Trauma Care Revolving Assistance Fund

EMS Application Process

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OKLAHOMA

OVERVIEW

- **Introduction**
  - Toolbox of Emergency Systems
  - Trauma Fund History
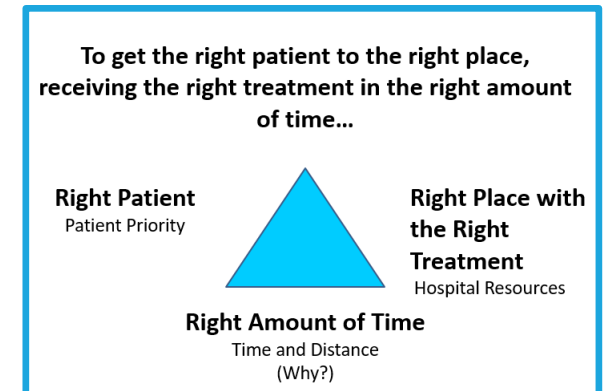
- **Applying for Trauma Fund**

- **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
  - A Review of the System

- EMResource - Communication & Resource Management

- TReC - Trauma Transfer & Referral Center

- Trauma Fund

To get the right patient to the right place, receiving the right treatment in the right amount of time…

Right Patient
Patient Priority

Right Place with the Right Treatment
Hospital Resources

Right Amount of Time
Time and Distance (Why?)

Trauma Fund

- Trauma Care Assistance Revolving Fund
- Managed by OSDH Emergency Systems
- Governed by OAC 310:669
- 90% trauma-care providers for "uncompensated or under-compensated trauma care expenditures"
- 10% OSDH Administrative costs
- As of September 2023, distributed $423 million
- Payout
  - EMS & Hospitals - Monthly
  - Physicians - Biannually

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

OKEMSIS

- EMS Providers are **required** to enter major and minor trauma cases into OKEMSIS

Trauma Fund

- Trauma Fund participation is **voluntary.**

OSDH BOX

OSDH BOX Account

⮡ > Emergency Systems > TRAUMA FUND-EMS > TEST EMS

NAME	UPDATED ↑
📁 COMPLIANCE	Aug 16, 2023 by Emergency Systems

OKEMSIS COMPLIANCE REPORT

TEST EMS

Month	CY 2022	CY 2023
January	0	218
February	248	189
March	336	159

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 – Installment 1 through 6.

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 – Installment 1 through 6.

PHYSICIANS

October 27, 2023	Notification Letter with instructions available on the Trauma Fund webpage for download.
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 – Installment 1 through 6.

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.

Trauma Fund Activities Begin

TIMELINES AND ACTIVITIES

<u>EMS PROVIDERS</u>

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	<u>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.*</u> **** All documents must be uploaded to the secure portal OSDH BOX Account ****
April 2024	Anticipated date for distribution of reimbursement checks to eligible providers – *Installment 1 through 6.*

