

Trauma Care Revolving Assistance Fund

Physician Application Process

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OKLAHOMA

OVERVIEW

- **Introduction**

- Toolbox of Emergency Systems
- Trauma Fund History

- **Applying for Trauma Fund**

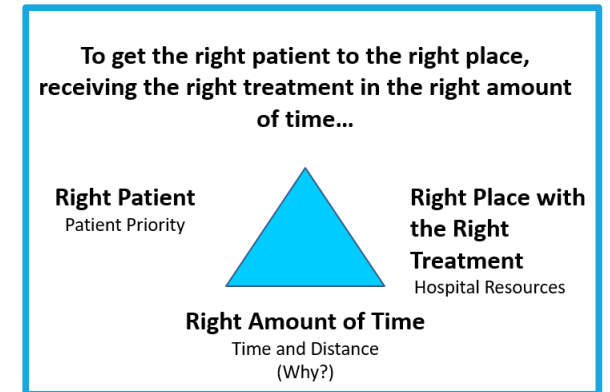
- **Program Area Responsibilities**

- **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
 - Trauma Patient Classifications (Priority I, II, III)
 - Hospital Classification (Level I, II, III, IV)
 - 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



TRAUMA FUND HISTORY

- 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 September 2022, distributed \$408 million:
- Application submission – two times a year
- Payouts
 - EMS & Hospitals - Monthly
 - Physicians - Biannually



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 \$24 million annually



Trauma Registry

- Hospitals are **required** to enter major trauma cases and minor transfer cases into Trauma Registry

Trauma Fund

- Trauma Fund participation is **voluntary**.
- Each physician or physician group maintains a record of patients whose care meets Major Trauma Criteria during the eligible claim period.



