



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

2025 Trauma Uncompensated Care Funding Application Part A

1. Application due date April 20, 2025.

For more information visit the DSHS Uncompensated Trauma Care (UCC) funding, page at: dshs.texas.gov/dshs-ems-trauma-systems/ems-trauma-system-uncompensated-trauma-care-application.

Background Info:



Texas Health and Safety Code §780.004 directs DSHS to use 94% of funds in the Designated Trauma Facility/Emergency Medical Services (DTF/EMS) Account (Fund 5111) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities and facilities that are in active pursuit of trauma designation.

Texas Health and Safety Code §773.122 directs DSHS to use 27% of funds in the Emergency Medical Services, Trauma Facilities, and Trauma Care Systems Account (Fund 5108) and 27% of funds in the Emergency Medical Services and Trauma Care Systems Account (Fund 5007) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities.



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2. Hospital Information

Part A of the UCC application collects facility information and trauma patient

information (summary).

To be considered for funding, please complete all required sections in the UCC application. For assistance with any part of the application, email fundingapp@dshs.texas.gov to contact a program specialist.

* 1. Hospital Name

* 2. Physical Address (location)

Street address

Street address line 2

City

State

Zip code

* 3. County

* 4. Application Point of Contact (POC)

First Name

Last Name

Phone Number

Email Address

* 5. Hospital License Number

The license number can be verified in the [Directory of General and Special Hospitals \(Excel\)](#).

* 6. Texas Provider Identifier Number (TPI)

* 7. National Provider Identifier Number (NPI)

8. Vendor Identification Number (VIN)

* 9. Hospital Level of Designation

* 10. Trauma Service Area (TSA)/Regional Advisory Council (RAC)



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3. Section 1

Section 1(a) - Trauma Activations

Provide the number of activations for each category provided below for Calendar Year (CY) 2023 for your hospital.

* 11. Number of patients entered in the facility's Trauma Registry from January 1, 2023, thru December 31, 2023.

* 12. Number of facility trauma team activations from January 1, 2023, thru December 31, 2023.

* 13. Number by Level of Activation for Calendar Year (CY) 2023.

Highest Level of Activation

Second Level of Activation

Third Level of Activation

Section 1(b) - Race/Ethnicity

Provide the total number of trauma patients for each category below for Calendar Year (CY) 2023.

* 14. Enter total number for each:

American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
White/Not Hispanic or Latino	<input type="text"/>
Other	<input type="text"/>

Section 1(c) - Financial Information

Hospital's Uncompensated Trauma Charges - Provide patient discharges from January 1, 2023 thru December 31, 2023.

* 15. Sum of Uncompensated Trauma Care classified as charity care or bad debt according to the hospital's policy. **This sum must match Part-C column "S" Uncompensated Charges Total. (Column "T" Original Billed minus Column "U" Collections = Column "S" Uncompensated Charges Total).**

* 16. Number of patient accounts used to calculate the hospital's uncompensated trauma care charges.

* 17. Collections received on uncompensated patient accounts submitted in previous Uncompensated Trauma Care Applications from 2005 to 2023 **AND** not previously reported as collected.



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4. Section 2

The purpose of this section is to identify the cost of trauma center readiness.

The information submitted for this application must reflect the trauma facility's data specific to trauma care for patients meeting the NTDB criteria and not reflect a hospital system or healthcare system cost.

- **Cost information should reflect of Fiscal Year (FY) 2024.**
- **The goal is to identify the specific cost for each question for trauma care or requirements for designation.**
- **The cost defined in this application cannot include coverage for other emergency healthcare conditions.**
- **An example, if Interventional Radiology on-call covers trauma, stroke, and other emergency healthcare conditions, the facility needs to drill down to the cost for trauma coverage.**
 - **If that is not possible, the facility will check "Unable to determine" (UTD).**
 - **If the facility did not provide Interventional Radiology service for trauma, the facility will check "not applicable" (N/A).**

Again, please note: FY 2024 data is used for the cost information portion in this section of the application.

This data will be entered into a data base by DSHS. The data will be deidentified and used to calculate the average and mean cost of being a designated trauma facility.

The data will be shared by level of designation and regions specific to rural and urban areas in aggregate data.

Step 1

Complete this basic demographic data regarding the trauma facility.

* 18. Year of initial designation at the current level of designation.

* 19. Patient Type (Check all that apply).

Adult

Pediatric

* 20. Geographic area

Rural (County population of 50,000 or less)

Urban (as defined by the hospital license)

* 21. Is your hospital a defined Critical Access Hospital (CAH)?

Yes

No

* 22. FY 2024 Beds and Rooms.

