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**

    o Toolbox of Emergency Systems

    o Trauma Fund History
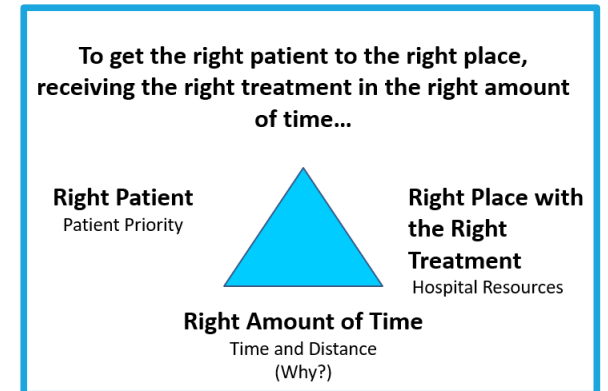

- **Applying for Trauma Fund**

- **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

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 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

OSDH BOX Account

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 – *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 ***
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PHYSICIANS

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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?

Oklahoma State Department of Health | Trauma Fund | 10-3-2023

TIMELINES AND ACTIVITIES

PHYSICIANS

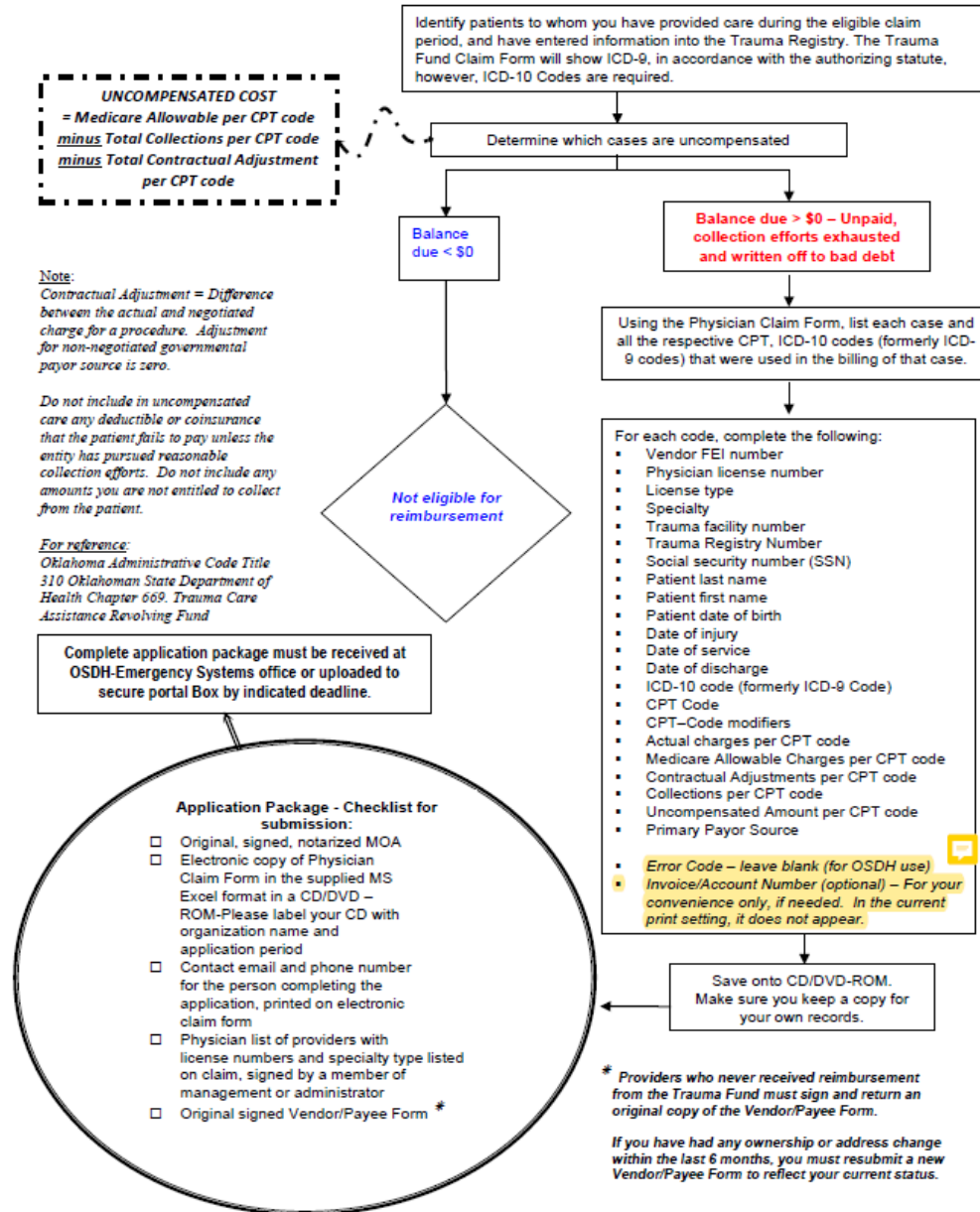|	
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Trauma Fund Eligibility

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"*

TRAUMA FUND: Recommended Step By Step Guide for PHYSICIAN Application

Identify patients to whom you have provided care during the eligible claim period, and have entered information into the Trauma Registry. The Trauma Fund Claim Form will show ICD-9, in accordance with the authorizing statute, however, ICD-10 Codes are required.

