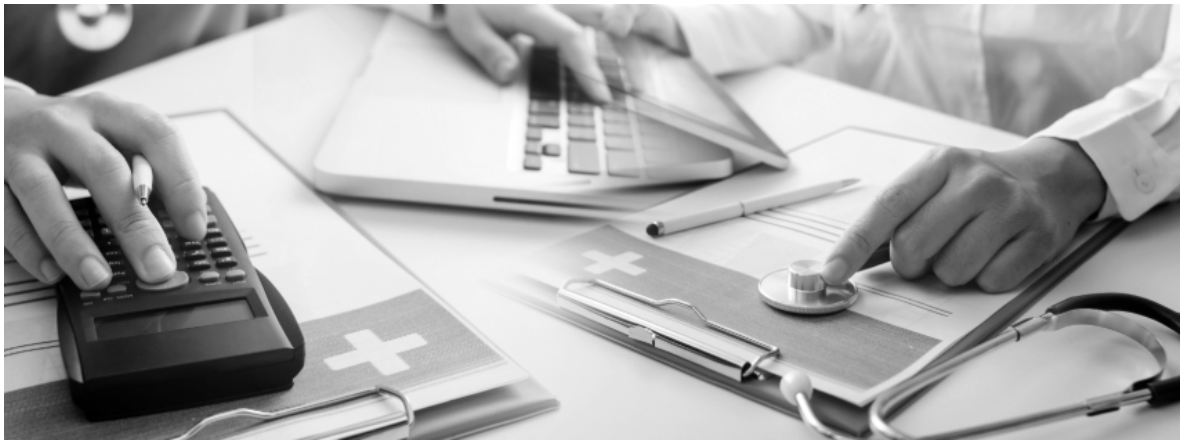
TEXAS Health and Human Services | Texas Department of State Health Services

2026 Trauma Uncompensated Care Funding Application Part A

1. Application due date February 25, 2026.

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 Texas

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 trauma activations for each category provided below for Calendar Year (CY) 2024 for your hospital.

* 11. Number of patients entered in the facility's Trauma Registry from January 1, 2024, thru December 31, 2024.

* 12. Number of facility trauma team activations from January 1, 2024, thru December 31, 2024.

* 13. Number by Level of Activation for Calendar Year (CY) 2024 from January 1, 2024, thru December 31, 2024.

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) 2024.

* 14. Enter total number for each:

American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian or Other Pacific Islander	
White/Not Hispanic or Latino	
Other	

Section 1(c) - Financial Information

Hospital's Uncompensated Trauma Charges - Provide patient discharges from January 1, 2024 thru December 31, 2024.

* 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 "U" Uncompensated Charges Total. (Column "S" Original Billed minus Column "T" Collections = Column "U" 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. Please note that this amount is not related to CY2024 Part-C collections column T. Please make sure that you provide CY2024 collection in column T.