

PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT
Annual Report
Fiscal Year 2018-2019

PURPOSE AND DESCRIPTION

Act 15 of 2004, “The Pennsylvania Trauma Systems Stabilization Act” (Act 15), established an annual Disproportionate Share Hospital (DSH) payment to Pennsylvania hospitals accredited by the Pennsylvania Trauma Systems Foundation (PTSF) as Level I, Level II, or Level III Trauma Centers (Trauma Payment). Act 15 also established qualification criteria for Level III Trauma Centers and provided a funding distribution methodology for the Trauma Payment.

Act 84 of 2010 (Act 84) reestablished the Pennsylvania Trauma Systems Stabilization Act under the Human Services Code (formerly the Public Welfare Code). Act 84 revised the definition of “Trauma Center” to include certain out-of-state hospitals with Trauma Centers that provide services to Pennsylvania Medical Assistance (MA) beneficiaries, and to provide up to four (4) years of funding to hospitals pursuing Level III accreditation. Prior to disbursement, Act 84 requires a commitment from qualified Trauma Centers to use the Trauma Payment funds on the development and provision of trauma services. Act 84 requires each Trauma Center receiving Trauma Payment funds to provide the Department of Human Services (DHS) with a report accounting for Trauma Payment funds expenditures and detailing how the Trauma Payment funds have improved access to trauma care for Pennsylvania citizens. Act 84 did not change the distribution methodology set forth in Act 15.

BENEFIT TO THE COMMONWEALTH

The Trauma Payment benefits Pennsylvania citizens by improving access to readily available and coordinated trauma care. The direct beneficiaries are Pennsylvania hospitals that have received, or are seeking, accreditation as Level I, Level II, or Level III Trauma Centers.

Hospitals report that the Trauma Payment funding enables them to provide the specialized care required for traumatically injured patients. Trauma surgeons, neurosurgeons, orthopedic surgeons, oral/maxillofacial and plastic surgeons, and other physician specialists and emergency room personnel are essential to providing patient optimal outcomes.

In Fiscal Year (FY) 2018-2019 hospitals identified the following areas where funding has improved access to, or enhanced the quality of, trauma care for injured patients:

- Funding training programs and certification for surgeons, nurses, and residents. Courses include Advanced Trauma Life Support, Advanced Cardiac Life Support, Trauma Care After Resuscitation, Advanced Trauma Care for Nurses, Rural Trauma Team Development Course for rural hospitals and pre-hospital providers in rural communities, and continuing education

- courses. Other training opportunities include monthly trauma symposiums and annual trauma conferences;
- Offering community education and outreach initiatives focused on reducing traumatic injuries through targeting causes of the most frequently identified injuries in youth, adult, and elderly populations, including: car seat safety, driving safety for teens and seniors, distracted driving and DUI prevention, home safety for older adults, and balance and fall safety. Additional programs include the Stop the Bleed initiative and concussion, spine, and head injury education programs such as ThinkFIRST.
 - Facility improvements including improved access through a new patient Transfer Center, emergency department renovations, increased bed availability, information technology (IT) upgrades, and electronic medical records systems; and
 - Developing, writing, and publishing medical research projects, and data analysis, care benchmark programs, and peer review to facilitate improvement in continual evidence-based quality and cost-effective trauma care.

The Trauma Payment helps promote greater financial stability of qualified Trauma Centers. Pennsylvania citizens benefit from access to quality trauma care.

TRAUMA CENTER PAYMENTS

In FY 2018-2019, the Pennsylvania state budget appropriated \$8.656 million for Trauma Center funding. As required by Act 84, DHS submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). On January 18, 2019, Pennsylvania received notification that CMS approved the SPA, amending State Plan page 4.19A p. 21c, effective December 02, 2018, to provide federal matching funds for the budgeted state funds for FY 2018-19 Trauma Payments. The federal financial participation (FFP) increased the total available funding to approximately \$18.128 million.

In FY 2018-2019, DHS distributed \$18,127,748.69 in Trauma Payments to thirty-five (35) hospitals – \$8,656,000.00 in state funds and \$9,471,748.69 in federal funds. In FY 2018-2019, eighteen (18) Level I Trauma Centers, fifteen (15) Level II Trauma Centers, and two (2) Level III Trauma Centers qualified for payment.

As required by Act 84, DHS initially distributed ninety percent (90%) of funding (\$16,314,973.82) to Level I and Level II Trauma Centers. DHS initially distributed the remaining ten percent (10%) of funding (\$1,812,774.87) to Level III Trauma Centers.

As required by Act 84, DHS distributed fifty percent (50%) of the total funding for Level I and Level II Trauma Centers (\$8,157,486.91) equally among Level I and Level II Trauma Centers. DHS distributed the remaining fifty percent (50%) of the total funding based on each Level I and Level II Trauma Center's percentage of MA and uninsured trauma cases and patient days compared to the statewide total number of MA and uninsured trauma cases and patient days for all Level I and Level II Trauma Centers.

As required by Act 84, DHS distributed fifty percent (50%) of the total funding for Level III Trauma Centers (\$906,387.44) equally among all Level III Trauma Centers. As required by Act 84, DHS distributed the remaining fifty percent (50%) of the total funding based on each Level III Trauma Center's percentage of MA and uninsured trauma cases and patient days compared to the statewide total number of MA and uninsured trauma cases and patient days for all Level III Trauma Centers.

Level I and Level II Centers Data Sourcing¹

DHS utilized Calendar Year (CY) 2017 PTSF data to calculate each Level I and Level II Trauma Center's payment. The exceptions were Geisinger Holy Spirit and Wilkes Barre General Hospital. DHS utilized CY 2017 Pennsylvania Health Care Cost Containment Council (PHC4) data to calculate these payments.

Level III Centers Data Sourcing²

DHS utilized CY 2017 PTSF data to calculate Pocono Hospital's Level III payment and utilized CY 2017 PHC4 data to calculate Penn Highlands Dubois Level III payment.

Cap on Level III Payments

Act 84 requires that payment to each Level III Trauma Center may not be greater than fifty percent (50%) of the average statewide annual payment to a Level II Trauma Center. In FY 2018-2019, DHS capped payments for Level III Trauma Centers at \$189,246.39.

RECOMMENDATION

DHS requests continued funding for the Trauma Program at the current level. Continued funding provides stability for the program and offers continuity for services that Pennsylvania citizens rely upon.

ATTACHMENT

FY 2018-2019 Trauma Annual Report Spreadsheet

¹ PTSF data is unavailable for a newly accredited Level I or Level II hospitals' first year of accreditation. Therefore, DHS used PHC4 data for Geisinger Holy Spirit and Wilkes Barre General Hospital due to new accreditation at the time of calculation.

² PTSF data is unavailable for hospitals "seeking accreditation" as Level III. DHS used PHC4 data for Penn Highlands Dubois due to their "seeking accreditation" status at the time of calculation.