

PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT
Annual Report
Fiscal Year 2016-2017

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 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. Each Trauma Center receiving Trauma Payment funds is required 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 residents. 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 optimal outcomes for patients.

In Fiscal Year (FY) 2016-2017, hospitals identified the following areas where funding has improved access to, or enhanced the quality of, trauma care for injured patients:

- Establishing training programs for surgeons, nurses, and residents, including courses in 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, continuing education, monthly trauma symposiums, and annual trauma conferences; and
- Offering community education and outreach initiatives focused on reducing traumatic injuries. Programs including, but not limited to, Impact Teen Drivers, Concussion Education, Car Fit, Matter of Balance, Safe Kids/Car Seat Safety, Stop the Bleed initiative, All Terrain Vehicle (ATV) and Sports Safety, and violence prevention programs targeting the most frequently identified injuries in youth, adult, and elderly populations; and
 - Facility improvements, including site development for separate ambulance, helicopter, and drive-up traffic, additional access through increased bed availability, dedicated trauma bays and operating rooms, dedicated mobile IT resources, digital radiology, and electronic medical records systems; and
 - Research coordinators to facilitate efforts for continual evidence-based quality and cost-effective trauma care.

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

TRAUMA CENTER PAYMENTS

In FY 2016-2017, the Pennsylvania State Budget appropriated \$8,656,000.00 for Trauma Center funding. As required by Act 84, DHS submitted a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS). On March 3, 2017, Pennsylvania received notification of federal approval of a State Plan Amendment 4.19A p. 21c, effective December 11, 2016, which provided federal matching funds for Trauma Payments. The federal financial participation increased the total available funding to \$17,951,057.65.

In FY 2016-2017, DHS distributed \$17,904,474.39 of Trauma Payments to 33 hospitals – \$8,633,375.72 in state funds and \$9,271,098.67 in federal funds. In FY 2016-2017, 17 Level I Trauma Centers, 14 Level II Trauma Centers, and two Level III Trauma Center qualified for payment. The difference of \$46,583.26 between the available funding and the expenditures is due to one hospital reaching its Upper Payment Limit (UPL), discussed below. Additionally, post-payment review revealed underlying data updates for one Level I hospital that resulted in a \$404,548.48 increase.

As required by the Human Services Code, DHS distributed 98 percent of funding (\$17,502,720.15) to Level I and Level II Trauma Centers; with the remaining two percent of funding (\$401,754.24) to Level III Trauma Centers.

As required by the Human Services Code, DHS distributed 50 percent of the total funding for Level I and Level II Trauma Centers (\$8,077,975.95) equally among Level I and Level II Trauma Centers. DHS distributed the remaining 50 percent 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 50 percent of the total funding for Level III Trauma Centers (\$897,552.89) equally among all Level III Trauma Centers. As required by Act 84, DHS distributed the remaining 50 percent 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.

As required by the approved State Plan Amendment and Title XIX of the Social Security Act, 42 U.S.C. §1396r-4, federal financial participation is not available for DSH payments that exceed hospital-specific DSH UPL. In FY 2016-2017, THS-St. Christopher's Hospital for Children did not receive a payment because the prospective payment calculation placed it above its DSH UPL.

Level I and Level II Centers Data Sourcing¹

DHS utilized CY 2015 PTSF data to calculate each Level I and Level II Trauma Center's payment. The lone exception was Main Line Lankenau, which DHS utilized CY 2015 Pennsylvania Health Care Cost Containment Council (PHC4) data to calculate.

Level III Centers Data Sourcing²

DHS utilized CY 2015 PTSF data to calculate Pocono Hospital's Level III payment and utilized CY 2015 PHC4 data to calculate Meadville Medical Center's Level III payment.

Cap on Level III Payments

The Human Services Code requires that payment to each Level III Trauma Center may not be greater than 50 percent of the average statewide annual payment to a Level II Trauma Center. In FY 2016-2017, DHS capped payments for all hospitals accredited as Level III Trauma Centers at \$200,877.12.

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 Main Line L 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 Hazleton General Hospital and Meadville Medical Center due to their "seeking accreditation" status at the time of calculation.

RECOMMENDATION

DHS requests that the legislature continue funding the trauma units at the current level. Continued funding provides stability for the program and offers continuity for services already in place and relied upon by the citizens of the commonwealth.

