Uncompensated Care Methodology

Determine Trauma claims: A hospitals entire claims for a given time period less those claims which do not meet pre-established trauma criteria results in those trauma related claims. Trauma claim criteria:

Trauma Service Codes (ACS-COT): 800-959.9 AND

- Admitted to the hospital for treatment
- Not admitted but expired in the Emergency Department
- Placed in observation

Excluded Service Codes

- 905-909.9 Late effects of injury
- 910-924.9 Superficial injuries and contusions
- 930-939.9 Foreign body orifice

Determine Admit Utilization: Done by dividing the number of trauma related claims by the total number of claims for a hospital, we determine trauma utilization as a percentage of all claims.

HospTrauma_{claim}/Hospital_{claim} = Hosp Admit Util

Severity Adjusted Utilization: In order to adjust for injury severity, the hospital's population of trauma claims will be multiplied by the appropriate Diagnosis Related Group (DRG) weight.

Sum (Claim Length of Stay x Claim DRG) for all claims = HospTraumaAcuity

Eligibility Criteria: Non-trauma hospitals which prove to have an admit utilization rate AND severity adjusted utilization equal to the minimum utilization rates established by the designated trauma centers will be eligible for participation in the pool. All designated trauma centers are eligible.

Admit Util >= Min. Trauma Hosp Admit Util
AND
Hosp Trauma Acuity >= Min Trauma Hosp Acuity

Unreimbursed Cost: The sum of all self-pay patient claims for a hospital is multiplied by that hospital's cost-to-charge ratio as reported in their Joint Annual Report. This amount represents a hospital's unreimbursed trauma cost.

Sum of Uncompensated Trauma Charges x JAR cost-to-charge = Hosp Cost

Distribution Amount: Each hospital would then be reimbursed based on that hospital's unreimbursed cost as a percent of the total unreimbursed costs of all eligible hospitals.

Hosp Cost/Sum of all Hosp x Trauma Pool = Hospital Specific Pool Payment