Trauma Care Assistance Revolving Fund

Hospital Application Process

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Oklahoma City, OK 73102

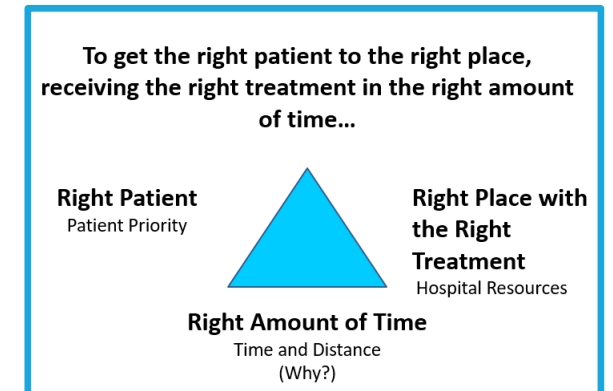ESystems@health.ok.gov

OKLAHOMA

OVERVIEW

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

- **OSDH BOX Account**

- **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

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 trauma care expenditures"
- 10% OSDH Administrative costs
- As of September 2023, distributed $423 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.

OSDH BOX

OSDH BOX

All Files > Emergency Systems > **TRAUMA FUND-HOSPITALS**

NAME ↑	UPDATED	SIZE
2023 OCTOBER-TRAUMA FUND APPLICATION DOCUMENTS-HOSPITALS	May 16, 2023 by Emergency Systems	9 Files
Test Hospital	May 18, 2023 by Emergency Systems	3 Files
Test Hospital	Jun 8, 2023 by Lisa A Vowels	14 Files

⤷ > Emergency Systems > TRAUMA FUND-HOSPITALS > Test Hospital

NAME ↑	UPDATED	SIZE
Compliance Report	May 18, 2023 by Emergency Systems	3 Files
TRAUMA FUND	May 18, 2023 by Emergency Systems	1 File
Validation and Transfer Feedback Reports	May 18, 2023 by Emergency Systems	0 Files

> TRAUMA FUND-HOSPITALS > Test Hospital   > Compliance Report

NAME ↑			UPDATED
PDF	Test	Trauma Compliance Report 2021.pdf	Feb 21, 2023 by Emergency Systems
PDF	Test	Trauma Compliance Report 2022 UPDATED.pdf	Apr 12, 2023 by Emergency Systems
PDF	Test	Trauma Compliance Report 2023 NO CASES.pdf	Apr 12, 2023 by Emergency Systems

OKLAHOMA
State Department
of Health

TRAUMA REGISTRY COMPLIANCE REPORT

Month	CY 2022	CY 2023
January	2	0
February	5	0
March	5	0

2021		
Month	Frequency	Cumulative Frequency
1	1	1
8	7	8
9	10	18
10	11	29
11	11	40
12	13	53

⮡ > TRAUMA FUND-HOSPITALS > Test Hospital > **TRAUMA FUND**

NAME ↑ UPDATED

📗 2_ Test Hospital Apr 19, 2023 by Emergency Systems

Person Completing Spreadsheet: *A/C:* *Phone #:* *Fax #:* *Email:*

LType	LName	FName	InstNum	TraumNum	MR_Num	AcctNum	SSN	Injury Date	EDAdate	Discharge Date	Trauma Registry Charges	Trauma Registry Collections	Actual Hospital Charges	Co
MT	artis	george	376575	20150569	426919	2228276	0	04/24/2022	04/24/2022	04/24/2022		.	$0.000	
MT	bratcher	muriel	376575	20150575 '	427445	2228912	0	05/04/2022	05/05/2022	05/05/2022		.	$0.000	
MT	redshin	ronda	376575	20150577	251230	2230186	0	05/31/2022	05/31/2022	05/31/2022		.	$0.000	
MT	newcomb	orval	376575	20150578	22302	2230802	8	06/09/2022	06/09/2022	06/10/2022		.	$0.000	
TS	szedeli	rylan	376575	20150549	427422	2223202	8	01/18/2022	01/18/2022	01/19/2022		.	$0.000	
TS	perez	daniel	376575	20150574	73314	2228838	3	05/01/2022	05/03/2022	05/04/2022		.	$0.000	
TS	stump	jakob	376575	20150573	118513	2228823	7	05/03/2022	05/03/2022	05/03/2022		.	$0.000	
TS	bedford	steven	376575	20150582	428285	2230927	2	06/13/2022	06/13/2022	06/13/2022		.	$0.000	
TS	forrest	jack	376575	20150581	116905	22320926	9	06/13/2022	06/13/2022	06/13/2022		.	$0.000	

