

1 ~~§157.13~~⁴⁰ Emergency Medical Services and Trauma Care System Account
2 and Emergency Medical Services, Trauma Facilities, and Trauma Care
3 System Fund~~Designated Trauma Facility and Emergency Medical Services~~
4 ~~Account~~ – Resource Document

5 (a) Definitions. The following terms, when used in this section, shall have
6 the following meanings, unless the context clearly indicates otherwise:

7 (1) ~~Account~~~~---~~~~The~~ Emergency Medical Services and Trauma Care
8 System Account ~~designated trauma facility and emergency medical services~~
9 ~~account~~ established under Health and Safety Codes 771.072; and the
10 Emergency Medical Services, Trauma Facilities, and Trauma Care System
11 Fund established under Health and Safety Code Section 77380.0063.

12 (2) ~~Active pursuit of department designation as a trauma facility~~~~---~~~~An~~
13 ~~undesignated facility, applying for designation from the department as a~~
14 ~~trauma facility, must submit the following to the department:~~

15 ~~---~~ (A) ~~a written statement of intent to seek designation; followed with~~

16 ~~---~~ (B) ~~an application with the state or appropriate organization for~~
17 ~~trauma verification and designation;~~

18 ~~---~~ (C) ~~documented evidence of twelve months of data to the department~~
19 ~~trauma registry;~~

20 ~~---~~ (D) ~~letter documenting twelve months of participation in trauma~~
21 ~~service area regional advisory council initiatives; and~~

22 ~~---~~ (E) ~~a documented trauma operational plan inclusive of the documented~~
23 ~~trauma standards of care and trauma performance improvement plan~~
24 ~~specific to the facility and a twelve-month annual trauma performance~~
25 ~~improvement summary; creation of a hospital trauma performance~~
26 ~~committee.~~

27 ~~The undesignated facility must file this information no later than the 180th~~
28 ~~fourteen months day after the date the statement of intent is filed and notify~~
29 ~~the department of the facility's compliance of with this subsection.~~

30 ~~---~~ (23) ~~Bad debt~~--The unreimbursed cost to a hospital of providing health
31 care services on an trauma activated inpatient, ~~or~~ emergency department,
32 transferred, or expired ~~basis to a~~ person who is financially unable to pay, in

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~~Medical Services Account~~ _____

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33 whole or in part, for the services rendered and whose account has been
34 classified as bad debt based upon the hospital's bad debt policy. A hospital's
35 bad debt policy should be in accordance with generally accepted accounting
36 principles.

37 (34) Calculation of the costs of uncompensated trauma care ~~(UCC)~~--For
38 the purposes of this section, a hospital will calculate its total costs of
39 uncompensated trauma care for patients meeting their trauma activation
40 criteria by summing its charges related to uncompensated trauma care as
41 defined in ~~paragraph (6) of~~ this subsection, then applying the cost-to-
42 charge ratio defined in ~~paragraph (13) of~~ this subsection and derived in
43 accordance with generally accepted accounting principles.

44 ~~(A7) Cost-to-charges ratio---A ratio that covers all applicable hospital~~
45 ~~costs and charges relating to inpatient care determined by the Health and~~
46 ~~Human Services Commission from the hospital's Medicaid cost report. To~~
47 ~~calculate a hospital's uncompensated trauma care costs, the department~~
48 ~~shall use inpatient ratio of cost-to-charges pertaining to the fiscal year of~~
49 ~~allocated funds being calculated.~~

50 ~~(B) Uncompensated trauma care--The sum of "charity care" and/or~~
51 ~~"bad debt" resulting from trauma care as defined in (a)(16) of this section~~
52 ~~after due diligence to collect. Contractual adjustments in reimbursement for~~
53 ~~trauma services based upon an agreement with a payor (to include but not~~
54 ~~limited to Medicaid, Medicare, Children's Health Insurance Program (CHIP),~~
55 ~~etc.) isare not uncompensated trauma care.~~

56

57

58 (45) Charity care--The unreimbursed cost to a hospital of providing
59 health care services on an inpatient, ~~or~~ emergency department, transferred,
60 or expired basis to a person classified by the hospital as "financially indigent"
61 or "medically indigent."

