance issuers (if issuer is not the submitting entity): enter the FEIN of the issuer. If already reported in Organization Information section, leave blank.
C4	Market Type	Select the market type for the responsible entity: • Individual • Small group • Large group • Self-insured Small Group • Self-insured Large Group • FEHB
C5	FEHB Plan Code	For FEHB claims, enter the plan code for the plan.
C6	Date of Service	Enter the date of the transport.
C7	NPI	Enter the National Provider Identifier (NPI) used for billing for this transport.
C8	NPI Street Address	Enter the street address for the NPI holder used for billing for this transport.
C9	NPI City	Enter the city for the National Provider Identifier used for billing for this transport.
C10	NPI State	Enter the state for the National Provider Identifier used for billing for this transport.
C11	NPI Zipcode	Enter the zipcode for the National Provider Identifier used for billing for this transport.

Item Number	Data Element	Instructions
C12	CPT/HCPCS Code	List all CPT/HCPCS codes related to this transport. Include CPT/HCPCS modifiers in parentheses next to the respective CPT/HCPCS code.
C13	Loaded Statute Miles	Enter the number of loaded statute miles for this transport.
C14	Pick-up Location Zipcode	Enter the pick-up location zipcode for this transport.
C15	Drop-off Location Zipcode	Enter the drop-off location zipcode for this transport.
C16	Aircraft Type	Indicate whether the aircraft is: • Fixed-wing • Rotary
C17	Contracted Provider	Select Y/N to indicate whether the air ambulance services were provided by a contracted provider.
C18	Emergent Transport	Select Y/N to indicate whether the transport was deemed emergent or not.
C19	Inter-Facility Transport	Select Y/N to indicate whether the transport was an inter-facility transport.
C20	Delivery Model	If known, select the service delivery model of the provider: • Independent • Hospital-owned or sponsored • Hospital-Independent Partnership (hybrid) • Municipality-sponsored (include public agency programs) • Tribally-operated Program in Alaska
C21	Was Claim Denied?	Select Y/N to indicate whether the claim submitted to the payor was denied.
C22	Denial Reason	Enter the denial reason code.
C23	Was Claim Denial Appealed?	Select Y/N to indicate whether the claim denial was appealed.
C24	Was Claim Paid after Appeal?	Select Y/N to indicate whether the denied claim was paid after appeal.
C25	Submitted Charge – Base Rate	Enter the amount of the submitted base rate charge for this transport.
C26	Submitted Charge – Mileage	Enter the amount of the submitted mileage charge for this transport.
C27	Submitted Charge – Other	Enter the amount of submitted charges not included in the base rate and mileage charges for this transport. Other submitted charges include payments for intervention or ancillary services such as

Item Number	Data Element	Instructions
		oxygen administration, blood administration, ultrasound, etc. These services would have unique CPT/HCPCS codes (such as A0422 for oxygen administration or 86900 for blood administration).
C28	Paid Amount – Base Rate	Enter the amount paid by the primary payor for the base rate for this transport.
C29	Paid Amount – Mileage	Enter the amount paid by the primary payor for the mileage for this transport.
C30	Paid Amount – Other	Enter the amount paid by the primary payor for other charges.
C31	Cost Sharing Amount	Enter the cost sharing amount that is the responsibility of the patient for this transport.