OSDH BOX – Validation and Transfer Feedback Reports

NAME		UPDATED ↑
PDF 1.	Major Error.pdf	Aug 11, 2023 by Emergency Systems
PDF 4.	Upgrade.pdf	Aug 11, 2023 by Emergency Systems
PDF 5.	Definitive Care.pdf	Aug 11, 2023 by Emergency Systems
PDF 2.	Minor Error.pdf	Aug 11, 2023 by Emergency Systems
PDF 3.	Transfer Feedback.pdf	Aug 11, 2023 by Emergency Systems

OSDH BOX Wrap Up

> Emergency Systems > TRAUMA FUND-HOSPITALS > Test Hospital

NAME ↑	UPDATED	SIZE
📁 Compliance Report	May 18, 2023 by Emergency Systems	3 Files
📁 TRAUMA FUND	May 18, 2023 by Emergency Systems	1 File
📁 Validation and Transfer Feedback Reports	May 18, 2023 by Emergency Systems	0 Files

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.*

Trauma Registry Activities

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Trauma Fund Activities Begin

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TRAUMA FUND 2024 APRIL – MAJOR TRAUMA CASE LISTING
(with time-sensitive hand and oral maxillofacial injuries)
July 1, 2022 through December 31, 2022

Deadline: October 13, 2023

REVIEW REQUEST FORM

*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 think 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) submit this form and request a review.*

If you **AGREE** with your Major Trauma Case List – **DO NOTHING.** **You do not need to return this form to OSDH:**	If you **DO NOT AGREE** with your Major Trauma Case List – **COMPLETE AND SUBMIT THIS FORM TO REQUEST A REVIEW:**
*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**.*	- Enter your name, the name of the hospital for which you are responding, and date in the designated areas below. - List the case/s to be added or deleted - Include the case/s details below; or you may submit a separate attachment. - Upload to Box with the Response Form.

This form must be uploaded to AT&T Box by 5 p.m., October 13, 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:		Date:	
Hospital name:			

