

Trauma Care Assistance Revolving Fund

Hospital Application Process

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OKLAHOMA

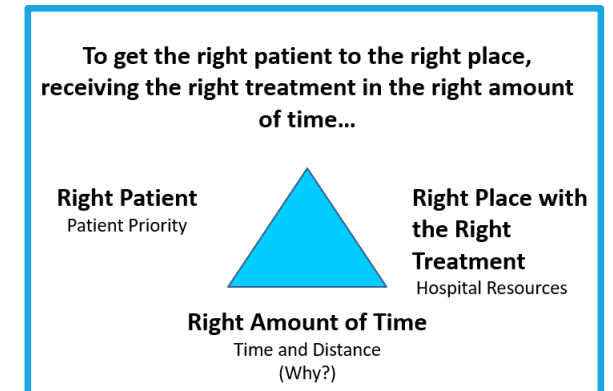
OVERVIEW

- **Introduction**
 - Toolbox of Emergency Systems
 - Trauma Fund History
- **Applying for Trauma Fund**
- **Program Area Responsibilities**
- **Common Mistakes**



TOOLS IN THE TOOLBOX

- EMS - Regulations (Agency & Individual) and OKEMSIS
- Trauma Registry - Database of Major & Minor Transfer Trauma cases
- Trauma System Development & Improvement
 - Hospital Classification (Level I, II, III, IV)
 - Trauma Patient Classifications (Priority I, II, III)
 - Trauma Triage, Transport and Transfer Algorithms
 - Regional Trauma Advisory Boards
 - Regional Trauma Continuous Quality Improvement
- EMResource - Communication & Resource Management
- TReC - Trauma Transfer & Referral Center
- Trauma Fund – financial arm to support the trauma public safety net



TRAUMA FUND

- Trauma Care Assistance Revolving Fund
- Managed by OSDH Emergency Systems
- Governed by OAC 310:669
- 90% trauma-care providers for “uncompensated trauma care expenditures”
- 10% OSDH Administrative costs
- As of March 2023, distributed \$416 million:
- Payout
 - EMS & Hospitals - Monthly
 - Physicians – Bi-annually



HISTORY

1999	2004
SB 290	+ SB1554, HB 2660, HB 2600, HB 2250, HB 2042, HB 2299
Licenses: initials and renewals, and boat/motor registrations	+ Fees and fines from drug convictions, moving violations and tobacco tax (incl Tribal Compacts)
EMS and Hospitals	+ Physicians
Monthly Payouts	2 Payouts – every 6 months
Approx \$2 million annually	Approx \$20 million annually



Trauma Registry

- Hospital Providers are **REQUIRED** to enter major trauma and minor trauma cases into Trauma Registry

Trauma Fund

- Trauma Fund participation is **voluntary**.
- Hospital staff/registrars review, correct and/or verify the list of cases downloaded from BOX, then re-submit them for review by Trauma Registry staff.



Timelines and Activities



TRAUMA FUND 2023 October (Claims January 1, 2022 to June 30, 2022)Projected Timelines and Activities (Updated 2/23/2023)

The processes and/or timelines listed below are subject to change.
Refer to the Application Notification Letter for final instructions and deadline dates.

Beginning with the April 2023 Application Process, all documents must be loaded via OSDH BOX, a secure portal. Contact our office to set up a collaborator to access and upload the documents.

