

GUIDE TO READING YOUR TRAUMA FUND DISBURSEMENT STATEMENT FOR HOSPITAL AND EMS RECIPIENTS ONLY

A Trauma Fund Disbursement Statement is provided to the Trauma Fund recipient when a payment is disbursed, providing an explanation for the eligible amount and how this amount is derived. This document can be provided as:

1. Attachment to the paper check.
2. Separately by mail following an electronic fund transfer (EFT).

The TRAUMA FUND DISBURSEMENT STATEMENT is not a request for payment to the Oklahoma State Department of Health (OSDH)!

Below is a sample copy of the Statement with brief description of sections identified, and listed in the following pages.

** TRAUMA FUND DISBURSEMENT STATEMENT **

<p>Payee: 123456789 (Hospital or EMS Service Name) (1234 Address Road) (City, ST 00000-0000)</p>	<p>Date: 01/01/2015 Invoice No.: 001 15T001 Location Code: 0001 Attn: Ms Smith</p>
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<p>Payor: Oklahoma State Department of Health 1000 N.E. 10th Street Oklahoma City, OK 73117-1299</p>	<p>Phone: 405-271-4042</p>
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RE: Disbursement for claims January 1, 2013 through June 30, 2013 (7th Installment)

Description	Amount
<p>In accordance with Title 63 O.S. § 1-2530.9 and the rules contained in OAC Title 310 Chapter 669, OSDH is to provide a pro rata share of available monies from the "Trauma Care Assistance Revolving Fund" to eligible trauma facilities, physicians, or ambulance services that have provided uncompensated services to one or more major trauma cases for the period January 1, 2013 through June 30, 2013.</p>	
Total Eligible Uncompensated Expense	18,824,281.16
Your Eligible Uncompensated Expense	42,414.92
Your Percent of Eligible Expense	0.2253%
Total Available for Distribution	1,804,349.00
Your Share of Distribution	4,065.56
Total Amount Due:	\$4,065.56

OSDH use only:
Fund 236PEX5 001555UK97 20002 5423AAAAAX

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Sections from the Trauma Fund Disbursement Statement

Section	Description															
1	<p><i>Payee = Hospital/EMS agency</i> receiving payment from OSDH for Trauma Fund. This includes the Tax ID number, name and mailing address as submitted on the OMES Vendor/Payee Form. Please check your statements to make sure this information is correct. Email corrections to the Trauma Systems Coordinator as soon as possible.</p>															
2	<p><i>Date</i> = This is when the check request was made through OSDH Account Payables. To estimate your payment date, add 3-10 days to this date.</p> <p><i>Invoice No.</i> = This is a reference number, broken down into parts as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Invoice No.</th> <th style="width: 25%;">001</th> <th style="width: 20%;">15</th> <th style="width: 20%;">T</th> <th style="width: 20%;">001</th> </tr> </thead> <tbody> <tr> <td>001 15T001</td> <td>This will be the same number for all your installment payments for a given application period</td> <td>Referencing state fiscal year</td> <td>Code for installment month (<i>see table below to decipher codes</i>)</td> <td>Number is the same as the initial 3 digits for the Invoice No.</td> </tr> </tbody> </table> <p><i>Location Code</i> = This is for OSDH use only.</p> <p><i>Attn</i> = Point of Contact as listed in the Trauma Fund application Claim Form. Please update with OSDH, as needed.</p>	Invoice No.	001	15	T	001	001 15T001	This will be the same number for all your installment payments for a given application period	Referencing state fiscal year	Code for installment month (<i>see table below to decipher codes</i>)	Number is the same as the initial 3 digits for the Invoice No.					
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3	<p>Claims and Installments</p> <p>Trauma Fund pays in arrears to allow for data submission and collection efforts. Disbursements are based on claims submitted for 2 application periods in each calendar year – January to June, and July to December. Claims are processed and reviewed with monies disbursed for each period in 6 installments, beginning in October and April of each year.</p> <p style="text-align: center;">Example, <i>Claims January 1 to June 30, 2013 Monies disbursed October 2014 to March 2015</i> <i>Claims July 1 to December 31, 2013 Monies disbursed in April 2015 to September 2015</i></p>															
4	<p>Pro-rata Share and Expense Reimbursement Rate</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">A</td> <td style="width: 35%;">Total Eligible Uncompensated Expense</td> <td style="width: 60%;">Total amount of uncompensated expense deemed eligible for hospital and EMS providers</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Your Eligible Uncompensated Expense</td> <td>Applicant's eligible amount of uncompensated expense</td> </tr> <tr> <td style="text-align: center;">C</td> <td>Your Percent of Eligible Expense</td> <td>Applicant's eligible amount as a percentage of total eligible uncompensated expense</td> </tr> <tr> <td style="text-align: center;">D</td> <td>Total Available for Distribution</td> <td>Total Available for Distribution = Total amount available to OSDH for Trauma Fund distribution</td> </tr> <tr> <td style="text-align: center;">E</td> <td>Your Share of Distribution</td> <td>Applicant's share of monies based on their share and the total amount available for distribution</td> </tr> </tbody> </table> <p style="text-align: center;">Example, $B / A = C, 42,414.92 / 18,824,281.16 = 0.2253\%$ $C * D = E, (0.2253\%) * 1,804,349.00 = \\$4,065.56$</p> <p><i>Expense Reimbursement Rate</i> = Total monies disbursed expressed as a rate of the Total Eligible Uncompensated Expense.</p> <p style="text-align: center;">Example, $D / A = 1,804,349.00 / 18,824,281.16 = 0.096$</p> <p>To obtain the rate for that payout period, please add up the rate for all 6 installments. This can also be found on the Recipient List found on http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Reports/index.html</p>	A	Total Eligible Uncompensated Expense	Total amount of uncompensated expense deemed eligible for hospital and EMS providers	B	Your Eligible Uncompensated Expense	Applicant's eligible amount of uncompensated expense	C	Your Percent of Eligible Expense	Applicant's eligible amount as a percentage of total eligible uncompensated expense	D	Total Available for Distribution	Total Available for Distribution = Total amount available to OSDH for Trauma Fund distribution	E	Your Share of Distribution	Applicant's share of monies based on their share and the total amount available for distribution
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5	<p><i>Total Amount Due</i> = This is the actual amount paid to applicant, either through a hard copy check or electronic fund transfer (EFT).</p>															

Trauma Fund Disbursement Statement: Deciphering the Invoice Number Codes

	For HOSPITAL & EMS PAYOUT ONLY														
Claims Period	January 1 – June 30						July 1 – December 31								
Payout Period	October Payout						April Payout								
Payout Installment	1	2	3	4	5	6	1	2	3	4	5	6			
Payout Month	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP			
Code	N	P	Q	R	S	T	U	V	W	X	Y	Z			
Special Codes	B			C			D			E			A		
	PHYSICIAN – October Payout			Eligible Appeals			Special Payout – Time sensitive cases			Special Payouts			PHYSICIAN – April Payout		

FOR ADDITIONAL QUESTIONS, PLEASE CALL EMERGENCY SYSTEMS AT (405) 271-4027, OR BY EMAIL AT ESYSTEMS@HEALTH.OK.GOV .

WHEN MAKING AN INQUIRY ON THE INVOICE CODE, PLEASE HAVE THE FOLLOWING INFORMATION READY:

- 1) ORGANIZATION NAME
- 2) TAX ID NUMBER
- 3) DISBURSEMENT STATEMENT DATE
- 4) LAST 6 CHARACTERS OF INVOICE NUMBER (Eg, 15T001).