

## TRAUMA CARE ASSISTANCE REVOLVING FUND Financial Calculation Instructions For EMS Applicants

EMS Claim Form can be downloaded from

[http://www.ok.gov/health/Protective\\_Health/Trauma\\_Division/Trauma\\_Care\\_Assistance\\_Revolving\\_Fund/Applying\\_for\\_Trauma\\_Fund/index.html](http://www.ok.gov/health/Protective_Health/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Applying_for_Trauma_Fund/index.html). The Claim Form has been embedded with formulas to complete the Trauma Fund financial calculations. The formula is as follows:

$$\left( \begin{array}{c} \text{Medicare Allowable} \\ \text{MILEAGE RATE*} \\ \text{(Column K)} \end{array} \times \begin{array}{c} \text{Billable} \\ \text{miles} \\ \text{(Column L)} \end{array} \right) + \left( \begin{array}{c} \text{Medicare Allowable} \\ \text{PROCEDURE RATE} \\ \text{(Column M)} \end{array} \right) = \begin{array}{c} \text{Total Medicare} \\ \text{Allowable} \\ \text{(Column N)} \end{array}$$

$$\left( \begin{array}{c} \text{Total Medicare} \\ \text{Allowable} \\ \text{(Column N)} \end{array} - \begin{array}{c} \text{Amount} \\ \text{Collected} \\ \text{(Column O)} \end{array} - \begin{array}{c} \text{Contractual} \\ \text{Adjustment} \\ \text{(Column P)} \end{array} \right) = \begin{array}{c} \text{UNCOMPENSATED} \\ \text{COST} \\ \text{(Column Q)} \end{array}$$

### 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.

**\*For rural transports, use the average mileage rate after dividing the total mileage amount by the total miles transported.**

### 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	PQS	NDS	PROC	MOQS	BILLED	ALLOWED	PRODUCT	COINS	GRP/RC-AMT	PRNV PD
NAME												
		062804	41	1	A0428 RH		160.00	117.53	0.00	23.51 CO-42	42.47	94.02
		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												
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	159.57	0.00	0.00	0.00 CO-112	159.57	0.00
PT RESP		0.00			CLAIM TOTALS		459.57	0.00	0.00	0.00	459.57	0.00
ADJS: PREV PD		276.14	INT		0.00	LATE FILING CHARGE		0.00	0.00	0.00		0.00 NET
NAME												
		1211	121104	41	1	A0429 RH	235.00	138.52	0.00	27.70 CO-42	115.48	110.82
		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