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Analysis of the Costs and Medicaid Payment Adequacy for Ground Ambulance Services in New York State

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EXECUTIVE SUMMARY

Survey data from fiscal year (FY) 2022 suggest that entities that provide ground ambulance services in the State of New York are experiencing reimbursement challenges. Health Management Associates, Inc. (HMA), contracted with the United New York Ambulance Network (UNYAN) to conduct an independent study of the costs of delivering ground ambulance services in the state and the adequacy of payment for these critical services.

For many years, ground ambulance cost and payment adequacy data were not widely available. The HMA-UNYAN survey comes nearly a decade after the last New York-specific assessment of ground ambulance costs and reimbursement. Federal statute now requires ground ambulance entities to report their cost data to the Centers for Medicare & Medicaid Services (CMS), but CMS's efforts have yet to generate New York-specific information about payment adequacy. The HMA-UNYAN survey includes self-reported data from 17 UNYAN members that collectively provided 569,000 ground transports and 153,000 Medicaid transports in 2022. These 17 respondents represent all 10 New York (NY) economic regions, urban and rural service areas, and various entity sizes. Thus, this sample is broadly representative of New York's ambulance industry and offers unique and contemporary insights into the cost structure and financial challenges of this critical industry.

The HMA-UNYAN survey data highlight the wide variation in costs within the ground ambulance industry and the negative Medicaid margins the industry experiences. These data demonstrate that although ambulance entities of all sizes in New York have negative Medicaid margins, these margins worsen as entity size decreases. We also observe that entities serving mainly rural service areas have more negative Medicaid margins than entities serving largely urban areas. Both the size and rural Medicaid margins phenomena are a function of the higher than average costs these types of ground ambulance entities incur. For these entities, payments often fail to match expenses. Furthermore, trends in negative margins appear to be linked to some degree to entities' relative share of "responses without transport" or uncompensated transports. We highlight the following six specific findings from the HMA-UNYAN survey:

- Labor accounted for 68 percent of all costs of ground ambulance entities and ranged from 49 percent to 77 percent.
- Costs per transport averaged $539 regardless of payer and were highly variable across entities. The average cost per transport was higher for entities with a low volume of transports annually and service providers that serve largely rural service areas.
- Ground ambulance entities face cost pressures stemming from responses without transport and uncompensated transports. On average, 24 percent of ground responses did not result in a transport and therefore no payment. An average of 4 percent of ground transports were uncompensated, amounting to a loss of 6 percent of revenues.
- Average Medicaid revenues per transport were consistently lower than Medicare. In addition, the smallest providers and those serving rural areas had higher Medicaid revenues per transport.
- Medicaid margins for ground ambulance transports are consistently lower than Medicare margins across all entities, but are lowest for the smallest providers and those transporting patients in rural service areas. Among all respondents, Medicaid margins for ground ambulance services were on average -31 percent, below the average Medicare margin of -7 percent.

HMA-UNYAN survey data suggest that NY Medicaid payments are not keeping pace with ground ambulance transport costs. As a result, policymakers in New York may want to consider policy changes that address Medicaid reimbursement gaps, such as targeting reimbursement for low-volume entities or those service rural areas. Policymakers might also consider policies targeting other challenges that contribute to higher costs, such as cases involving response-without-transport and uncompensated transports. Importantly, these data reflect industry financial conditions in 2022 alone, and as such both the industry and policymakers might consider additional analyses that offer insight into industry cost structure and payment adequacy over multiple years.

INTRODUCTION

The United New York Ambulance Network (UNYAN) contracted with Health Management Associates, Inc. (HMA), to conduct an independent study of the costs associated with delivering ambulance services across the State of New York (NY). The purpose of this analysis is to measure and convey the variation in ground ambulance service costs and to determine the adequacy of current NY Medicaid and Medicare payment rates for these services.

For nearly two decades the ground ambulance industry nationwide has expressed a desire for federal and state authorities to address payment inadequacies in the Medicaid and Medicare reimbursement systems. Historically, data reflecting the costs and revenues of ground ambulance entities have been limited in New York and all other states. In light of this lack of information, payers, both public and private, have been hesitant to make modifications to reimbursement systems, and many stakeholders have chosen to conduct infrequent, small-scale surveys to understand and demonstrate the challenges associated with existing reimbursement systems. For example, in 2016, UNYAN commissioned The Moran Group (TMG) to conduct a study of ground ambulance costs and wages. This assessment demonstrated that NY Medicaid payments fell below the average cost of conducting ground ambulance transports across the various New York economic regions.

Now, nearly a decade after TMG's study, financial data from ground ambulance entities have become more widely available. Federal statute now requires ground ambulance entities to report their cost data to the Centers for Medicare & Medicaid Services (CMS); as a result, these data have improved in terms of consistency and quality and the service providers have become more amenable to sharing the information for public policy purposes.

HMA has been involved with ground ambulance reimbursement for many years. Since 2021, we have served as the data analytics contractor for the American Ambulance Association (AAA). In the past year, we have conducted a similar nationwide analysis of ground ambulance cost survey data. The results of this New York-specific analysis reflect many of the same nationwide findings, suggesting that Medicaid reimbursement falls below the average cost of providing ground ambulance transports.

BACKGROUND

Broad National Concern About Ground Ambulance Payment Rates

For nearly two decades, several stakeholders, including federal agencies, have studied Medicare and Medicaid payment for ground ambulance services. These analyses have yielded many common themes that are largely reiterated by this New York-specific analysis. The federal government has expressed an interest

in the adequacy of ground ambulance payment rates. At the direction of the US Congress, the US Government Accountability Office (GAO), and the Medicare Payment Advisory Commission (MedPAC) have published reports on several occasions.

- In 2007, GAO studied the financial data for 200+ ground ambulance services and found that higher costs per transport were associated with entities that had fewer transports per year and that Medicare margins ranged widely from -14 percent to +2 percent.[i]
- In 2012, GAO updated the survey and received responses from 150+ ambulance services. From this sample, GAO found that entities with a higher volume of transports, higher proportions of nonemergency transports, and lower government subsidies incurred lower costs per transport. Further, GAO found that labor costs accounted for the largest share of costs and that the median Medicare margin was approximately +2 percent in 2010.[ii]
- In 2013, MedPAC highlighted the lack of adequate cost data collection for the ambulance industry and made several recommendations related to revising the Medicare payment system, such as rebalancing the ground ambulance relative value units. MedPAC also confirmed the GAO's findings that low-volume entities had higher costs per transport.[iii]

The collection of cost data from ground ambulance entities is changing the landscape of the industry, making data more available for analysis of payment adequacy. Through the Bipartisan Budget Act of 2018 (BBA), Congress required the US Department of Health and Human Services to collect cost, revenue, and utilization data from ground ambulance entities. These data have the potential to better align payments with the costs that ambulance entities incur. This improvement will affect both Medicaid and Medicare reimbursement.

To comply with the BBA, CMS developed the Ground Ambulance Data Collection System (GADCS) to incrementally collect data from ground ambulance entities between 2022 and 2024. The GADCS data collection tool includes questions for ambulance entities about their organizational characteristics, service area, emergency response time, mix of ground ambulance services, cost structure, and revenues (e.g., payments from payers). Since these data were collected, three stakeholders have released findings that are relevant to the debate in New York regarding Medicaid reimbursement.