Number of Licensed Beds	<input type="text"/>
Current Staffed Beds	<input type="text"/>
Number of ED Beds	<input type="text"/>
Number of ED Resuscitation Beds	<input type="text"/>
Number of ED Fast Track (Urgent Care) Beds	<input type="text"/>
Number of ED Observation Beds	<input type="text"/>
2024 Average Daily Census for ED	<input type="text"/>
2024 Total Number of ED Visits	<input type="text"/>
Number of ICU Beds	<input type="text"/>
Number of Operating Rooms	<input type="text"/>
Number of Pediatric ED Resuscitation Rooms	<input type="text"/>
Number of Pediatric ICU Beds	<input type="text"/>
Number of Pediatric Floor Beds	<input type="text"/>
Number of Specific Pediatric Operating Rooms	<input type="text"/>
2024 Average Daily Hospital Bed Occupancy Rate	<input type="text"/>

Step 2

Complete the following data specific to the trauma population (patients who meet the NTDB criteria) for **FY 2024**.

* 23. Total Trauma Activations Admitted to Facility:

ICU (15 years or older)	<input type="text"/>
General Unit (15 years or older)	<input type="text"/>
PICU (less than 15 years)	<input type="text"/>
Pediatric Floor (less than 15 years)	<input type="text"/>
Other (total population)	<input type="text"/>
Transferred Out (total population)	<input type="text"/>
Expired (total population)	<input type="text"/>

* 24. Define the number of trauma operative procedures for patients meeting NTDB criteria (including all ages of the trauma population for FY 2024).

Trauma	<input type="text"/>
Orthopedics	<input type="text"/>
Neurosurgery	<input type="text"/>
ENT	<input type="text"/>
Plastics	<input type="text"/>
Hand	<input type="text"/>
Ophthalmology	<input type="text"/>
Other	<input type="text"/>

* 25. Define the age breakdown of the facility's trauma registry patients (patients who meet NTDB criteria for FY 2024).

<1	<input type="text"/>
1 to 5	<input type="text"/>
6 to 14	<input type="text"/>
15 to 64	<input type="text"/>
65 to 84	<input type="text"/>
>85	<input type="text"/>

Step 3

Complete the following information specific to the trauma facility's trauma service for **Fiscal Year (FY) 2024**.

* 26. Define the annual cost/salary of the Trauma Program Manager/Director (TPM) . This would include the cost of required education and required meeting attendance.

* 27. Does the Trauma Program Manager/Director have other job functions?

Yes

No

28. If yes, please define (Check all that apply):

- Stroke
- Cardiac/STEMI
- ED Manager
- Other (please specify)

* 29. Define the annual cost/salary of the trauma performance improvement coordinator.

- N/A
- UTD
- Annual cost/salary

* 30. Define how many trauma performance improvement coordinators are employed.

Number

Total cost

* 31. Define the annual cost/salary of the trauma educator/outreach education coordinator(s).

- N/A
- UTD
- Annual cost/salary

* 32. Define the annual cost/salary of the injury prevention coordinator(s).

- N/A
- UTD
- Annual cost/salary

* 33. Define the annual cost/salary of the research coordinator(s).

- N/A
- UTD
- Annual cost/salary

* 34. Define the annual cost/salary of the trauma registry manager.

- N/A
- UTD
- Annual cost/salary

* 35. Define the annual cost/salary of the trauma registrar(s). If not applicable, enter N/A.

Number of trauma registrars.

Annual cost/salary

* 36. Define the annual cost/salary of the trauma administrative assistant.

- N/A
- UTD
- Annual cost/salary

* 37. * Define the total Trauma Medical Director (TMD) contract cost (e.g. salary, educational funding for courses, conferences, cost of other designation requirements) specific to the TMD.

* 38. Does your facility utilize an Associate Trauma Medical Director role?

- Yes
- No

If yes, please define the annual associated cost.

* 39. Define the total Emergency Medicine (EM) liaison contract cost (e.g. salary, educational funding for courses, conferences). **Note:** In rural facilities this may be an Emergency Medicine, or Family Practice Physician.

- N/A
- UTD
- Total cost

* 40. Define the total Critical Care liaison contract cost (e.g. salary, educational funding for courses, conferences).

- N/A
- UTD
- Total cost

* 41. Define the total Orthopedic liaison contract cost (e.g. salary, educational funding for courses, conferences).

- N/A
- UTD
- Total cost

* 42. Define the total Neurosurgery liaison contract cost (e.g. salary, educational funding for courses, conferences).

- N/A
- UTD
- Total cost

* 43. Define the total Anesthesia liaison contract cost (e.g. salary, educational funding for courses, conferences).

- N/A
- UTD
- Total cost

* 44. Define the total Radiology liaison contract cost (e.g. salary, educational funding for courses, conferences).

