Trauma Activation Fee Patients

February 2023



Trauma Activation Fee Mandate

- Connecticut General Statute Section 19a-644 authorizes the Office of Health Strategy to obtain data and information from short term acute care general and children's hospitals on charges for trauma activation fees.
- The 2019 mandate requires the filing of this information no later than February 28, 2020, and annually thereafter.



Legislative Intent of Mandate

- Required reporting to OHS because trauma activation fees are currently unregulated
- To determine:
 - how many hospitals are charging the fees
 - the range of the fees being charged
 - if the fee is separate and in addition to emergency department physicians, procedures, equipment and facility fees
- Provide clarity on how hospitals document the practice of charging trauma activation fee and how the fees are determined



What is Trauma Activation Fee?

Trauma Activation Fee" is the reimbursement associated with deployment of a hospital's specialized trauma response team for a patient.

Reimbursement is based on special codes and related fee payment system.

The primary purpose of the fee is to help trauma centers remain financially viable, given the significant cost burden associated with professional and administrative resources needed to achieve and maintain the advanced level of readiness and capability of their critical care services.



Connecticut Designated Trauma Centers

Connecticut has 11 adult and 1 pediatric trauma centers designated and licensed by the Department of Public Health

✤ 4 level I (the highest level), 7 level II and 1 level III (the lowest)

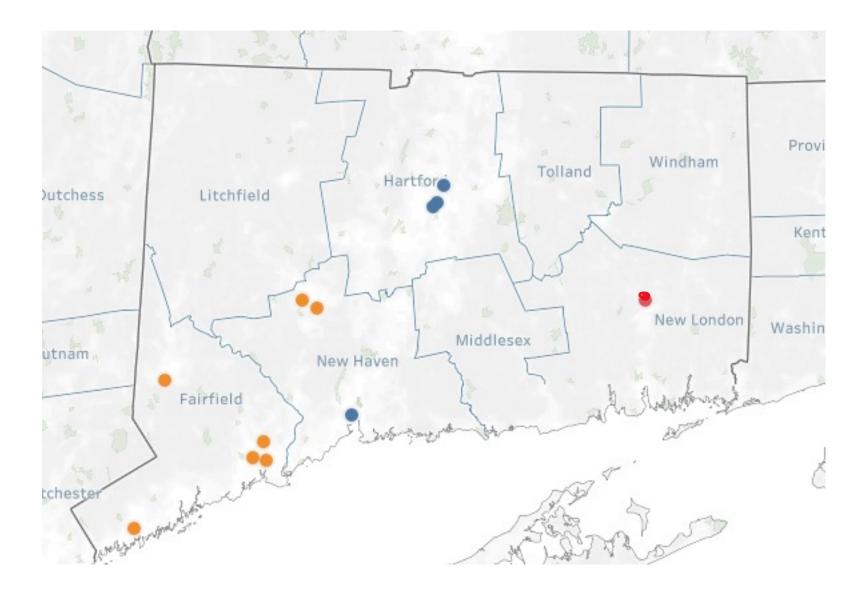
Connecticut Hospitals Designated as Trauma Centers

Trauma Level I	Trauma Level II		Trauma Level III
CT Children's Medical Center*	Bridgeport Hospital	Norwalk Hospital	The William W. Backus Hospital
Hartford Hospital	The Stamford Hospital	St. Mary's Hospital	
St. Francis Hospital and Medical Center	The Waterbury Hospital	St. Vincent's Medical Center	
Yale New Haven Hospital	The Danbury Hospital		





