

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 services costs covered by this agreement are for the period **01 July 2023 through 30 June 2024** and include the following requirements for funding:

- 1) Maintain “Trauma Center” designation by the Department of Public Health (DPH) throughout the duration of this Agreement.
- 2) 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.
- 3) 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.

FY 2024 Performance-Based Program Services (PBP)

Starting with FY 2024, 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 2024 portion of the PBP funding is based on the results of the Trauma Center’s performance on the FY 2023 PBP criteria, as validated in the FY 2023 Scorecard. For FY 2024, 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 2024. Trauma Centers will be notified in June 2024 of compliance with PBP criteria, and the total amount of Readiness Services Program funding will be awarded for FY 2025.

****As of June 30, 2025, 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). ****

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

- 1) Participation in Trauma Medical Directors (TMD)/GA COT/GQIP Conference Calls. Seventy-five percent (75%) call attendance by TMD or another designated physician representative is required to satisfy this criterion. (5% value)

- 2) Participation by Trauma Program Manager (TPM, or equivalent role) or other designated representative in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by the trauma program manager or other designated representative at GCTE meetings is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value)
- 3) Attendance at the Summer 2023 Day of Trauma GQIP meeting by both the Trauma Medical Director (or designated physician) and the Trauma Program Manager (or designee). The Meeting sign-in roster will be used to verify attendance. (5% value)
- 4) Attendance at the 2024 Spring Symposium, COT & TQIP Collaborative meeting by both the Trauma Medical Director (or designated physician), the Trauma Program Manager (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 Trauma Administrator or designated executive representative 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, 2023, and December 31, 2023. Compliance will be self-reported by the trauma center. (5% value)
- 7) Timely NTDB data submissions. NTDB data submissions must be completed by the dates set forth by the National Trauma Data Bank. The compliance timeframe is defined as January 1, 2023, through December 31, 2023. Download dates will be self-reported by the trauma center. (5% value)
- 8) Participation by trauma program staff member in Rural, Level III/Level IV workgroup. Meeting rosters will be used to verify attendance (5% value).
- 9) 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 2024. (5% value)
- 10) Surgeon response time will be tracked from patient arrival; the maximum acceptable response time is thirty (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. The average response threshold over a calendar year, beginning January 1, 2023, through December 31, 2023, determines compliance. (5% value)
- 11) Participation in the American College of Surgeons Trauma Quality Improvement Program. Compliance will be a formal receipt from ACS TQIP that the TQIP contract was executed. (0% value)

- 12) One full-time equivalent employee dedicated to the registry must be available to process the data capturing the NTDS data set for each 500–750 admitted patients annually. (5% value)
- 13) Achieve and maintain ACS Verification by June 30, 2025. (0% value)
- 14) Multidisciplinary participation in “March Paws” rural trauma educational initiative by hosting the course at the Level III trauma center. (0% value)
- 15) Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings. (2% value)
- 16) Attendance at the 2023 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)
- 17) All full and part-time registrars will complete the “2023 TQIP Continuing Education: New for 2023” online course and at least 50% of the TQIP monthly educational experiences. (1% value).

B Registry Services Program

- 1) Funding will be provided to assist Trauma Center in maintaining trauma registry services during the course of this Agreement.
- 2) Trauma Center will submit trauma registry data and trauma program reports as required by the Georgia Department of Public Health.
- 3) Trauma Center will submit registry data as required by the Georgia Quality Improvement Program (GQIP).
- 4) Trauma Center will maintain the ESO Trauma Registry.

C Both Parties Agree:

- 1) Trauma Center will participate and provide technical support and leadership in Regional Trauma Advisory Committee (RTAC) development activities in respective EMS Region.
- 2) A member of the trauma service will participate in the hospital’s disaster committee.
- 3) The amount of funding allocated to each “Trauma Center” shall be determined through statistical analysis of data submitted to the Commission. The calculation shall determine the amount payable to the Trauma Center and physicians.
- 4) Trauma Center will not charge administrative fees to manage this Agreement. It is understood the cost claimed by the Trauma Center is all-inclusive.

- 5) The Commission will proportionately increase the Agreement amount for all Trauma Centers should additional funds be available to the Commission for reallocation **during FY 2024.**
- 6) The Commission will proportionately reduce Agreement amount for all Trauma Centers should additional budget reductions be recommended by the Governor's Office of Planning and Budget.

SAMPLE

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 2023 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 2023		Copy of signed signature page of GTC2024.1 in PDF format emailed to gtcbusinessops@gtc.ga.gov Trauma Center will notify Commission staff if original signature hard copies are required.	
31 January 2024	First Bi-Annual Invoice Deliverable	All Registry Services Program funding Confirmation that all FY 2023 Commission-directed eligible physician funding has been distributed.	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
15 April 2024	FY 2024 Scorecard	Confirmation, via the submission of "PBP Scorecard", for percentage of FY 2024 Performance Based Program (PBP) criteria met.	The percentage of PBP criteria met will be reported via PBP Scorecard to GTC by April 15, 2024. Submit all Scorecards to: gtcbusinessops@gtc.ga.gov
31 July 2024	Second Bi-Annual Invoice Deliverable	All Readiness Service Program Dollars A final report documenting the use of Readiness Services Program funding provided by this Agreement.	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 Readiness report provided as a statement on the deliverable template.