STATE: COMMONWEALTH OF PENNSYLVANIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

TRAUMA DISPROPORTIONATE SHARE HOSPITAL PAYMENTS

The Department shall make a supplemental disproportionate share payment ("Trauma DSH payment") to hospitals that qualify as a trauma center for the purpose of improving access to readily available and coordinated trauma care for the citizens of this Commonwealth. For Fiscal Year 2012-2013, the Department will allocate \$8.656 million in State General Funds for this DSH payment.

Qualified Trauma Centers

A hospital located in the Commonwealth of Pennsylvania shall qualify as a trauma center ("qualified trauma center") if it is accredited by the Pennsylvania Trauma Systems Foundation ("Foundation") as a Level I, Level II, or Level III trauma center.

An out-of-state hospital may qualify as a trauma center ("out-of-state qualified trauma center") for purposes of eligibility for the Trauma DSH payment. The term out-of-state qualified frauma center means West Virginia University Hospital, or an out-of-state trauma center that annually discharges more than 30 patients, who qualify as trauma patients under the Pennsylvania Trauma Outcome Study (PTCS) for 2 of the preceding 4 years and meets each of the following requirements:

- is accredited as a Level II or Level II trauma center by the Foundation; or has obtained verification from the American College of Surgeons as a Level I or Level II trauma center; and is formally designated as a Level I or Level II trauma center by its home state; and
- Pays to the Foundation the annual participation fee the out-of-state hoseital would be charged were it accredited by the Foundation as a Level i or Level ii trauma center.

Out-of-state qualified trauma centers shall submit to the Foundation on an annual basis both:

(i) a copy of the clinical patient data the hospital submits to the National Trauma Database regarding Pennsylvania residents who receive trauma services from

the hospital; and

(ii) the total and Pennsylvania resident-specific number of PTOS trauma visits and patient days for individuals who are Medical Assistance beneficiaries and those who are uninsured. The definition of what constitutes a PTOS trauma case shall be the same for both Pennsylvania and out-of-state hospitals.

DPW may use any funds available for Trauma DSH payments to make Trauma DSH payments to eligible out-of-state hospitals.

Calculation of the Trauma DSH Payment for Qualified Level I and Level II Trauma Centers

The Department shall allocate 90% of the total available funds to hospitals that quality as Level I and Level II trauma centers, including West Virginia University Hospital 50% of the amount available for Level I and Level II Irauma centers shall be distributed equally among qualified Level I and Level II trauma centers, 50% of the total amount available for Level I and Level B centers shall be distributed on the basis of each qualified trauma center's percentage of medical assistance and uninsured PTOS trauma visits and patient days compared to the Pennsylvania statewide total number of medical assistance and uninsured PTOS trauma visits and patient days for Level I and Level II trauma centers.

For these payments, the Department shall calculate payment to each qualifying Level I or Level II trauma center using PTOS data provided by the Foundation. For purposes of calculating the hospital specific portion of the payment, the Department shall count all medical assistance days, uninsured PTOS trauma cases and patient days, irrespective of the home state of the patient.

Accreditation of Level iil trauma centers

The Foundation will accredit Level fit trauma centers in accordance with established standards, based upon the guidelines for Level III trauma centers as defined by the American College of Surgeons, in addition to the established atandards a hospital must meet all of the following criteria to qualify for Level III accreditation:

- provide comprehensive emergency services; have, on an annual basis, at least 4,000 inpatient admissions from its emergency department;
- for trauma centers accredited or seeking accreditation prior to October 23, 2010:
 - be located in a county without an accredited Level I or Level II trauma center, and
 - not be located within 25 miles travel distance from a Level I or Level II trauma center
- for trauma centers accredited or seeking accreditation on or after October 23, 2010:
 - be located in a county of the third to eighth class; and
 - not be located within 25 miles travel distance from a Level I, Level II or Level III trauma center.

The Department will allocate the 10% of the total aveilable funds to hospitals accredited or seeking accreditation as Level III trauma centers for up to 4 years, with documented evidence or progression towards accreditation and achievement of benchmarks as verified and established by the Foundation in collaboration with the Department, 50% of this amount available for Level III trauma centers will be distributed equalty among Level III trauma centers. 50% of the total amount available for Level III centers will be distributed on the basis of each trauma center's percentage of MA and uninsured PTOS trauma cases and patient days compared to the Pennsylvania statewide total number of MA and uninsured PTOS trauma cases and patient days for Level III trauma centers.

For these payments the Department will calculate payment to each qualifying hospital accredited as a Level lit trauma center using PTOS data provided by the Foundation. For purposes of calculating the hospital specific portion of the payment, the Department shall count all MA days, uninsured PTOS trauma cases and patient days, irrespective of the home state of the patient. Payment to each qualifying Level III trauma center may not be greater than 50% of the average Statewide annual payment to a Level II trauma center.

For Fiscal Year 2012-2013, the fiscal impact of this additional class of DSH payment shall not exceed \$18.933 (\$8.656 million in State General Funds and \$10.277 million in Federal Funds upon approval by the Centers for Medicard services (CMS)).

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