Connecticut Trauma Center Levels and Locations

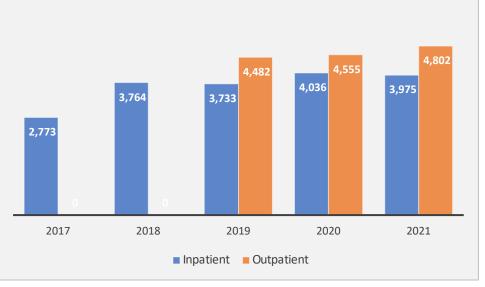


Level I Level II Level III



FY 2017-2021 Statewide Trauma Discharges and Visits

- Between 2017 and 2021, statewide inpatient trauma discharges increased by 43% from 2,773 to 3,975 while outpatient trauma visits increased by almost 7% between 2019 and 2021.
- On average 45% of trauma patients are treated in the ED and discharged without an overnight stay

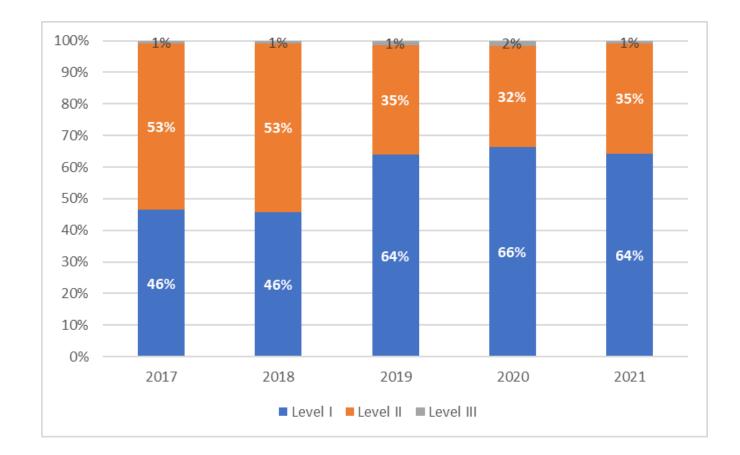




Note: Outpatient trauma fee statistics not collected prior to 2019.

FY 2017-2021 Statewide Trauma Discharges

The share of Level I trauma patients has increased overtime.





FY 2021 Trauma Fee Statistics

- \$8,772 patients were billed a trauma activation fee.
- **\$**38 million Trauma activation fee charges billed.
- 2.2% or 3,975 of emergency department patients admitted to inpatient care had trauma team activated and fee billed.
- O.7% or 4,802 emergency department patients treated and discharged without an overnight stay were billed a trauma activation fee.



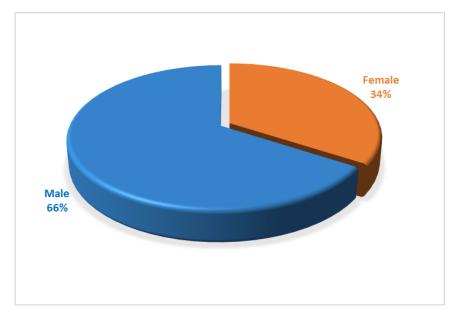
FY2021 patient demographics*

*** INPATIENT DISCHARGES ONLY**



FY 2021 Trauma Patients by Gender and Average Hospital Stay

- Trauma patients were nearly twice more likely to be males than females.
- Male trauma patients also tended to have longer average hospital stays than their female cohorts, i.e., 7.8 days vs 6.2 days.

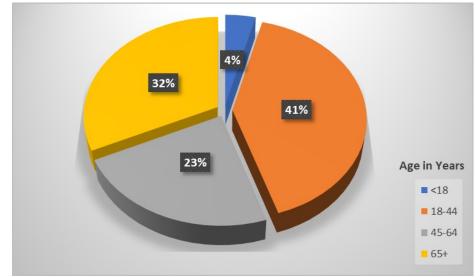


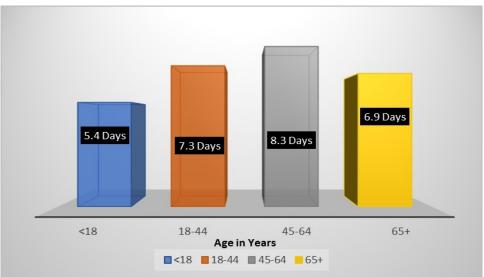


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FY 2021 Trauma Patients by Age & Average Hospital Stay

- Working age adults (18 64 years) made up over one-half of trauma patients followed by seniors (41%).
- Working age adult trauma patients had longer average hospital stays (7.3+ days) compared to children (5.4 days) and seniors (6.9 days).

