Oklahoma State Department of Health
Creating a State of Health

October 6, 2016

Dear Hospital Administrator:

The following contains information for hospitals on the application process for reimbursement from the Trauma Care Assistance Revolving Fund. Senate Bill 290 established the Trauma Care Assistance Revolving Fund (Trauma Fund) in 1999. This Bill authorized reimbursement for 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 providers eligible for reimbursement from the Trauma Fund.

Eligible claims for this upcoming distribution period are for uncompensated major trauma cases provided from July 1, 2015 through December 31, 2015. Licensed hospitals are required to report major trauma case data to the State Trauma Registry in compliance with OAC 310:667. The data is utilized to confirm your cases meet the clinical criteria required for Trauma Fund reimbursement.

- ***Application Step 1*** – *Verification of trauma cases meeting the definition of major trauma.*
  - ***An electronic copy of the Major Trauma Case List/Claim Form was provided by email to your Trauma Registrar.***
  - The *Hospital Claim Form* is based on potential cases submitted to the Trauma Registry and any approved adjustments in the Major Trauma Case Listing that was provided to your Trauma Registrar/s for review and confirmation.
  - *A summary of the number of cases,* ***including time sensitive cases****, is provided with this letter. Any case that is incomplete or not corrected/upgraded despite previous notification will be disqualified from reimbursement for incomplete submission to the Trauma Registry.*

- ***Application Step 2*** – *Indication of interest to apply for reimbursement from the Fund.*
  - If applying, submit a notarized ***Memorandum of Agreement*** with the original signature of the legal signator for your facility. Please ensure that your business information is entered accurately and COMPLETELY.
  - Each provider that has never received reimbursement from the Trauma Fund must sign and return an original copy of the ***Office of Management and Enterprise Services (OMES)-Vendor/Payee Form***. This Form is required in order to process disbursement from a State Agency. If you had any ownership and/or address changes in your organization within the last 6 months, you must resubmit a new *Vendor/Payee Form* to reflect your current status.

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- ***Application Step 3 – Completion of Financial Data***
  - ❑ Refer to your Hospital Claim Form, and the information requested in the columns.
  - ❑ Determine your Cost-to-Charge ratio using ***Financial Calculation for Hospital Applicant*** and your Medicare Worksheet C. Show your calculation on the copy of the Medicare Worksheet C that you are required to submit.
  - ❑ Use the formula in ***Financial Calculation for Hospital Applicant*** to determine your uncompensated trauma care. Complete the financial data portion of the *Hospital Claim Form.*
  - ❑ Save the ***Hospital Claim Form*** electronically on a diskette or a CD-ROM for submission. We strongly encourage you to encrypt your diskette with the password provided to you by the state. **You are no longer required to submit a paper copy of the claim form.**

- ***Application Step 4 – Submission of Application***
  - ❑ Do NOT submit your documents in separate packages/envelopes. A complete application package with all items listed in ***Checklist for Submission*** must be received at the OSDH-Emergency Systems Office by **5:00 P.M., Wednesday, November 30, 2016.**

Any incomplete, inaccurate or late application will be disqualified for disbursement from the Trauma Fund.

To download items for your application, go to:
http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Trauma_Fund_Applications/index.html

For questions, assistance, or to submit your application, please contact:

Attention: Trauma Fund Coordinator
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

We thank you, in advance, for your attention and look forward to receiving your application for reimbursement through the Trauma Care Assistance Revolving Fund.

Sincerely,

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

Cc: Hospital Trauma Registrar (by email)

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