CONNECTICUT
Health Strategy

TRAUMA ACTIVATION FEE TRENDS

October 2025

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.

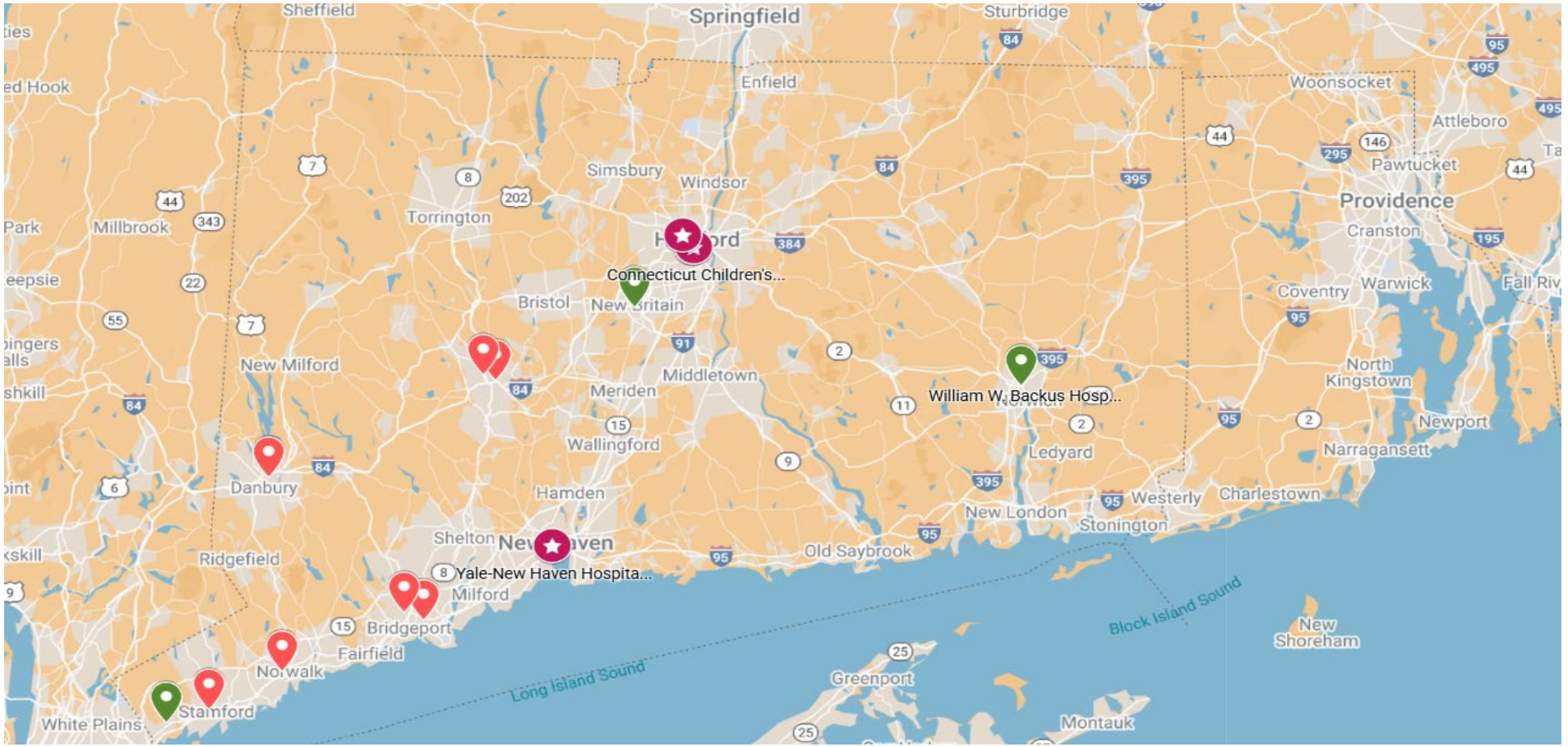
- The primary purpose of the fee is to help trauma centers remain financially viable, given the significant cost burden associated with professional and administrative resources needed to achieve and maintain the advanced level of readiness and capability of their critical care services.

CONNECTICUT DESIGNATED TRAUMA CENTERS

- Connecticut has 13 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 3 level III (the lowest)

TRAUMA LEVEL I	TRAUMA LEVEL II		TRAUMA LEVEL III
1. CT Children's Medical Center	1. Bridgeport Hospital	5. Norwalk Hospital	1. The William Backus Hospital
2. Hartford Hospital	2. The Waterbury Hospital	6. St. Mary Hospital	2. Greenwich Hospital
3. St. Francis Hospital and Medical Center	3. St. Vincent's Medical Center	7. The Stamford Hospital	3. The Hospital of Central Connecticut
4. Yale New Haven Hospital	4. The Danbury Hospital		

CONNECTICUT TRAUMA CENTER LEVELS & LOCATIONS.



