

BlueCross and BlueShield of Montana - Air Ambulance Data

Services incurred in 2015 paid by December 31, 2015

Data was obtained from health care claims submitted to BCBSMT from the providers listed below

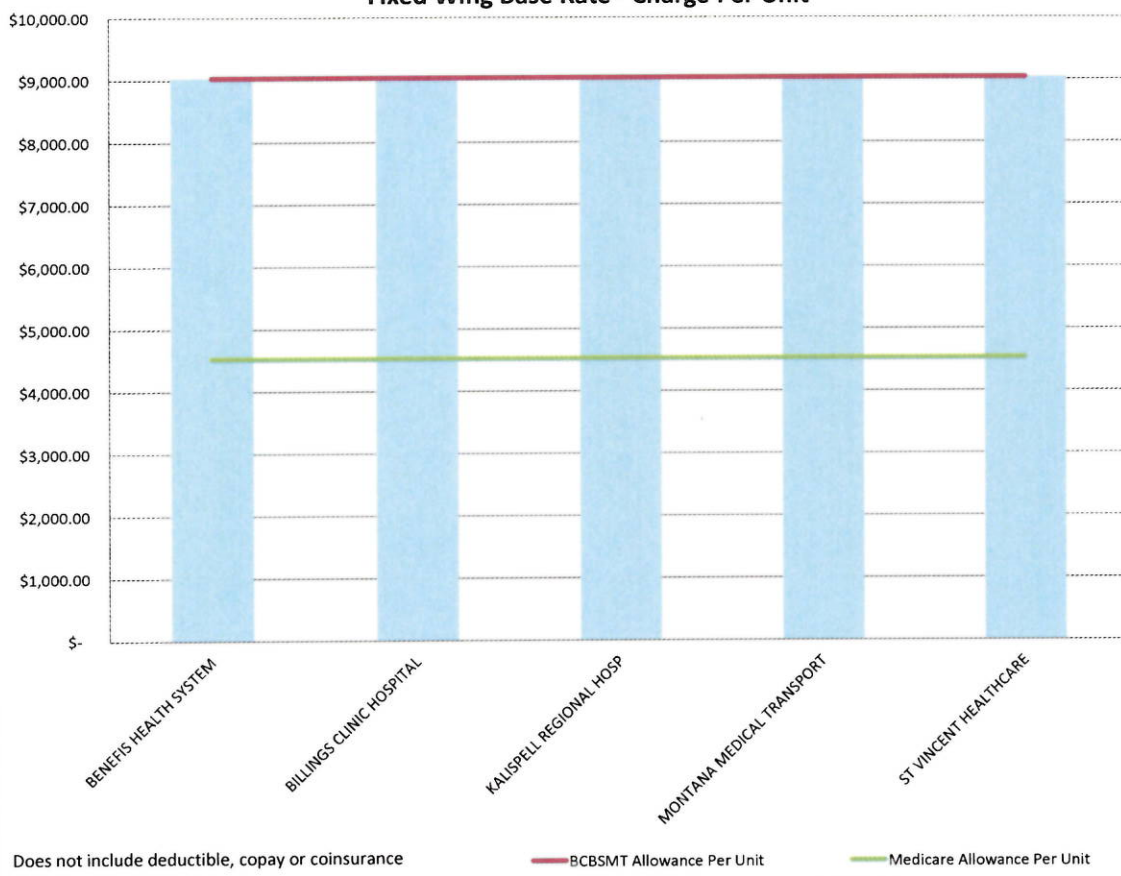
Excludes claims that are Medicare Supplement, Medicare Advantage, Department of Corrections, eligibility denials, duplicates or have coordination of other payer benefits.
Includes only claims for BlueCross and BlueShield of Montana Members