- In 2024, RAND Health Care, a CMS contractor, completed its first report on the first two years of GADCS data.[iv] This report offers a range of information suggesting that costs exceed payments to a significant degree and also demonstrating that low-volume entities have higher costs.
- In April 2025, HMA and the American Ambulance Association (AAA), released a report summarizing a survey of 273 ground ambulance entity responses. The AAA survey was designed to mirror the GADCS data collection tool and foreshadows what may eventually be drawn from the GADCS survey data. HMA found that in 2022 median ground ambulance margins for Medicaid transports were -27 percent and -6 percent for Medicare fee-for-service (FFS) transports.[v] Further, HMA found that both Medicaid and Medicare FFS margins were lower for rural and super rural entities and lower for providers with lower annual volumes of ground ambulance transports.
- MedPAC also is statutorily required to release a report to Congress in 2026, that analyzes the GADCS dataset and offers information on the adequacy of Medicare ground ambulance payments, the administrative burden data reporting requirements place on ambulance entities, and recommendations that the commission may have on these topics. [vi]

New York Ground Ambulance Payment Rates

The ground ambulance industry has expressed concern about New York Medicaid reimbursement over the past decade. In 2016, UNYAN contracted with TMG to study ground ambulance costs and wages. Based on a survey of nearly a dozen ambulance providers in Upstate New York, TMG found that state Medicaid payments fell below the average cost of conducting ground ambulance transports across the various NY economic regions. TMG found that Medicaid rates, on average, represented 78 percent of average cost per urban nonemergency Basic Life Support (BLS) transports, and were insufficient to cover the costs of emergency, rural, and super rural transports. TMG stated that Medicaid rates recognized none of the utilization and service mix issues facing ambulance entities in rural and mixed urban/rural areas. Further, TMG concluded that the implementation of a minimum wage law would increase the gap between NY Medicaid payments and costs.

Ground ambulance transport reimbursement under New York Medicaid varies by economic region and service code across the state (see Table 1 and Figure 1). In July 2023, New York Medicaid updated the base rates for emergency services (A0427, A0433, A0429, and A0434) to recognize the higher costs associated with emergency ambulance trips and advances in prehospital care. Under NY Medicaid, ground ambulance base rates were higher for Advanced Life Support (ALS) emergency transports than for BLS nonemergency transports by a ratio of roughly 1.3 in 2024, meaning ALS emergency payment is roughly 30 percent higher than BLS nonemergency payment.[vii]

Table 1. Average Medicaid Rates by Selected Service Level and Region, 2024

New York Region	ALS1 (A0426)	ALS1 Emergency (A0427)	ALS2 (A0433)	BLS Nonemergency (A0428)	BLS Emergency (A0429)	Specialty Care Transport (SCT) (A0434)	Ratio ALS1 to BLS Nonemergency
Western NY	$278	$296	$429	$189	$250	$507	1.5
Finger Lakes	$228	$296	$429	$191	$250	$507	1.2
Southern Tier	$272	$301	$429	$204	$250	$507	1.3
Central NY	$242	$296	$429	$199	$250	$507	1.2
North Country	$229	$296	$429	$191	$250	$507	1.2
Mohawk Valley	$234	$296	$429	$196	$250	$507	1.2
Capital Region	$227	$296	$429	$191	$250	$507	1.2
Mid-Hudson	$237	$296	$429	$191	$250	$507	1.2
New York City	$250	$296	$429	$221	$250	$507	1.1
Long Island	$227	$296	$429	$191	$250	$507	1.2

Source: eMedNY Transportation Fee Schedule.[viii]

Figure 1. New York State Economic Regions

Source: New York Regional Economic Development Councils. 2023 REDC Guidebook.[ix]

METHODS

In 2023–2024, HMA developed and fielded a survey of UNYAN ground ambulance members to gather financial data on the cost of providing ambulance services in New York State. HMA designed the survey based on the structure and contents of the CMS's GADCS. The HMA-UNYAN survey captured detailed cost and revenue data stratified by type of ground ambulance service and payer. The survey also captured details regarding respondents' business characteristics and geographic service areas. The survey was fielded electronically. The data were cleaned using standard research protocols for excluding outlier values and unreliable responses. We excluded duplicative responses and responses containing outlier financial information or missing responses. The data collection instrument is included as an appendix to this report.

Data analysis was conducted in spring 2025. HMA's analysis assessed transport volumes, costs, revenues, and margins of surveyed ground ambulance organizations in New York State. Margins were calculated using a formula of 1 minus cost per transport divided by revenue per transport. To demonstrate variation in the industry, we stratified results by respondents' size and geographic service area. We defined respondents' size using the self-reported number of total transports and then categorized each respondent into one of four size quartiles (Quartile 1 = 500–7,0000 transports; Quartile 2 = 7,000–35,000 transports; Quartile 3 = 35,000–75,000 transports; Quartile 4 = 75,000–100,000 transports). We report weighted averages of all key measures to control for variation in respondent size.

We defined geographic service areas in two different ways. First, we categorized respondents as serving either mostly urban areas or mostly rural areas. Urban entities were defined as those that self-reported having more than half of their transports occurring in urban areas, and rural entities were defined as those that self-reported conducting more than half of their transports occurring in rural areas. Super rural entities were placed in the rural category.

To maintain the confidentiality of individual ambulance entities, we collapsed respondents into three region-based geographic categories. Geographic Category 1 includes respondents that served the NY economic regions of Western New York and Finger Lakes; Category 2 included the regions of North Country, Central New York, Southern Tier, Capital Region, and Mohawk Valley; Category 3 included Mid-Hudson, Long Island, and New York City.

LIMITATIONS

The HMA-UNYAN survey dataset had a few important limitations, including:

- **Self-reported survey data**: Self-reported survey data naturally contain an element of built-in bias that is difficult for researchers to control.
- **Response rates**: The HMA-UNYAN survey was distributed to 28 ground ambulance entities. The HMA-UNYAN survey includes self-reported data from 17 UNYAN members that collectively provided 569,000 ground transports and 153,000 Medicaid transports in 2022. These 17 respondents reflect a small share of the ground ambulance entities operating in New York State, but the sample represents all 10 NY economic regions, urban and rural service areas, and various entity sizes. Hence, this sample is broadly representative of New York's ambulance industry and offers unique and contemporary insights into the cost structure and financial challenges facing this critical industry in New York State.[x]
- **Survey incompleteness and data quality**: The HMA-UNYAN survey dataset contained a degree of response incompleteness. As reported in other ground ambulance studies, we believe this shortcoming is attributable to the newness of data collection efforts in the ground ambulance industry and to respondents' inconsistent definition of financial variables in their survey responses.[xi] To improve the integrity of the survey results, HMA cleaned the dataset to remove incomplete and duplicative responses.
- **Variations in organization structure**: Ambulance organizations vary widely in structure, which may influence the ability to make accurate comparisons between organizations.

OVERVIEW OF PARTICIPATING ORGANIZATIONS

The HMA-UNYAN survey dataset includes self-reported data from 17 ground ambulance organizations across the State of New York. The respondent entities provided nearly 570,000 ground transports and more than 153,000 Medicaid transports. Collectively, these respondents provided services in all 10 economic regions of the state and included a range of ambulance entity types.

- **Tax status**: Most respondents (94%) identified their organizations as independently owned, for-profit organizations. Only one provider identified as a non-profit. None of the organizations were hospital-based, and none were fire department or government-operated.
- **Geographic service area**: More than half (56%) of the respondents reported that they serve mainly urban areas, 25 percent serve mainly super rural areas, and 19 percent serve mainly rural areas. Given the low share of super rural respondents, both rural and super rural respondents were rolled into a single rural category for analysis.
- **Payer mix**: Medicaid transports (managed care and FFS combined) accounted for 32 percent of transports for the respondents in the UNYAN sample, traditional Medicare accounted 25 percent, Medicare Advantage accounted for 17 percent, commercial payers accounted for 19 percent, self-pay accounted for 5 percent, and Veterans Administration and TriCare accounted for significantly smaller proportions of payment (see Figure 2).
- **Service mix**: BLS emergency transports accounted for 43 percent of transports for the respondents in the UNYAN sample, BLS nonemergency accounted for 27 percent, ALS emergency transports accounted for 26 percent, ALS nonemergency transports for 3 percent, and ALS 2 emergency and specialty care transports for significantly smaller proportions (see Figure 3).