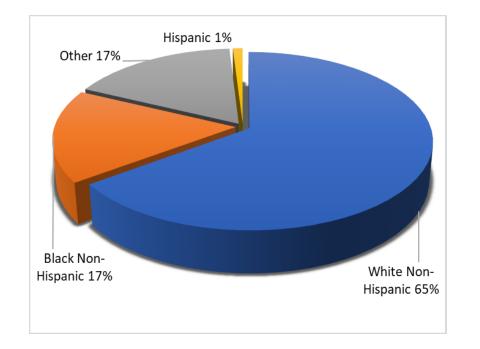


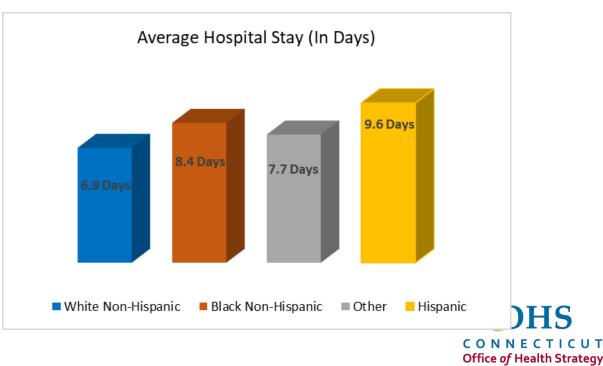


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FY 2021 Trauma Patients by Race/Ethnicity and Average Hospital Stay

Over two-thirds of trauma patients were White Non-Hispanics.
Hispanic trauma patients were the smallest group, but had longer average hospital stays, compared to other race/ethnicity groups.

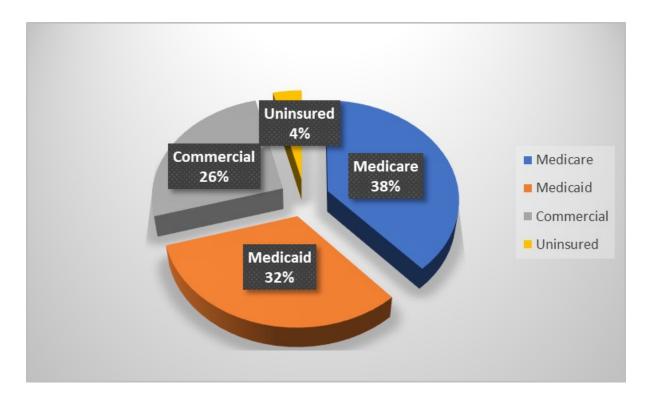




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FY 2021 Trauma Patients by Primary Payer

- Most (70%) trauma patients had Medicare (38%) or Medicaid (32%) coverage.
- Trauma patients were least likely to be uninsured (4%).