ATTACHMENT

FY 2016-2017 Trauma Annual Report Spreadsheet

Table 1: Payments by Hospital

Hospital	Level	Total Trauma Visits**	Total Medical Assistance & Self Pay Trauma Visits**		State Share Payment	Federal Share Payment	Total Payment
			(Included in in Total Trauma Visits)				
Albert Einstein Medical Center	I	962	588		\$ 306,172.07	\$ 328,776.22	\$ 634,948.29
Children's Hospital of Philadelphia	I	772	323		\$ 190,559.35	\$ 204,628.03	\$ 395,187.38
Children's Hospital of Pittsburgh	I	1,000	581		\$ 232,931.42	\$ 250,128.35	\$ 483,059.77
Conemaugh Memorial Medical Center	I	958	268		\$ 215,128.18	\$ 231,010.73	\$ 446,138.91
Geisinger Medical Center	I	1,957	588		\$ 312,773.96	\$ 335,865.53	\$ 648,639.49
Hospital of the University of Pennsylvania	I	1,457	718		\$ 425,644.53	\$ 457,069.13	\$ 882,713.66
Lehigh Valley Hospital	I	3,868	877		\$ 387,193.35	\$ 415,779.17	\$ 802,972.52
Milton S. Hershey Medical Center	I	1,656	588		\$ 327,960.74	\$ 352,173.52	\$ 680,134.26
Temple University Hospital	I	1,535	942		\$ 511,508.30	\$ 549,272.08	\$ 1,060,780.38
Thomas Jefferson University Hospital	I	1,347	423		\$ 281,577.49	\$ 302,365.87	\$ 583,943.36
THS - Hahnemann University Hospital	I	751	429		\$ 298,824.14	\$ 320,885.82	\$ 619,709.96
THS - St. Christopher's Hospital for Children	I	534	397		\$ -	\$ -	\$ -
UPMC Altoona	I	1,101	291		\$ 201,429.91	\$ 216,301.14	\$ 417,731.05
UPMC Presbyterian	I	4,113	1,192		\$ 520,902.28	\$ 559,359.61	\$ 1,080,261.89
West Pennsylvania Hospital - Allegheny General Hospital	I	2,390	664		\$ 347,630.61	\$ 373,295.59	\$ 720,926.20
West Pennsylvania Hospital - Forbes Regional Campus	I	804	205		\$ 192,295.13	\$ 206,491.94	\$ 398,787.07
West Virginia University Hospital	I	2,093	616		\$ 133,240.01	\$ 143,076.90	\$ 276,316.91
York Hospital	I	1,399	291		\$ 219,681.05	\$ 235,899.72	\$ 455,580.77
Abington Memorial Hospital	II	1,163	183		\$ 188,766.18	\$ 202,702.46	\$ 391,468.64
Aria Health Hospital - Frankford	II	1,307	528		\$ 289,332.56	\$ 310,693.49	\$ 600,026.05
Crozer-Chester Medical Center	II	1,436	585		\$ 305,083.60	\$ 327,607.40	\$ 632,691.00
Geisinger Community Medical Center	II	821	141		\$ 175,037.46	\$ 187,960.18	\$ 362,997.64
Geisinger Wyoming Valley Medical Center	II	770	234		\$ 203,619.21	\$ 218,652.07	\$ 422,271.28
Lancaster General Hospital	II	1,412	344		\$ 226,735.39	\$ 243,474.88	\$ 470,210.27
Main Line Lankenau	II	1,774	211		\$ 231,043.80	\$ 248,101.36	\$ 479,145.16
Paoli Memorial Hospital	II	1,089	199		\$ 182,177.36	\$ 195,627.21	\$ 377,804.57
Reading Hospital	II	1,278	255		\$ 201,719.83	\$ 216,612.45	\$ 418,332.28
Robert Packer Hospital	II	697	161		\$ 182,560.89	\$ 196,039.05	\$ 378,599.94
Saint Mary Hospital	II	777	73		\$ 151,206.30	\$ 162,369.60	\$ 313,575.90
St. Luke's Hospital	II	1,539	307		\$ 225,074.67	\$ 241,691.55	\$ 466,766.22
UPMC Hamot	II	1,290	342		\$ 215,062.28	\$ 230,939.97	\$ 446,002.25
UPMC Mercy	II	1,645	651		\$ 361,866.31	\$ 388,582.29	\$ 750,448.60
Meadville Medical Center	III	872	92		\$ 96,862.95	\$ 104,014.17	\$ 200,877.12
Pocono Hospital	III	746	194		\$ 96,862.95	\$ 104,014.17	\$ 200,877.12
		47,313	14,481		\$ 8,438,464.26	\$ 9,061,461.65	\$ 17,499,925.91

The following hospitals qualified for payments, but were ineligible due to unresolved UPL issues: THS-St. Christopher's Hospital for Children

**Source of Data:

2015 Data from Pennsylvania Trauma Systems Foundation

2015 Data from Pennsylvania Health Care Cost Containment Council

Table 2: Updates

Hospital	Level	Total Trauma Visits**	Total Medical Assistance & Self Pay Trauma Visits**	State Share Payment	Federal Share Payment	Total Payment
			(Included in in Total Trauma Visits)			
West Virginia University Hospital	I	2,093	616	\$ 194,911.46	\$ 209,637.02	\$ 404,548.48
		2,093	616	\$ 194,911.46	\$ 209,637.02	\$ 404,548.48

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2015 Data from Pennsylvania Trauma Systems Foundation

2015 Data from Pennsylvania Health Care Cost Containment Council