Participating Provider Summary

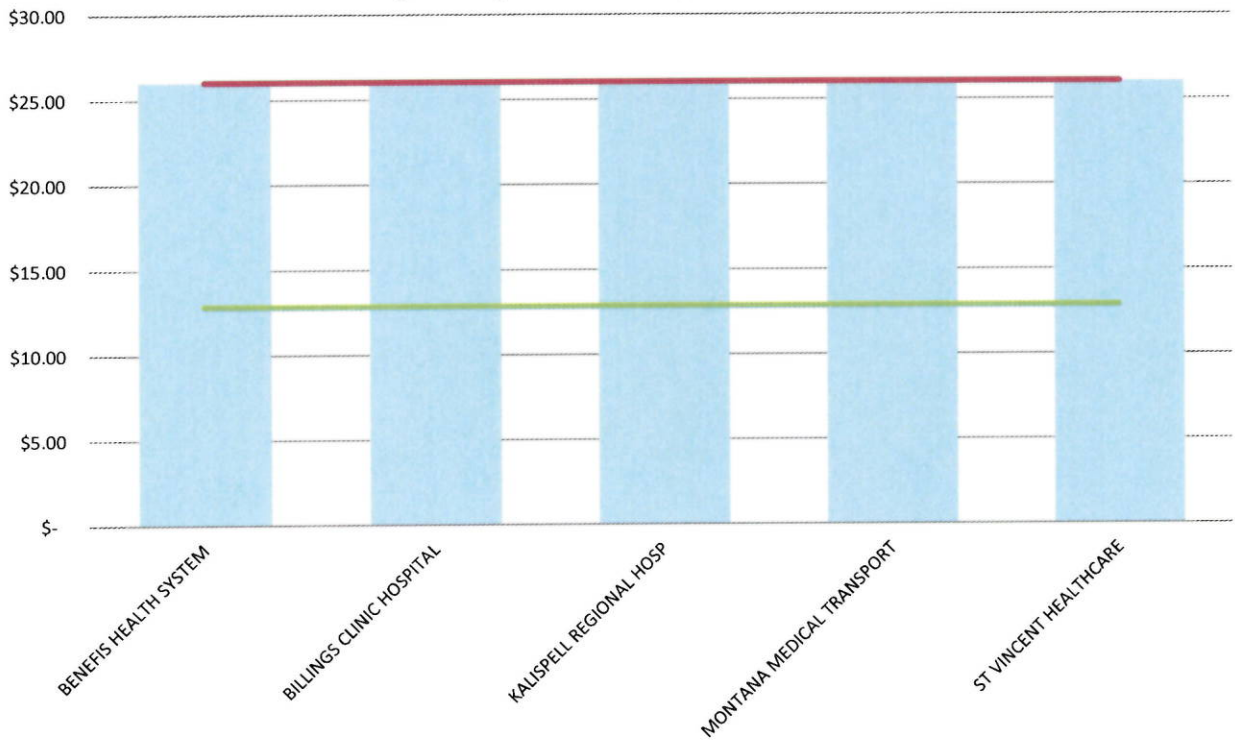
Provider Name	Plane Type	Service	Units	Charge	Allowed	Member Balance	Bill*	Charge Per Unit	BCBSMT Allowance Per Unit	Medicare Allowance Per Unit	BCBSMT Allowance Percent of Medicare
BENEFIS HEALTH SYSTEM	Fixed Wing	Fixed Wing Base Rate	19	\$ 224,366.00	\$ 171,035.00	\$0.00	\$0.00	\$ 11,808.74	\$ 9,023.00	\$ 4,511.36	200%
		Fixed Wing Mileage	5,729	\$ 569,188.00	\$ 148,484.00	\$0.00	\$0.00	99.35	26.00	12.80	203%
	Fixed Wing Total		\$ 793,554.00	\$ 319,519.00	\$0.00						
	Rotor	Rotor Base Rate	38	\$ 571,890.00	\$ 396,915.00	\$0.00	\$0.00	\$ 15,049.74	\$ 10,490.00	\$ 5,245.13	200%
		Rotor Mileage	2,815	\$ 391,472.00	\$ 190,649.00	\$0.00	\$0.00	139.07	68.00	34.16	199%
Rotor Total		\$ 963,362.00	\$ 587,564.00	\$0.00							
BENEFIS HEALTHCARE Total			8,601	\$ 1,756,916.00	\$ 907,083.00	\$0.00					
BILLINGS CLINIC HOSPITAL	Fixed Wing	Fixed Wing Base Rate	66	\$ 833,250.00	\$ 591,096.00	\$0.00	\$0.00	\$ 12,625.00	\$ 9,023.00	\$ 4,511.36	200%
		Fixed Wing Mileage	16,679	\$ 717,811.00	\$ 426,033.00	\$0.00	\$0.00	43.04	26.00	12.80	203%
	Fixed Wing Total		\$ 1,551,061.00	\$ 1,017,129.00	\$0.00						
BILLINGS CLINIC HOSPITAL Total			16,745	\$ 1,551,061.00	\$ 1,017,129.00	\$0.00					
KALISPELL REGIONAL HOSP	Fixed Wing	Fixed Wing Base Rate	11	\$ 119,669.75	\$ 98,449.00	\$0.00	\$0.00	\$ 10,879.07	\$ 9,023.00	\$ 4,511.36	200%
		Fixed Wing Mileage	4,818	\$ 144,294.25	\$ 121,673.00	\$0.00	\$0.00	29.95	26.00	12.80	203%