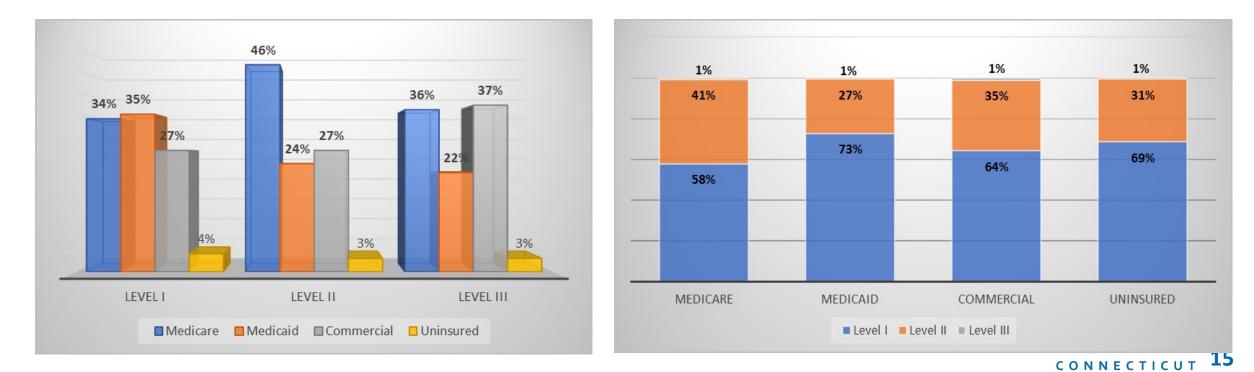




FY 2021 Trauma Level by Primary Payer

Medicare patients were the biggest group of trauma patients for Level II and second largest group for Levels I and III

Level I patients were the majority for all payers



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FY 2021 Trauma Charges by Payer

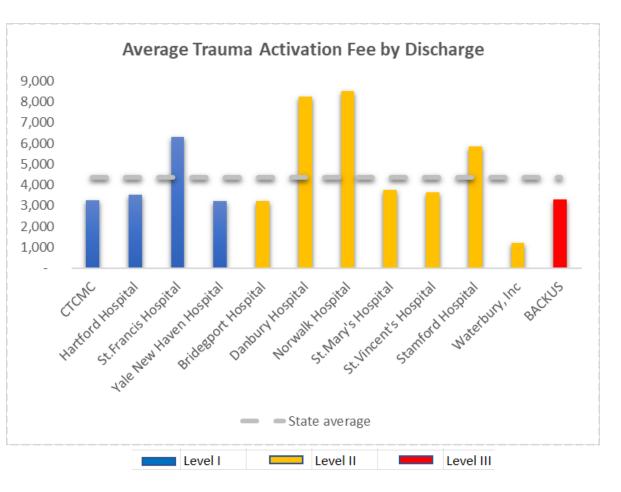
The average trauma activation fee charge was \$4,376.
The average Medicare charge was \$4,570 and the highest among payers.
Average charge for Level II hospitals were the highest for all payer types.



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FY 2021 Trauma Charges by Level of Trauma

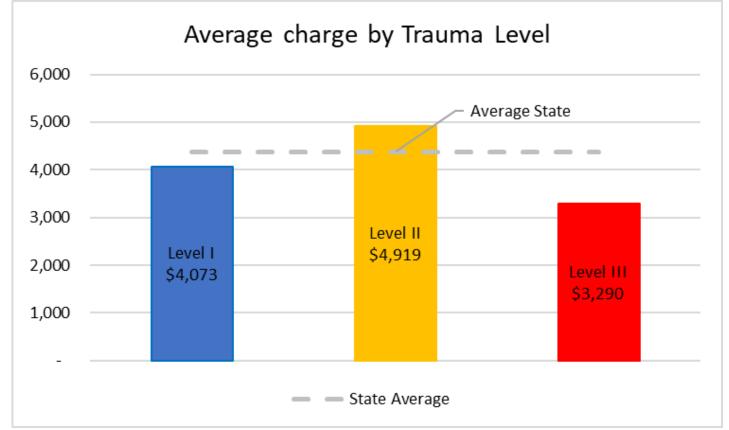
- The average statewide trauma activation fee charge per discharge at the 12 hospitals was \$4,376.
- Average trauma activation fee charge by hospital ranged from :
- Low **\$1,206** (The Waterbury Hospital Level II)
- High **\$8,525** (The Norwalk Hospital Level II)



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FY 2021 Average Charge by Trauma Level

The average charge for Level II hospitals was \$4,919 and the highest among all levels.

