

TRAUMA FUND: Suggested Step By Step Guide for HOSPITAL Application

Trauma Registrar receives email to call Emergency Systems office at 405-271-4027. When calling, confirm your identity and availability to receive Major Trauma Case Listing. You will be given a unique password to open your encrypted List.

Major Trauma Case Listing = List of clinically qualified major trauma cases reported to the Trauma Registry.

Review the list and follow the instructions; note the DEADLINE to fax your reply back to the Trauma Division – response needed regardless of whether or not you agree or disagree!

Failure to respond by deadline = Disqualification from Trauma Fund

Notification Letter and agreed Major Trauma List:
 1) Mailed to Hospital Administrator and emailed to Trauma Registrar.
 2) Note the DEADLINE and the REQUIRED DOCUMENTS for the application package.

UNCOMPENSATED COST =
Adjusted Hospital Charges¹ minus Actual Hospital Collections minus Contractual Adjustment.
¹Adjusted charges = Actual charge X cost-to-charge ratio

1) Confirm Listing accuracy
 2) Obtain financial data
Tip: Work with your Business Office

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
 Oklahoma State Department of Health
 Chapter 669. Trauma Care Assistance
 Revolving Fund

Determine which case is uncompensated

Balance due < \$0

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

Not eligible for reimbursement

Using the hospital Claim Form, fill in all the required data in each of the cells:

- Actual Hospital Charges
- Cost To Charge Ratio
- Adjusted Hospital Charges
- Actual Hospital Charges
- Contractual Adjustment
- Uncompensated Cost

Complete application package must be received at OSDH-Trauma Division by indicated deadline

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

- Application Package - Checklist for submission:**
- Original signed notarized MOA
 - Claim Form in MS Excel format
 - Hard copy, signed and dated
 - Diskette / CD
 - Copy of your Medicare Worksheet C Part 1
 - Explanation/example of how your cost-to-charge ratio was calculated
 - Original signed Vendor/Payee Form *

* Providers who 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.