

May 22, 2013

Trustee Alert – Emergency Services Level Cost Sharing and Ambulance Services

Are Ambulance Services Considered Emergency Services for Purposes of the ACA’s Level Cost-Sharing Requirement?

No. The Affordable Care Act requires nongrandfathered, group health plans to cover Emergency Services at out-of-network hospitals at the same copayment or coinsurance level as in-network hospitals. This requirement does not extend to ambulance services.

“Emergency Services” is broadly defined to mean, for an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm:

- a medical screening examination that is within the capability of a hospital's emergency department, including ancillary services routinely available to evaluate emergency medical conditions; and
- further medical examination and treatment to stabilize the patient. “Stabilize” means no material deterioration of the condition is likely to result from or occur during the movement (including discharge) of the individual outside the hospital’s facilities.

The Affordable Care Act’s requirement for level cost sharing for Emergency Services relates to **“emergency services in an emergency department of a hospital.”** (Interim Final Regulations 54.9815-2712T(b)(1)). Applicable guidance does not provide a specific list of services that constitute Emergency Services. Instead, plans must rely on providers’ expertise to determine the services necessary to treat and stabilize a patient with an emergency medical condition.

Ambulance services are not included in this definition of Emergency Services because they are not provided in an emergency department of a hospital. Accordingly, self-insured group health plans do not need to cover ambulance services at the same copayment or coinsurance level as in-network hospital Emergency Services.

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