UNCOMPENSATED COST
= Medicare Allowable per CPT code
minus Total Collections per CPT code
minus Total Contractual Adjustment per CPT code

Determine which cases are uncompensated

Balance due < $0

Balance due > $0 – Unpaid, collection efforts exhausted and written off to bad debt

Note:
Contractual Adjustment = Difference between the actual and negotiated charge for a procedure. Adjustment for 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 collection 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

Not eligible for reimbursement

Using the Physician Claim Form, list each case and all the respective CPT, ICD-10 codes (formerly ICD-9 codes) that were used in the billing of that case.

For each code, complete the following:
- Vendor FEI number
- Physician license number
- License type
- Specialty
- Trauma facility number
- Trauma Registry Number
- Social security number (SSN)
- Patient last name
- Patient first name
- Patient date of birth
- Date of injury
- Date of service
- Date of discharge
- ICD-10 code (formerly ICD-9 Code)
- CPT Code
- CPT–Code modifiers
- Actual charges per CPT code
- Medicare Allowable Charges per CPT code
- Contractual Adjustments per CPT code
- Collections per CPT code
- Uncompensated Amount per CPT code
- Primary Payor Source

- *Error Code – leave blank (for OSDH use)*
- *Invoice/Account Number (optional) – For your convenience only, if needed. In the current print setting, it does not appear.*

Complete application package must be received at OSDH-Emergency Systems office or uploaded to secure portal Box by indicated deadline.

Application Package - Checklist for submission:
☐ Original, signed, notarized MOA
☐ Electronic copy of Physician Claim Form in the supplied MS Excel format in a CD/DVD – ROM-Please label your CD with organization name and application period
☐ Contact email and phone number for the person completing the application, printed on electronic claim form
☐ Physician list of providers with license numbers and specialty type listed on claim, signed by a member of management or administrator
☐ Original signed Vendor/Payee Form *

Save onto CD/DVD-ROM. Make sure you keep a copy for your own records.

* Providers who never received reimbursement from the Trauma Fund must sign and return an original copy of the Vendor/Payee Form.

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

Oklahoma.gov/Health

Trauma Division

CQI - Continuous Quality Improvement ⌄

Development and Training

EMResource ⌄

OTEP - Oklahoma Trauma Education Program

Reports from Bishop and Associates

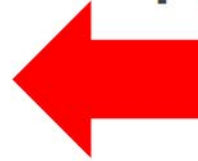RTABs - Regional Trauma Advisory Boards ⌄

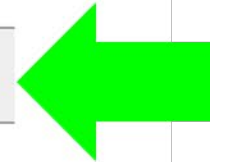Trauma Care Assistance Revolving Fund ⌃

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.

Physician Claim Form (Sample, MS Excel)

Physician Claim Form

	A	B
1		**TRAUMA FUND 2022 APRIL** ELIGIBLE CASE TIME FRAME IS *JULY 1 THRU DECEMBER 31, 2020*
2		
3	Contact Person:	
4		
5	Email:	
6		
7	Phone No.:	( )
8		
9		
10		
11	Totals	Column
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				

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Physician Claim Form

H	I	J	K	L	M	N	O	P	Q
TRAUMA FACILITY NUMBER	TRAUMA REGISTRY NUMBER	SSN (NUMBERS ONLY – if unkown, 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

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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 ($)	MEDICARE ALLOWABLE CHARGES ($)	CONTRACTUAL ADJUSTMENT PER CPT CODE ($)	COLLECTIONS CPT CODE ($)	UNCOMPENSATED PER CPT CODE ($) All zero and negative	PRIMARY PAYOR SOURCE	Physician Invoice/Acct No.	ASA codes	(Anesthesia) No of Units	(Anesthesia) M/C Allowable rate	Comments (eg, Mod 59/76/77)
						$ -						
						$ -						
						$ -						
						$ -						
						$ -						
						$ -						
						$ -						
						$ -						
						$ -						
						$ -						

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 <u>NOT</u> 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)

Katrina Warden, Special Programs Coordinator

Linda Dockery, Administrative Assistant