Figure 2. Payer Mix of Ground Ambulance Transports for the UNYAN Sample

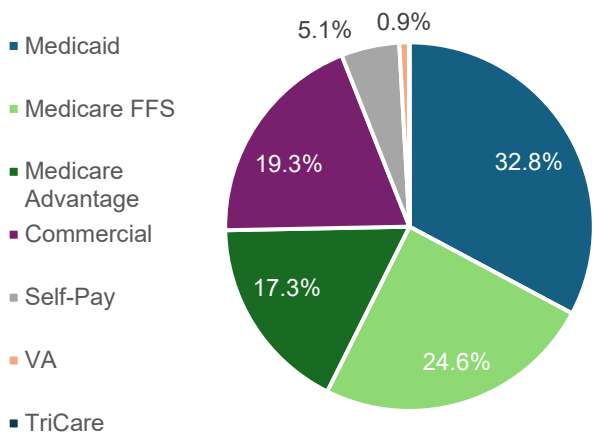
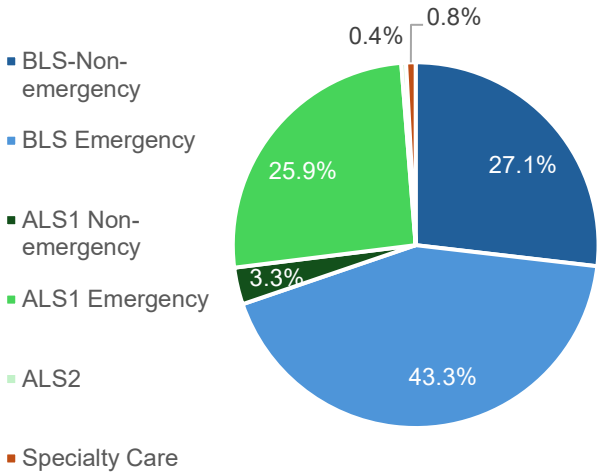


Figure 3. Service Mix of Ground Ambulance Transports for the UNYAN Sample



Source: HMA survey of United New York Ambulance Network members, 2023−2024.
Note: Medicaid category includes transports for enrollees in Medicaid managed care plans or FFS

FINDINGS

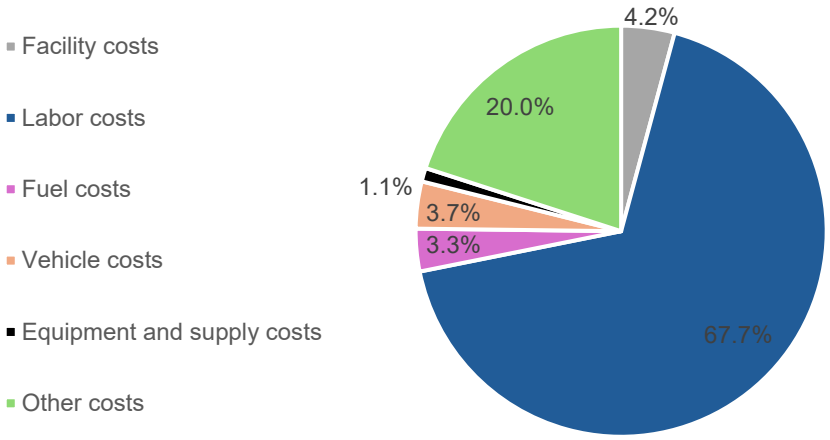
The HMA-UNYAN survey dataset yielded the following five key findings for policymakers and stakeholders:

- Respondents reported that labor accounts for the largest share of ground ambulance entity costs
- Overall costs per transports vary substantially by ground ambulance entity
- Costs per transport are higher for lower-volume entities and entities serving rural areas
- Revenue per transport is lower for Medicaid transports than Medicare and all other payers
- Revenue is higher for rural than urban transports

Finding 1: Labor accounts for the largest share of costs for ground ambulance entities.

Consistent with other studies on ambulance costs, labor continues to account for most ground ambulance costs. After weighing average share of costs by organization size, labor accounted for 68 percent of costs (see Figure 4). The labor share by individual respondent ranged from 49 percent to 77 percent of total costs. Facility-related costs accounted for 4 percent of costs, vehicle costs were at 4 percent, fuel accounted for 3 percent, and equipment contributed to 1 percent of total costs. Other expenses accounted for 20 percent of total costs and included outside contract fees, taxes, and insurance costs.

Figure 4. Average UNYAN Ground Ambulance Costs by Category, 2022



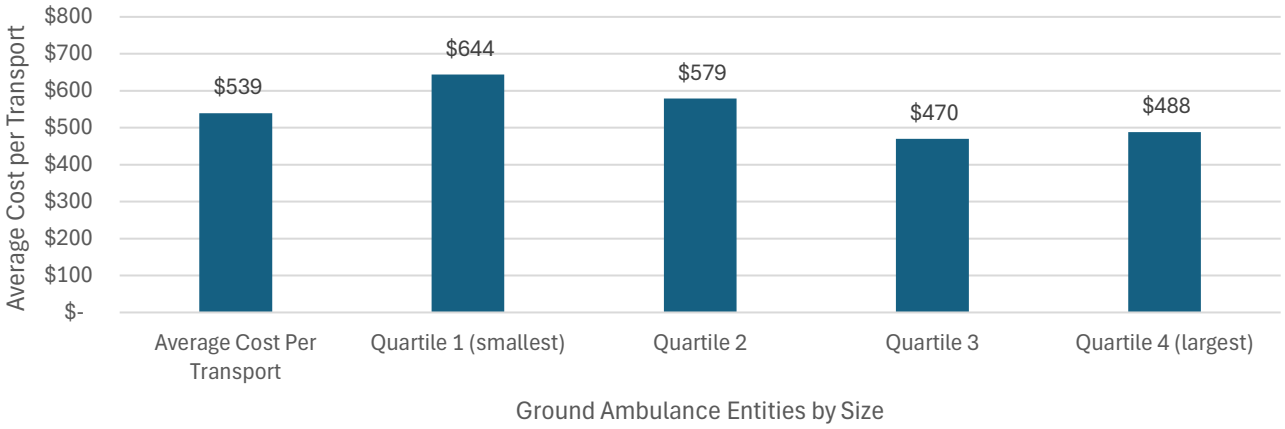
Source: HMA survey of United New York Ambulance Network members, 2023−2024.

Among the ground ambulance respondents, average total costs were roughly $17 million in 2022 and ranged from $800,000 to $51 million. On average, individual labor costs were roughly $11.8 million (68%) and ranged from 50 percent to 78 percent of total costs.

Finding 2: Costs per transport were highly variable across entities, with higher average costs per transport for those with a low volume of transports annually and organizations that provide services in largely rural areas.

Across all respondents, the average cost per transport was $539, ranging from $286 to $1,029 per transport. Costs per transport do not vary by payer. Costs per transport were higher for ground ambulance respondents with the fewest total annual transports. The 25 percent of respondents with the smallest number of transports per year (500–7,000 transports in 2022) had an average weighted cost per transport of $644. In contrast, the 25 percent of respondents with the largest number of transports per year (75,000–100,000 annually) had an average weighted cost of $488 per year (see Figure 5). Higher cost per transport for smaller organizations may be attributable to relatively consistent readiness costs being spread across a smaller number of transports.