62 (A) Financially indigent--An uninsured or underinsured person meeting
63 the facility's trauma activation criteria who is accepted for care with no
64 obligation or a discounted obligation to pay for the services rendered based
65 on the hospital's eligibility system.

Commented [V(1)]: Would this not read better under (B) below as subsection (1)?

Commented [H(2R1)]:

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Commented [V(3)]: Again, seems that this should be subsection (2) under (B).

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66 (B) Medically indigent--A person whose medical or hospital bills after
67 payment by third-party payors (to include but not limited to Medicaid,
68 Medicare, CHIP, etc.) exceed a specified percentage of the patient's annual
69 gross income, determined in accordance with the hospital's eligibility
70 system, and the person is financially unable to pay the remaining bill.

71 (56) Commissioner ---the commissioner of the Department of State
72 Health Services

73 ~~(7) cost-to-charges ratio -- A ratio that covers all applicable hospital costs~~
74 ~~and charges relating to inpatient care determined by the Health and Human~~
75 ~~Services Commission from the hospital's Medicaid cost report. To calculate a~~
76 ~~hospital's uncompensated trauma care costs, the department shall use~~
77 ~~inpatient ratio of cost-to-charges pertaining to the fiscal year of allocated~~
78 ~~funds being calculated.~~

79 --- (867) County of licensure--The county within which lies the location of the
80 business ~~mailing-physical~~ address of a licensed ambulance-EMS provider, as
81 indicated by the provider on the application for licensure form that is ~~st~~ filed
82 with the department.

83 (978) Department ---the Department of State Health Services

84 (1089) Emergency transfer--Any immediate ~~trauma~~ activation patient
85 transferred ~~of due~~ an emergent or unstable patient, ordered by a licensed
86 physician or requested by the patient, from a health care facility to another
87 acute care facility-hospital which has the capability of providing a higher
88 level of trauma care or of providing a specialized type of care not available
89 at the transferring facility.

90 (9110) EMS ---Eemergency Mmedical Sservices

91 (12101) Extraordinary emergency ---A ~~serious, unexpected~~ event or
92 situation requiring immediate action to reduce or minimize disruption to
93 established healthcare services within the EMS and/or trauma system, which
94 may disrupt or reduce the healthcare services of an EMS/trauma system.

95 (13112) Operative or surgical intervention of patients meeting trauma
96 activation criteria patients--Any surgical procedure resulting from a trauma
97 for patients who meets the facility's trauma activation criteria being taken
98 directly from the emergency department to an operating suite and meets the
99 current National Trauma Data Standard Patient Inclusion Criteria listed by

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Commented [H(4)]: 1 EMTALA does not apply to the transfer of stable patients; however, if the patient is unstable, then the hospital may not transfer the patient unless: 2 A physician certifies the medical benefits expected from the transfer outweigh the risks OR 3 A patient makes a transfer request in writing after being informed of the hospital's obligations under EMTALA and the risks of transfer.
<https://www.acep.org/life-as-a-physician/ethics-legal/emtala/emtala-fact-sheet/>

100 the American College of Surgeons National Trauma Data [Bank](#)
101 [Standard](#) regardless of whether the patient was admitted to the hospital.

102 (14123) RAC --- Regional Advisory Council

103 (15134) Rural county--A county with a population of less than 5030,000 |
104 based on the latest official estimated federal census population figures.

105 (16145) Trauma care--Care provided to-for a patient who: +

106 (A) meets the facility's trauma team activation criteria and/or is
107 entered into the facility's Trauma Registry, [meeting NTDS criteria](#); -and

108 (B) has at least one of the principal [trauma](#) diagnoses listed in the
109 [current](#) Injuries and Poisonings Chapter of the International Classification of
110 Diseases, Clinical Modification code; and

111 (C) meets the [current](#) National Trauma Data Standard Patient
112 Inclusion Criteria listed by the American College of Surgeons National
113 Trauma Data Bank.