REQUESTING CHANGES/CORRECTIONS TO MAJOR TRAUMA CASE LIST

	TR Number	Pt Last Name	Pt First Name	DOB	Date of Service	Comments
1						
2						
3						
4						

~~~~~~

- For interested providers only TRAUMA FUND APPLICATION ACTIVITIES BEGINS -

↓　　　↓　　　↓

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April 2024	Anticipated date for distribution of reimbursement checks to eligible providers – *Installment 1 through 6.*

QUESTIONS?

So how does a provider apply for TRAUMA FUND?

TRAUMA FUND ELIGIBILITY
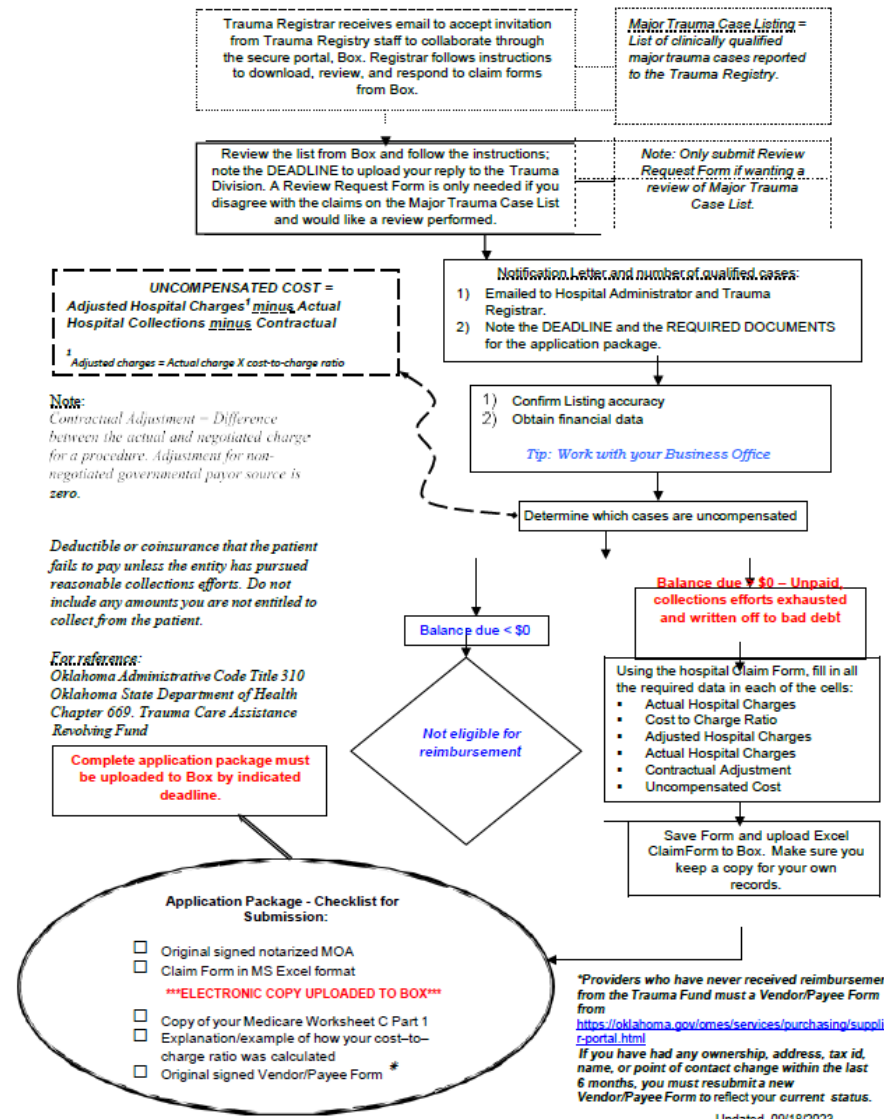
1. Must be an Oklahoma-licensed provider at the time of service

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"*

TRAUMA FUND: Suggested Step by Step Guide for HOSPITAL Application
PLEASE NOTE: CHANGES IN SUBMISSION PROCESS OF APPLICATIONS
ALL DOCUMENTS IN APPLICATION PACKAGE must be uploaded to BOX by deadline

Trauma Registrar receives email to accept invitation from Trauma Registry staff to collaborate through the secure portal, Box. Registrar follows instructions to download, review, and respond to claim forms from Box.

Major Trauma Case Listing = List of clinically qualified major trauma cases reported to the Trauma Registry.

Review the list from Box and follow the instructions; note the DEADLINE to upload your reply to the Trauma Division. A Review Request Form is only needed if you disagree with the claims on the Major Trauma Case List and would like a review performed.

Note: Only submit Review Request Form if wanting a review of Major Trauma Case List.

UNCOMPENSATED COST =
Adjusted Hospital Charges¹ minus Actual Hospital Collections minus Contractual

$$\text{Adjusted charges}^{1} = \text{Actual charge} \times \text{cost-to-charge ratio}$$

Note:
Contractual Adjustment – Difference between the actual and negotiated charge for a procedure. Adjustment for non-negotiated governmental payor source is zero.

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 Oklahoma State Department of Health Chapter 669. Trauma Care Assistance Revolving Fund

Notification Letter and number of qualified cases:
1) Emailed to Hospital Administrator and Trauma Registrar.
2) Note the DEADLINE and the REQUIRED DOCUMENTS for the application package.

1) Confirm Listing accuracy
2) Obtain financial data

Tip: Work with your Business Office

Determine which cases are uncompensated

Balance due < $0

Balance due ≥ $0 – Unpaid, collections efforts exhausted and written off to bad debt

Not eligible for reimbursement

Using the hospital Claim Form, fill in all the required data in each of the cells:
- Actual Hospital Charges
- Cost to Charge Ratio
- Adjusted Hospital Charges
- Actual Hospital Charges
- Contractual Adjustment
- Uncompensated Cost

Save Form and upload Excel ClaimForm to Box. Make sure you keep a copy for your own records.

Complete application package must be uploaded to Box by indicated deadline.

Application Package - Checklist for Submission:

☐ Original signed notarized MOA
☐ Claim Form in MS Excel format
ELECTRONIC COPY UPLOADED TO BOX
☐ Copy of your Medicare Worksheet C Part 1
☐ Explanation/example of how your cost–to–charge ratio was calculated
☐ Original signed Vendor/Payee Form *

*Providers who have never received reimbursement from the Trauma Fund must 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 09/18/2023

Oklahoma.gov/Health