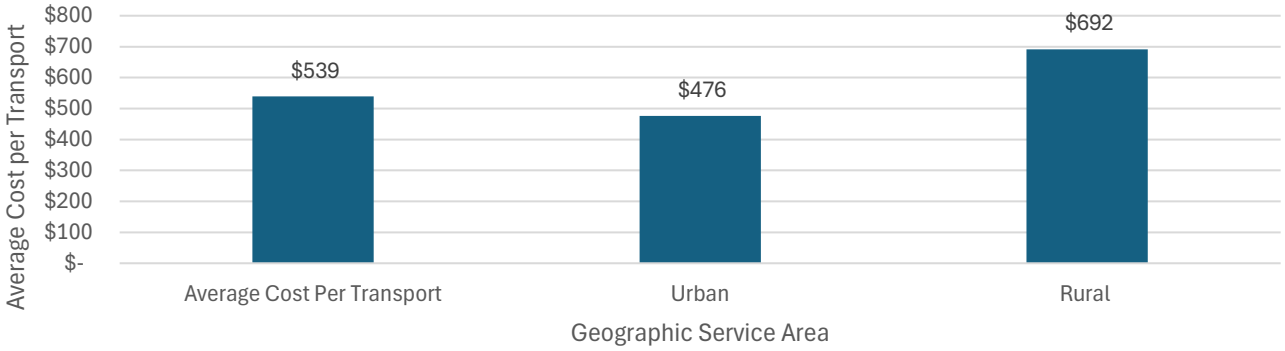
Figure 5. Average Cost per Transport by Ground Ambulance Entity Size



Source: HMA survey of United New York Ambulance Network members, 2023–2024.
Note: Quartiles represent number of transports per year. Quartile 1: 500–7,000, Quartile 2: 7,000–35,000, Quartile 3: 35,000–75,000, and Quartile 4: 75,000–100,000. Quartile analysis reflects average weighted by ground ambulance entity size.

Although small ground ambulance entities have higher costs than larger entities, ground ambulance entities serving mostly rural areas have higher costs per transport than urban entities. As Figure 6 demonstrates, ambulance entities with mostly rural service areas (greater than 50% of transports originating in a rural area) in 2022 had a weighted average cost per transport that was 45 percent higher than organizations in mostly urban areas ($692 vs. $476).

Figure 6. Average Cost per Transport by Geographic Service Area

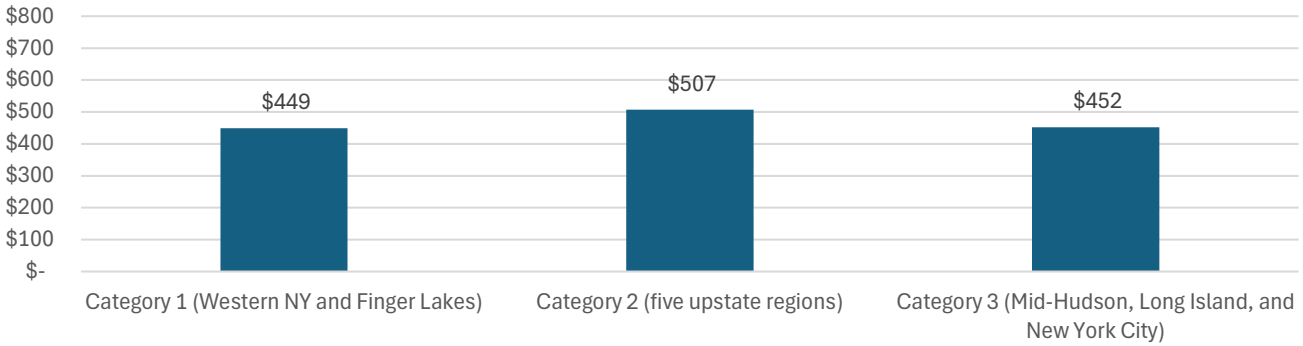


Source: HMA survey of United New York Ambulance Network members, 2023–2024.

Note: Urban entities are defined as those with greater than 50 percent of their transports originating in urban areas, whereas rural organizations are defined as those with greater than 50 percent of their transports originating in rural areas.

As Figure 7 shows, average transport costs were largely consistent in 2022 across all regions of the New York State. Geographic region Category 1, which includes ground ambulance entities serving Western New York and the Finger Lakes region had average costs per transport of $449. This amount is nearly equivalent to the average cost per transport in Category 3, which includes ground ambulance entities that serve the Mid-Hudson, Long Island, and New York City regions. In contrast, the average cost of ambulance transports was roughly 10 percent higher, at $507 per transport, in the five economic regions that were grouped into geographic Category 2 (North Country, Central New York, Southern Tier, Capital Region, and Mohawk Valley).

Figure 7. Average Cost per Transport by Geographic Category and Region, 2022



Source: HMA survey of United New York Ambulance Network members, 2023–2024.
Note: To maintain the confidentiality of individual ambulance entities we aggregated respondents into three geographic categories rather than report out all 10 regions in New York. Geographic Category 1 includes respondents serving the NY economic regions of Western New York and Finger Lakes; Category 2 includes the regions of North Country, Central New York, Southern Tier, Capital Region, and Mohawk Valley; Category 3 includes Mid-Hudson, Long Island, and New York City.

Finding 3: Ground ambulance entities face cost pressures stemming from responses without transport and uncompensated transports.

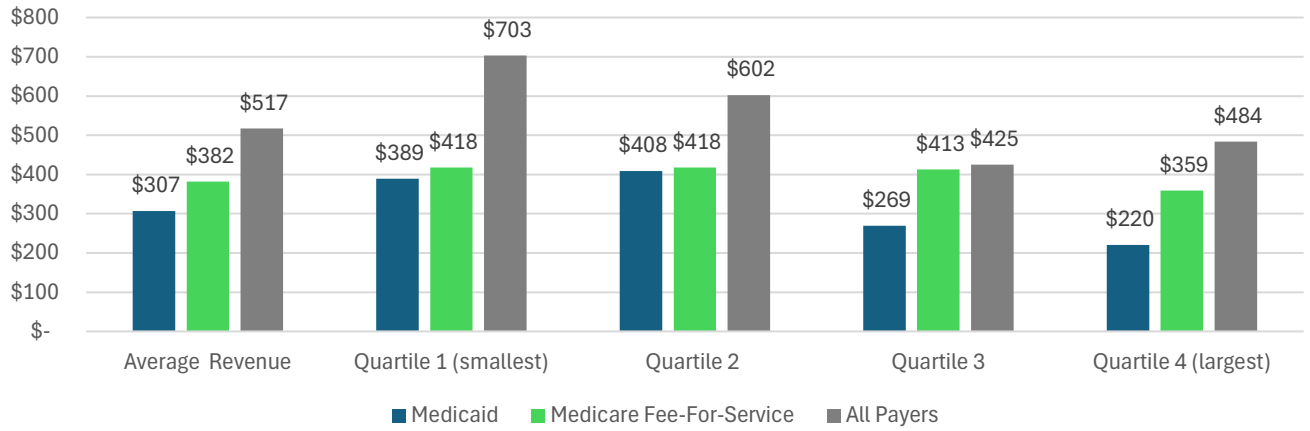
Data from the HMA-UNYAN survey indicate that ground ambulance entities in New York are facing financial challenges stemming from uncompensated transports as well as ground ambulance responses for people who are not transported. The relatively high frequency of these two possibilities adds to the financial pressures on ground ambulance entities. Respondents indicated that, on average, 4 percent of their total volume of ground ambulance transports are uncompensated by payers. This proportion varied by individual respondent from 0 percent to more than 21 percent. The costs associated with these uncompensated transports accounted for an average of 6 percent of the respondents' received revenues for 2022.

