

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 669. TRAUMA CARE ASSISTANCE REVOLVING FUND**

Unofficial Version

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[Authority: 63 O.S. Supp. 1999, § 1-104 et seq.; and 63 O.S. Supp. 1999, § 1-702b]

[Source: Codified June 11, 2001]

SUBCHAPTER 1. GENERAL PROVISIONS

Section
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310:669-1-1. Purpose

This Chapter implements a Trauma Care Assistance Revolving Fund under authority of the following laws: 63 O.S. Supp. 2000, Section 330.97; and 75 O.S. Supp. 2000, Section 250.1 through 323, (Administrative Procedures Act).

[Source: Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

310:669-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise:

"Ambulance service" means an entity licensed in accordance with 63 O.S. Supp. 2000, 1-2501, et seq.

"Bad debt" means the actual amount of uncollectible charges written off by a distribution entity, and arising from providing inpatient or outpatient care, or transportation service, and

that is calculated as the net of bad debt recoveries applied against bad debt expenses.

"Charity care" means inpatient or outpatient care, or transportation services for which a distribution entity never expected to be reimbursed based on the distribution entity's determination of the patient's ability to pay based on the distribution entity's established standards.

"Commissioner" means the State Commissioner of Health.

"Cost report" means the latest annual reporting statement filed by a facility with its fiscal intermediary in compliance with requirements enforced by the Centers for Medicare and Medicaid Services.

"Cost to charge ratio" means the factor(s) calculated annually using information reported as part of a facility's cost report.

"Department" means the State Department of Health.

"Distribution entity" means a trauma facility or ambulance service that provided uncompensated care and reported the care to the trauma registry.

"Gross revenues" means the charges for inpatient and outpatient services uniformly applied at the regular rates established to all patients by the distribution entity prior to the application of any adjustments, allowances, discounts, or revenue deductions.

"Medicare Allowed Reimbursement" means the allowed reimbursement established by the Centers for Medicare and Medicaid Services for the geographic location where transportation services are provided by a freestanding ambulance service.

"Run report" means the standard report form developed by the Commissioner to facilitate the collection of a standardized data set related to the provision of emergency medical and trauma care in accordance with 63 O.S. Section 1-2511.

"Trauma" means bodily injury that produces injuries severe enough to cause disability or death.

"Trauma care" means treatment or transportation for treatment of a bodily injury that produces injuries severe enough to cause disability or death.

"Trauma facility" means a hospital classified by the Department as providing a Level I, II, III, or IV Trauma and Emergency Operative Service.

"Trauma registry" means *the statewide emergency medical services and trauma analysis system developed pursuant to the provisions of Section 1-2511 of Title 63 of the Oklahoma Statutes. [63:330.97]*

"Trauma team" means a surgeon and a specific team identified in policy and required to respond to the hospital to care for

the traumatically injured within a specified period of time, monitored by a quality assurance process.

"Uncompensated care" means care provided for which no payment was received from the patient or insurer. Uncompensated care is the sum of a distribution entity's bad debt and charity care.

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001; Amended at 19 Ok Reg 393, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1064, eff 5-13-2002]

310:669-1-3. Rounding of numbers

The Department shall:

- (1) Take the pro rata distributions to the second decimal point or hundredths place (.00) by rounding back from the third or thousandths place (.000); and
- (2) Take the fraction for distribution calculations to the third decimal point or thousandths place (.000) by rounding back from the fourth or ten-thousandths place (.0000).

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

SUBCHAPTER 3. DATA ACCUMULATIONS

Section

310:669-3-1. Data Accumulation

310:669-3-1. Data accumulation

(a) A trauma facility shall accumulate data in accordance with the following procedures:

- (1) Within thirty (30) calendar days of receiving a run report from an ambulance service, enter transportation-related data to the trauma registry;
- (2) Immediately after entering data received from an ambulance service into the trauma registry, indicate the date entered and initials of the person making the entry on the ambulance service's filing; and
- (3) Periodically throughout the year make entries to the trauma registry for the facility's own total charges, total costs, or total collections.