114 (17156) Trauma facility ---A hospital that has successfully completed the
115 [trauma](#) designation process, is capable of stabilization and/or definitive
116 treatment of critically injured persons and [has documented evidence of](#)
117 [actively](#) participations in a regional EMS/trauma system.

118 (18167) TSA --- Trauma Service Area

119 (19178) Urban county--A county with a population of 5030,000 or more
120 based on the latest official estimated federal census population figures. |

121 ~~---(20) Uncompensated trauma care--The sum of "charity care" and "bad~~
122 ~~debt" resulting from trauma care as defined in (15) of this section after~~
123 ~~due diligence to collect. Contractual adjustments in reimbursement for~~
124 ~~trauma services based upon an agreement with a payor (to include but not~~
125 ~~limited to Medicaid, Medicare, Children's Health Insurance Program (CHIP),~~
126 ~~etc.) is not uncompensated trauma care.~~

127 (b) Reserve. In each fiscal year, the commissioner shall reserve \$500,000 of
128 any money appropriated from the accounts for extraordinary
129 emergencies. ~~On September 1 of each year, there shall be a reserve of~~
130 ~~\$500,000 in the designated Designated trauma Trauma Facility and~~

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[Trauma Facilities, and Trauma Care System Fund](#) _____ [Designated Trauma Facility and](#)
[Emergency Medical Services Account](#) _____ Page _____

Commented [F(5)]: follow-up and verify 30K vs 50K

Commented [H(6R5)]: Check HHSC Medicaid reimbursements:
(29) Rural hospital--A hospital enrolled as a Medicaid provider that:
(A) is located in a county with 60,000 or fewer persons according to the 2010 U.S. Census;

Commented [F(7)]: verify

Commented [H(8)]: Would like to reconsider using most recent/available U.S. Census estimates for Texas counties? (spreadsheet from U.S. Census for dataset)

Commented [F(9R8)]: Comment for both (15) Rural County and (18) Urban County

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131 ~~Emergency Medical Services Account (account)~~ for
132 ~~extraordinary emergencies.~~ During the fiscal year, distributions may be
133 made from the reserve based on submitted requests which demonstrate a
134 need, and justify the impact on the EMS and trauma care system. Requests
135 not immediately recommended for funding will be reconsidered at the end of
136 each fiscal year, if funding is available, and if a need is still present.

Commented [H(10)]: Language from HSC 780.004(b)

137 (c) Allocations. The allocations described in this section shall be established

Commented [H(11)]: 86th Texas Leg., HB 2048, effective 9/1/2019.

139 (1) Allocation Determination. Each year, the department shall determine
140 as follows:

141 (A) eligible recipients for EMS, TSA, and hospital allocations; and

142 (B) the amount of EMS, TSA, and hospital allocations based on
143 language found in Health and Safety Code 773.12280.;

144 (2) EMS Allocation. The department shall contract with each eligible RAC
145 to distribute the county funds to eligible EMS providers based within counties
146 which are aligned within the relevant RAC.

147 (A) The department shall evaluate each distribution plan per
148 contract statement of work and awarded funds shall be used as an addition
149 to current county operational EMS funding of eligible recipients, not supplant
150 the operational budget as a replacement.

151 (B) Funds are allocated by county to eligible providers in each county,
152 and funds are non-transferable to other counties within the RAC if there are
153 no eligible providers in a county exists.

154 (C) Eligible EMS providers may opt to pool awarded county funds or
155 contribute funds for a specified purpose within the RAC
156 assembly approval.

Commented [H(12)]: Does this affect how the by-laws are written?

157 (3) TSA Allocation. The department shall contract with eligible RACs to
158 distribute the funds for the operation of the 22 trauma service areas and for
159 equipment, communications, and education, and training for the areas.
160 Money distributed under this subsection shall be distributed on behalf of
161 eligible recipients in each county to the trauma service area regional
162 advisory council for that county. The department shall evaluate each
163 distribution plan per contract statement of work.

