TRAUMA FUND: Suggested Step By Step Guide for EMS Application

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) + (MCR Base Rate)

Balance due < $0

Not eligible for reimbursement

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

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

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

Part IV

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

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

Application Package - Checklist for submission:
- ☐ Original signed notarized MOA
- ☐ Claim Form in MS Excel format
  - CD / DVD – ROM
- ☐ Copy of Run Sheet for each submitted case, must be legible and packaged in the order in which they are listed on the Claim Form.
- ☐ Medicare Remittance Notice for the timeframe service is provided
- ☐ Original signed Vendor/Payee Form *

Application Package must be received at OSDH-Emergency Systems on by indicated deadline

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 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