**LEVEL I & II 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. **The Trauma Center must be ACS verified before July 1st of each fiscal year of the contract to be eligible for funding. The trauma center will submit the letter of verification (full or provisional) from the American College of Surgeons on or before October 1st of each fiscal year.**
  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.

**B 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 **eighty percent (80%)** of Readiness Services Program funding available to Level I and Level II Trauma Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to the 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 to PBP criteria, and the total amount of Readiness Services Program funding will be awarded for FY 2025.

FY 2024 Performance-Based Program Service Criteria for Level I and Level II Trauma Centers:

* 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 GQIP Winter 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. (10% value)
  8. Participation by trauma program staff member in ONE Georgia Committee for Trauma Excellence (GCTE) official subcommittee: Injury Prevention, Registry, Education, Pediatric, and Performance Improvement~~.~~ The GCTE chair will verify the satisfaction of this criterion. (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 fifteen (15) minutes. An Eighty percent (80%) threshold must be met for the highest level activation response within 15 minutes to be in compliance with this criterion. Average response threshold over a calendar year, beginning January 1, 2023, through December 31, 2023, determines compliance. (5% value)
  11. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program. (5% 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. (10% value)
  13. Maintain continuous Level I or Level II Trauma Center Verification on or before June 30, 2024. (0% value)
  14. Participation by the registrar or equivalent role in one external data validation visit to be conducted during the FY 2024 under the coordination of the GQIP Program Director. The criterion is satisfied after the visit is completed and the required materials (validation tool) are submitted to the GQIP Program Director. (0% value)
  15. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for 2023 summer and 2024 spring GQIP meetings. This criterion is met when the GQIP Program Director receives the submission by August 1, 2023, for the summer meeting and February 1, 2024, for the spring meeting. GQIP Program Director to determine compliance. (5% 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. (3% 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. (2% value).

**C Uncompensated Care Reimbursement Services Program:**

**The Trauma Center must be ACS verified before July 1st of each fiscal year of the contract to be eligible for funding. The trauma center will submit the letter of verification (full or provisional) from the American College of Surgeons on or before October 1st of each fiscal year.**

The Trauma Center agrees that Uncompensated Care Reimbursement Services Program funding by this agreement is provided as for reimbursement for uncompensated care provided during the period 01 January 2021 through 31 December 2021 (CY 2021), and twenty-five percent (25%) of this funding may be provided to eligible physicians providing uncompensated care during the same period.

Trauma Centers and their respective eligible physicians shall determine the use for the

physician-portion (25%) of the Uncompensated Care Reimbursement Program funding. The Trauma Center’s Trauma Committee (may be known as the “Trauma Program Operational Process Performance Committee” or “Trauma Peer Review Committee” or an equivalent committee of which eligible physicians are members) must approve the use or distribution methodology for the physician portion of the Uncompensated Care Reimbursement Program funding. The Trauma Center and Physicians may use the traditional methodology to distribute eligible physician funding. Other use options include but are not limited to covering costs for CME and the purchase of trauma care-related equipment. The approved plan for use or distribution will be submitted to the Commission by 15 July 2024.

**D 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 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 will submit trauma registry data and trauma program reports as required by the Georgia Department of Public Health.
  4. Trauma Center will submit registry data as required by the Georgia Quality Improvement Program (GQIP).
  5. Trauma Center will maintain the ESO Trauma Registry during the term of this Agreement.

**E Both Parties Agree:**

* 1. Trauma Center will 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. 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 that 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 the Agreement amount for all Trauma Centers should additional budget reductions be recommended by the Governor’s Office of Planning and Budget.

**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 80% of Total Readiness Services** |  |
| **Uncompensated Care Reimbursement Services Program** | | |  | | **Lot** | **1** |  |
| **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  All CY 2021 Uncompensated Care Reimbursement Services Program funding  A final report documenting the use of Readiness Services Program funding provided by this Agreement.  Report on how CY 2021 physician Uncompensated Care Reimbursement Services Program dollars were 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  Readiness report provided as a statement on the deliverable template.  Distribution confirmation provided as a statement on the deliverable template. |