

**Fiscal Year 2004**  
**Designated Trauma Facility Emergency Medical Services Account**  
**(Hospital Allocation)**  
**Uncompensated Trauma Care Application**

**Instructions:** .....

Please Complete and forward to the Texas Department of Health, Bureau of Emergency Management, 1100 West 49<sup>th</sup> Street, Austin, Texas, 78756-3199. (Detailed completion instructions are enclosed). **The due date for this application is \_\_\_\_\_, and it must be postmarked on or before this date in order to be considered eligible for funding. Facsimiles and/or e-mail applications will not be accepted.** For assistance with any part of this application, please contact Greg Wilburn at (512) 834-6675 or [greg.wilburn@tdh.state.tx.us](mailto:greg.wilburn@tdh.state.tx.us) .

**General Information:** .....

(1) Hospital Name: \_\_\_\_\_

(2) Mailing Address: \_\_\_\_\_

(3) City: \_\_\_\_\_ (4) State: \_\_\_\_\_ (5) Zip: \_\_\_\_\_

(6) Regional Advisory Council (RAC): \_\_\_\_\_

(7) Texas Provider Identifier (TPI number) \_\_\_\_\_ or an

accepted federal identification number *if no TPI* \_\_\_\_\_

(8) Designated Trauma Facility on or before September 1, 2003? \_\_\_\_ Yes \_\_\_\_ No  
? Level I      ? Level II      ? Level III      ? Level IV

(9) Met "in active pursuit of designation" requirements by December 31, 2003? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A  
(N/A if designated by December 31, 2003.)

**Financial Information :( January 1, 2003 thru December 31, 2003).....**

(10) **Facility's Charges** for uncompensated trauma care:                      \$ \_\_\_\_\_

(11) **Facility's Costs** for uncompensated trauma care:                      \$ \_\_\_\_\_

(12) **Facility's Cost-to-Charge ratio** used to determine (11) above:                      \_\_\_\_\_

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**Affidavit:** (Note: this must be completed by all individuals listed below to be eligible for funding)

.....  
I, \_\_\_\_\_, **Chief Executive Officer** for the hospital named above, swear or affirm that the information contained in this application is true and correct.

Subscribed and sworn before me, a Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_, Notary Public, County \_\_\_\_\_

State of \_\_\_\_\_ My Commission expires \_\_\_\_\_

**Chief Executive Officer:** \_\_\_\_\_  
Name (printed or typed) Signature

.....  
I, \_\_\_\_\_, **Chairman of the Board of Directors** for the hospital named above, swear or affirm that the information contained in this application is true and correct.

Subscribed and sworn before me, a Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_, Notary Public, County \_\_\_\_\_

State of \_\_\_\_\_ My Commission expires \_\_\_\_\_

**Chairman of the Board of Directors:** \_\_\_\_\_  
Name (printed or typed) Signature

.....  
I, \_\_\_\_\_, **Chief Financial Officer** for the hospital named above, swear or affirm that the information contained in this application is true and correct.

Subscribed and sworn before me, a Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_, Notary Public, County \_\_\_\_\_

State of \_\_\_\_\_ My Commission expires \_\_\_\_\_

**Chief Financial Officer:** \_\_\_\_\_  
Name (printed or typed) Signature

.....  
I, \_\_\_\_\_, **Trauma Medical Director** for the hospital named above, swear or affirm that the information contained in this application is true and correct.

Subscribed and sworn before me, a Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_, Notary Public, County \_\_\_\_\_

State of \_\_\_\_\_ My Commission expires \_\_\_\_\_

**Trauma Medical Director:** \_\_\_\_\_

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Name (printed or typed)

Signature

**Instructions for Completing Application:.....**

**Submit an application for each eligible facility.** Hospitals under common ownership must apply individually. For definitions of terms, refer to Chapter 780 of the Texas Health and Safety Code and the Texas Administrative Code at Title 25, Part 1, and Chapter 157. Section 157.131

**Item 1:** Enter the business name of the hospital—not the name of the organization that owns the hospital.

**Items 2 – 6:** Enter the mailing address of the hospital, county in which the hospital is located, city, state, zip code and Regional Advisory Council (RAC), using letters A-V. The appropriate RAC can be obtained at <http://www.tdh.state.tx.us/hcqs/ems/TSAMap.pdf>.

**Item 7:** The TPI number is a nine-digit number that uniquely identifies a Texas Medicaid billing provider.

**Item 8:** Check the appropriate box to indicate designation level.

**Item 9:** “Active Pursuit” of department designation as a trauma facility -- means that by December 31, 2003 a licensed hospital, applying for a designation from the department as a trauma facility, must have submitted: a complete application to the department’s trauma facility designation program or appropriate agency for trauma verification; evidence of participation in Trauma Services Area (TSA) Regional Advisory Council (RAC) initiatives; evidence of a hospital trauma performance improvement committee; and data to the department’s EMS/Trauma Registry. **Note: The list of facilities who met the December 31, 2003 deadline for “Active Pursuit” can be viewed at <http://www.tdh.state.tx.us/hcqs/ems/HospitalinActivePursuitofDesignation2.pdf> .**

**Item 10-12:** Uncompensated Trauma Care Charges/Cost/Cost to Charge Ratio

**Trauma care** –Care provided to patients who underwent treatment specified in at least one of the following ICD-9 (International Classification of Diseases, 9th Revision, of the National Center of Health Statistics) codes: between 800.00 and 959.9, including 940.0-949.0 (burns), excluding 905.0-909.0 (late effects of injuries), 910.0-924.0 (blisters, contusions, abrasions, and insect bites), 930.0 – 939.0 (foreign bodies), and who underwent an operative intervention as defined in paragraph (9) of this subsection or was admitted as an inpatient for greater than 23-hours or who died after receiving any emergency department evaluation or treatment or was dead on arrival to the facility or who transferred into or out of the hospital.

**Uncompensated trauma care--** The sum of “charity care” and “bad debt” resulting from trauma care as defined in paragraph (5) of this subsection 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), etc.) is not uncompensated trauma care.

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**Charity care**-- The unreimbursed cost to a hospital of 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.

**Bad debt**-- The unreimbursed cost to a hospital of 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.

**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.

**Calculation of the costs of uncompensated trauma care**—For the purposes of this section, a hospital will calculate its total costs of uncompensated trauma care by summing its charges related to uncompensated trauma care as defined in paragraph (6) of this subsection, then applying the cost to charge ratio defined in paragraph (12) of this subsection and derived in accordance with generally accepted accounting principles. The calculation of cost to charge ratios shall be based on the most recently completed and audited prior fiscal year of the hospital or hospital system.

**NOTE:** The department will verify the facility's uncompensated trauma care cost by utilizing the cost-to-charge ratio provided by the Texas Health and Human Services Commission's Medicaid Office.