TRAUMA CARE ASSISTANCE REVOLVING FUND
Financial Calculations For EMS Applicants

EMS Claim Form can be downloaded from
http://www.ok.gov/health2/documents/EMS%20Claim%20Form%202016.xlsx The Claim Form has been embedded with formulas to complete the Trauma Fund financial calculations. The formula is as follows:

(Medicare Allowable MILEAGE RATE (Column K) **X** Billable miles (Column L)) **+** (Medicare Allowable PROCEDURE RATE (Column M)) **=** **Total Medicare Allowable** (Column N)

(**Total Medicare Allowable** (Column N) **-** Amount Collected (Column O) **-** Contractual Adjustment (Column P)) **=** **UNCOMPENSATED COST** (Column Q)

1. **Date of Service**
   Ensure the Medicare Explanation of Benefits (EOB), also known as the Medicare Remittance Notice, is from the eligible claim period by looking at the service date column. (You can find this in any file of a Medicare patient that reflects the procedure rate you are filing for).

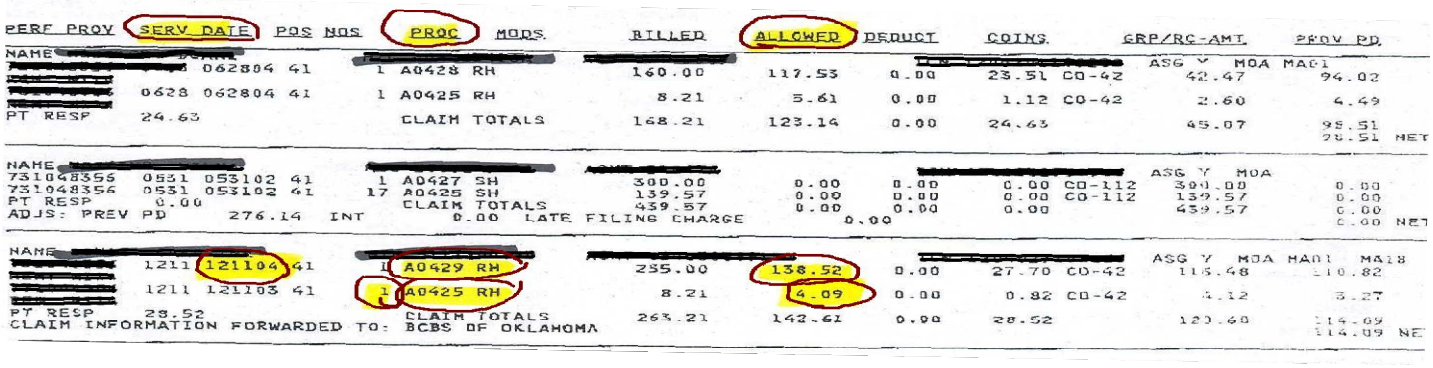
2. **Column K, Medicare (MCR) Allowable Mileage Rate**
   This amount is found in the column with the heading 'Allowed' and relates back to the procedure code A0425 (mileage). In this example the amount to enter into this column is 4.09. You may not be able to find a run that was only 1 mile (note the one to the left of the A0425 procedure code). If you can only find cases with more than one mile then divide the allowed amount by the miles.

3. **Column L, Billable Miles**
   Enter the mileage from the specific Patient Care Report into this column.

4. **Column M, Medicare (MCR) Allowable Procedure Rate**
   This amount is found in the column with the heading 'Allowed'.
   It usually relates back to one of these codes in the 'PROC' column, A0427 - ALS emergency transport, A0429 - BLS emergency transport or A0431 - RW transport. In this example the amount to enter into column E is 138.52 for a BLS emergency transport.
   Important: Choose the rate relating to the type of run that you are claiming. For example a non-emergency rate will not be equivalent to an emergency rate).

5. **Column O, Amount Collected**
   Find this amount from your patient accounting. Include all payments from Medicare/Medicaid and Indian Health Services.

6. **Column P, Contractual Adjustment**
   Find this amount from your patient accounting records.
   Important: You do not need to enter contractual adjustments that are related to governmental payors' set reimbursement rates that are not subject to negotiation (Ex: Medicare, Medicaid and IHS).



PERF PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME [redacted]										ASG Y MOA MA01	
[redacted]	062804	41	1	A0428 RH		160.00	117.53	0.00	23.51 CO-42	42.47	94.02
[redacted]	0628 062804	41	1	A0425 RH		8.21	5.61	0.00	1.12 CO-42	2.60	4.49
PT RESP	24.63			CLAIM TOTALS		168.21	123.14	0.00	24.63	45.07	98.51
											98.51 NET
NAME [redacted]										ASG Y MOA	
731048356	0531 053102	41	1	A0427 SH		300.00	0.00	0.00	0.00 CO-112	300.00	0.00
731048356	0531 053102	41	17	A0425 SH		139.57	0.00	0.00	0.00 CO-112	139.57	0.00
PT RESP	0.00			CLAIM TOTALS		439.57	0.00	0.00	0.00	439.57	0.00
ADJS: PREV PD	276.14	INT		0.00	LATE FILING CHARGE		0.00				0.00 NET
NAME [redacted]										ASG Y MOA MA01 MA18	
[redacted]	1211 121104	41	1	A0429 RH		255.00	138.52	0.00	27.70 CO-42	115.48	110.82
[redacted]	1211 121103	41	1	A0425 RH		8.21	4.09	0.00	0.82 CO-42	4.12	3.27
PT RESP	28.52			CLAIM TOTALS		263.21	142.61	0.00	28.52	120.60	114.09
CLAIM INFORMATION FORWARDED TO: BCBS OF OKLAHOMA											114.09 NET