Commented [H(13)]: Is this too restrictive? Potential of hurting the small RAC that may use some funds help pay support staff

Commented [H(14R13)]: These funds are available to use for the operations of the RAC which includes support staff

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164 (4) Hospital Allocation. The department shall distribute funds to
165 ~~designated trauma facilities and those in active pursuit eligible to receive~~
166 ~~funds~~ to subsidize a portion of uncompensated trauma care provided or to
167 ~~fund innovative projects to enhance the facility's~~ delivery of trauma care.
168 Funds distributed from the hospital allocations shall be made based on, but
169 not limited to, the following:

170 (A) the percentage of the hospital's uncompensated trauma care cost
171 for patients who meet the facility's trauma activation criteria and NTDS
172 registry inclusion criteria in relation to the total uncompensated trauma care
173 cost reported for the identified patient population by qualified hospitals
174 facilities that year; and

175 (B) availability of funds.

176 (d) Eligibility requirements. To be eligible for funding from the account, all
177 potential recipients ~~(EMS Providers, RACs, First Responder Organizations~~
178 ~~License, and hospitals)~~ must maintain the regional participation
179 requirements, active involvement in regional system development,
180 Contractual obligations must also be met for previous awards.

181 (1) Extraordinary Emergency Funding. To be eligible to receive
182 extraordinary emergency funding, an entity must meet the following
183 requirements:

184 (A) be a licensed EMS provider, a ~~licensed designated trauma~~
185 ~~hospital~~ facility, or a ~~licensed recognized~~ first responder organization;

186 (B) submit a completed application and any additional documentation
187 requested ~~to~~ by the department; and

188 (C) provide documentation of active participation in its local RAC.

189 ~~i~~ Incomplete applications will not be considered.

190 (2) EMS Allocation. To be eligible for funding from the EMS allocation
191 providers shall;

192 (A) maintain and comply with all licensure requirements as described
193 in §157.11 of this title; and

Commented [H(15)]: This definition has been tight over the years because organizations like MADD have asked for RAC funding. I do see below we flush it out a bit better.

Commented [F(16)]: Revamp the application

Commented [H(17)]: Have always asked providers to be part of the RAC and should state in rule

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194 (B) acknowledge RAC regional protocols regarding patient destination
195 and transport in all TSAs in which they operate (verified by each RAC);

Commented [F(18)]: To add to contract: language about coordinating with EMS Medical Director

196 ~~(C) evidence of annual participation in the regional performance~~
197 ~~improvement program in all TSAs in which they operate;~~

198 ~~— (CD) follow actual patient referral patterns of each RAC it is providing~~
199 ~~services. This would apply to a if Aa provider is licensed in a county or~~
200 ~~contracted to provide EMS in a county that is contiguous with a neighboring~~
201 ~~TSA; could be required to participation participate in more than one RAC.~~
202 ~~RAC participation shall follow actual patient referral patterns;~~

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203 ~~(i) (ED) notify the RACs of any potential eligibility to receive funds and~~
204 ~~meet the RACs participation requirements if an EMS provider contracted to~~
205 ~~provide emergency medical services within a county of any one TSA and~~
206 ~~whose county of licensure is another county not in or contiguous with that~~
207 ~~TSA must be an active member of the RAC for the TSA of their contracted~~
208 ~~service area and meet that RAC's definition of participation and requirements~~
209 ~~listed in subparagraph (E)(i) — (vi) of this paragraph; and~~

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210 ~~it is the responsibility of an EMS provider to contact each RAC in which it~~
211 ~~operates to ensure knowledge of the provider's presence and potential~~
212 ~~eligibility for funding from the EMS allotment related to that RAC's TSA;~~

213 ~~if aA provider is contracted to provide EMS within a county of any one TSA~~
214 ~~and whose county of licensure is another county not in or contiguous with~~
215 ~~that TSA; and must notify the RACs of any potential eligibility to receive~~
216 ~~funds and meet the RACs participation requirements;~~

Commented [H(19)]: Is there a time frame an EMS provider must notify the RACs in order to be eligible? Like each year or once when they take over a service area?