Oklahoma State Department of Health | Trauma Fund | 5-4-2023

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 OKEMSIS

3. Meets CLINICAL criteria
   – *Major trauma*
   – *Time-Sensitive*

4. Meets FINANCIAL criteria
   – *Billed patient*
   – *Reasonable collection efforts*
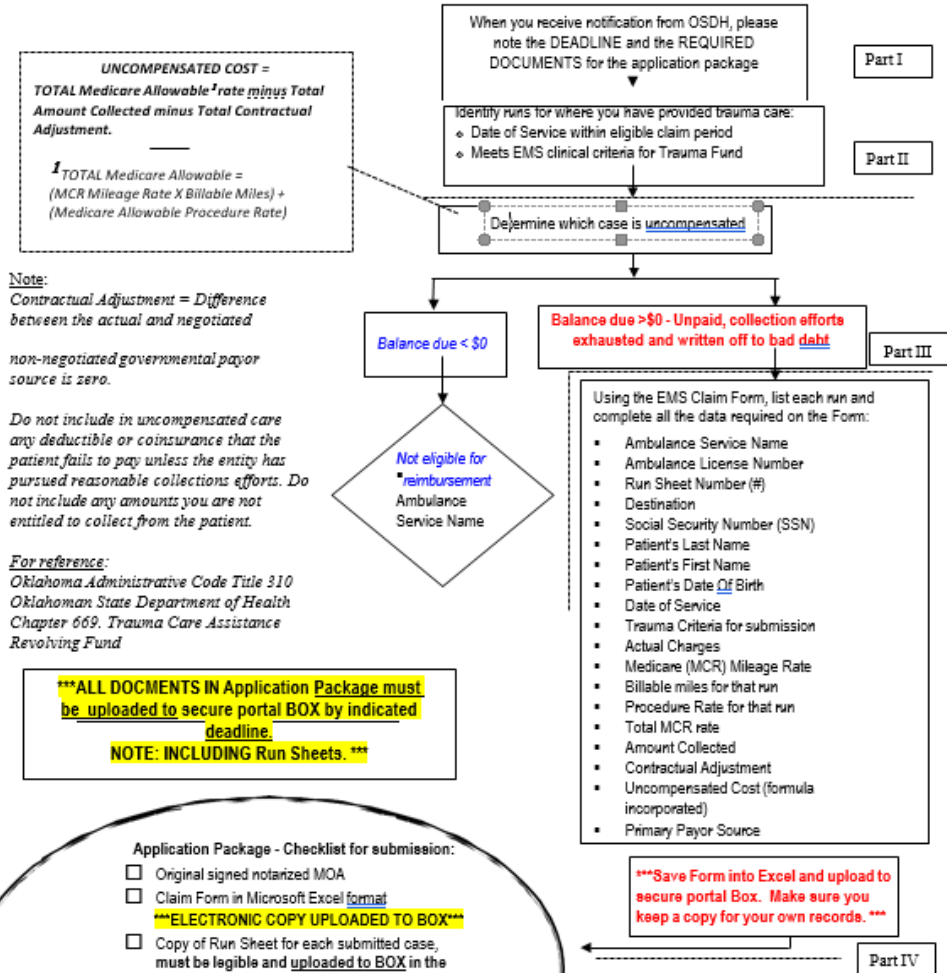   – *"Uncompensated Care"*

TRAUMA FUND: Suggested Step By Step Guide for EMS Application

PLEASE NOTE: CHANGES IN SUBMISSION PROCESS OF APPLICATIONS
ALL DOCUMENTS IN APPLICATION PACKAGE must be uploaded to BOX by deadline

When you receive notification from OSDH, please note the DEADLINE and the REQUIRED DOCUMENTS for the application package — **Part I**

Identify runs for where you have provided trauma care:
- Date of Service within eligible claim period
- Meets EMS clinical criteria for Trauma Fund — **Part II**

Determine which case is uncompensated

UNCOMPENSATED COST =
TOTAL Medicare Allowable[1] rate minus Total Amount Collected minus Total Contractual Adjustment.

[1] TOTAL Medicare Allowable = (MCR Mileage Rate X Billable Miles) + (Medicare Allowable Procedure Rate)

Note:
Contractual Adjustment = Difference between the actual and negotiated

non-negotiated governmental payor source is zero.

Do not include in uncompensated care any deductible or coinsurance that the patient fails to pay unless the entity has pursued reasonable collections efforts. Do not include any amounts you are not entitled to collect from the patient.

For reference:
Oklahoma Administrative Code Title 310 Oklahoman State Department of Health Chapter 669. Trauma Care Assistance Revolving Fund

Balance due < $0 → Not eligible for reimbursement Ambulance Service Name

Balance due >$0 - Unpaid, collection efforts exhausted and written off to bad daht — **Part III**

Using the EMS Claim Form, list each run and complete all the data required on the Form:
- Ambulance Service Name
- Ambulance License Number
- Run Sheet Number (#)
- Destination
- Social Security Number (SSN)
- Patient's Last Name
- Patient's First Name
- Patient's Date Of Birth
- Date of Service
- Trauma Criteria for submission
- Actual Charges
- Medicare (MCR) Mileage Rate
- Billable miles for that run
- Procedure Rate for that run
- Total MCR rate
- Amount Collected
- Contractual Adjustment
- Uncompensated Cost (formula incorporated)
- Primary Payor Source