(b) An ambulance service shall submit run reports to the Department in accordance with the requirements of OAC 310:641-3-160(b).

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

SUBCHAPTER 5. REPORTS AND FINANCIAL STATEMENTS

Section

- 310:669-5-1. Filing requirements
- 310:669-5-2. Report forms
- 310:669-5-3. Verification and documentation
- 310:669-5-4. Amendments

310:669-5-1. Filing requirements

(a) By December 31st of each year, each distribution entity requesting distribution of a pro rata share of the Trauma Care Assistance Revolving Fund shall file a report with the Commissioner for the twelve month period ending as of the immediate past June 30th.

(b) Each distribution entity shall use the forms established by OAC 310:669-5-2 to report the following:

- (1) A link(s) to identify the trauma registry data;
- (2) The dollars of gross revenues for the distribution entity's trauma care bad debts;
- (3) The dollars of gross revenues for the distribution entity's trauma charity care;
- (4) The cost to charge ratio calculated using the costs and charges for all departments of a trauma facility; and
- (5) The trauma facility's specific ambulance department cost to charge ratio for a hospital-based ambulance service.

(c) Trauma reported to the trauma registry is described by an ICD-9 code of 800.00 to 959.9, and is limited to contacts within thirty (30) days of the injury, and is accompanied by one or more of the following events for the patient:

- (1) An admission to a hospital of at least forty-eight (48) hours; or
- (2) Transfer from a lower level to a higher level of trauma facility for major trauma; or
- (3) Activation of a trauma team; or
- (4) Admission to an intensive care unit; or
- (5) Admission directly to an operating room for surgery of the head, chest, abdomen, or vascular system; or

- (6) A declaration of dead on arrival; or
 - (7) A declaration of dead in the emergency room or elsewhere in the hospital.
- (d) In addition to meeting the requirements at 310:669-5-1(c), each reportable case must also meet at least one of the following criteria as computed by the trauma registry software, unless the patient was declared dead on arrival to the hospital or died while in the hospital:
- (1) Have an Abbreviated Injury Score of 3 or higher; or
 - (2) Have an Injury Severity Score of 9 or higher; or
 - (3) Have a Survival Probability of 0.90 or less.
- (e) Cases meeting any of the following exclusionary conditions shall not be reported to the trauma registry or be eligible for reimbursement from the fund:
- (1) Isolated orthopedic injuries to the extremities due to a same level fall;
 - (2) Overexertion injuries;
 - (3) Injuries resulting from a pre-existing condition such as osteoporosis or esophageal stricture;
 - (4) Injuries greater than 30 days old;
 - (5) Poisoning and toxic events; and
 - (6) Submersion injuries.
- (f) Uncompensated expenses incurred by licensed ambulance services that are associated with major trauma patients and reported to the state pre-hospital emergency medical service database shall be eligible for reimbursement. Uncompensated expenses incurred for emergency transport to a trauma facility from the scene of the injury or from a lower level to a higher level trauma facility are eligible for reimbursement when the case meets one or more of the following conditions:
- (1) The extent of patient injury is verified through a hospital trauma registry as described at OAC 310:667-5-1(c), (d), and (e); or
 - (2) Glasgow coma score equal to or less than thirteen (13); or
 - (3) Respiratory compromise resulting from trauma requiring intervention; or
 - (4) Hemodynamic compromise from trauma resulting in decreased blood pressure; or
 - (5) Penetrating injury above the groin; or
 - (6) Amputation proximal to the wrist or ankle; or
 - (7) Paralysis resulting from traumatic injury; or
 - (8) Flail chest; or
 - (9) Two or more proximal long bone fractures (humerus and/or femur); or
 - (10) Open or depressed skull fracture; or
 - (11) Unstable pelvis; or