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

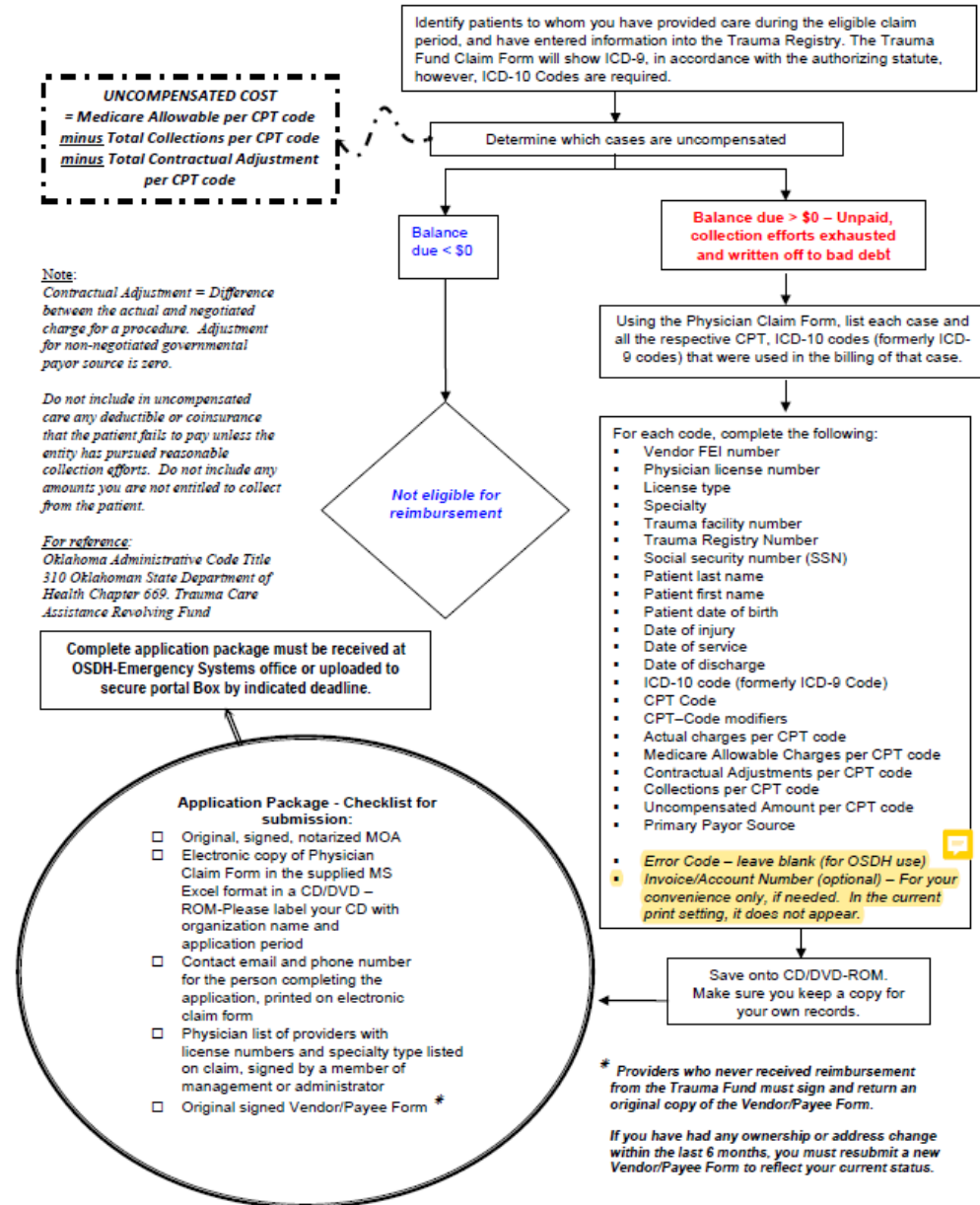


Trauma Fund Eligibility

1. Must be an Oklahoma-licensed provider
2. Reporting data to the Trauma Registry
3. Meets CLINICAL criteria
 - *Major trauma*
 - *Time-sensitive/Limited specialists*
4. Meets FINANCIAL criteria
 - *Billed patient*
 - *Reasonable collection efforts*
 - *“Uncompensated”*



Step-By-Step Guide for Hospital



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.



Physician Claim Form (Sample, MS Excel)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1	TRAUMA FUND 2022 APRIL ELIGIBLE CASE TIME FRAME IS JULY 1 THRU DECEMBER 31, 2020			Vendor FEI # (3 digits)	LICENSE # (number only)	LICENSE TYPE (DDS/DO /MD ONLY)	SPECIALTY	TRAUMA FACILITY NUMBER	TRAUMA REGISTRY NUMBER	SSN (NUMBERS ONLY - if unknown, indicate "99999999")	Patient Last Name	Patient First Name	Patient DOB (mm/dd/yy yy)	DATE OF INJURY (mm/dd/yy yy)	DATE OF SERVICE (mm/dd/yy yy)	DATE OF DISCHARGE (mm/dd/yy yy)	ICD-9	CPT- CODE (5 digits)	CPT-Code Modifiers (only use 26 / F / TC)	ACTUAL CHARGES PER CPT CODE (\$)	MEDICARE ALLOWABLE CHARGES (\$)	CONTRACTUAL ADJUSTMENT PER CPT CODE (\$)	COLLECTIONS CPT CODE (\$)	UNCOMPENSATED PER CPT CODE (\$) All zero and negative	PRIMARY PAYOR SOURCE	Physician Invoice/Account No.	ASA codes	(Anesthesia) No of Units	(Anesthesia) M/C Allowable rate	Comments (eg, Mod 59/76/77)
2	Contact Person:		1																					\$ -						
3			2																					\$ -						
4			3																					\$ -						
5			4																					\$ -						
6	Email:		5																					\$ -						
7	Phone No.:	()	6																					\$ -						
8			7																					\$ -						
9			8																					\$ -						
10			9																					\$ -						
11	Totals	Column	10																					\$ -						
12	\$0.00	Actual Charges Per CPT Code	11																					\$ -						
13	\$0.00	Medicare Allowable Charges	12																					\$ -						
14	\$0.00	Contractual Adjustment Per CPT Code	13																					\$ -						
15	\$0.00	Collections Per CPT Code	14																					\$ -						
16	\$0.00	Uncompensated Per CPT Code	15																					\$ -						
17			16																					\$ -						
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19			18																					\$ -						
20			19																					\$ -						
21			20																					\$ -						