Level I
Level II
Level III

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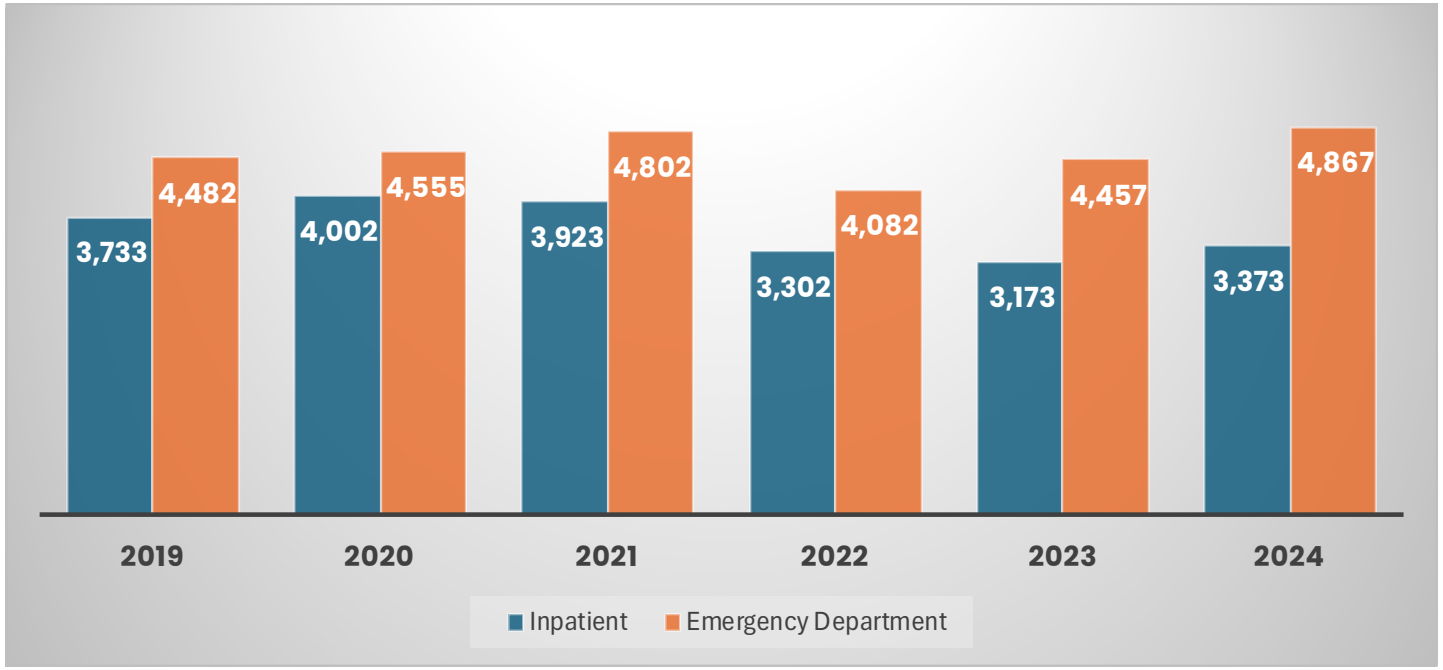
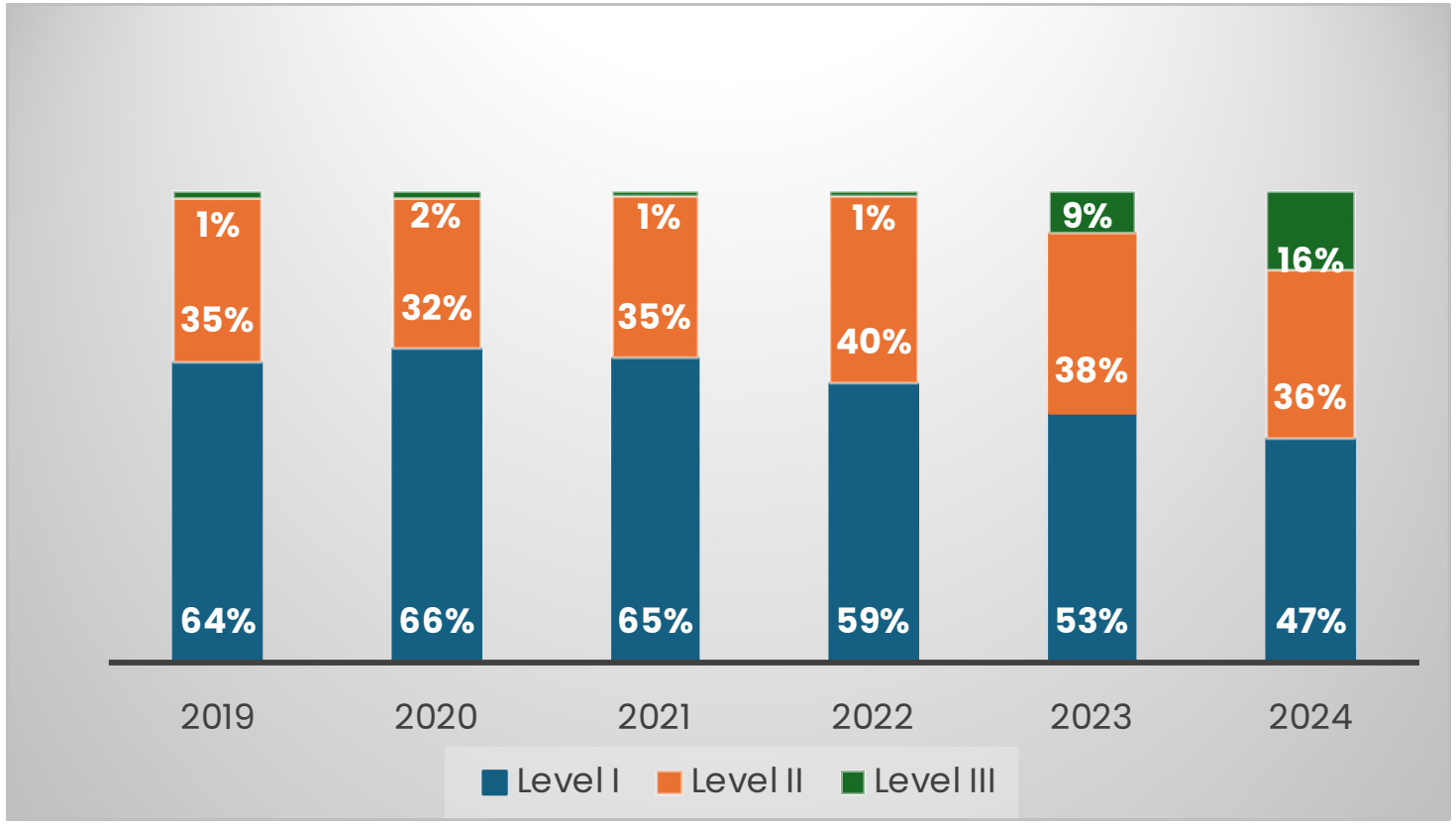
FY 2019-2024 STATEWIDE TRAUMA DISCHARGES AND VISITS