- (12) Pediatric trauma score equal to or less than eight (8).
- (g) A distribution entity shall exclude from its contractual adjustments gross revenue amounts written off as a result of governmental payors' set reimbursement rates that are not subject to negotiation by the entity. Contractual adjustment exclusions may include but are not limited to Medicare, Medicaid, and Indian Health Service reimbursement.
- (h) A free-standing ambulance service shall calculate transportation reimbursement using the Centers for Medicare and Medicaid Services reimbursement methodology in place as of the date of transportation.
- (i) A distribution entity shall not include in uncompensated care any deductible or coinsurance that the patient fails to pay to the distribution entity unless the distribution entity has pursued reasonable collection efforts consistent with those generally used by similar entities. A distribution entity shall not include any amount it is not entitled to collect from the patient.
- (j) If a trauma facility transfers a major trauma patient to another facility classified to provide a higher level of care, the transfer shall be performed in accordance with the Oklahoma Triage, Transport, and Transfer Guidelines established under OAC 310:641-3-130(b)(3). The transferring facility shall include in uncompensated care reported in accordance with OAC 310:669-5-2 only those gross revenues incurred which were necessary to provide stabilizing treatment prior to effecting an appropriate transfer. Gross revenues for inappropriate definitive diagnostic testing prior to transfer shall not be reported as uncompensated care.

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001; Amended at 19 Ok Reg 393, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1064, eff 5-13-2002; Amended at 20 Ok Reg 1665, eff 6-12-2003]

310:669-5-2. Report forms

- (a) Each trauma facility shall detail eligible trauma cases, cross-reference report components, detail and summarize uncompensated care, and report the facility's cost to charge ratio on a "Trauma Facility Revolving Fund Distribution Request Form" that includes the following:
- (1) Demographic data downloaded from the trauma registry including:
 - (A) Creation number of the Trauma registry entry;
 - (B) Patient's Social Security Number, if available;

- (C) Medical record number for the trauma facility;
 - (D) Patient's date of arrival at the trauma facility in the format mm/dd/yyyy;
 - (E) Patient last name;
 - (F) Patient first name;
 - (G) Patient date of birth in the format mm/dd/yyyy, if available;
 - (H) Patient age in the format of yy, if available; and
 - (I) Patient gender in the format "M" for male or "F" for female.
- (2) Injury acuity information and patient cross-references downloaded from the trauma registry including:
- (A) Creation number of the trauma registry entry;
 - (B) Patient's Social Security Number, if available;
 - (C) Patient's date of arrival at the trauma facility in the format mm/dd/yyyy;
 - (D) Patient date of birth in the format mm/dd/yyyy, if available;
 - (E) Patient age in the format yy, if available;
 - (F) Abbreviated Injury Score Value (AIS) calculated by the trauma registry software from data input to multiple fields;
 - (G) Revised Injury Severity Score (ISS) calculated by the trauma registry software from data input to multiple fields;
 - (H) Survival probability;
 - (I) Patient length of stay in the facility's intensive care unit (ICU); and
 - (J) Patient total length of inpatient stay in all departments of the trauma facility.
- (3) Financial Information from the trauma registry and/or the financial records of the trauma facility and cross-references and calculations including:
- (A) Creation number of the trauma registry entry;
 - (B) Patient's Social Security Number, if available;
 - (C) Patient's date of arrival at the trauma facility in the format mm/dd/yyyy;
 - (D) Patient age in the format yy, if available;
 - (E) Total hospital charges as reported in the trauma registry;
 - (F) Total collections as reported in the trauma registry;
 - (G) Total hospital gross revenues as reported in the trauma facility's financial records;
 - (H) The cost to charge ratio for all departments of the facility in place as of the patient's date of arrival at the trauma facility;