- N/A
- UTD
- Total cost

Step 4

Define the total cost for the medical provider's participation in trauma care or coverage for FY 2024.

* 45. Define the total contract cost for the Trauma Surgeon call panel. Cost must be specific to trauma care or trauma call coverage

- N/A
- UTD
- Total cost

* 46. Define the total contract cost for the trauma advanced practice providers (APPs). Cost must be specific to trauma care or trauma call coverage.

- N/A
- UTD
- Total cost

* 47. Define the total contract cost for the Orthopedic Surgeons for trauma coverage. Cost must be specific to orthopedic trauma care or orthopedic trauma call coverage.

- N/A
- UTD
- Total cost

* 48. Define the total contract cost for the Orthopedic APPs. Cost must be specific to orthopedic trauma care or orthopedic trauma coverage.

- N/A
- UTD
- Total cost

* 49. Define the total contract cost for the Neurosurgeons trauma coverage. Cost must be specific to neurosurgery trauma care or neurosurgery trauma call coverage.

- N/A
- UTD
- Total cost

* 50. Define the total contract cost for the Neurosurgery APPs. The cost must be specific to neurosurgery trauma care or neurosurgical trauma coverage.

- N/A
- UTD
- Total cost

* 51. Define the total contract cost for the Radiology trauma coverage. Cost must be specific to radiology trauma care.

- N/A
- UTD
- Total cost

* 52. Define the total contract cost for the Thoracic Surgery trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 53. Define the total contract cost for the Trauma ICU or Trauma Critical Care trauma coverage. Cost must be specific to trauma ICU/critical care.

- N/A
- UTD
- Total cost

* 54. Define the total contract cost for Vascular Surgery specific to trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 55. Define the total contract cost for the Urology Service for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 56. Define the total contract cost for Ophthalmology for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 57. Define the total contract cost for Anesthesia Services for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 58. Define the total contract cost for Anesthesia CRNAs for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 59. Define the total contract cost for ENT Surgical Services for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 60. Define the total contract cost for OMFS Surgical Services for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 61. Define the total contract cost for Plastic Surgery for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 62. Define the total contract cost for Burn Surgery for burn trauma and isolated burns care coverage. Cost must be specific to trauma/burn care.

- N/A
- UTD
- Total cost

* 63. Define the total contract cost for Hand Surgery for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 64. Define the total contract cost for Replantation Surgery for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 65. Define the total contract cost for Emergency Medicine or Emergency Department physician coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 66. Define the total contract cost for Emergency Department APP coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 67. Define the total contract cost for Rehabilitation (physician coverage for the trauma patient population (meeting NTDB criteria).

- N/A
- UTD
- Total cost

* 68. Define the total contract cost for Hospitalist provider coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 69. Define the total contract cost for Internal Medicine provider coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 70. Define the total contract cost for Cardiology Service coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 71. Define the total contract cost for Gastroenterology coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 72. Define the total contract cost for Nephrology coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 73. Define the total contract cost for Pediatric Surgery coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 74. Define the total contract cost for Pediatric ICU or Critical Care coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 75. Define the total contract cost for Pediatric APP coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Total cost

* 76. Does the facility financially support the surgical residency program.

- Yes
- No

* 77. Define the trauma facility’s process and funding to support the required physician coverage for trauma facility designation for the uninsured or self-pay population

- N/A
- UTD
- Total cost



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5. Section 2

Step 5

Define the clinical supports cost specific to trauma care or trauma coverage for the **Fiscal Year (FY) 2024**.

* 78. Does the facility have a dedicated trauma resuscitation areas with dedicated trauma resuscitation nurses?

- Yes
- No

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and education for the trauma resuscitation area staff. If unable to determine, enter UTD.

* 79. Does the facility have a dedicated trauma ICU?

Yes

No

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit.
If unable to determine, enter UTD.

* 80. Does the facility have a dedicated neurosurgical trauma ICU?

Yes

No

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit.
If unable to determine, enter UTD.

* 81. Does the facility have a dedicated trauma inpatient unit?

Yes

No

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit.
If unable to determine, enter UTD.

* 82. Does the facility have a dedicated orthopedic trauma inpatient unit?

Yes

No

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit.
If unable to determine, enter UTD.

* 83. Does the facility have a dedicated neurosurgical trauma inpatient unit?

Yes

No

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit.
If unable to determine, enter UTD.

* 84. Define the total cost for the CT scan tech for trauma coverage. Cost must be specific to CT scan for trauma care.

- N/A
- UTD
- Total cost

* 85. Define the total cost for the Interventional Radiology tech for trauma coverage. Cost must be specific to Interventional Radiology trauma care.

- N/A
- UTD
- Total cost

* 86. Define the total cost for the Angiography tech for trauma coverage. Cost must be specific to Angiography trauma interventions.