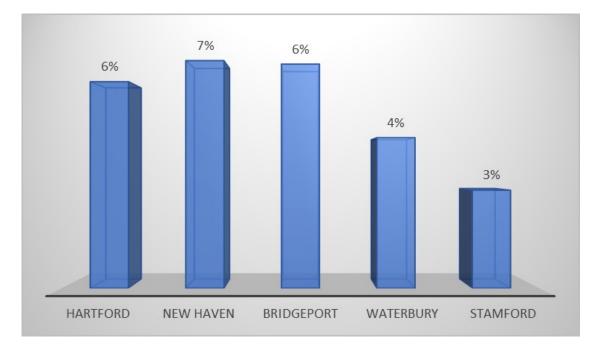




FY 2021 Trauma Patients by Town

One in four trauma patients (26%) were residents of the cities of Hartford, New Haven, Bridgeport, Stamford or Waterbury.

The remaining 74% were residents of over 100 CT towns and cities.





FY 2021 Top Five Diagnosis for Hospitalized Trauma Patients

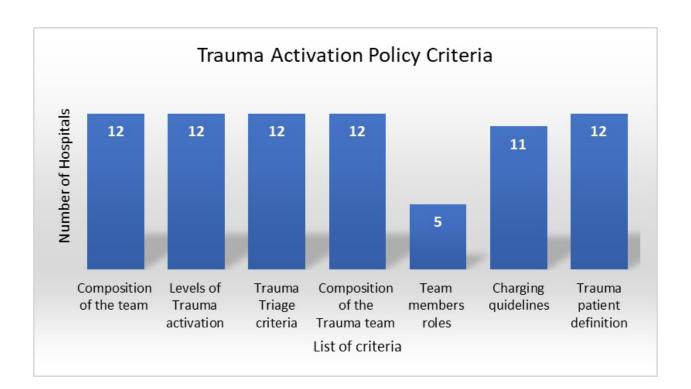
Patients charged a trauma activation fee were diagnosed:

- **5%** OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC
- **3%** LIMB REATTACHMENT, HIP AND FEMUR FOR SIGNIFICANT TRAUMA
- **3%** OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC
- **3%** LOWER EXTREMITY AND HUMERUS PROCEDURES W/CC
- **3%** TRAUMATIC STUPOR AND COMA, COMA >1 HOUR WITH



FY 2021 Trauma Activation Policy Criteria

Eleven of the twelve hospitals now document the practice of charging trauma activation fees.



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Observations

- Since the passage of the mandate, 11 of 12 hospitals now include charging guidance in the trauma policies
- No standardization of policy among hospitals.
- Each hospital's policy includes the composition of the trauma team.
- No uniformity in billing, some hospitals bill in blocks of time while some have a fixed charge.



Progress Vis à Vis Legislative Intent

Legislative Intent

Progress Notes

Annual reporting of trauma activation fee charges and

Require reporting to OHS because trauma activation fees are currently unregulated

To Determine:

- How many hospitals are charging the fees
- \circ The range of the fees being charged

 If the fee is separate and in addition to emergency department physicians, procedures, equipment and facility fees

Provide clarity on:

 How hospitals document the practice of charging trauma activation fee

= In process

 \circ How the fees are determined

• 12 hospitals designated and licensed by DPH

policies to OHS commenced in February 2020

- Range varies within and between trauma levels. Fee is fixed or dependent on composition of trauma team activated. Level II patients have highest average charge across payers
- Yes, fee is separate from facility and professional fee; and billed if trauma activated before hospital arrival, documented in patient medical record, & some payers require that than 31+ minutes of critical care is provided
- ▼ √

Status

- Eleven of 12 hospitals include charging guidance in their trauma policies
- Fee determination vary among hospitals e.g., fixed rates, blocks of time or based on trauma team composition



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Questions

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For more information on trauma policy

https://portal.ct.gov/OHS/Pages/Trauma-Activation-Fee

To know more about OHS visit

https://portal.ct.gov/OHS

