

LEVEL III TRAUMA CENTER CRITERIA

EXHIBIT 1

Trauma Center shall complete the following actions, tasks, obligations, and responsibilities.

A. Readiness Services Program:

The Trauma Center agrees that readiness costs covered by this Agreement are for the period **01 July 2024 through 30 June 2025** and include the following requirements for funding:

1. Ensure that at least 25 percent of “Readiness Services Program” funds will be or have been paid to eligible physicians providing trauma-related services to trauma patients receiving such services at Trauma Center’s facility during the covered period.
2. Provide to Commission a final report at the end of the agreement period documenting the use of Readiness Services Program funding provided through the Agreement; and

B. FY 2025 Performance-Based Program Services (PBP)

The Trauma Center Performance-Based Program Services is prospective. Consistent with Centers for Medicare and Medicaid Services (CMS) principles, the current PBP performance impacts future PBP readiness payments. The FY 2025 portion of the PBP funding is based on the results of the Trauma Center’s performance on the FY 2024 PBP criteria, as validated in the FY 2024 Scorecard. For FY 2025, the Commission has determined that **sixty percent (60%)** of Readiness Services Program funding available to Level III Trauma Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to Trauma Center will include the PBP funding determined by satisfying PBP criteria. The PBP Scorecard included in the contract must be submitted to the Commission office on or before 15 April 2025. Trauma Centers will be notified in June 2025 of compliance with PBP criteria, and the total amount of Readiness Services Program funding will be awarded for FY 2026.

****As of June 30, 2027, Level III Trauma Centers must be ACS verified to be eligible for Georgia Trauma Commission Funding. This includes readiness funding, uncompensated care, and Performance Based Program Services (PBP). ****

FY 2025 Performance Based Program Service Criteria for Level III Trauma Centers are:

- 1) Participation in Trauma Medical Directors (TMD) TMD/GQIP twice per year Conference Calls. Fifty (50%) call attendance by TMD is required to satisfy this criterion. (5% value)
- 2) Participation by Trauma Program Manager (TPM) in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by the trauma

program manager at GCTE meetings is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value)

- 3) Attendance at the Fall 2024 GQIP meeting by both the Trauma Medical Director (TMD)/Physician Leader (or designee) and the Trauma Program Manager (TPM) (or designee). The meeting sign-in roster will be used to verify attendance. (5% value)
- 4) Attendance at the 2025 Winter Meeting by all - the Trauma Medical Director (TMD)/Physician Leader (or designee), the Trauma Program Manager (TPM)(or designee), and Senior Executive (or designee). The meeting sign-in roster will be used to verify attendance. (5% value)
- 5) Participation in the Trauma Administrators Group by a Senior Executive accountable for the trauma program or designated executive (c-suite executive) that is not the Trauma Program Manager equivalent. Seventy-five (75%) call attendance by an appointed Senior Executive is required to satisfy this criterion. The meeting attendance roster will be used to verify attendance. (5% value)
- 6) Each Multidisciplinary Trauma Peer Review Committee member must attend at least 50% of the Trauma Center Peer Review Committee meetings. Multidisciplinary Trauma Peer Review Committee membership is defined by the most recent publication of the Resources for Optimal Care of the Injured Patient. Member attendance is tracked by the trauma center monthly or quarterly, depending on meeting frequency. The compliance timeframe is defined as a continuous twelve-month period between January 1, 2024, and December 31, 2024. Compliance will be self-reported by the trauma center. (5% value)
- 7) Timely NTDS data submissions. NTDS data submissions must be completed by the dates set forth by the National Trauma Data Bank. The compliance timeframe is defined as January 1, 2024, through December 31, 2024. Download dates will be self-reported by the trauma center. (5% value)
- 8) Record closure rate demonstrated at 80% within 60 days. Report submitted with quarterly GQIP data download. (0% value)
- 9) Data downloads to GQIP Central site completed within 2 weeks of due date. (0% value)
- 10) Participation by trauma program staff member in Rural, Level III/Level IV workgroup. Meeting rosters will be used to verify attendance (5% value).
- 11) Trauma Center's current Trauma Medical Director to be a member of the Georgia Chapter Committee on Trauma (COT). Membership will be assessed in January 2025. (5% value)
- 12) Surgeon response time within 30 minutes. An Eighty percent (80%) threshold must be met for the highest level activation response within 30 minutes to be in compliance with this criterion. Surgeon response time will be tracked from patient arrival; the maximum acceptable response time is thirty (30) minutes. Average response threshold over a

