Oklahoma State Department of Health
Creating a State of Health

April 17, 2015

Dear Physician:

We are currently accepting applications for reimbursement from the Trauma Care Assistance Revolving Fund. Eligible claims for this upcoming distribution are for uncompensated major trauma cases from ***January 1, 2014 through June 30, 2014.***

Senate Bill 290 established the Trauma Care Assistance Revolving Fund (Trauma Fund) in 1999. This bill provided for reimbursement of uncompensated costs associated with trauma care provided by recognized trauma facilities and emergency medical service providers. In 2004, House Bill 1554 added physicians to the list of eligible providers. The Trauma Fund is governed by Oklahoma Administrative Code 310:669.

Items required for your application, and helpful information are available on the Emergency Systems website at http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Trauma_Fund_Applications/index.html

Please review the application requirements carefully. Any applications that are incomplete, missing documents, inaccurate or late will be disqualified for disbursement from the Trauma Fund. The following phases are recommended as a guide to complete your application submission:

- *I – Clinical Verification*
  - ❑ Identify your list of cases that fall under **ICD-9 codes of 800.00 through 959.9**, and meet the clinical criteria provided on our website under "Physician Clinical Criteria".
  - ❑ Identify your cases that were uncompensated. *Your uncompensated cost is the sum of your Medicare Allowable minus total collections and total contractual adjustments.* Your contractual adjustment is the difference between the amount of established billing charge for service provided and the amount due from a third-party payer under a contract agreement. **Any adjustment from a non-negotiated governmental payer source is zero.**
  - ❑ Cross-reference cases that meet both the above eligibility criteria into the Claim Form.
  - ❑ Complete the CPT code column with the CPT code that corresponds with the ICD-9 code of the case listed.
  - ❑ Please remember to check time-sensitive/hand/oral maxillofacial in the comments section of the Claim Form.
  - ❑ Submit only **eligible** ICD-9, and list them separately. Do not list more than one code onto one line.
- *II – Completion of Financial Data*
  - ❑ Compile the above data into the *Physician Claim Form*, and complete the data required in all the columns.

Terry L Cline, PhD
Commissioner of Health
Secretary of Health and Human Services

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Oklahoma City, OK 73117-1299
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- ❑ Ensure that the hard copy of the spreadsheet is signed and dated at the top right hand corner of the *Physician Claim Form* with contact information of the responsible person. This contact information is used in the event that any communication is necessary.

  If you are submitting an application for a physician group, do NOT submit individual spreadsheets or multiple spreadsheets within one (1) file. Please group all the physician(s) cases in ONE (1) spreadsheet – each eligible procedure must be listed line by line and differentiated by physician in the column "License #."

- ❑ Ensure that the spreadsheet is saved and submitted with your application on a CD-ROM.

- *III – Submission of Application*
  - ❑ Each physician filing a claim for reimbursement of uncompensated expenses for trauma care must sign, notarize and return an original copy of the *Memorandum of Agreement* with your application.

    If you are filing under your physician group name, you will only need to submit one(1) Memorandum of Agreement(MOA) under the name of the business entity. This must be accompanied with the name and license number of each physician(s) that are applying under this entity, on the company letterhead signed by the incorporator, partner, member or manager of the company. Both documents must be signed by the same person.

  - ❑ Each physician/physician group that never received any reimbursement from the Trauma Fund must sign and return an original copy of the Office of *State Finance (OSF)-Vendor/Payee Form*. The vendor form is required in order to process disbursement from a State Agency. If you had any ownership and address change in your organization within the last 6 months, you must resubmit a new *Vendor/Payee Form* to reflect your current status.

  - ❑ A complete application package with items listed in *the Checklist for Submission* must be received in the OSDH-Emergency Systems Office by **5:00 P.M. on June 26, 2015**.

For additional information about the application process or submission, please contact Emergency Systems at:

Attention: Joey Niles
Trauma Fund
Oklahoma State Dept of Health, PHS-Emergency Systems
1000 NE 10th Street, Oklahoma City, OK 73117-1299
Tel: (405) 271-4027/ Fax: (405) 271-4240
Email: ESystems@health.ok.gov

Sincerely,

Lee D. Martin, Director
Medical Facilities Service
Protective Health Services

Terry L Cline, PhD
Commissioner of Health
Secretary of Health and Human Services

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