HOSPITALS

February 10, 2023	Data Error Report and Transfer Feedback Report identifying incomplete Trauma Registry data submitted, available for all Trauma Registrars via OSDH BOX Account. For inquiries, please email esystems@health.ok.gov .
February 28, 2023	All incomplete/corrections in the Data Error Report must be submitted to the Trauma Registry by this deadline. (See directions from OSDH Trauma Registry Staff) (Incomplete cases are NOT eligible for Trauma Fund reimbursement.) For inquiries, please email esystems@health.ok.gov .
<p style="text-align: center;"> ↑ ↑ ↑ - Above are MANDATORY TRAUMA REGISTRY ACTIVITIES - ↓ ↓ ↓ - For interested providers only TRAUMA FUND APPLICATION ACTIVITIES BEGINS - </p>	
March 17, 2023	Notification sent to Trauma Registrars from Emergency Systems with instructions for downloading your facility-specific Major Trauma Case List from OSDH BOX Account. The MAJOR TRAUMA CASE LIST identifies clinically qualified major trauma cases as reported to the Trauma Registry. It is the responsibility of Trauma Registrars to review this to confirm/refute the List. Detailed instructions are provided by email.
April 5, 2023	5:00 PM: Deadline to respond to OSDH Emergency Systems office for a review to the Major Trauma Case List, using the REVIEW REQUEST FORM . No changes to the Major Trauma Case List are allowed after this deadline. Any cases with data errors that were not corrected are not eligible for reimbursement. However, it is still the Registrar's responsibility to complete the corrections as required for your Hospital's licensure.
April 19, 2023	Notification Letter with instructions emailed from OSDH to Hospital Administrator. Trauma Registrars will receive a copy of the letter with additional instructions by email.
May 30, 2023	DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission. ***All documents must be uploaded to the secure portal OSDH BOX Account***
October 2023	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installment 1 through 6.</i>

EMS PROVIDERS

Trauma Registry Activities



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Trauma Fund Activities Begin



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TRAUMA FUND 2023 OCTOBER – MAJOR TRAUMA CASE LISTING
(with time-sensitive hand and oral maxillofacial injuries)
January 1, 2022 through June 30, 2022

Deadline
04/05/2023

REVIEW REQUEST FORM

If you **AGREE** with your Major Trauma Case List – DO **NOTHING**. You do not need to return this form to OSDH.

*By DEFAULT, you are agreeing that the case(s) in the current Major Trauma Case List are all that qualify under the major trauma criteria, and **no corrections are needed**.*

If you **DO NOT AGREE** with your Major Trauma Case List – **COMPLETE AND SUBMIT THIS FORM TO REQUEST A REVIEW:**

- Enter your name, the hospital name for which you are responding, and date in the designated areas below.
- List the case/s to be corrected, added, or deleted.
- Include the case/s details below; or you may submit a separate attachment.
- Upload this and additional pages to BOX by above deadline.

Refer to the Major Trauma Case List that was provided to you. If you have a highlighted case on your list, this means there is an error that has **NOT** been corrected, despite previous notification by the OSDH–Emergency Systems. These cases may be **disqualified from reimbursement for incomplete submission to the Trauma Registry**. If you believe a case should not have been highlighted or there have been any changes and/or corrections made to a case, please (1) complete below; (2) identify and list the case/s; (3) upload this form to BOX and request a review.

This form must be uploaded to AT&T Box by 5 p.m., April 5, 2023, for your request to be valid.



(Please check for review)

REQUESTING REVIEW - THE CASES TO BE ADDED AND/OR DELETED ARE LISTED BELOW / ATTACHED.

Person requesting: Xana

Date: 04/04/2022

Hospital name: Your Facility

REQUESTING CHANGES/CORRECTIONS TO MAJOR TRAUMA CASE LIST

	TR Number	Pt Last Name	Pt First Name	DOB	Date of Service	Comments
1	202312345	Doe	Joe	1/1/2000	1/1/2022	There were no procedures
2	202312346	Mouse	Micky	1/1/2020	2/2/2022	Corrected
3						
4						
5						

TF Review Request-12/02/2022



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QUESTIONS?