217 ~~— (i) evidence of annual participation in the regional performance~~
218 ~~improvement program in all TSAs in which they operate; and~~

219 ~~— (ii) is the responsibility of an EMS provider to contact each RAC in~~
220 ~~which it operates to ensure knowledge of the provider's presence and~~
221 ~~potential eligibility for funding from the EMS allotment related to that RAC's~~
222 ~~TSA.~~

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224 ~~— (FE) provide the department evidence of a contract or letter of~~
225 ~~agreement with each additional county government or taxing authority in~~
226 ~~which EMS is provided in if Aa an EMS provider is serving any county beyond~~

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227 its county of licensure. ~~it must provide to the department evidence of a~~
228 ~~contract or letter of agreement with each additional county government or~~
229 ~~taxing authority in which service EMS is provided.~~

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230 (i) ~~Inter-facility transfer letters of agreement and/or contracts or,~~
231 ~~as well as mutual aid letters of agreement and/or contracts,~~ do not meet this
232 requirement.

233 (ii) ~~C~~ontracts or letters of agreement must be ~~dated and~~ submitted
234 to the department ~~on or before August 31 of when requested, by~~ on or before
235 ~~the stated deadline of the respective year,~~ and be able to provide evidence
236 ~~of continued coverage throughout the effective contract dates it is being~~
237 ~~considered for eligibility more than six months of the upcoming fiscal year.~~

Commented [H(20)]: Would like to revise or remove since contract start dates have changed.

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238 (iii) EMS providers with contracts or letters of agreement on file
239 with the department which include contract service dates that meet the
240 effective contract dates do not need to resubmit a copy of the contract or
241 letter of agreement unless it has expired or will expire before the release of
242 the next contract. ~~e~~ffective dates of the contracts or letters of agreement
243 should ~~shall~~ be provided.

244 (iv) ~~EMS providers with contracts or letters of agreement on file~~
245 ~~with the department which include contract service dates that meet the~~
246 ~~required time period (noted in this subsection) need not resubmit unless the~~
247 ~~contract or letter of agreement on file has expired or will expire before the~~
248 ~~release of the funding contract.~~ The submitted contracts or letters of
249 agreement must include effective dates to determine continued eligibility.

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251 (v) EMS providers are primarily responsible for assuring that all
252 necessary portions of their contracts ~~or~~ and letters of agreement have been
253 received by the department ~~on or before the listed deadline to be considered~~
254 ~~for eligibility.~~ and

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255 (vi) Air ambulance providers must meet the same requirements as
256 ground transport EMS providers to be eligible to receive funds from a specific
257 county other than the county of licensure. ~~and.~~

Commented [H(21)]: Would like to review and possible redo this portion of the rule. There are many providers that are considered geo-political and cross over counties. Is this something that Certification or Licensing can provide a report and work with the program to verify?

258 (E) I
259 contract (with a county government or taxing authority) for a service area
260 which is considered a geo-political sub-division and (examples listed below)

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261 whose boundary lines cross multiple county lines, it will be considered
262 eligible for the ~~911~~ EMS Allocation for all counties overlapped by that geo-
263 political sub-division's boundary lines. ~~A contract-Verification from local~~
264 ~~the geo-political sub-division is not necessary to determine funding eligibility~~
265 ~~licensure is in a geo-political sub-division other than those listed in clauses~~
266 ~~(i) - (vi) of this subparagraph, will be evaluated on a case-by-case basis.~~

269 ~~-~~

270 ~~-~~

271 (iii) Emergency service districts (ESDs);

272 ~~-~~

273 ~~-~~

274 (3) ~~RAC-TSA~~ Allocation. To be eligible for funding from the TSA allocation,
275 a RAC ~~-~~