- Between 2019 and 2024, statewide inpatient trauma discharges decreased by almost 10% from 3,733 to 3,373 while outpatient trauma visits increased by 30% in the same period.
- On average 55% of trauma patients were treated in the ED and discharged without an overnight stay.



FY 2019-2024 STATEWIDE DISCHARGES BY TRAUMA LEVEL

- The share of Level I trauma patients has decreased overtime while the share of Level III has increased.



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FY2024 PATIENT DEMOGRAPHICS*

* INPATIENT DISCHARGES ONLY

FY 2024 TRAUMA FEE STATISTICS

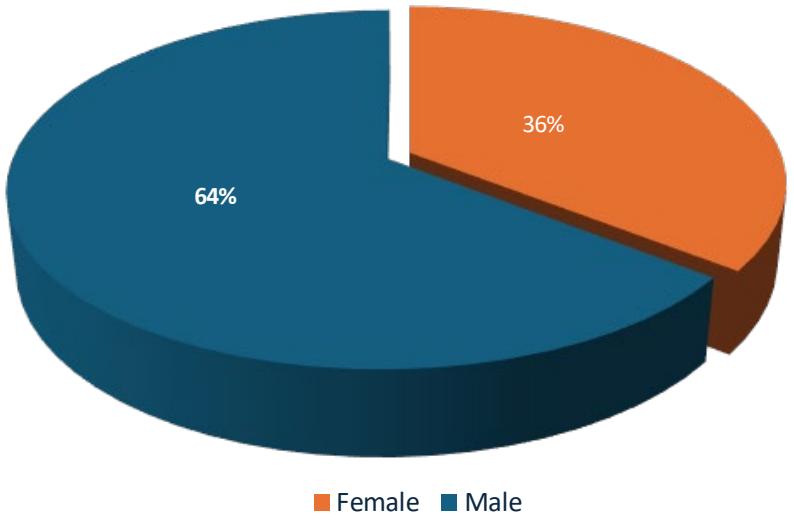
- Among all emergency department patients:
  - 1.3% were admitted to inpatient care and had trauma team activated & fee billed.
  - 0.3% patients had trauma activation fee billed and were treated and discharged without an overnight stay.

- 8,240 patients were billed a trauma activation fee.

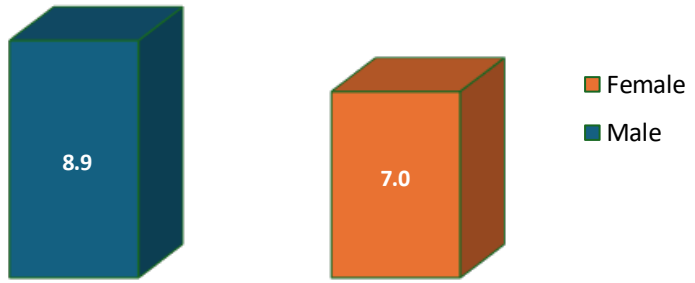
- $39.3 million Trauma activation fee charges were billed.

FY 2024 TRAUMA PATIENTS BY GENDER AND AVERAGE HOSPITAL STAY (LOS)

Trauma patients were nearly twice more likely to be males than females.