- (I) Adjusted hospital gross revenues calculated by multiplying the figure in (G) of this paragraph by the ratio in (H) of this paragraph;
 - (J) Actual total collection for the patient's services as of the date the "Trauma Facility Revolving Fund Distribution Request Form" is prepared by the trauma facility;
 - (K) Contractual adjustments pertinent to the trauma services received by the patient;
 - (L) The trauma facility's uncompensated care services for the patient calculated by subtracting the figures in items (J) of this paragraph and (K) of this paragraph from the calculated amount in (I) of this paragraph.
- (b) Each free-standing ambulance service shall detail eligible trauma cases, detail and summarize uncompensated care on a "Free Standing Ambulance Service Revolving Fund Distribution Request Form" that includes the following:
- (1) Demographic data extracted from the run report including:
 - (A) Run report number or lithocode;
 - (B) Transported person's Social Security Number, if available;
 - (C) Transported person's last name;
 - (D) Transported person's first name;
 - (E) Transported person's date of birth in the format mm/dd/yyyy, if available;
 - (F) Transported person's age in the format yy, if available;
 - (G) Transported person's pickup date in the format mm/dd/yy or mm/dd/yyyy;
 - (H) The name of the delivered to facility;
 - (I) The encoder number of the delivered to facility; and
 - (J) The Glasgow Coma Score and trauma criteria as reported on the run report, or information using such other uniform trauma reporting standards as the Department determines are reasonable and necessary to accurately classify each trauma case.
 - (2) Financial information from the free-standing ambulance financial records of the ambulance service including:
 - (A) Total reimbursement using the Medicare allowed reimbursement or other methodology in place on the date of transportation;
 - (B) Actual total collections for the transported person's services as of the date the "Free Standing Ambulance Service Revolving Fund Distribution Request Form" is prepared by the trauma facility;
 - (C) Contractual adjustments pertinent to the transportation services received by the transported person;

(D) The free-standing ambulance services uncompensated care for the transported person calculated by subtracting the figures in items (B) of this paragraph and (C) of this paragraph from the amount in (A) of this paragraph.

(c) Each hospital-based ambulance service shall, at a minimum, detail eligible trauma cases, detail and summarize uncompensated care on a "Hospital-Based Ambulance Service Revolving Fund Distribution Request Form" that includes the following:

- (1) Demographic data extracted from the run report including:
 - (A) Run report number or lithocode;
 - (B) Transported person's Social Security Number, if available;
 - (C) Transported person's last name;
 - (D) Transported person's first name;
 - (E) Transported person's date of birth in the format mm/dd/yyyy, if available;
 - (F) Transported person's age in the format yy, if available;
 - (G) Transported person's pickup date in the format mm/dd/yy or mm/dd/yyyy;
 - (H) The name of the delivered to facility;
 - (I) The encoder number of the delivered to facility; and
 - (J) The Glasgow Coma Score and trauma criteria as reported on the run report, or information using such other uniform trauma reporting standards as the Department determines are reasonable and necessary to accurately classify each trauma case.
- (2) Financial information from the free-standing ambulance financial records of the ambulance service including:
 - (A) Total reimbursement using the lesser of the Medicare per trip limit or the services' charges multiplied by the hospital's ambulance department specific cost to charge ratio;
 - (B) Actual total collections for the transported person's services as of the date the "Hospital-Based Ambulance Service Revolving Fund Distribution Request Form" is prepared by the trauma facility;
 - (C) Contractual adjustments pertinent to the transportation services received by the transported person;
 - (D) The hospital-based ambulance services uncompensated care for the transported person calculated by subtracting the figures in items (B) of this paragraph and (C) of this paragraph from the amount in (A) of this paragraph.
- (3) As an alternative to the report described in (1) of this subsection, a hospital-based ambulance service may report using a "Trauma Facility Revolving Fund Distribution Request Form" by extracting from the trauma registry all information

the trauma facility reports and adding to that information the ambulance-specific information from (1) of this subsection and (2) of this subsection.

(d) Each distribution entity shall file with the appropriate request form a properly signed and notarized contract in accordance with the Central Purchasing Act (74 O.S. Supp. 2000 Section 85.1 et seq.) to permit encumbrance by the State of the funds for the distribution.