calendar year, beginning January 1, 2024, through December 31, 2024, determines compliance. (5% value)

- 13) Participation in the American College of Surgeons Trauma Quality Improvement Program. Compliance with be a formal receipt from ACS TQIP that the TQIP contract was executed. (0% value)
- 14) At least 0.5 full-time equivalent employee dedicated to the registry must be available to process the data capturing the NTDS data set for each 200–300 admitted patients annually. (5% value)
- 15) Achieve and maintain ACS Verification by June 30, 2027. (0% value)
- 16) Multidisciplinary participation in “March Paws” rural trauma educational initiative by hosting the course at the Level III trauma center. (0% value)
- 17) Timely email submission of facility-specific TQIP performance matrix and drill-down exercises. This criterion is met when the GQIP Program Director receives the submission within 7 days of due date. . GQIP Program Director to determine compliance. (2% value)
- 18) Attendance at the 2024 Trauma Quality Improvement Program (TQIP) Annual Scientific Meeting and Training by the Trauma Program Manager (or designee), Trauma Medical Director (or designee), TPIC (or designee), and Registrar (or designee) with strong consideration to supporting for Performance Improvement Coordinator and Registrar attendance. (2% value)
- 19) All full and part-time registrars will complete the “2024 TQIP Continuing Education: New for 2024” online course and at least 50% of the TQIP monthly educational experiences. (1% value).

FY 2025 LEVEL III PBP CRITERIA				
Domain	Criteria for All Centers	% Risk	Level III Center Specific Criteria	% Risk
System Participation	1. 50% TMD Call Participation in Quarterly TMD/GQIP Conference Calls *	5	1. Participation in Level III Level IV Rural Committee*	5
	2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.*	5	2. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)	5
	3. Fall 2024 GQIP mtg attendance by: •TMD/Physician Leader (or designee) AND •TPM (or designee)	5		
	4. Winter 2025 meeting attendance by: •TMD/Physician Leader (or designee) AND •TPM (or designee) AND •Senior Executive (or designee)	5		
	5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Committee meetings*	5		
ACS Optimal Resources Document Criteria	6. Peer Review Committee attendance at 50% for all Peer Review Committee required members.**	5	3. Surgeon response time compliant with established thresholds**	5
	7. Timely quarterly NTDS data submissions	5	4. TQIP Participation	0
			5. Trauma registry FTE meets minimum requirement.**	5
	8. Record closure rate demonstrated at 80% within 60 days. Report submitted with quarterly GQIP data download	0	6. Achieve & Maintain ACS Verification by 6.30.2027 for existing Level III centers and 6.30.2028 for Level III centers***	0
GQIP			7. Multidisciplinary participation in "MARCH PAWS" rural trauma educational initiative by hosting the course at the level III trauma center during fiscal year	0
	9. Data downloads to GQIP central site completed within 2 weeks of due date	0	8. Email or drop box submission of facility-specific TQIP performance matrix and any requested drill-down exercises within 7 days of due date.	2
			9. National TQIP In-Person meeting attendance by: •TPM (or designee) AND •TMD (or designee)	2
			10. All full and part-time registrars will complete the "2024 TQIP Continuing Education: New for 2024" online course and at least 50% of the TQIP monthly educational experiences	1
Total at Risk % Criteria for All Centers		35	Total at Risk % Level III specific criteria	25
Total at Risk % Level III Trauma Centers				60