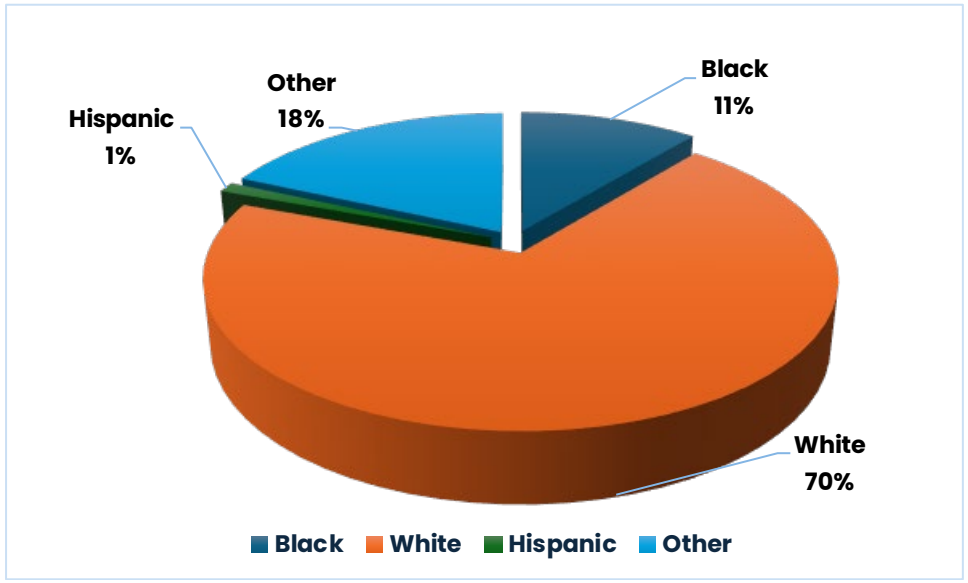
Male trauma patients also tended to have longer average hospital stays than their female cohorts, i.e., 7.0 days vs 8.9 days.

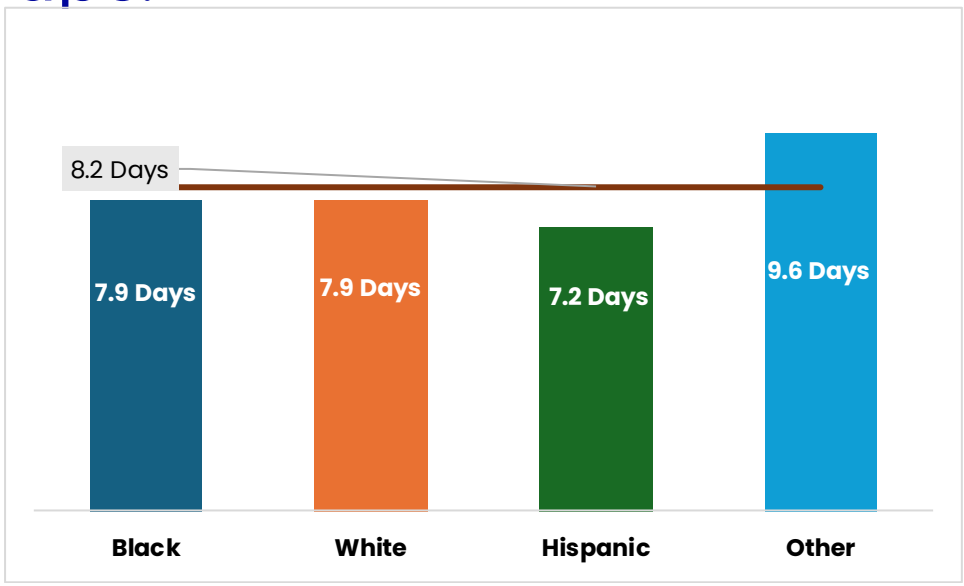


FY 2024 TRAUMA PATIENTS BY RACE/ETHNICITY & AVERAGE HOSPITAL STAY (LOS)

Over two-thirds of trauma patients were White Non-Hispanics.

Other trauma patients were the second largest group and had longer average hospital stays, compared to other race/ethnicity groups.