	Fixed Wing Total		\$ 263,964.00	\$ 220,122.00	\$0.00						
	Rotor	Rotor Base Rate	15	\$ 196,877.25	\$ 156,885.00	\$0.00	\$0.00	\$ 13,125.15	\$ 10,490.00	\$ 5,245.13	200%
		Rotor Mileage	575	\$ 49,338.75	\$ 39,054.00	\$0.00	\$0.00	85.81	68.00	34.16	199%
Rotor Total		\$ 246,216.00	\$ 195,939.00	\$0.00							
KALISPELL REGIONAL HOSP Total			5,419	\$ 510,180.00	\$ 416,061.00	\$0.00					
MONTANA MEDICAL TRANSP	Fixed Wing	Fixed Wing Base Rate	2	\$ 23,100.00	\$ 17,912.00	\$0.00	\$0.00	\$ 11,550.00	\$ 9,023.00	\$ 4,511.36	200%
		Fixed Wing Mileage	1,260	\$ 42,840.00	\$ 32,271.00	\$0.00	\$0.00	34.00	26.00	12.80	203%
	Fixed Wing Total		\$ 65,940.00	\$ 50,183.00	\$0.00						
MONTANA MEDICAL TRANSP Total			1,262	\$ 65,940.00	\$ 50,183.00	\$0.00					
ST VINCENT HEALTHCARE	Fixed Wing	Fixed Wing Base Rate	17	\$ 168,585.60	\$ 152,587.00	\$0.00	\$0.00	\$ 9,916.80	\$ 9,023.00	\$ 4,511.36	200%
		Fixed Wing Mileage	4,409	\$ 352,720.00	\$ 112,774.00	\$0.00	\$0.00	80.00	26.00	12.80	203%
	Fixed Wing Total		\$ 521,305.60	\$ 265,361.00	\$0.00						
	Rotor	Rotor Base Rate	35	\$ 403,578.00	\$ 365,290.00	\$0.00	\$0.00	\$ 11,530.80	\$ 10,490.00	\$ 5,245.13	200%
		Rotor Mileage	3,183	\$ 318,618.30	\$ 215,137.00	\$0.00	\$0.00	100.10	68.00	34.16	199%
Rotor Total		\$ 722,196.30	\$ 580,427.00	\$0.00							
ST VINCENT HEALTHCARE Total			7,644	\$ 1,243,501.90	\$ 845,788.00	\$0.00					
Grand Total			39,671	\$ 5,127,598.90	\$ 3,236,244.00	\$0.00					