***So how does a provider
apply for TRAUMA
FUND?***

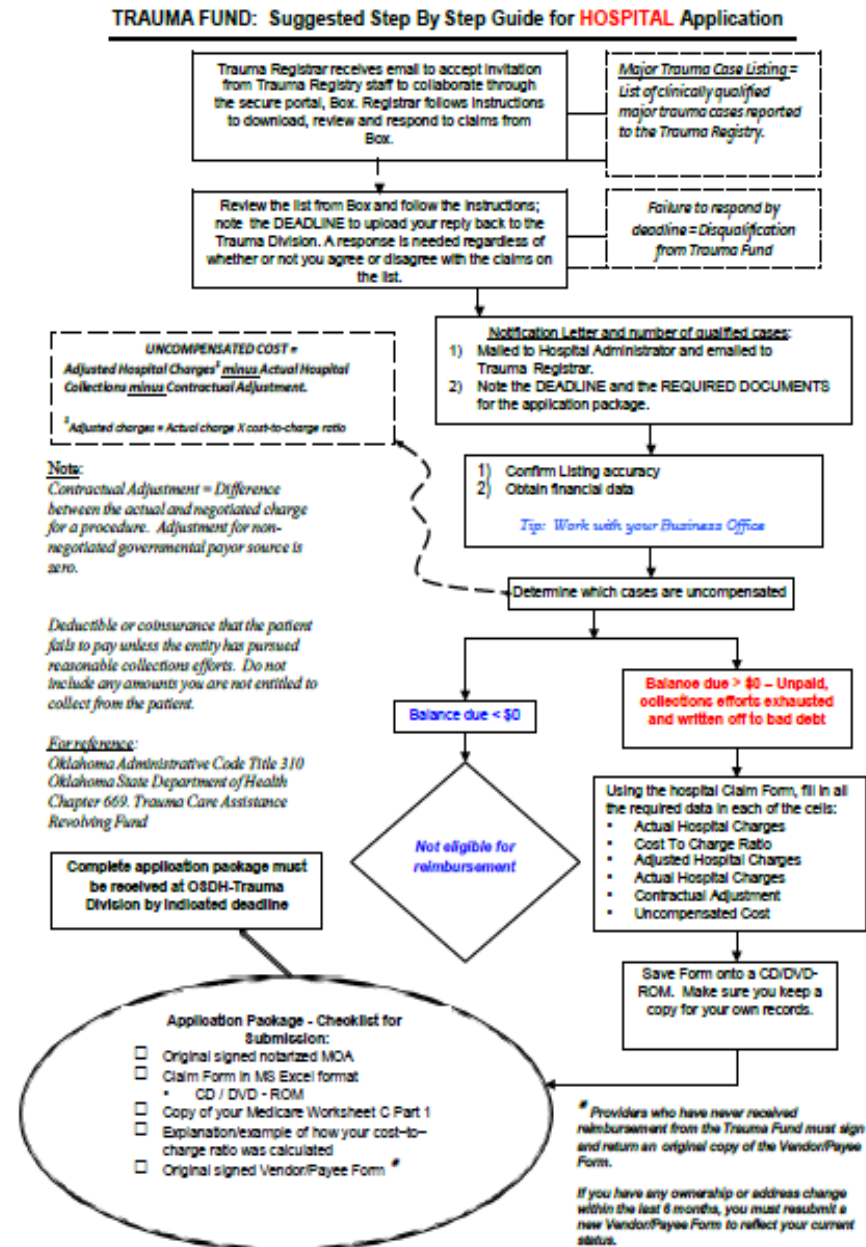


TRAUMA FUND ELIGIBILITY

1. Must be an Oklahoma-licensed provider at the time of service
2. Report data to Trauma Registry
3. Meets CLINICAL criteria
 - *Major trauma*
 - *Time-Sensitive*
4. Meets FINANCIAL criteria
 - *Billed patient*
 - *Reasonable collection efforts*
 - *“Uncompensated or Undercompensated Care”*



Step-By-Step Guide for Hospital



Health Department > Licensing & Inspections > Emergency Service Personnel > Trauma Division > Trauma Care Assistance Revolving Fund > Trauma Fund Applications

Trauma Fund Applications

Trauma Fund Open Applications

Trauma Fund Applications



[Get E-Mail Updates:](#)



DISTRIBUTION	CLAIM DATE	APPLICATION STATUS*
TF 2022 April	July 1, 2020 - December 31, 2020	Distributed
TF 2022 October	January 1, 2021 - June 30, 2021	Processing
TF 2022 April	July 1, 2021 - December 31, 2021	Open



*Application Status:

Distributed = Eligible reimbursements have been distributed to the applicants.

Processing = No longer accepting any applications and currently processing applications for eligibility.

[Open](#) = Currently accepting applications for the corresponding distribution. Click to access/download needed Application Package items. NOTE: APPLICATION DEADLINES ARE DIFFERENT FOR EACH PROVIDER TYPE. See respective Letter of Invitation for deadline.