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

310:669-5-3. Verification and documentation

Upon written request from the Department, a distribution entity shall submit to the Department a copy of the following:

- (1) Cost report; or
- (2) Other financial, licensure, statistical, contractual, or payment information to verify the distribution entity's data.

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

310:669-5-4. Amendments

(a) A distribution entity's data originally reported to the trauma registry may be subject to audit as established by law, contractual agreement, or for the facility's owners or operators to exercise fiscal and fiducial responsibility. A State or Federal agency, a fiscal intermediary, or an independent auditor may perform an audit. The audit report may also be eligible for appeal.

(b) A distribution entity may also receive an additional collection(s) for care treated as uncompensated on a prior request for distribution report.

(c) When a late collection(s) or an audit or its appeal results in revising data filed in accordance with OAC 310:669-5-1 and 5-2, the distribution entity shall report to the Department using the following guidelines:

- (1) Within thirty (30) days of filing the original report, the distribution entity shall report the amendment to the Department within ten (10) days of its discovery; or
- (2) After thirty (30) days of filing the original report, the distribution entity shall report the amendment to the

Department by filing the amount(s) as an adjustment at the bottom of the first subsequent year's request form.

(d) To file an amendment with the Department within thirty (30) days of filing the original report, the distribution entity shall write to the Department to explain the reason(s), copy the original report filed under OAC 310:669-5-1 and 5-2, and on the copy indicate the following:

- (1) Mark-out the amount(s) to be revised; and
- (2) Enter the revised amount(s).

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

SUBCHAPTER 7. FUND DISTRIBUTION

Section

310:669-7-1. Calculation of pro rata share

310:669-7-2. Distribution procedure

310:669-7-1. Calculation of pro rata share

(a) For each distribution entity that filed a report in accordance with OAC 310:669-5-1 and 5-2, the Department shall calculate the distribution entity's pro rata share of the available monies in the Trauma Care Assistance Revolving Fund developed in accordance with 47 O.S. Supp. 2000 Section 6-101 using the following fraction:

- (1) The numerator of the fraction shall equal the sum of the distribution entity's own uncompensated trauma care dollars multiplied by the cost to charge ratio of the facility; and
- (2) The denominator of the fraction shall equal the sum of the uncompensated trauma care dollars for all distribution entities after each facility's cost to charge ratio is applied.

(b) The first distribution made by the Department shall encompass the twelve-month period ending June 30, 2000.

[**Source:** Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001]

310:669-7-2. Distribution procedure

(a) The Department shall distribute once in each fiscal year of the state a pro rata share of the Trauma Care Assistance Revolving Fund to each distribution entity that filed a report

as required by OAC 310:669-5-1 and 5-2, for the previous twelve (12) months, as follows:

- (1) Calculated in accordance with OAC 310:669-7-1; and
- (2) Adjusted for amendments of data filed in accordance with OAC 310:669-5-4.

(b) The Department shall notify each distribution entity in writing of the pro rata distribution share the Department calculated in accordance with OAC 310:669-7-1. The distribution notice shall include the following:

- (1) The total Trauma Care Assistance Revolving Fund monies available to be distributed, and to be retained by the Department;
- (2) The numerator and the denominator of the distribution entity's pro rata distribution fraction calculated in accordance with OAC 310:669-7-1; and
- (3) The contact person and the address at the Department to submit questions.

(c) The Department shall issue checks to distribute the pro rata distribution in accordance with *warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of State Finance* [47:6-101]. The distribution shall be complete by April 30th of each year in which a distribution is made.

[Source: Added at 17 Ok Reg 3465, eff 8-29-2000(emergency); Added at 18 Ok Reg 2047, eff 6-11-2001; Amended at 19 Ok Reg 393, eff 11-19-2001(emergency); Amended at 19 Ok Reg 1064, eff 5-13-2002]