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
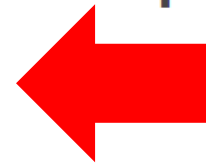
Trauma Fund Applications
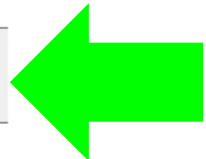
✉ **Get E-Mail Updates:**

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.

Oklahoma State Department of Health | Trauma Fund | 9/28/2023

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Next Steps

- The Hospital Administrator/Director receives:

  o Notification of the open application period

  o List of potential cases:
    - entered into Trauma Registry;
    - meet major trauma clinical criteria;
    - may be considered for reimbursement.

OKLAHOMA TRAUMA FUND
Major Trauma Cases*
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

AllianceHealth Clinton Trauma Fund List

| | Person Completing Spreadsheet: | | A/C: | Phone #: | Fax #: | Email: | Signature & Date: |

Please DO NOT remove highlighted cases. This delays the review process and may delay the distribution.

Ob	L Type	LName	FName	InstNum	TraumNum	MR_Num	AcctNum	SSN	Injury Date	EDAdate	Discharge	Trauma Registry	Trauma Registry	Actual Hospital Charges	Cost to Charge	Adjusted Hospital	
1	MT	Mouse	Mickey	123456	20150692	49960	2232924	0254	07/20/2022	07/20/2022	07/21/2022			$0.000	1.000	$0.000	
2	MT	Mouse	Minnie	123456	20150702	242736	2233098	2233	07/24/2022	07/24/2022	07/25/2022			$0.000	1.000	$0.000	
3	TS	Duck	Donald	123456	20150893	75671	2233852	0939	08/09/2022	08/09/2022	08/09/2022			$0.000	1.000	$0.000	

Cases with Edadate between July 1. 2022 and December 31. 2022

Column A-L – Information entered into Trauma Registry

Column M-T – Information from Business Office

Oklahoma State Department of Health | Trauma Fund | 9/28/2023

	A	B	C	D	J	K	L	M	N	O	P	
1								AllianceHealth Clinton Trauma Fund List				
2						Person Completing Spreadsheet:			A/C:	Phone #:	Fax #:	Email:
3	Please DO NOT remove highlighted cases. This delays the review process and may delay the distribution.											
4												
5	Obs	LType	LName	FName	Injury Date	EDAdate	Discharge Date	Trauma Registry Charges	Trauma Registry Collections	Actual Hospital Charges	Cost to Charge Ratio	Adjuste Ch
6	1	MT	Mouse	Mickey	07/20/2022	07/20/2022	07/21/2022			$0.000	1.000	
7	2	MT	Mouse	Minnie	07/24/2022	07/24/2022	07/25/2022			$0.000	1.000	
8	3	TS	Duck	Donald	08/09/2022	08/09/2022	08/09/2022			$0.000	1.000	
9												
10									Cases with Edadate between July 1, 2022 and December 31, 2022			
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 of Federal agency, fiscal intermediary, or an independent auditor.

AllianceHealth Clinton Trauma Fund List

| Person Completing Spreadsheet: | A/C: | Phone #: | Fax #: | Email: | Signature & Date: |

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
1	MT	Mouse	Mickey	07/20/2022	07/20/2022	07/21/2022	.	.	$0.000	1.000	$0.000	$0.000	$0.000	$0.000
2	MT	Mouse	Minnie	07/24/2022	07/24/2022	07/25/2022	.	.	$0.000	1.000	$0.000	$0.000	$0.000	$0.000
3	TS	Duck	Donald	08/09/2022	08/09/2022	08/09/2022	.	.	$0.000	1.000	$0.000	$0.000	$0.000	$0.000

Cases with Edadate between July 1, 2022 and December 31, 2022

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.

- *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.

7. OSDH BOX Account

SUMMARY

- **Introduction**
  - ○ Toolbox of Emergency Systems
  - ○ Trauma Fund History

- **O SDH BOX Account**

- **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