276 ~~(A) be officially recognized by the department as described in~~
277 ~~§157.123 of this title (relating to Regional Emergency Medical~~
278 ~~Services/Trauma Systems) and in compliance with all RAC contract~~
279 ~~-~~

280 ~~(B) incorporated as an entity that is exempt from federal income tax~~
281 ~~under Section 501(a), Internal Revenue Code of 1986, and its subsequent~~
282 ~~amendments, by being listed as an exempt organization under Section~~
283 ~~501(c)(3) of that code. A regional advisory council's share of money~~
284 ~~distributed under this section shall be based on the relative geographic size~~
285 ~~and population of each trauma service area and on the relative amount of~~
286 ~~trauma care provided. Meet requirements from Reference from 773.122 d, 780 e;~~

287 (4) Hospital Allocation. To be eligible for funding from the hospital
288 allocation, a hospital must be a ~~department-designated trauma facility or in~~
289 ~~active pursuit of a department designation as a trauma facility, or a~~
290 ~~Department of Defense hospital that is a department-designated trauma~~
291 ~~facility or in active pursuit of a department designation as a trauma facility.~~

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Commented [H(22)]: Considering striking out with intent to verify with EMS Certification/Licensure Group

Commented [H(23R22)]: I am not sure we want to strike this. For example Katy TX crosses three County boundaries Harris Ft Bend and Waller. I am not sure the licensing group can provide the detail you need.

Commented [H(24R22)]: We will keep this information and continue with requesting letters of agreement

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Commented [H(25)]: See reference above. May look to simplify process or combine these to make it clear

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Commented [H(26)]: Has previously been collected through the EMS/Trauma Registry with trauma runs and trauma reported at facilities. Trauma runs aren't being reported/logged separate in the EMS/trauma runs. Should it just be based on emergency runs and trauma care at facilities?

Commented [H(27)]: Statute language 780.004(e)

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292 (A) To receive funding from the hospital allocation, a complete UCC
293 application must be submitted to the department within the stated time
294 frame.

Commented [F(28)]: Spell out or UCC

295 (B) ~~All initial applications received after the stated deadline~~
296 ~~applications will be not be considered for funding from the hospital allocation~~
297 ~~available during the stated time frame.~~

298 (C) Additional information may be requested at the department's
299 discretion to determine eligibility for funding from the hospital allocation.

300 (D) A ~~department~~ designated trauma facility in receipt of funding from
301 the hospital allocation account that fails to maintain its designation, as
302 required in Texas Administrative Code 157.125, shall return all hospital
303 allocation UCC funds received in the last 12 months to the department within
304 90 days of failure to maintain trauma designation an amount determined by
305 the department.

306 (E) Ithe department may grant an exception to subparagraph (D) of
307 this subsection if it finds that compliance with this section would not be in
308 the best interests of the persons served in the affected local system.

309 ~~— (F) An undesignated facility in active pursuit of designation, that has~~
310 ~~not achieved department trauma designation per 780.004 (i), must return to~~
311 ~~the account, all funds received from the hospital allocation, plus a penalty of~~
312 ~~10%.~~

Commented [F(29)]: Review with Legal

313 (F) A facility shall have no outstanding balance owed to the
314 department or agency prior to receiving any future disbursements from the
315 ~~designated trauma facility and emergency medical services account~~ hospital
316 allocation.

Commented [K(30)]: Is this section required? Is it in the Statutes?

Commented [H(31R30)]: It is not listed in HSC 780, but it is a Texas Comptroller of Public Accounts direction to ensure that awarded state funds are not utilized to pay back any outstanding balances deemed appropriate from state agency conducted audits. If a vendor has been flagged for this, any payments being processed by state agencies are placed on hold until the issue is resolved.

317 (e) Calculation Methods. Calculation of county portions of the EMS allocation,
318 the RAC portions of the TSA allocation, and the hospital allocation will be the
319 following.:

320 ~~—~~ (1) EMS allocation.