Physician Claim Form

	A	B
1	TRAUMA FUND 2022 APRIL ELIGIBLE CASE TIME FRAME IS <i>JULY 1 THRU DECEMBER 31, 2020</i>	
2		
3	Contact Person:	
4		
5	Email:	
6		
7	Phone No.:	()
8		
9		
10		
11	<u>Totals</u>	<u>Column</u>
12	\$0.00	Actual Charges Per CPT Code
13	\$0.00	Medicare Allowable Charges
14	\$0.00	Contractual Adjustment Per CPT Code
15	\$0.00	Collections Per CPT Code
16	\$0.00	Uncompensated Per CPT Code



Physician Claim Form

C	D	E	F	G
	Vendor FEI # (9 digits)	LICENSE # (number only)	LICENSE TYPE (DDS/DO /MD ONLY)	SPECIALTY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



Physician Claim Form

H	I	J	K	L	M	N	O	P	Q
TRAUMA FACILITY NUMBER	TRAUMA REGISTRY NUMBER	SSN (NUMBERS ONLY - if unknown, indicate "999999999")	Patient Last Name	Patient First Name	Patient DOB (mm/dd/yy yy)	DATE OF INJURY (mm/dd/yy yy)	DATE OF SERVICE (mm/dd/yy yy)	DATE OF DISCHAR GE (mm/dd/yy yy)	ICD-9



Physician Claim Form

R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
CPT- CODE (5 digits)	CPT-Code Modifiers (only use 26 / F / TC)	ACTUAL CHARGES PER CPT CODE (\$)	MEDICARE ALLOWAB LE CHARGES (\$)	CONTRAC TUAL ADJUSTM ENT PER CPT CODE (\$)	COLLECTI ONS CPT CODE (\$)	UNCOMPE NSATED PER CPT CODE (\$) All zero and negative	PRIMARY PAYOR SOURCE	Physician Invoice/A cct No.	ASA codes	(Anesthe sia) No of Units	(Anesthe sia) M/C Allowable rate	Comments (eg, Mod 59/76/77)
						\$ -						
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						\$ -						



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 into OSDH BOX account by 5:00 p.m. on the deadline date.
- ***READ THE INSTRUCTIONS & USE THE TOOLS PROVIDED***
 - Webpage downloads
 - Read the TF Rules OAC 310:669
 - Webinars
 - Real-person assistance by telephone/email – contact Trauma Fund staff with questions
- ***EFFECTIVE DOCUMENTATION***
- ***INTERNAL COLLABORATION***
 - Director, billing manager, support staff, etc.
 - Understand your role and how it plays an important part in this process
- ***DO NOT WAIT UNTIL THE LAST MINUTE TO START!***



What's Next?



What Happens Next?

OSDH Emergency Systems Program Area:

- Confirms complete application
- Reviews Documentation
- Verifies Clinical Eligibility
- Verifies Financial Calculations
- Identifies final eligible TOTAL amount
- Compiles all eligible submissions
- Make recommendation for reimbursement



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Common Mistakes – Recheck your application before submission

- Submit application by deadline –
- Physician License Number – not NPI #
- Submit MD, DO, DDS, and DMD only
- Date of Service
- Social Security Number
- ICD-10 and CPT codes



Summary

- **Introduction**

- Toolbox of Emergency Systems
- Trauma Fund History

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- **Program Area Responsibilities**

- **Common Mistakes**



QUESTIONS?



For information or inquiries

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[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)

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