C. Registry Services Program

- 1) In support of data collection efforts that drive key performance improvement initiatives for the Georgia Trauma System, Registry funding support will continue for Trauma Centers pursuing initial or re-verification by the American College of Surgeons for up to two contract years.
- 2) The GTC provides funding to assist Trauma Centers in maintaining trauma registry services and operations during the term of this Agreement.
- 3) Trauma Center shall submit registry data as required by the Georgia Quality Improvement Program (GQIP); and

D. Both Parties Agree:

1. Trauma Center shall participate and provide technical support and leadership in Regional Trauma Advisory Committee (RTAC) development activities in its respective EMS Region.
2. A member of the trauma service will participate in the hospital's disaster committee.
3. Trauma Center shall not charge administrative fees to manage this Agreement. It is understood that the cost claimed by the Trauma Center is all-inclusive.
4. The Commission may vote to increase the Agreement amount to some or all Trauma Centers should additional funds become available to the Commission **during FY 2025.**
5. Trauma Center shall maintain and enter its Trauma Patient data into its (i) ESO Trauma Registry software or (ii) ESO Trauma Registry web-hosted environment and maintain related ESO Trauma Registry components during the term of this Agreement. All funding pursuant to this Agreement is contingent upon compliance with this paragraph D.5.

EXHIBIT 2

RATE SCHEDULE

TRAUMA CENTER NAME	AGREEMENT NUMBER
TRAUMA CENTER CONTACT NAME	TAX ID NUMBER

Remit Invoices as PDF by email to:

gtcbusinessops@gtc.ga.gov

DESCRIPTION OF SERVICES	Amount per Unit of Measure	Unit of Measure	Number of Units	Total Approved Budget
Readiness Services Program		Lot	1	
Performance-Based Payment Services Program Based on FY 2024 Scorecard Results		Percentage Satisfied	Possible 60% of Total Readiness Services	
Registry Services Program		Lot	1	
TOTAL				

EXHIBIT 3

INVOICE SUBMISSION DATES AND REQUIRED DOCUMENTATION

Due Dates	Invoice and Deliverable	Description	Documentation
15 August 2024	<p>Copy of signed signature page of GTC2025.1 in PDF format emailed to gtcbusinessops@gtc.ga.gov</p> <p>Trauma Center will notify Commission staff if original signature hard copies are required.</p>		
31 January 2025	<p>First Bi-Annual Invoice</p> <p>Deliverable</p>	<p>All Registry Services Program funding</p> <p>Confirmation that all FY 2024 Commission-directed eligible physician funding has been distributed.</p>	<p>Invoices are to be in PDF format only, signed and dated and submitted via email. Invoice template to be provided to Trauma Center. Submit all Invoices and confirmations to: gtcbusinessops@gtc.ga.gov</p>
15 April 2025	FY 2025 Scorecard	Confirmation, via the submission of "PBP Scorecard", for percentage of FY 2025 Performance Based Program (PBP) criteria met.	The percentage of PBP criteria met will be reported via PBP Scorecard to GTC by April 15, 2025. Submit all Scorecards to: gtcbusinessops@gtc.ga.gov
31 July 2025	Second Bi-Annual Invoice	All Readiness Service Program Dollars	Invoices are to be in PDF format only, signed and dated and submitted via email. Invoice template to be provided to Trauma Center. Submit all Invoices and confirmations to: gtcbusinessops@gtc.ga.gov

	Deliverable	<p>A final report documenting the use of Readiness Services Program funding provided by this Agreement.</p> <p>Submission of Trauma Center Annual Actual Use Report.</p>	<p>Readiness report provided as a statement on the deliverable template.</p> <p>DocuSign link provided. https://na4.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=2868251c-0c83-4350-81c8-947fdea526fa&env=na4&acct=2eb11e93-32ec-47b7-bef0-ba20a8febd34&v=2</p>
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