The data also indicated that nearly one-quarter (24%) of ground ambulance responses in 2022 did not result in transport, which is typically a requirement to receive reimbursement from payers. The proportion of responses leading to transport varied from 6 percent to 50 percent. In these cases, the ground ambulance drives to the location of the patient, delivers care to the patient, but does not transport of the patient to a medical facility and, therefore, does not receive payment.

Finding 4: Average Medicaid revenue per transport is lower than for other payers.

UNYAN survey data reveal that average Medicaid revenue per transport for ground ambulance transports was lower in 2022 than other payer revenue per transport. In 2022, average Medicaid revenue per transport across all survey participants was $307, whereas average Medicare FFS revenue per transport and average revenue across all payers combined was $382 and $517, respectively (see Figure 8). Therefore, average Medicaid revenues were 80 percent of Medicare revenues per transport. Higher average revenues per transports for the all-payer category suggests that commercial payers and Medicare Advantage plans tend to be associated with higher revenues per transport and therefore higher payment rates per transport than NY Medicaid and Medicare FFS. This trend was consistent across organizations of all various sizes; however, average revenues per transport tend to be higher for smaller ground ambulance entities (500–7,000 transports) in 2022. We attribute this to rural add-on payments and these entities receive.

Figure 8. Average Revenue per Transport by Payer Source and Entity Size, 2022

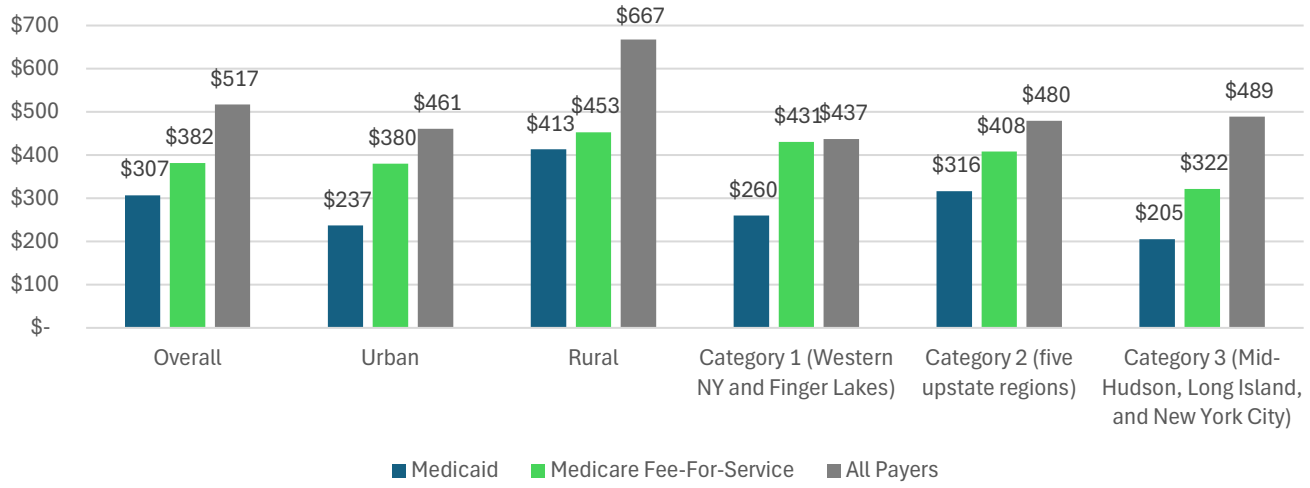


Source: HMA survey of United New York Ambulance Network members, 2023–2024.
Note: Medicaid category includes any Medicaid transport, FFS or managed care. Quartiles represent number of transports per year. Quartile 1: 500−7,000, Quartile 2: 7,000−35,000, Quartile 3: 35,000−75,000, and Quartile 4: 75,000−100,000. Quartile analysis reflects average weighted by ground ambulance entity size.

Geographically, Medicaid revenues were higher for ambulance services in rural areas and varied by New York economic regional category. For ground ambulance entities that mainly serve rural areas, the average Medicare revenue per transport in 2022 was $413 versus $237 for entities serving mainly urban service areas (see Figure 8). Higher average Medicaid revenues in rural areas are likely associated with higher shares of ALS emergency transports for these entities. Across the three categories of New York's economic regions, there was greater variability with regard to the average Medicaid revenues per transport. Category 2 (including North Country, Central New York, Southern Tier, Capital Region, and Mohawk Valley) had the highest average Medicaid revenue per transport at $316, with Category 1 (Western NY and Finger Lakes) lower at $260 and Category 3 (Mid-Hudson, Long Island, and New York City) at $205. Higher average Medicaid revenues in Category 2 are likely associated with higher shares of ALS emergency transports and rural transports for entities in these regions.

Medicaid revenues per transport remain lower than Medicare and all-payer average revenues per transport in both urban and rural areas, and across the three categories of New York economic regions. For entities serving mainly urban service areas, Medicaid revenues per transport were roughly 62 percent of Medicare revenues. For entities serving mainly rural areas, Medicaid revenues were roughly 91 percent of Medicare. In the three categories of New York economic regions, Medicaid revenues per transport were 60 percent (Category 1), 77 percent (Category 2), and 64 percent (Category 3) of Medicare revenues, respectively (see Figure 9).

Figure 9. Average Revenue per Transport by Service Area

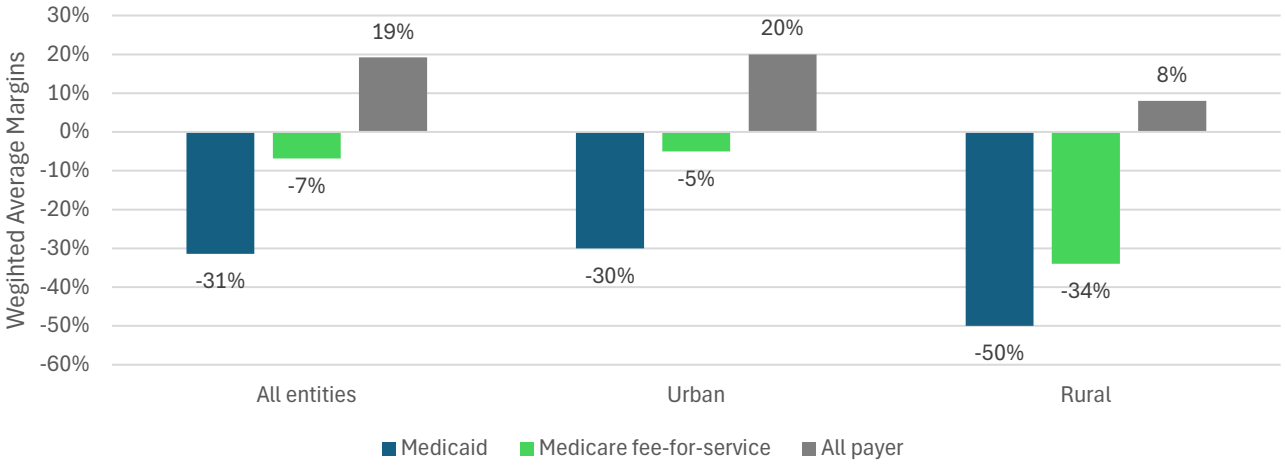


Source: HMA survey of United New York Ambulance Network members, 2023–2024.
Note: Urban entities are defined as those with greater than 50 percent of their transports originating urban areas, whereas rural organizations are defined as those with greater than 50 percent of their transports originating in rural areas. Due to confidentiality concerns, we collapsed the 10 regions into three novel region-based geographic categories. Geographic Category 1 includes respondents serving the NY economic regions of Western New York and Finger Lakes; Category 2 includes the regions of North Country, Central New York, Southern Tier, Capital Region, and Mohawk Valley; Category 3 includes Mid-Hudson, Long Island, and New York City.