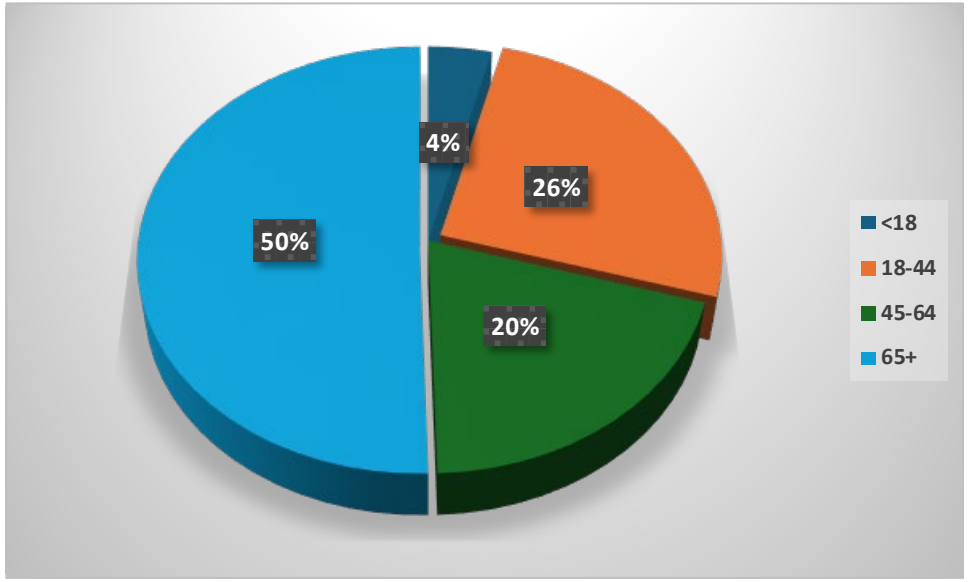


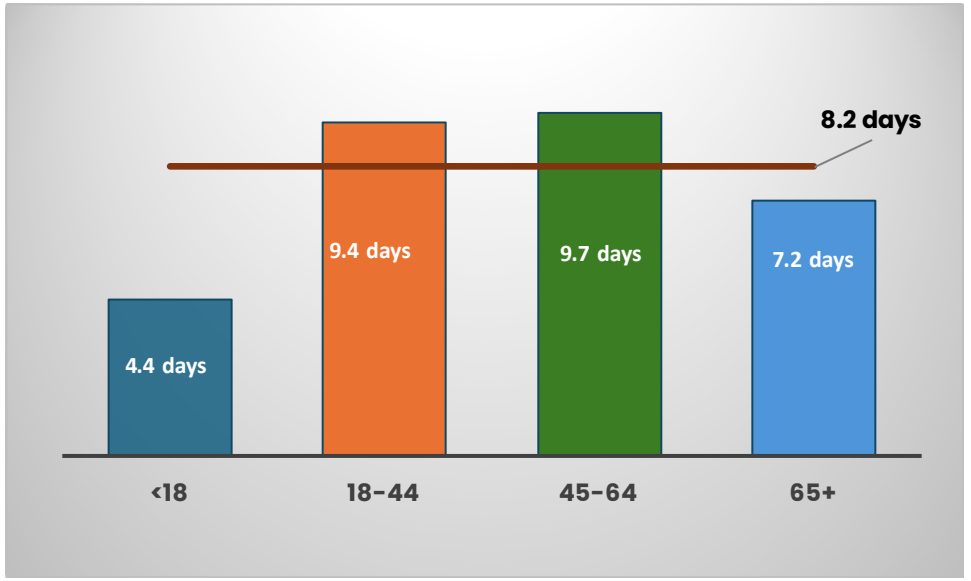
Other group includes American Indian, Asian, Native Hawaiian/Pacific Islander, Other Race & Unknown.

FY 2024 TRAUMA PATIENTS BY AGE & AVERAGE HOSPITAL STAY

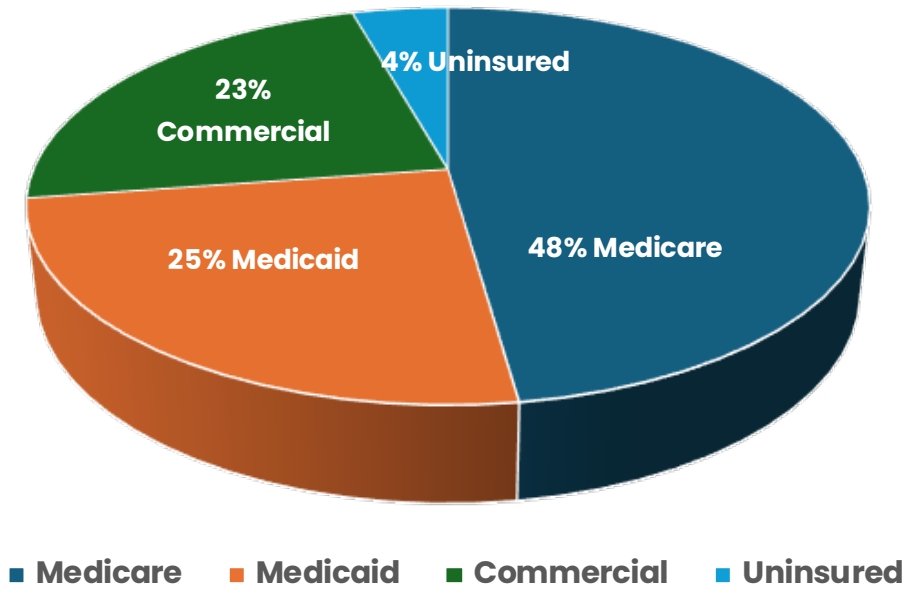
Seniors made up one-half of trauma patients followed by young adults (18-44 year).

Working age adult trauma patients (18-64) had longer average hospital stays (9.4+ days) compared to children (4.4) and seniors (7.2)days. The average hospital stay was 8.2 days.





FY 2024 TRAUMA PATIENTS BY PRIMARY PAYER



- Most (73%) trauma patients had Medicare (48%) or Medicaid (23%) coverage.
- Uninsured represented the smallest group to have Trauma fee activated (4%).