321 (A) Counties will be classified as urban or rural based on the latest
322 ~~official~~ estimated federal census population figures.

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323 (B) ~~The EMS allocation will be derived by adjusting the weight of the~~
324 ~~statutory criteria in such a fashion that:~~

325 ~~(i) 40% of the funds that are allocated to urban counties; and~~

326 ~~(ii) 60% of the funds are allocated to rural counties.~~

327 (C) An individual county's share portion of the EMS allocation shall be
328 based on its geographic size, population, and number of emergency health
329 care runs, multiplied by adjustment factors, determined by the department,
330 so ~~that~~ the distribution approximates the required percentages to urban and
331 rural counties.

332 (D) ~~The formula shall be: ((the county's population multiplied by an~~
333 ~~adjustment factor) plus (the county's geographic size multiplied by an~~
334 ~~adjustment factor) plus (the county's total emergency health care runs~~
335 ~~multiplied by an adjustment factor) divided by 3) multiplied by the total EMS~~
336 ~~allocation). The adjustment factors will be manipulated so that the~~
337 ~~distribution approximates the required percentages to urban and rural~~
338 ~~counties.~~

339 (E) Total emergency health care runs shall be the number of
340 ~~emergency or trauma~~ patient care records electronically transmitted to the
341 department in a given calendar year by EMS providers.

342 (2) TSA allocation.

343 (A) A RAC's portion of the TSA allocation shall be based on its relative
344 geographic size, population, and trauma care provided as compared to all
345 other TSAs.

346 (B) Total trauma care shall be the number of trauma patient care
347 records ~~meeting NTDB inclusion criteria~~ electronically transmitted to the
348 department in a given calendar year by EMS providers and hospitals.

349 (C) ~~The formula shall be: ((the TSA's percentage of the state's total~~
350 ~~population) plus (the TSA's percentage of the state's total geographic size)~~
351 ~~plus (the TSA's percentage of the state's total trauma care) divided by 3)~~
352 ~~multiplied by the total TSA allocation).~~

Commented [F(32)]: Do we have the authority to use this split?

Commented [F(33)]: Rural 30,000

Commented [F(34)]: Directly from

Commented [F(35)]: Review with Legal

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353 (D) Total trauma care shall be the number of trauma patient records
354 electronically transmitted to the department in a given calendar year by EMS
355 providers and hospitals.

356 (3) Hospital allocation.

357 (A) Distributions, including unexpended portions of the EMS and TSA
358 allocations, are determined by an annual application process.

359 (B) An annual application process shall be completed each fiscal year.

360 (C) Based on the information provided in the approved application,
361 each facility shall receive allocations as follows:

362 (i) an equal amount not to exceed 20 percent of the available
363 hospital allocation to reimburse designated trauma hospitals under the
364 program and located in a rural county as defined in this section. not to
365 exceed 15 percent of the hospital allocation; and

366 (ii) an amount for uncompensated trauma care as determined in
367 subparagraphs (B)–(C) of this paragraph, less the amount received in
368 clause (i) of this subparagraph.

369 ~~(B)~~ Any funds not allocated in subparagraph (e)(1) and (e)(2) ~~(E)(1)~~ of
370 this paragraph section shall be included in the distribution formula in
371 subparagraph (E)(1) of this paragraph.

372 ~~(E)~~ If the total cost of uncompensated trauma care for patients
373 meeting trauma activation criteria and NTDB inclusion criteria exceeds the
374 amount appropriated from the account, minus the amount referred to in
375 subparagraph (C)(i) of this paragraph, the department shall allocate funds
376 based on a facility's percentage of uncompensated trauma care costs in
377 relation to the total uncompensated trauma care cost reported by qualified
378 hospitals that year.

379 (E) The hospital allocation formula for trauma designated facilities
380 shall be [(the facility's reported costs of uncompensated trauma care) minus
381 (any collections received by the hospitals for any portion of their
382 uncompensated care previously reported for the purposes of this section)
383 divided by (the total reported cost of uncompensated trauma care by
384 qualified hospitals that year)] multiplied by (total money available for

Commented [F36]: Application process includes the timeline, what they need to do and by when.