Finding 5: Medicaid margins for ground ambulance transports are consistently lower than Medicare margins across all types of entities but are lowest for the smallest entities and those serving rural areas.

Among respondents, ground ambulance Medicaid margins were negative in 2022 and lower than both Medicare FFS margins and margins across all payers combined. In 2022, the average Medicaid margin (including managed care and FFS) for entities conducting ground ambulance transports was -31 percent (see Figure 10). In contrast, the average margin for Medicare FFS transports was -7 percent and the average all-payer margin was 19 percent. Higher all-payer margins were driven by higher reimbursement from commercial payers. These values are consistent with industrywide national trends. Survey respondents in mostly rural areas had lower margins across all payer types than respondents that serve people living in largely urban areas. In 2022, entities serving more rural areas had an average Medicaid margin of -50 percent, whereas entities serving largely urban areas had an average Medicaid margin of -30 percent. Although entities that serve rural service areas receive generally higher reimbursement, these findings underscore the importance of the higher costs associated with rural transports and higher costs per transport for lower-volume entities. In the three categories of NY economic regions Medicaid margins were also low, but inconsistent: -17 percent (Category 1), -36 percent (Category 2), and -45 percent (Category 3).

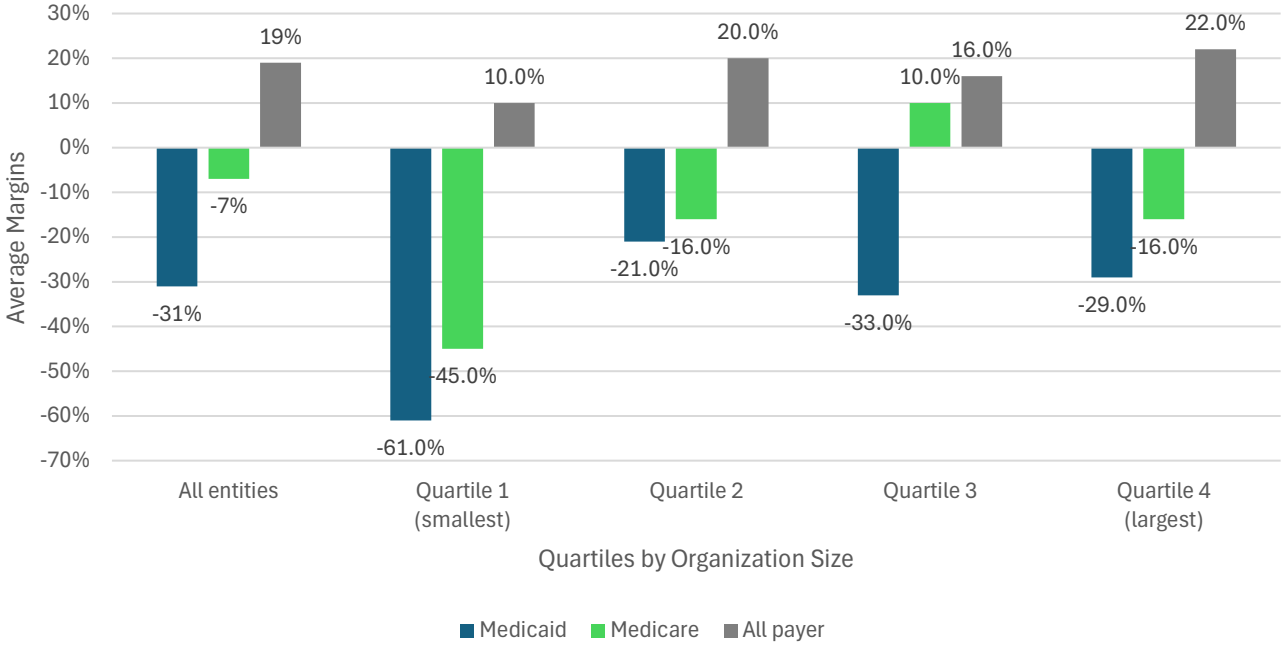
Figure 10. Weighted Average Margins by Payer Type, 2022



Source: HMA survey of United New York Ambulance Network members, 2023–2024.
Note: Medicaid category includes any Medicaid transport, FFS, or managed care.

The smallest ambulance entities (500 to 7,000 transports per year) had the lowest average Medicaid margins in 2022 (see Figure 11). This finding is consistent with the cost per transport data displayed in Figure 4. Although the smallest entities have the highest costs, they also have the lowest Medicaid, Medicare, and all-payer margins. Medicaid and Medicare margins for entities in the size quartiles 2 and 3 also suggest that, like the cost findings in Figure 4, economies of scale exist in the ambulance industry. However, the entities classified in the largest quartile (75,000–100,000 transports per year) display negative Medicaid and Medicare margins that are lower than for quartiles 2 and 3. This finding suggests that these entities may have a more unique mix of services or mix of payers than entities in the other quartiles.

Figure 11. Average Margins Across Payer Types by Size, 2022



Source: HMA survey of United New York Ambulance Network members, 2023–2024.
Note: Quartiles represent number of transports per year. Quartile 1: 500–7,000, Quartile 2: 7,000–35,000, Quartile 3: 35,000–75,000, and Quartile 4: 75,000–100,000. Quartile analysis reflects average weighted by ground ambulance entity size.

CONSIDERATIONS FOR POLICYMAKERS

The HMA-UNYAN survey dataset offers unique and contemporary insight into the financial challenges of the ground ambulance industry in New York State. These data reflect many of the same lessons of other recent national studies of the ground ambulance industry, such as CMS's GADCS and the American Ambulance Association's Amber survey. Built to mirror those other two surveys, the HMA-UNYAN survey data highlight the variation in costs within the industry and the low margins associated with Medicaid transports, which fall below Medicare FFS margins. These data demonstrate that ambulance entities of all sizes in New York have negative Medicaid margins, and that margins decline as entity size decreases. We also observed that entities serving mainly rural service areas have more negative Medicaid margins than entities that primarily serve urban areas. Both the size and rural Medicaid margins phenomenon are a function of the higher than average costs these types of ground ambulance entities experience. For these entities, payments often fail to match expenses.

Based on these findings, policymakers in New York and beyond may want to consider policy changes that address Medicaid reimbursement gaps. These data suggest that transport costs are outpacing Medicaid payments. Policymakers might consider strategies that target reimbursement to rural or low-volume entities. Policymakers also might consider relieving the ground ambulance industry of other challenges that contribute to higher costs, such as cases involving response without transport or those involving uncompensated transports. Importantly, these data reflect the financial conditions of 2022 alone, and as such, both the industry

and policymakers might consider conducting additional analyses that would support an understanding of changes in industry cost structure and payment adequacy over multiple years.

Acknowledgments

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APPENDIX A. PARTICIPATING ORGANIZATIONS AND LABOR REGIONS

Participating Organization	Labor Market Region
Richmond County Ambulance	New York City
Thousand Islands Emergency Rescue Service, Inc.	North Country
Menter Ambulance	Central New York
Parkland Ambulance Service	Capital Region
WCA Services Corporation	Southern Tier
Trans Am Ambulance Services Inc.	Western New York
Utica Amb serv DBA Kunkel Amb	Central New York
TLC Emergency Medical Services, Inc.	Central New York
Twin City Ambulance Corp	Western New York
Medical Transport Service, Inc	Western New York
Empress EMS	Hudson Valley, New York City
LaSalle Ambulance Inc. d.b.a AMR	Western New York
National Ambulance & Oxygen Service Inc. d.b.a AMR	Finger Lakes
Corning Ambulance Service Inc., d.b.a AMR	Southern Tier
Monroe Ambulance	Western New York
Eastern Paramedics Inc., d.b.a AMR	Central New York, Mohawk Valley
American Medical Response of New York, LLC	Hudson Valley, Long Island, New York City

HMA-UNYAN Survey Tool

Start of Block: Default Question Block

Q1
UNYAN Survey Tool

General Instructions:

Health Management Associates (HMA) and The Moran Company (Moran) have been hired by the United New York Ambulance Network (UNYAN) to survey ambulance entities to assess the costs of supplying ground ambulance transports in New York State. Through this survey device, HMA/Moran will collect data on ground ambulance entity's 2022 descriptive characteristics, mix of transport types, mix of payers, revenues, and costs.