FY 2024 Trauma Patients by Primary Payer

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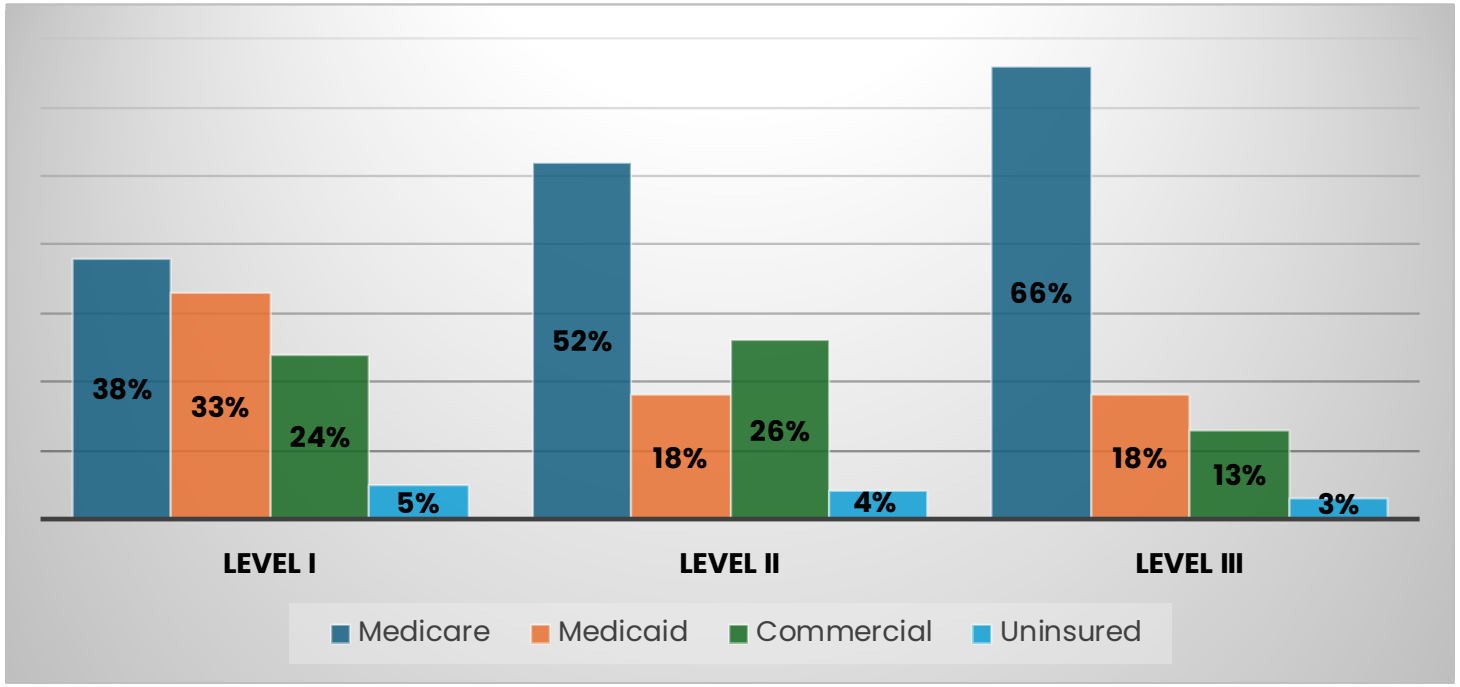
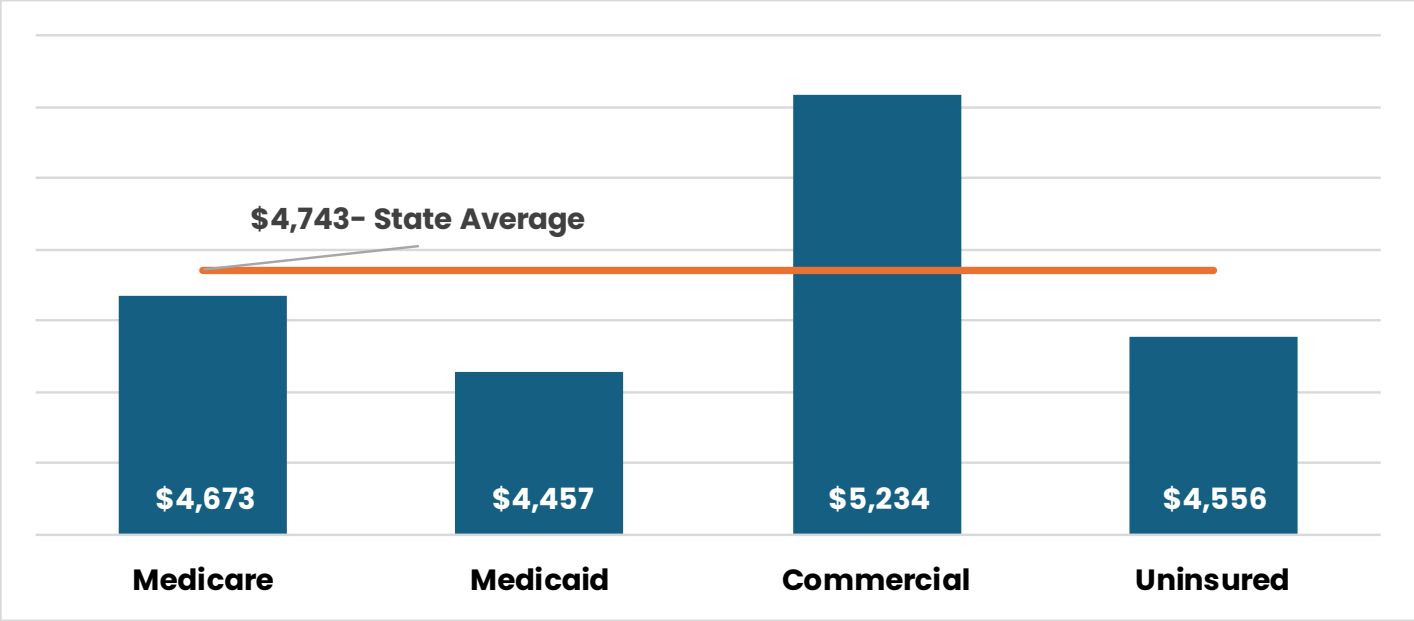
FY 2024 TRAUMA LEVEL BY PRIMARY PAYER