Closed = Not currently accepting any applications.



- The Hospital Administrator/Director receives:
 - Notification of the open application period
 - List of potential cases:
 - entered into Trauma Registry;
 - meet major trauma clinical criteria;
 - may be considered for reimbursement.

OKLAHOMA TRAUMA FUND	
<i>Major Trauma Cases*</i>	
Service Dates: 07/01/2020 through 12/31/2020	
HOSPITAL NAME	
Number of cases meeting major trauma clinical criteria	2
Number of cases with incomplete reporting to the Trauma Registry as requested by the Oklahoma State Department of Health	2
Potential eligible cases that may be considered for reimbursement	0

**Cases identified from the Trauma Registry as reported by the Hospital Registrar.*

TF-10/19/2020



CLAIM FORM - Part 1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1																				
2	HOSPITAL NAME Trauma Fund List																			
3	<i>Person Completing Spreadsheet: Phone #: Email: Signature & Date:</i>																			
4																				
5	Obs	LType	LName	FName	InstNum	TraumNum	MR_Num	AcctNum	SSN	Injury Date	EDAdate	Discharge Date	Trauma Registry Charges	Trauma Registry Collections	Actual Hospital Charges	Cost to Charge Ratio	Adjusted Hospital Charges	Actual Hospital Collections	Contractual Adjustment	Uncompensated Trauma Care
6	1	MT	Mouse	Mickey	123456	8232018	53587	2.0001E+10	1E+09	08/22/2020	08/22/2020	08/22/2020	\$0.000	.	\$0.000	\$0.000
7	2	MT	Mouse	Minnie	123456	9292018	106247	2.0002E+10	1E+09	09/29/2020	09/29/2020	09/29/2020	\$0.000	.	\$0.000	\$0.000
8	3	MT	Duck	Donald	123456	10312018	107198	2.0002E+10	1E+09	10/31/2020	10/31/2020	10/31/2020	\$0.000	.	\$0.000	\$0.000
9																				
10	<i>Cases with Edadate between July 1, 2020 and December 31, 2020</i>																			
11																				

Column A-L – Information entered into Trauma Registry

Column M-T – Information from Business Office



CLAIM FORM - Part 2

	A	B	C	D	J	K	L	M	N	O	P	Q	R	S	T
1															
2	<i>HOSPITAL NAME Trauma Fund List</i>														
3	<i>Person Completing Spreadsheet: Phone #: Email: Signature & Date:</i>														
4															
5	Obs	LType	LName	FName	Injury Date	EDAdate	Discharge Date	Trauma Registry Charges	Trauma Registry Collections	Actual Hospital Charges	Cost to Charge Ratio	Adjusted Hospital Charges	Actual Hospital Collections	Contractual Adjustment	Uncompensated Trauma Care
6	1	MT	Mouse	Mickey	08/22/2020	08/22/2020	08/22/2020	.	.			\$0.000		\$0.000	\$0.000
7	2	MT	Mouse	Minnie	09/29/2020	09/29/2020	09/29/202	.	.			\$0.000		\$0.000	\$0.000
8	3	MT	Duck	Donald	10/31/2020	10/31/2020	10/31/2020	.	.			\$0.000		\$0.000	\$0.000
9															
10	<i>Cases with Edadate between July 1, 2020 and December 31, 2020</i>														
11															

Column M – Trauma Registry Charges
 Column N – Trauma Registry Collections
 Column O – Actual Hospital Charges
 Column P – Cost to Charge Ratio



❑ **Formula to Calculate your Medicare Cost-To-Charge Ratio.**

There is more than one "Cost-to-Charge" ratio.

So you must calculate an overall (or hospital wide average) Cost-to-Charge ratio, as follows:

1. Obtain the source document which is the Cost Report's Worksheet C, Part 1, Line 202;
2. Obtain the figure from Column 5;
3. Obtain the figure from Column 8;
4. Divide the Column 5 figure by the Column 8 figure (*Total Cost / Total Charge for the Hospital*).
(*Please round to 3 decimal places as seen in Sample Financial Calculations below.*)

Doing so provides a more reasonable reimbursement ratio than either by averaging selected Department's Cost-to-Charge ratios, or arbitrarily using only the Cost-to-Charge ratio for the Emergency Department, which fails to provide the facility with consideration of lab, radiology, and other typical trauma charges. Please use the Cost Report "as filed" for the time period that encompasses the time period of application, If this is not available, you may submit the Cost Report "as audited". Be advised you are subject to audit by a State or Federal agency, fiscal intermediary, or an independent auditor.