The information provided by ambulance entity respondents will be completely confidential. Respondents will report information through a secure electronic online platform. HMA/Moran will be the only entity with access to the raw survey data results and HMA will protect the proprietary nature of the data being reported. HMA/Moran will analyze these data internally and report survey results in the aggregate to UNYAN staff and all survey respondents as a part of a white paper. In reporting survey results, all data will be aggregated to the extent that no individual ambulance entity will be individually identifiable.

Respondents will report data for 2022 which represents your individual National Provider Identified (NPI) number. HMA requests that to the best of your ability you report data pertaining to the time period January 1, 2022, to December 31, 2022, and we understand that your 2022 fiscal year may not exactly align with these dates. The data you report should represent a single NPI, rather than a collection of many NPIs. HMA's data collection device is a simplified version of the Centers for Medicare & Medicaid Services' (CMS) ground ambulance data collection survey. We request that respondents use variable definitions consistent with CMS' ground ambulance data collection survey.

Q2 Do you consent to HMA/Moran using the confidential data you report below to write a report on the costs of conducting ground ambulance transports in New York State in 2022?

- ○ Yes
- ○ No

Q3 Can you confirm that the financial data you provide below accurately reflect your ambulance entity's experience in 2022?

- ○ Yes
- ○ No

Q4 Of the data you are reporting, what is the start and end date? Please use the date format (mm/dd/yyyy).

- ○ Start Date _____
- ○ End Date _____

Page Break

Q5 **Section 1. Organizational Characteristics**

*

Q6 What is the National Provider Identifier (NPI) for your organization?

_____

Q7 Company and Contact Information

- Company Name _____
- Company Address _____
- City _____
- State _____
- Zip Code _____
- Name of person completing the survey _____
- Professional title of person completing the survey _____
- Email address of person completing the survey _____
- Phone number of person completing the survey _____

Q8 Which description of ownership type best fits your organization?

- ○ For-profit
- ○ Nonprofit excluding government
- ○ Government (e.g., federal, state, county, city/township/other municipal)
- ○ Public/private partnership

Q9 Did your organization use volunteer labor for any positions related to your ground ambulance service during the data collection period (2022)? Please include volunteers even if they received small stipends, allowances, or other incentives from your organization. Do not include staff who were paid on an hourly or salary basis even if they performed some activities (e.g., responding as an EMT) on a volunteer basis.

- ○ Yes
- ○ No

Q10 Which category best describes your ground ambulance operation?

- ○ Fire department-based
- ○ Police or other public safety department-based (including all-hazards public safety organizations)
- ○ Government stand-alone emergency medical services (EMS) agency
- ○ Hospital or other Medicare provider of services (such as skilled nursing facility)
- ○ Independent/proprietary organization primarily providing EMS services
- ○ Independent/proprietary organization primarily providing nonemergency services
- ○ Other (please specify): _____

Q11 Do you operate land-based ambulances?

- ○ Yes
- ○ No

Q12 Do you operate water-based ambulances? Please do not include vehicles used exclusively for water rescues that do not meet the requirements to be a water ambulance in your jurisdiction.

- ○ Yes
- ○ No

Display This Question:
If Q12 = Yes

Q13 You indicated that you do operate water-based ambulances. Is the data related to water- based ambulances factored into the costs reported in this survey response?

- ○ Yes
- ○ No

Q14 Do you operate air ambulances?

- ○ Yes
- ○ No

Display This Question:
If Q14 = Yes

Q15 You indicated that you do operate air based ambulances. Is the data related to air based ambulances factored into the costs reported in this survey response?

- ○ Yes
- ○ No

Page Break

Q16 **2. Service Area**

Q17 In which region(s) do you provide ground ambulance services? Please check all that apply.

For reference, a map that shows which counties fall under which region in New York State can be found at this link: https://esd.ny.gov/file/esd-regional-mapjpg.

Did your organization provide services in this region in 2022?		What share of all ground ambulance transports were provided by your organization in this region in 2022? Enter "0" if none were provided in a given region.
Yes	No	# of ground ambulance transports

Western NY	○	○	
Finger Lakes	○	○	
Southern Tier	○	○	
Central NY	○	○	
North Country	○	○	
Mohawk Valley	○	○	
Capital Region	○	○	

Hudson Valley	○	○	
Long Island	○	○	
New York City	○	○	
Out of state	○	○	

Q18 What share of all your transports were in the three geographic categories in 2022? Please refer to the Centers for Medicare & Medicaid Services' geographic area definitions using this spreadsheet: Geographic Area Definitions by Zip Code (2022)

- ○ Urban _____
- ○ Rural _____
- ○ Super Rural _____

Q19 During a response, what is the approximate average trip time (in minutes) across **all service levels** (BLS, ALS, etc.) from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call (that is, time on task)?

- ○ Less than 30 minutes
- ○ 30 minutes–60 minutes
- ○ 61 minutes–90 minutes
- ○ 91 minutes–120 minutes
- ○ 121–150 minutes
- ○ More than 150 minutes

Q20 During a response, what is the approximate average trip time (in minutes) for **Emergency** transports from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call (that is, time on task)?

- ○ Less than 30 minutes
- ○ 30 minutes–60 minutes
- ○ 61 minutes–90 minutes
- ○ 91 minutes–120 minutes
- ○ 121–150 minutes
- ○ More than 150 minutes

Q21 During a response, what is the approximate average trip time (in minutes) for **Non-Emergency** transports from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call (that is, time on task)?

- ○ Less than 30 minutes
- ○ 30 minutes–60 minutes
- ○ 61 minutes–90 minutes
- ○ 91 minutes–120 minutes
- ○ 121–150 minutes
- ○ More than 150 minutes

Page Break

Q22 **3. Ground Ambulance Service Volume**

Q23 What was the total number of ground ambulance **transports** for your organization during your organization's data collection period, across all payer types, and regardless of the level of service or geography? Please enter the total number of ground ambulance transports and responses in the field provided.

- ○ Total number of ground ambulance transports _____

Q24 What was the total number of ground ambulance **responses without transport** for your organization during your organization's data collection period, across all payer types, and regardless of the level of service or geography? Please enter the total number of ground ambulance transports and responses in the field provided.

- ○ Total number of ground ambulance responses without transport _____

Q25 What was the total number of ground ambulance transports you provided, overall and by payer category? Enter "0" if you did not provide ground ambulance transports in a category in 2022. Please enter a number in the fields provided.

- ○ Total ground ambulance transports _____
- ○ Medicaid Fee-For-Service _____
- ○ Medicaid Managed Care _____
- ○ Medicare Fee-For-Service _____
- ○ Medicare Managed Care _____
- ○ Private Commercial _____
- ○ Self-Pay _____
- ○ VA _____
- ○ Tricare _____

Page Break

Q26 **4. Service Mix**

Q27 What was the total number of ground ambulance transports overall and for Medicaid patients, by service type and geographic area? Enter "0" if you did not provide ground ambulance transports in a category in 2022. Emergency transfers would be included under the category in which they were billed. The billing codes are included for reference. Please enter a number in the fields provided.

