Department of State Health Services (DSHS)
EMS/Trauma Systems (EMS/TS)
Uncompensated Trauma Care (UCC)
Application Information

All parts of the UCC application must be completed and submitted on or before October 20, 2021

Confirmation of receipt will be sent within 24 – 48 hours. Please note that a confirmation receipt does not imply the submission has been reviewed. If you have not received a confirmation email within 24-48 hours, you may contact the department by email: fundingapp@dshs.texas.gov.

Designated facilities under a multi-location license must apply individually

Eligibility Provisions

- **A DSHS-designated trauma facility** in receipt of funding that fails to maintain its designation must return an amount as follows to the account by no later than **90 days** after noncompliance is determined:

  (i). 1 to 60 days expired/suspended designation: 0% of the facility's hospital allocation for the state biennium when the expiration/suspension occurred
  (ii). 61 to 180 days expired/suspended designation: 25% of the facility's hospital allocation for the state biennium when the expiration/suspension occurred plus a penalty of 10%;
  (iii). greater than 180 days expired/suspended designation: 100% of the facility's hospital allocation for the state biennium when the expiration/suspension occurred plus a penalty of 10%

- **An undesignated facility who met "in active pursuit of designation"**
  If a trauma designation is not attained by an undesignated facility in active pursuit of designation on or before the second anniversary of the date the facility notified the department of the facility's compliance with these requirements, any funds received by the undesignated facility for unreimbursed trauma services must be returned to the state, plus a penalty of 10%, no later than 90 days after noncompliance is determined.

- Prior to receiving any future disbursements from DSHS, a facility must have paid, in full, all outstanding balances owed to DSHS.

Uncompensated trauma care - The sum of "bad debt" and "charity care" resulting from trauma care after due diligence to collect. Contractual adjustments in reimbursement for trauma services based upon an agreement with a payor (to include but not limited to

Medicaid, Medicare, Children's Health Insurance Program (CHIP), Crime Victims Account, etc.) are not uncompensated trauma care.

1. **Bad debt**-- The unreimbursed cost to a hospital providing health care services on an inpatient or emergency department basis to a person who is financially unable to pay, in whole or in part, for the services rendered and whose account has been classified as bad debt based upon the hospital's bad debt policy. A hospital's bad debt policy should be in accordance with generally accepted accounting principles.

2. **Charity care**-- The unreimbursed cost to a hospital providing health care services on an inpatient or emergency department basis to a person classified by the hospital as "financially indigent" or "medically indigent".

    - **Financially indigent**-- An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

    - **Medically indigent**-- A person whose medical or hospital bills after payment by third-party payors (to include but not limited to Medicaid, Medicare, CHIP, etc.) exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill.
    - Cost-to-charge ratio – A Hospital's overall cost-to-charge ratio determined by HHSC from the hospital's Medicaid cost report. The hospital's latest available cost-to-charge ratio shall be used to calculate its uncompensated trauma care costs.

DSHS will determine the facility's uncompensated trauma care costs by utilizing the cost-to-charge ratio provided by the Texas Health and Human Services Commission (HHSC) Rate Analysis Section.

If a facility does not have a Medicaid cost-to-charge ratio determined by the HHSC from the hospital's Medicaid cost report, the facility's cost-to-charge ratio will be derived from an average of the cost-to-charge ratios provided by qualified hospitals that year.

Please refer to the following Texas Health and Safety Codes for the statute that authorizes uncompensated trauma care:

Texas Health & Safety Code; Title 9, Safety

- Chapter 773. Emergency Medical Services
- Chapter 780 Trauma Facilities and Emergency Medical Services

Please refer to the following Texas Administrative Codes that outline the Hospital Allocation process:

- Title 25, Part 1, Chapter 157.130, EMS and Trauma Care System Account

- Title 25, Part 1, Chapter 157.131, Designated Trauma Facility and Emergency Medical Services Account

Part A – Application
The application can be filled out online using the Microsoft Forms app: https://forms.office.com/r/XTLnuYVLfi

PART B – AFFIDAVIT
This form must be completed and signed by all individuals listed and to be eligible for funding. The application **must** be signed and sworn to before a Texas Notary Public by the chief executive officer, chief financial officer, and the chairman of the facility's board of directors. Please send completed forms to: fundingapp@dshs.texas.gov

PART C – SUPPORTING DATA SUBMISSION
Submit via email to fundingapp@dshs.texas.gov detailed data for patient accounts and claims in Part A – Application. The Facility Charges and Patient Records Reported on Part A – Application **must** match the information submitted in Part C – Supporting Data Submission.

INCLUSION CRITERIA:

Trauma care – Care provided to patients who (each checkbox below must be checked to include as eligible patient):

- ☐ met the facility's trauma team activation criteria and/or were entered into the facility's Trauma Registry,

AND

- ☐ underwent treatment specified in at least one of the following International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10 CM) codes:
  - 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 injuryies:**
    - 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

□ MEETS at least one of the following criteria:

- were transferred into or out of the hospital.
- underwent an operative intervention (See definition below);
- were admitted as an inpatient for greater than 23-hours;
- died after receiving any emergency department evaluation or treatment; or
- were dead on arrival to the facility
- leaves hospital against the advice of the doctor (AMA)

Operative intervention-- Any surgical procedure resulting from a patient being taken **directly from the emergency department** to an operating suite regardless of whether the patient was admitted to the hospital.