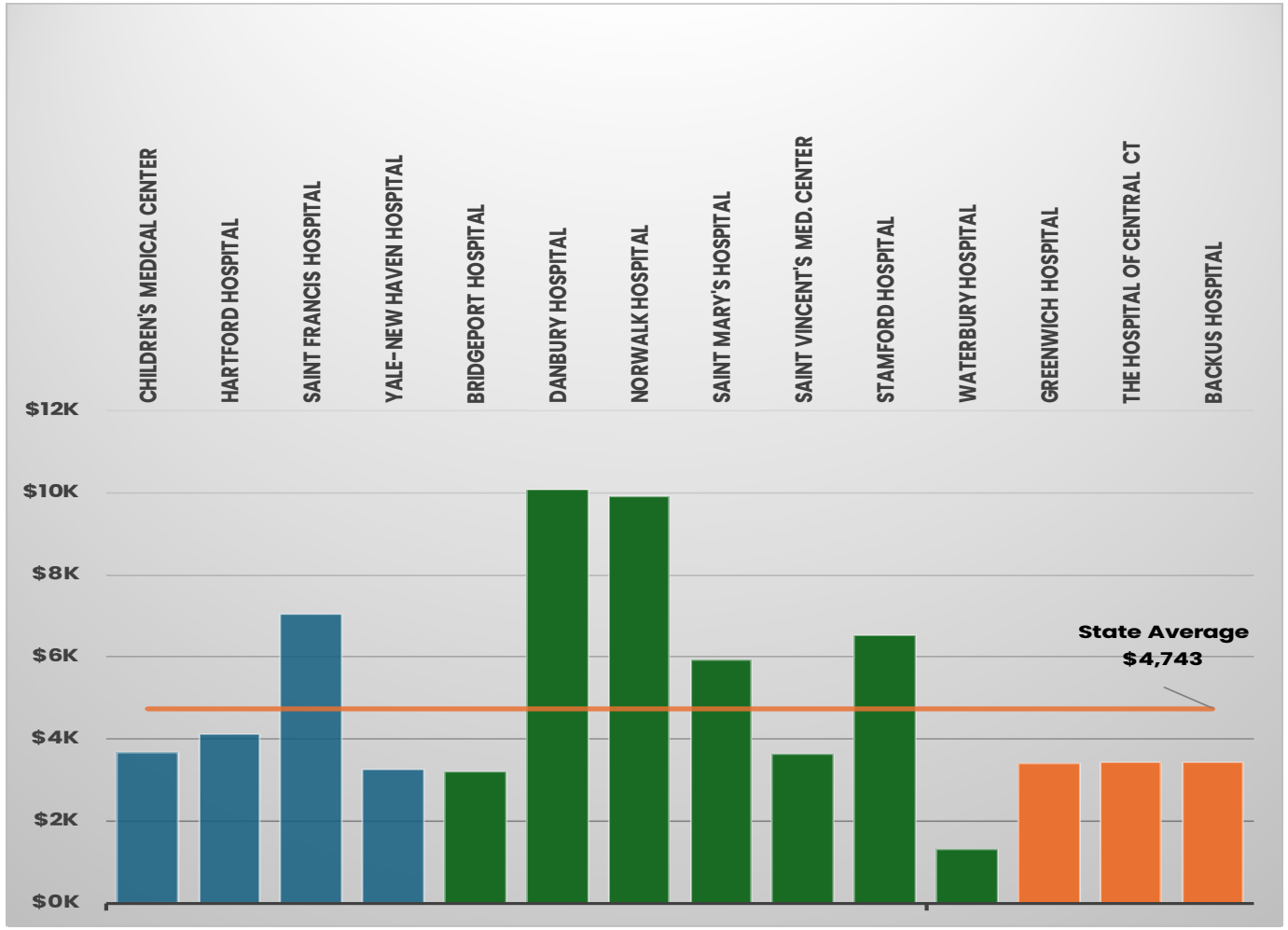
- Medicare patients were the biggest group of trauma patients for all Levels
- Medicaid patients were the second largest group for Levels I and III

FY 2024 TRAUMA CHARGES BY PAYER



- The average trauma activation fee charge was **$4,743**.
- The average Commercial charge was **$5,234** and the highest among payers.