CLAIM FORM - Part 4

	A	B	C	D	J	K	L	M	N	O	P	Q	R	S	T
1															
2	<i>HOSPITAL NAME Trauma Fund List</i>														
3	<i>Person Completing Spreadsheet: Phone #: Email: Signature & Date:</i>														
4															
5	Obs	LType	LName	FName	Injury Date	EDAdate	Discharge Date	Trauma Registry Charges	Trauma Registry Collections	Actual Hospital Charges	Cost to Charge Ratio	Adjusted Hospital Charges	Actual Hospital Collections	Contractual Adjustment	Uncompensated Trauma Care
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8	3	MT	Duck	Donald	10/31/2020	10/31/2020	10/31/2020	.	.			\$0.000		\$0.000	\$0.000
9															
10	<i>Cases with Edadate between July 1, 2020 and December 31, 2020</i>														
11															

Column Q – Adjusted Hospital Charges (Set Formula)
 Column R – Actual Hospital Collections
 Column S – Contractual Adjustment
 Column T – Uncompensated Trauma Care (Set Formula)



What is needed to submit your application?

Applications can be submitted through:

1. Uploaded via BOX (a secure portal)

REQUIRED FORMS:

MEMORANDUM OF AGREEMENT (MOA)

Completed ***Physician Claim Form*** (Excel Spreadsheet)

Contact Name

List of Physicians Names and License Numbers on Letterhead

OPTIONAL FORMS:

VENDOR FORMS – if updates are needed

CHECKLIST FOR SUBMISSION - reference



How To Be Successful at Trauma Fund?

- ***SUBMIT YOUR APPLICATION ON TIME!***

- The packet must be uploaded into OSDH BOX account by 5:00 p.m. on the deadline date.

DEADLINE IS NOT A POSTMARK DATE!

- ***READ THE INSTRUCTIONS & USE THE TOOLS PROVIDED***

- Webpage downloads
- Real-person assistance by telephone/email
- Webinars

- ***EFFECTIVE DOCUMENTATION***

- ***INTERNAL COLLABORATION***

- Director, billing manager, support staff, etc.
- Understand your role and how it plays an important part in this process

- ***CONTACT TRAUMA FUND STAFF WITH QUESTIONS***

DON'T WAIT UNTIL THE LAST MINUTE TO START!



What's Next?

The Program Area:

- Reviews Documentation
- Confirms Clinical Eligibility
- Confirms Financial Calculations
- Determines final eligible TOTAL amount of Uncompensated Care
- Compiles all eligible submissions
- Audit



Common Mistakes

1. Submit application to your facility Emergency Systems BOX account by deadline date
 - a) Do Not Upload to BOXNote – This is a HIPPA violation because it may be visible to others
2. Date of Service
3. Preset formulas on the sample claim form used in your application packet
4. Contractual Adjustments for Non-Negotiated Governmental Payers
5. Trauma Registry
6. If you do not have your Medicare Worksheet C, please send the current copy and communicate that you will send an updated one when it is available.



SUMMARY

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 - Toolbox of Emergency Systems
 - Trauma Fund History
- **Applying for Trauma Fund**
- **Program Area Responsibilities**
- **Common Mistakes**



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Oklahoma State Department of Health
PHS - Emergency Systems Division
123 Robert S. Kerr
Oklahoma City, OK 73102-6406
Email Esystems@health.ok.gov

[www.Oklahoma.gov/health/Protective Health/Emergency Systems/Trauma Division/Trauma
Care Assistance Revolving Fund](http://www.Oklahoma.gov/health/Protective%20Health/Emergency%20Systems/Trauma%20Division/Trauma%20Care%20Assistance%20Revolving%20Fund)

