## TRAUMA FUND: Suggested Step by Step Guide for HOSPITAL Application

\*\*\*PLEASE NOTE: CHANGES IN SUBMISSION PROCESS OF APPLICATIONS\*\*\*

## ALL DOCUMENTS IN APPLICATION PACKAGE must be uploaded to BOX by deadline

Trauma Registrar receives email to accept invitation Major Trauma Case Listing = from Trauma Registry staff to collaborate through List of clinically qualified the secure portal, Box. Registrar follows instructions major trauma cases reported to download, review, and respond to claim forms to the Trauma Registry. from Box. Review the list from Box and follow the instructions; Note: Only submit Review note the DEADLINE to upload your reply to the Trauma Request Form if wanting a Division. A Review Request Form is only needed if you review of Major Trauma disagree with the claims on the Major Trauma Case List Case List. and would like a review performed. Notification Letter and number of qualified cases: **UNCOMPENSATED COST = Emailed to Hospital Administrator and Trauma** Adjusted Hospital Charges<sup>1</sup> minus Actual Registrar. Hospital Collections minus Contractual Note the DEADLINE and the REQUIRED DOCUMENTS for the application package. Adjusted charges = Actual charge X cost-to-charge ratio Confirm Listing accuracy Note: Obtain financial data Contractual Adjustment = Difference between the actual and negotiated charge for a procedure. Adjustment for non-Tip: Work with your Business Office negotiated governmental payor source is zero. Determine which cases are uncompensated Deductible or coinsurance that the patient fails to pay unless the entity has pursued reasonable collections efforts. Do not Balance due > \$0 - Unpaid, include any amounts you are not entitled to collections efforts exhausted collect from the patient. Balance due < \$0 and written off to bad debt For reference: Oklahoma Administrative Code Title 310 Using the hospital Claim Form, fill in all Oklahoma State Department of Health the required data in each of the cells: Chapter 669. Trauma Care Assistance **Actual Hospital Charges** Revolving Fund Not eligible for Cost to Charge Ratio reimbursement Adjusted Hospital Charges Complete application package must **Actual Hospital Charges** be uploaded to Box by indicated Contractual Adjustment deadline. **Uncompensated Cost** Save Form and upload Excel ClaimForm to Box. Make sure you keep a copy for your own **Application Package - Checklist for** records. Submission: Original signed notarized MOA Claim Form in MS Excel format \*Providers who have never received \*\*\*ELECTRONIC COPY UPLOADED TO BOX\*\*\* Reimbursement from the Trauma Fund must sign and return an original copy Copy of your Medicare Worksheet C Part 1 of the Vendor/Payee Form. Explanation/example of how your cost-tocharge ratio was calculated If you have had any ownership or address Original signed Vendor/Payee Form \* change within the last 6 months, you must resubmit a new Vendor/Payee Form to reflect your current status.