

TRAUMA CARE ASSISTANCE REVOLVING FUND

Checklist for Submission – Hospital

ATTENTION: CHANGE IN PROCESS FOR TRAUMA FUND APPLICATION.

ALL DOCUMENTS WILL NEED TO BE UPLOADED TO YOUR BOX ACCOUNT

It is imperative that your application is submitted correctly to ensure it qualifies for Trauma Fund reimbursement. Several steps have been taken to facilitate accurate submission:

1. The OSDH has programmed the financial calculations into the Claim Form so that you do not have to manually perform the financial calculations.
2. Detailed financial calculation instructions have been provided to help you correctly identify the amount to enter into your Claim Form (see "Hospital Financial Instructions").

Utilize the following checklist to ensure your application is complete and accurate.

- Original signed and notarized *Memorandum of Agreement (both pages)*. The MOA must be signed by an incorporator, partner, or authorized member of management.

Please Note: When uploading to Box, please scan original notarized MOA and upload.

- Electronic copy of the Claim Form in the supplied Microsoft Excel format. **NO CD PLEASE**
Please LABEL the Claim Form with your organization name and application period. Include contact information for the person preparing the data on the spreadsheet.

Please refer to the deadline in the Letter of Invitation to upload your application to **BOX**.

Please Note: There is no need to encrypt your file before loading to Box unless that is your facilities policy.

A copy of your Medicare Worksheet C Part I that corresponds with the dates of service in the Trauma Fund Application.

Explanation/example of how your Cost-To-Charge ratio was calculated. You may show this on your Medicare Worksheet C, or on a separate piece of paper.

*****Only if it applies***:**

Each provider that has not applied to the Trauma Fund in the past must sign and return an original copy of the Office of Management and Enterprise Services (OMES) **Vendor/Payee Form**. The vendor form is required in-order-to process disbursement from a State Agency.

Submit a new form if you have had any of the following changes in the last 6 months:

- Ownership
- Address
- Point of contact
- Tax identification number
- Name of facility

Do NOT submit any documentation individually. Any submission that does not have all the above documents in their application is considered INCOMPLETE and may be disqualified from reimbursement.