

# TRAUMA CARE ASSISTANCE REVOLVING FUND

## Checklist For Submission - EMS

**ATTENTION: CHANGES IN PROCESS FOR TRAUMA FUND APRIL 2023 DISTRIBUTION PERIOD APPLICATION.**

**ALL DOCUMENTS WILL NEED TO BE UPLOADED TO YOUR BOX ACCOUNT**

It is imperative that your application be received correctly to ensure that it qualifies for TraumaFund reimbursement. Several steps have been taken to facilitate accurate submission:

1. The OSDH has programmed the financial calculations into the Excel spreadsheet so that you do not have to manually perform the financial calculations.
2. Detailed financial calculation instructions have been provided to help you correctly identify the amount to enter into your Claim Form (see **"EMS FINANCIAL CALCULATION INSTRUCTIONS"**).

Utilize the following checklist to ensure your application is complete and accurate.

- ☐ Original signed notarized Memorandum of Agreement (two pages). This must be signed by an incorporator, partner, member, or authorized member of management.

**Please Note: When uploading to Box, please scan original notarized MOA and upload.**

- ☐ An electronic copy of the *Claim Form* in the supplied Microsoft Excel format. **NO CD PLEASE**  
**Please LABEL the Claim Form with your organization name and application period.**  
**Include contact information for the person preparing the data on the spreadsheet.**

The deadline to upload your application is, **December 15, 2022, at 5:00 pm.**

**Please Note: There is no need to encrypt your file before loading to BOX, unless that is the policy of your agency.**

- ☐ **Copy of the run report for each case you submit on your Claim Form. Run reports must be legible and uploaded in the order as they are on the Claim Form.**

**\*\*\*\*\* Note: Run Sheets and ALL Application documents will need to be uploaded to Box.**

- ☐ Your EMS Agency's Medicare Remittance Notice, AKA (Explanation of Benefits) for the time frame that corresponds with the dates of service in the Trauma Fund application (showing your Medicare allowable for each emergency ambulance run and mileage).

- ☐ ***\*\*\*Only if it applies\*\*\****

Each provider that has not applied to the Trauma Fund in the past must sign and return an original copy of the Office of Management and Enterprise Services (OMES)–Vendor/Payee Form. The vendor form is required in-order-to process disbursement from a State Agency.

Submit a new form if you have any of the following changes in the last 6 months:

- Ownership
- Address
- Point of contact
- Tax identification number
- Agency name

**Do NOT submit any documentation individually. Any submission that does not have all of the above documents in their application is considered INCOMPLETE and may be disqualified from reimbursement from the Trauma Fund for this distribution.**

**Your application that includes all of the above documentation is due and must be uploaded to the secure portal Box by 5:00 P.M. on the DEADLINE DATE identified in the EMS Letter of Invitation and above.**