- N/A
- UTD
- Total cost

* 87. Define the total cost for the MRI tech for trauma coverage. Cost must be specific to MRI trauma diagnostics.

- N/A
- UTD
- Total cost

* 88. Define the total cost for the OR trauma coverage for evening and weekend coverage. Coverage must be specific to trauma coverage. This can include trauma, orthopedics, neurosurgery, or any trauma patient (meeting NTDB criteria requiring operative intervention).

- N/A
- UTD
- Total cost

* 89. Define the total cost for the PACU trauma coverage for evening and weekend coverage. Coverage must be specific to trauma coverage. This can include trauma, orthopedics, neurosurgery, or any trauma patient (meeting NTDB criteria requiring operative intervention).

- N/A
- UTD
- Total cost

* 90. Define the total cost for rehabilitation services specific to the trauma patient population (meeting NTDB criteria).

Physical Therapy
(enter N/A if not applicable)

Occupational Therapy
(enter N/A if not applicable)

Speech Therapy (enter N/A if not applicable)

* 91. * Define the total cost for screening the trauma patient population (meeting NTDB criteria).

SBIRT (enter N/A if not applicable)

Abuse (enter N/A if not applicable)

PTSD (enter N/A if not applicable)

Suicide (enter N/A if not applicable)

* 92. Define the total cost for trauma psychological support care.

- N/A
- UTD
- Total cost

* 93. Define the cost of Respiratory Therapists specific to trauma care or trauma critical care.

- N/A
- UTD
- Total cost

* 94. Define the cost related to the Blood Bank Services specific to trauma care.

- N/A
- UTD
- Total cost

* 95. Additional cost of providing Whole Blood

- N/A
- UTD
- Additional cost

Step 6

Please define the additional cost of trauma facility designation related to the following questions specific to Fiscal Year (FY) 2024.

* 96. Councils

Define the cost of RAC participation or RAC membership

Travel cost to attend RAC meetings

Travel cost to attend GETAC meetings

* 97. Define the cost of the trauma registry software and hardware

- N/A
- UTD
- Total cost

* 98. Cost of participation in a regional data collaborative

- N/A
- UTD
- Total cost

* 99. Cost of participation in TQIP

- N/A
- UTD
- Total cost

* 100. Cost of Injury Prevention materials

- N/A
- UTD
- Stop the Bleed
- Provide total cost and define the types of Injury Prevention materials:

* 101. Cost associated with public education and outreach education

- N/A
- UTD
- Total cost

* 102. Cost associated with education and training specific to EMS providers

- N/A
- UTD
- Total cost

* 103. * Total cost of providing professional education courses

- N/A
- UTD
- Total cost

* 104. Check courses provided by your trauma facility

- | | | |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> ABLS | <input type="checkbox"/> ATOM | <input type="checkbox"/> RTTDC |
| <input type="checkbox"/> ADLS | <input type="checkbox"/> DMEP | <input type="checkbox"/> TNCC |
| <input type="checkbox"/> ATLS | <input type="checkbox"/> ENPC | |
| <input type="checkbox"/> ATCN | <input type="checkbox"/> PHTLS | |
| <input type="checkbox"/> Other, please list | | |

* 105. Total cost of designation required educational courses for staff specific to trauma facility designation paid by the facility in FY 2024.

* 106. Check courses Attended in FY 2024

- Advanced Trauma Life Support Coverage (ATLS)
- Trauma Nursing Core Course / Advanced Trauma Course for Nurses (TNCC/ATCN)
- Pediatric Advanced Life Support / Emergency Nurses Pediatric Course (PALS/ENPC)
- Trauma Performance Improvement Course
- AAAM or Data Management Course
- Trauma Program Manager Course
- Trauma Medical Director Course
- Trauma Care After Resuscitation (TCAR)
- Pediatric Care After Resuscitation (PCAR)
- Disaster Management Emergency Preparedness (DMEP)
- Rural Trauma Team Development Course
- Attending the TQIP Annual Conference

* 107. Define the cost of the trauma verification/designation survey.

* 108. Is the facility a hospital-based EMS provider?

- Yes
- No

* 109. Does the facility have a hospital-based air medical service?

- Yes
- No

* 110. Does the facility support a transfer coordinating center with staffing and resources for the regional area? (Note: If this a hospital system coordination for transfers, this is not applicable)

- Yes
- No
- N/A

* 111. Does the facility provide telemedicine capabilities to rural facilities for trauma patient management or transfer facilitation?

- Yes
- No

112. If the facility is located in a in a county with 30,000 or less population, does the facility utilize telemedicine for trauma resuscitations?

- Yes
- No
- N/A

If yes, please define cost.