Commented [F37]: Do we need to include something about designated facilities and those in active pursuit completing the application process?

Commented [F38]: Further meeting with leadership for rural discussion

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385 facilities minus the amount distributed in subparagraph (C)(i) of this
386 paragraph).

387 ~~_____ (D) The hospital allocation formula for Level I, II, III, and IV trauma~~
388 ~~facilities and those facilities in active pursuit of designation not receiving~~
389 ~~funding under Health and Safety Code 780.004 (2) shall be: [(the facility's~~
390 ~~reported costs of uncompensated trauma care) minus (any collections~~
391 ~~received by the hospitals for any portion of their uncompensated care~~
392 ~~previously reported for the purposes of this section) divided by (the total~~
393 ~~reported cost of uncompensated trauma care by qualified hospitals that~~
394 ~~year)] multiplied by (total money available for facilities minus the amount~~
395 ~~distributed in subparagraph (C)(i) of this paragraph).~~

Commented [H(39): This portion describes the SDA Trauma Add-on funding.

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396 ~~(E) For purposes of subparagraph (D) of this paragraph, the reporting~~
397 ~~period of a facility's uncompensated trauma care shall apply to costs~~
398 ~~incurred during the preceding calendar year.~~

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399 ~~_____ (F) Hospitals should have a physician incentive plan that supports the~~
400 ~~facility's participation in the trauma system.~~

Commented [F(40): INDRA: Not really sure we've ever done this since I've been here. Thinking of removing. Thoughts?

401 ~~_____ (G) NMay need to add language regarding SDA trauma add-on since it~~
402 ~~is in HSC 780. Will need to work with HHSC and DSHS leadership on this~~
403 ~~considering the process is changing.~~

404 (f) Loss of funding eligibility. If the department finds that an EMS provider,
405 RAC, or hospital has violated the Health and Safety Code, ~~§780.004.773~~, or
406 fails to comply with this section, the department may withhold account
407 monies for a period of one to three years depending upon the seriousness of
408 the infraction.

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National Trauma Data Standard Patient Inclusion Criteria

Definition:

To ensure consistent data collection across States into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria:

At least one of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Tenth Revision (ICD-10-CM):

S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts – initial encounter)

T07 (unspecified multiple injuries)

T14 (injury of unspecified body region)

T20-T28 with 7th character modifier of A ONLY (burns by specific body parts – initial encounter)

T30-T32 (burn by TBSA percentages)

T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome – initial encounter)

Excluding the following isolated injuries:

ICD-10-CM:

S00 (Superficial injuries of the head)

S10 (Superficial injuries of the neck)

S20 (Superficial injuries of the thorax)

S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)

S40 (Superficial injuries of shoulder and upper arm)

S50 (Superficial injuries of elbow and forearm)

S60 (Superficial injuries of wrist, hand and fingers)

S70 (Superficial injuries of hip and thigh)

S80 (Superficial injuries of knee and lower leg)

S90 (Superficial injuries of ankle, foot and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

AND MUST INCLUDE ONE OF THE FOLLOWING IN ADDITION TO (ICD-10-CM S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9):

- Death resulting from the traumatic injury (independent of hospital admission or hospital transfer status);
OR
- Patient transfer from one acute care hospital* to another acute care hospital;
OR
- Patients directly admitted to your hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention);
OR
- Patients who were an in-patient admission and/or observed;
OR
- Patients who were a trauma consult or any level of trauma activation

*Acute Care Hospital is defined as a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). "CMS Data Navigator Glossary of Terms" https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ResearchGenInfo/Downloads/DataNav_Glossary_Alpha.pdf (accessed January 15, 2019).

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§157.1340. Emergency Medical Services and Trauma Care System Account and Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund _____ Designated Trauma Facility and Emergency Medical Services Account _____ Page

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