Q28 What was the total number of interfacility transports (e.g., hospital-to-hospital or hospital-to- nursing facility) by payer? Please enter a number in the field provided.

- ○ Total ground ambulance interfacility transports _____
- ○ Medicaid (fee-for-service) _____
- ○ Medicaid managed care _____
- ○ Traditional Medicare (fee-for-service) _____
- ○ Medicare Advantage (Medicare Managed Care) _____
- ○ TRICARE _____
- ○ Veterans' Health Administration _____
- ○ Commercial insurance _____
- ○ Workers' compensation _____
- ○ Patient self-pay (cash payment and the amount patients paid for deductibles, coinsurance, and other cost-sharing only if not reported in a row above.) _____
- ○ Facility Pay _____

Q29 Uncompensated Care Patients

How many ground ambulance transports were associated with patients without any insurance coverage and did not pay for their care themselves?

_____

Page Break

Q30 **5. Costs**

Q31 What were your **total costs** (expenses of the NPI) for ground ambulance services for 2022? Please enter a dollar amount in the field provided.

_____

Q32 What were your total **facilities cost** for ground ambulance services in 2022? Please enter a dollar amount in the field provided.

_____

Q33 What were your **labor costs** for ground ambulance services in 2022, total and for each of the following staff categories? Please enter a dollar amount in the fields provided.

- ○ Total labor costs _____
- ○ Volunteer Staff _____
- ○ EMT/Response Staff _____
- ○ Paramedics _____
- ○ Communications Staff _____
- ○ Other Staff _____

Q34 What are the labor related compensation and hours worked for **non-volunteers** in 2022?

Total Annual Compensation		Total Hours			
	(in dollars)	Total hours worked annually	Total hours worked annually related to ground ambulance operations	Total hours worked annually related to fire, police, or other public safety operations	Hours worked annually related to all other responsibilities
EMTs (all types)					
Nurse, doctor, or other medical staff					
Emergency medical responder (with or without public safety role)					
Ground ambulance driver (non-EMT/EMR)					

Administration/facilities staff					
Medical Director					

Q35 What are the labor related compensation and hours worked for **volunteers** in 2022?

Total Annual Compensation		Total Hours			
(in dollars)		Total hours worked annually	Total hours worked annually related to ground ambulance operations	Total hours worked annually related to fire, police, or other public safety operations	Hours worked annually related to all other responsibilities

EMTs (all types)					
Nurse, doctor, or other medical staff					
Emergency medical responder (with or without public safety role)					
Ground ambulance driver (non-EMT/EMR)					

Q36 What were your costs for ground ambulance **vehicle-related items** in 2022, total and for each of the following categories? Please enter a dollar amount in the fields provided.

- Total Vehicle-Related Costs _____
- Vehicle Maintenance _____
- Vehicle Acquisition _____
- Fuel _____
- Auto Insurance _____
- Other Ground Ambulance Vehicle Cost _____

Q37 What were your **medical equipment and supplies costs** in 2022, total and for each of the following sub categories? Please enter a dollar amount in the fields provided.

- Total costs of medical and non-medical equipment, supplies, and consumables _____
- Capital medical equipment costs (Equipment that can endure repeated use, including but not limited to defibrillators, ventilators, monitors, and power lifts _____
- Medication costs, purchased for ground ambulance services _____
- All other medical equipment, supplies, and consumables (e.g., gauze, gloves, oxygen) costs, purchased for ground ambulance services _____
- Capital non-Medical equipment purchased for ground ambulance services (includes items such as computers, dispatch equipment, furniture, uniforms) _____

Q38 What were your other costs for ground ambulance services during 2022, total and for the categories below? Please enter a dollar amount in the fields provided.

- Total other costs _____
- Outside contracted services _____
- Fees, fines, and taxes _____
- Insurance (e.g., liability/malpractice, workers' comp, or general insurance) _____
- Other _____

Q39 Unit Hours

Report the total number of fully staffed ambulance unit hours available for the reporting year. This is reported based on the number of 24 hour staffed ambulance shifts available per week/month/year (including fractions). Please exclude down time/maintenance time.

- Fully staffed ambulance hours _____

Q40 Uncompensated Care Costs

What costs were associated with patients for whom you provided a ground ambulance transport in 2022 and did not have any insurance coverage and did not pay for their own services themselves? Please enter a dollar amount in the field provided.

_____

Page Break

Q41 **6. Revenues**

Q42 Please identify the total revenues your organization received for ground ambulance transports overall in 2022 and by payor type. Please enter a dollar amount in the fields provided.

- ○ Total ground ambulance revenue received in 2022 _____
- ○ Medicaid (fee-for-service) _____
- ○ Medicaid managed care _____
- ○ Traditional Medicare (fee-for-service) _____
- ○ Medicare Advantage (Medicare Managed Care) _____
- ○ TRICARE _____
- ○ Veterans' Health Administration _____
- ○ Commercial insurance _____
- ○ Workers' compensation _____
- ○ Patient self-pay (cash payment and the amount patients paid for deductibles, coinsurance, and other cost-sharing only if not reported in a row above.) _____
- ○ Facility Pay _____

Q43 Please identify the revenues (across all payors) you collected for ground ambulance services in 2022 by service type and geographic area? Enter "0" if you did not provide ground ambulance transports in a category in 2022. Emergency transfers would be included under the category in which they were billed. The billing codes are included for reference. Please enter a dollar amount in the fields provided.

Revenue by Payer				
Total Revenue		Medicaid (managed care and fee-for-service)	Medicare (fee-for-service)	Private Commercial

Basic Life Support (BLS), Nonemergency (HCPCS code A0428)				
Basic Life Support (BLS), Emergency (HCPCS code A0429)				
Advanced Life Support, Level 1 (ALS1), Non-emergency (HCPCS code A0426)				
Advanced Life Support, Level 1 (ALS1), Emergency (HCPCS code A0427)				
Advanced Life Support, Level 2 (ALS2) (HCPCS code A0433)				

Specialty Care Transport (SCT)				

(HCPCS code A0434)				

Q44 Please indicate if your organization received any revenue from any of the following sources in 2022. Include only revenue fully or partially related to ground ambulance services. Please enter a dollar amount in the fields provided.

- Contracts from facilities that is in addition to their fee-for-service payment, such as a readiness payment (e.g., hospitals, nursing homes, prisons, businesses) _____
- Revenue from payers for EMS/medical services other than transports and excluding contracts from facilities reported above. _____
- Charitable donations (e.g., foundations and individual donors) excluding vehicles or any cost offsets reported elsewhere in this response _____
- Local taxes earmarked for EMS services (direct payment) _____
- Local taxes, subsidy from municipality _____
- Contract revenue from local governments in return for services _____
- Bond or debt financing _____
- Other _____

Display This Question:

Please indicate if your organization received any revenue from any of the following sources in 20... Text Response Is Not Empty

Q45 You indicated that your organization received revenue from an "Other" source. Please specify what source you received revenue from.

_____

End of Block: Default Question Block

ENDNOTES

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[x] New York State Senator Shelley B. Mayer. New York Data Supports Sounding the Alarm on the EMS Workforce Crisis. The New York State Senate. February 6, 2025. Available at: https://www.nysenate.gov/newsroom/in-the-news/2025/shelley-b-mayer/new-york-data-supports-sounding-alarm-ems-workforce.

[xi] Mulcahy AW, Heins SE, Rasmussen PW, et al. Medicare Ground Ambulance Data Collection System (GADCS) Report: Year 1 and 2 Cohort Analysis. Centers for Medicare & Medicaid Services. Available at: https://www.cms.gov/files/document/medicare-ground-ambulance-datacollection-system-gadcs-report-year-1-and-year-2-cohort-analysis.pdf.