

Trauma Care Revolving Assistance Fund

Physician Application Process

Katrina Warden
Special Programs Coordinator
OSDH Protective Health/Emergency
Systems
123 Robert S. Kerr
Oklahoma City, OK 73102

Katrina.Warden@health.ok.gov
ESystems@health.ok.gov



OKLAHOMA

OVERVIEW

- **Introduction**

- Toolbox of Emergency Systems
- Trauma Fund History

- **Applying for Trauma Fund**

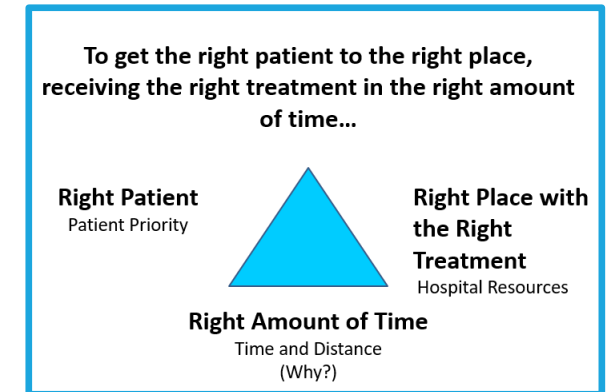
- **Program Area Responsibilities**

- **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 2023, distributed \$423 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.



OSDH BOX



All Files > Emergency Systems > TRAUMA FUND-PHYSICIANS

NAME ↑		UPDATED	
 2024 APRIL TRAUMA FUND APPLICATION DOCUMENTS-PHYSICIANS		 Sep 21, 2023 by Emergency Systems	



Timelines and Activities



TRAUMA FUND 2024 APRIL Claims July 1, 2022 to December 31, 2022 Projected Timelines and Activities (Updated August 24, 2023)

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

HOSPITALS

August 12, 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 .
August 29, 2023 (Extended to 9/12/2023)	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 .
↑ ↑ ↑ - Above are MANDATORY TRAUMA REGISTRY ACTIVITIES - ~~~~~ - For interested providers only TRAUMA FUND APPLICATION ACTIVITIES BEGINS - ↓ ↓ ↓	
September 18, 2023 (Extended to 9/26/2023)	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.
October 7, 2023 (Extended to 10/13/2023)	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.
October 27, 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.
November 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***
April 2024	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installment 1 through 6.</i>

EMS PROVIDERS

October 27, 2023	Notification Letter with instructions will be emailed from OSDH to EMS Director. OKEMSIS users will receive a copy of the letter by email- with additional instructions. Download the list for your agency to use for your Trauma Fund application.
December 15, 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 ***
April 2024	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installment 1 through 6.</i>

PHYSICIANS

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December 15, 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 ***
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Important Note: The two deadlines to submit your completed application package for Trauma Fund reimbursement are set on the same dates every year. Weekend or holiday deadline dates are moved to the following workday or Monday at 5:00 pm.



QUESTIONS?