***ALL DOCMENTS IN Application Package must be uploaded to secure portal BOX by indicated deadline.
NOTE: INCLUDING Run Sheets. ***

***Save Form into Excel and upload to secure portal Box. Make sure you keep a copy for your own records. ***

Application Package - Checklist for submission:
- ☐ Original signed notarized MOA
- ☐ Claim Form in Microsoft Excel format *****ELECTRONIC COPY UPLOADED TO BOX*****
- ☐ Copy of Run Sheet for each submitted case, must be legible and uploaded to BOX in the order in which they are listed on the Claim Form.
- ☐ Medicare Remittance Notice (EOB) for the timeframe service is provided
- ☐ Original signed Vendor/Payee Form *

Part IV

* Provides who have never received reimbursement from the Trauma Fund must request a Vendor/Payee Form from https://oklahoma.gov/omes/services/purchasing/supplier-portal.html

If you have had any ownership, address, tax id, name, or point of contact change within the last 6 months, you must resubmit a new Vendor/Payee Form to reflect your current status.

Updated 07/18/2023

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 ⌄

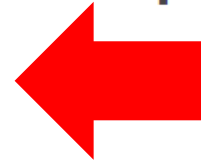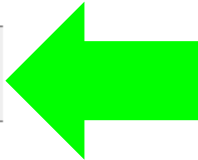Trauma Care Assistance Revolving Fund ⌃

Reports

Trauma Fund Applications

Trauma Fund Applications

✉ **Get E-Mail Updates:**

Distribution	Claim Date	Application Status*
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.

WHAT'S NEXT

- The EMS Director/Administrator receives:

    - notification of the open application period

    - a listing of potential cases is uploaded to your agency's OSDH BOX account

- The list includes the number of cases that:

    - have been entered into OKEMSIS,

    - meet major trauma clinical criteria,

    - may be considered for reimbursement.

Agency Name	Incident Date	Last Name	First Name	Date Of Birth	Social Security Number	Patient Care Report Number	EMS Response Number	Possible Injury	Mechanism Of Injury List	Patient Priority Status	Trauma Triage Criteria List
EMS	07/08/2020	MOUSE	MICKEY	09/11/1984	000-00-0000		2392005122	Yes	Other	Priority 3	"Penetrating injury to trunk, neck, or head "
EMS	07/08/2020	DUCK	DONALD	06/23/1982	000-00-0000		2392005132	Yes	Other	Priority 3	"Blunt Trauma / No Hemodynamic Trauma"
EMS	07/21/2020	MOUSE	MINNIE	02/12/1960	000-00-0000		2392001201	Yes	Other	Priority 1	"Other Single System Injury"
EMS	07/28/2020	DOE	JANE	04/29/1970	000-00-0000		2392005261	Yes	Other	Priority 1	"Significant Assault or Altercations"

CLAIM FORM – Part 1

TRAUMA FUND 2024 ARRIL
EMS CLAIM FORM

Eligible cases are admissions from July 1, 2022, through December 31, 2022

Ambulance Service Name:

Ambulance Service License Number:

Contact name: Email: Tel: (   )

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Run #	Destination	SSN (do not enter dashes)	Last Name	First Name	Date Of Birth	Date Of Service	Trauma Criteria (refer to EMS Clinical Criteria)	Actual Charges ($)	MCR allowable Mileage Rate ($)	Billable Miles	MCR allowable procedure rate ($)	Total MCR allowable ($)	Amount Collected ($)	Contractual Adjustment ($)	Uncompens ated Cost ($)	Payor Source
10													-			-	
11													-			-	
12													-			-	
13													-			-	
14													-			-	
15													-			-	
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39													-			-	
40													-			-	

(Identify primary payor source)

CLAIM FORM – Part 2

TRAUMA FUND 2

EMS CLAIM

Eligible cases are admissions from July 1, 2

	A	B	C	D	E	F	G	H	I

Ambulance Service Name:

Ambulance Service License Number:

Contact name: Email:

A	B	C	D	E	F	G	H	I
	Run #	Destination	SSN *(do not enter dashes)*	Last Name	First Name	Date Of Birth	Date Of Service	Trauma Criteria *(refer to EMS Clinical Criteria)*
6								
7								
8								

CLAIM FORM – Part 3

| | Tel: | ( ) | | | | | | |

	J	K	L	M	N	O	P	Q	R
a refer hical	Actual Charges ($)	MCR allowable Mileage Rate ($)	Billable Miles	MCR allowable procedure rate ($)	Total MCR allowable ($)	Amount Collected ($)	Contractual Adjustment ($)	Uncompensated Cost ($)	Payor Source
					-			-	
					-			-	
					-			-	
					-			-	
					-			-	
					-			-	
					-			-	

EMS Worksheet – Part 4

Trauma Fund: EMS WORKSHEET

Provider Name:

Page ___ of ___

Run #	Billable miles	1-17 miles 11.55	18 + miles 7.70			Total Mileage Rate	Average Mileage Rate
1		11.55	7.70	0		0	#DIV/0!
2		11.55	7.70	0		0	#DIV/0!
3		11.55	7.70	0		0	#DIV/0!
4		11.55	7.70	0		0	#DIV/0!
5		11.55	7.70	0		0	#DIV/0!
6		11.55	7.70	0		0	#DIV/0!
7		11.55	7.70	0		0	#DIV/0!
8		11.55	7.70	0		0	#DIV/0!
9		11.55	7.70	0		0	#DIV/0!
10		11.55	7.70	0		0	#DIV/0!
11		11.55	7.70	0		0	#DIV/0!
12		11.55	7.70	0		0	#DIV/0!
13		11.55	7.70	0		0	#DIV/0!
14		11.55	7.70	0		0	#DIV/0!
15		11.55	7.70	0		0	#DIV/0!
16		11.55	7.70	0		0	#DIV/0!
17		11.55	7.70	0		0	#DIV/0!
18		11.55	7.70	0		0	#DIV/0!
19		11.55	7.70	0		0	#DIV/0!
20		11.55	7.70	0		0	#DIV/0!
21		11.55	7.70	0		0	#DIV/0!
22		11.55	7.70	0		0	#DIV/0!
23		11.55	7.70	0		0	#DIV/0!
24		11.55	7.70	0		0	#DIV/0!
25		11.55	7.70	0		0	#DIV/0!
26		11.55	7.70	0		0	#DIV/0!
27		11.55	7.70	0		0	#DIV/0!
28		11.55	7.70	0		0	#DIV/0!
29		11.55	7.70	0		0	#DIV/0!
30		11.55	7.70	0		0	#DIV/0!
	0	0	0			0	#DIV/0!

Eligible cases are admissions from January 1, 2021, through June 30, 2021

What is needed to submit the application?

The following can be loaded via OSDH BOX (a secure portal) OR mailed to Emergency Systems office on a CD/DVD-ROM

REQUIRED FORMS:

MEMORANDUM OF AGREEMENT (MOA)

Completed ***EMS Claim Form*** (Excel Spreadsheet)
Medicare Remittance Notice
Contact Name
Run Sheets

OPTIONAL FORMS:

VENDOR FORMS – if updates are needed
CHECKLIST FOR SUBMISSION - reference

How To Be Successful at Trauma Fund?

- *SUBMIT YOUR APPLICATION ON TIME!*
    - Upload your documents to OSDH BOX account by 5:00 p.m. on deadline 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

- *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

- Conducts Audits

Common Mistakes

1. Submit application by deadline – ***<mark>Deadline is December 15, 2023</mark>***

    <mark>All cases must be uploaded to OSDH BOX account by 5:00 p.m.</mark>

2. Date of Service

3. Destination must be listed

4. Billable Mileage on Claim Form is loaded mileage for that particular run

5. Preset formulas on the sample claim form used in your application packet

6. Contractual Adjustments for Non-Negotiated Governmental Payers

7. OKEMSIS

8. Run sheets for each client on the Claim Form, and these must be in the same order as the claim form and uploaded to OSDH BOX account.

9. Documentation

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
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