FY 2024 Hospital Average Charge by Level of Trauma



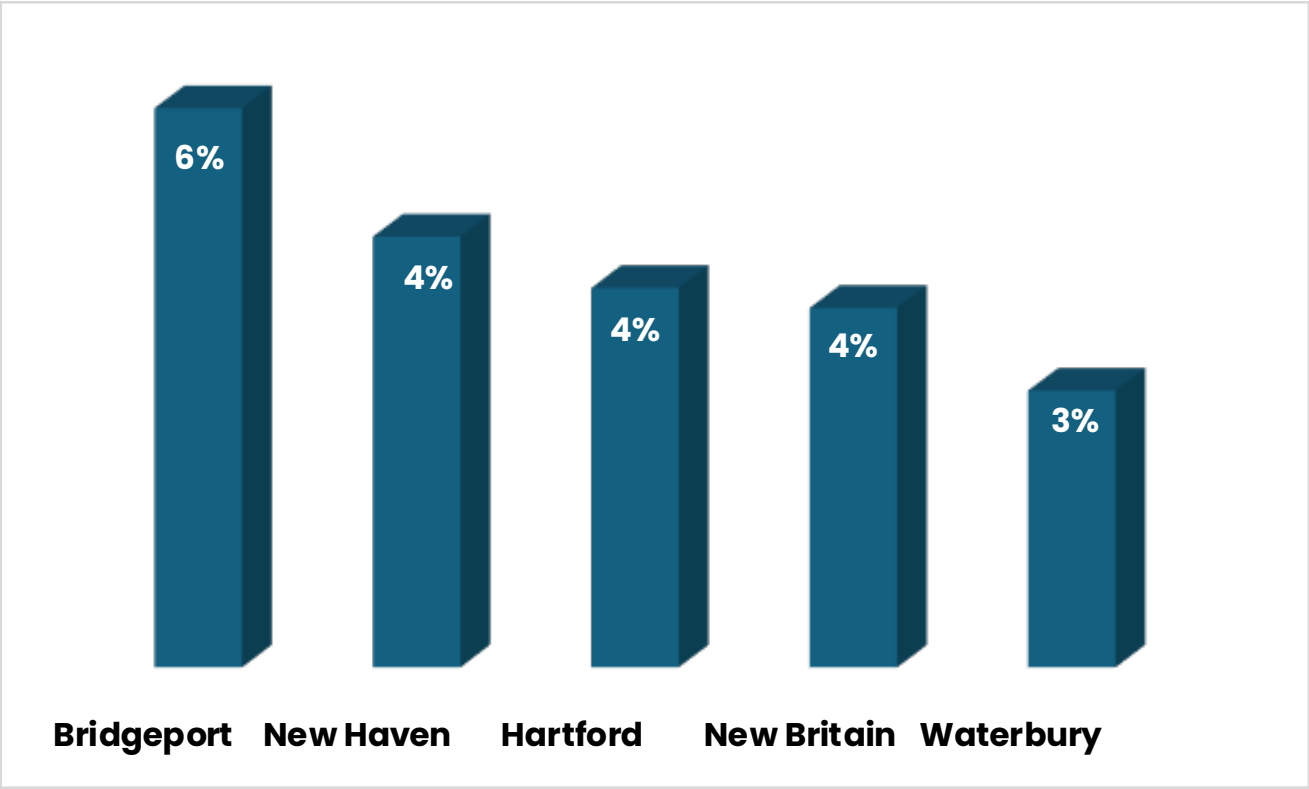
- The average statewide trauma activation fee charge per discharge at the 14 hospitals was $4,743.

- Average trauma activation fee charge by hospital ranged from :

Lowest - $1,313 (The Waterbury Hospital – Level II)

Highest - $10,073 (The Danbury Hospital – Level II)

FY 2024 TRAUMA PATIENTS BY TOWN



- Approximately one in five trauma patients (21%) were residents of the cities of Bridgeport, New Haven, Hartford, New Britain or Waterbury.
- The remaining 73% were residents of over 100 CT towns and cities and 6% out of state.

FY 2024 TOP FIVE DIAGNOSIS FOR HOSPITALIZED TRAUMA PATIENTS

Patients charged a trauma activation fee were diagnosed:

4% - TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS

3% - TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS

3% - TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS

3% - SEPSIS, UNSPECIFIED ORGANISM

2% - MULTIPLE FRACTURES OF RIBS, LEFT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE

OBSERVATIONS

- Since the passage of the mandate, the number of designated trauma centers increased from 12 in 2019 to 14 in 2024.
- No standardization of Trauma Fee Activation 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	Status
Require reporting to OHS because trauma activation fees are currently unregulated	Annual reporting of trauma activation fee charges and policies to OHS commenced in February 2020	✓
To Determine:		
○ How many hospitals are charging the fees	○ 14 hospitals designated and licensed by DPH	✓
○ The range of the fees being charged	○ 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	✓
○ If the fee is separate and in addition to emergency department physicians, procedures, equipment and facility fees	○ 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	✓
○ How hospitals document the practice of charging trauma activation fee	○ 14 hospitals include charging guidance in their trauma policies	✓
Provide clarity on:		
○ How the fees are determined	○ Fee determination vary among hospitals - e.g., fixed rates, blocks of time or based on trauma team composition	

✓ = Completed  = In process  = Guidance requested

FOR MORE INFORMATION ON TRAUMA POLICY VISIT:

Trauma Activation Fee

To know more about OHS visit:

Office of Health Strategy

QUESTIONS

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