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



PHYSICIANS

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Trauma Fund Eligibility

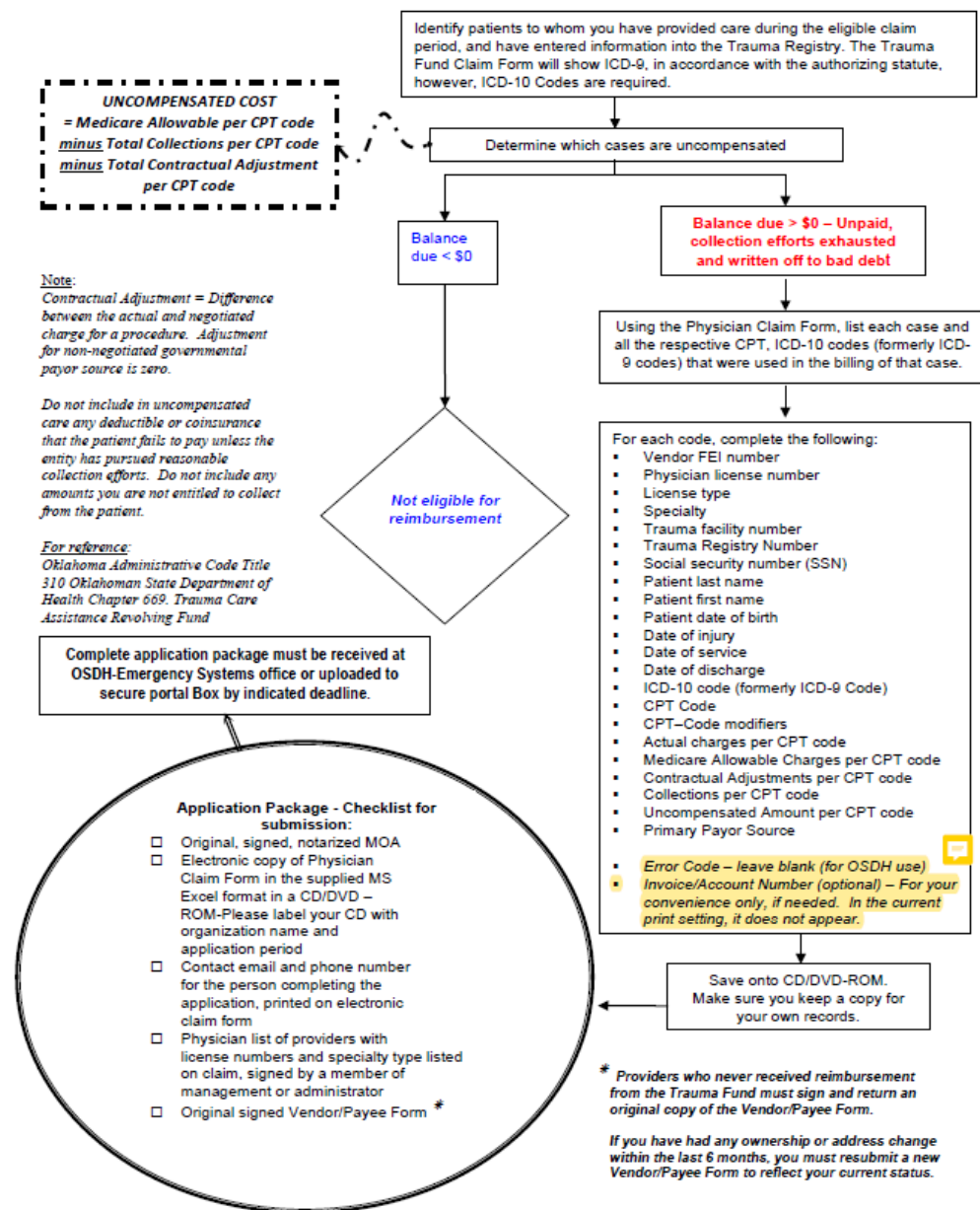
1. Must be an Oklahoma-licensed provider
2. Reporting data to the Trauma Registry
3. Meets CLINICAL criteria
 - *Major trauma*
 - *Time-sensitive/Limited specialists*
4. Meets FINANCIAL criteria
 - *Billed patient*
 - *Reasonable collection efforts*
 - *“Uncompensated”*

ELIGIBILITY



Step-By-Step Guide for Physician

TRAUMA FUND: Recommended Step By Step Guide for **PHYSICIAN** Application



Trauma Division

CQI - Continuous Quality Improvement

Development and Training

EMResource

OTEP - Oklahoma Trauma Education Program

Reports from Bishop and Associates

RTABs - Regional Trauma Advisory Boards

Trauma Care Assistance Revolving Fund

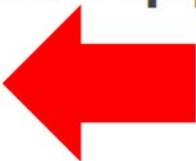
Reports

Trauma Fund Applications

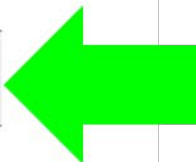
Trauma Fund Applications



[Get E-Mail Updates:](#)



<i>Distribution</i>	<i>Claim Date</i>	<i>Application Status*</i>
TF 2022 October	January 1, 2021 - June 30, 2021	Distributed
TF 2023 April	July 1, 2021 - December 31, 2021	Processing
TF 2023 October	January 1, 2022 - June 30, 2022	Closed



**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
	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 "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 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)
1																								\$ -						
2				1																				\$ -						
3	Contact Person:		2																					\$ -						
4			3																					\$ -						
5	Email:		4																					\$ -						
6			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																					\$ -						
18			17																					\$ -						
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 DISCHARGE (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 – ***December 15, 2022 at 5:00 p.m.***
- 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

- **Applying for Trauma Fund**

- **Program Area Responsibilities**

- **Common Mistakes**



QUESTIONS?



For information or inquiries

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)

Katrina Warden, Special Programs Coordinator
Linda Dockery, Administrative Assistant