* Does not include deductible, copay, or coinsurance

Participating Provider
Services incurred in 2015 paid by December 31, 2015
Fixed Wing Base Rate - Charge Per Unit



Participating Provider
Services incurred in 2015 paid by December 31, 2015
Fixed Wing Mileage Rate - Charge Per Unit

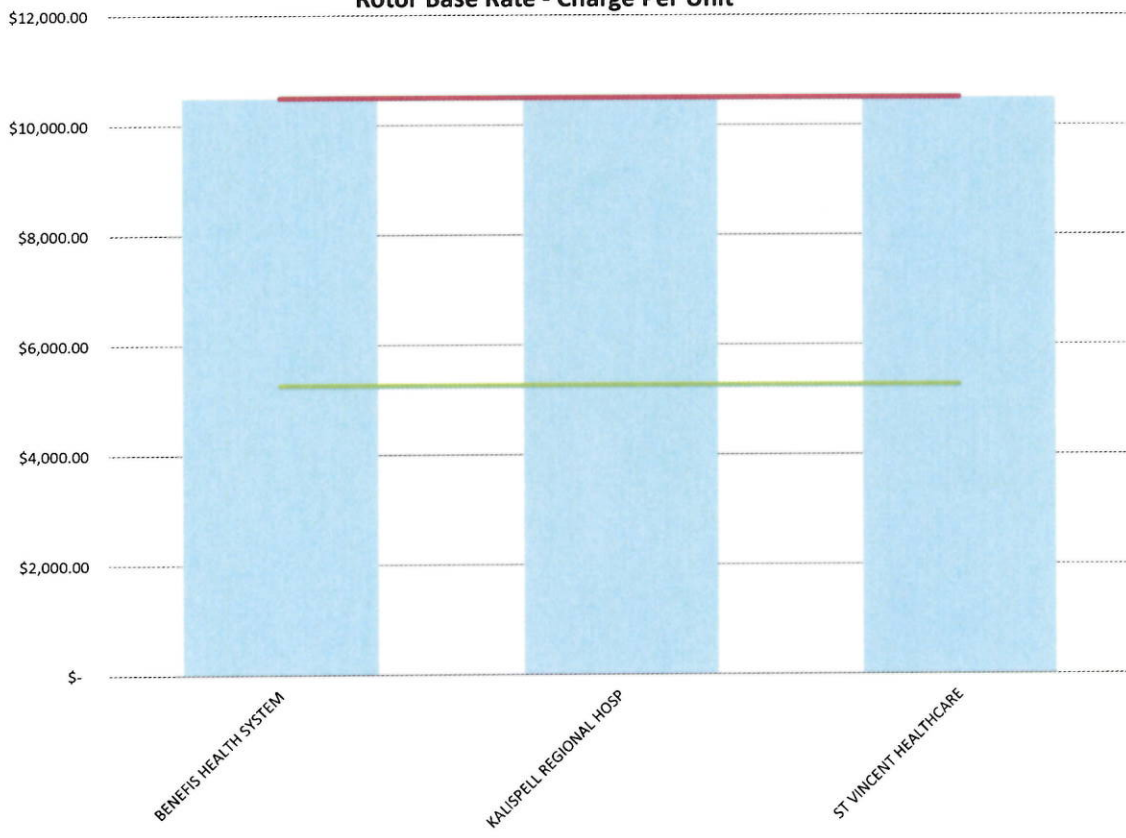


Does not include deductible, copay or coinsurance

BCBSMT Allowance Per Unit

Medicare Allowance Per Unit

Participating Provider
Services incurred in 2015 paid by December 31, 2015
Rotor Base Rate - Charge Per Unit

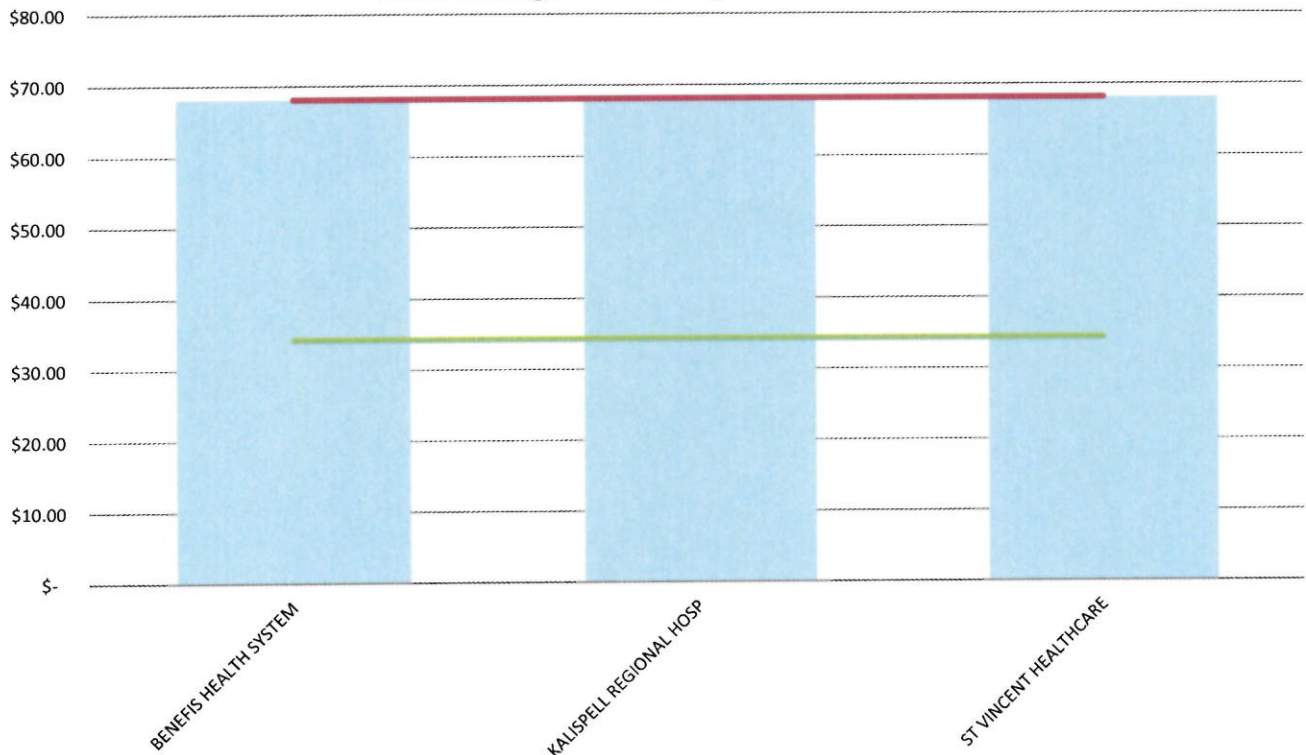


Does not include deductible, copay or coinsurance

— BCBSMT Allowance Per Unit

— Medicare Allowance Per Unit

Participating Provider
Services incurred in 2015 paid by December 31, 2015
Rotor Mileage Rate - Charge Per Unit



Does not include deductible, copay or coinsurance

— BCBSMT Allowance Per Unit

— Medicare Allowance Per Unit