



ADMINISTRATIVE REPORT

June 2010

Statement: EMS Vehicle Equipment Replacement Grant Award Program: Commission Statement

(attached)

EMS Subcommittee On Trauma Announcement

The following message sent out on 08 June:

Georgia EMS Regional Council Chairs:

In April 2009, the Georgia Trauma Commission unanimously passed a motion that established a standing subcommittee of the Georgia Trauma Commission to be identified as the **EMS Subcommittee on Trauma**. This subcommittee was established “for the provision of ensuring collaboration with and coordination of mutual work toward developing an inclusive statewide trauma system in Georgia.”

Dr. Ashley appointed Bill Moore and Leon Haley to serve with Ben Hinson on this subcommittee. The Commission, under the leadership of Ben Hinson is now formalizing and empowering this subcommittee.

The EMS Subcommittee on Trauma will be the working group to provide ideas and guidance to the Trauma Commission on all EMS Trauma-related matters moving forward including the development of short and long term strategies for Commission funding decisions.

Agendas will be developed with meeting attendance and constituent consensus understanding required. Meeting notes will be produced and shared.

It is important all of the State’s EMS communities be represented and equally important each subcommittee representative understands the needs and views of their respective regional EMS constituents and represent those at these meetings.

The EMS Subcommittee on Trauma will consist of:

1. Ben Hinson, Chair
2. Leon Haley, Commission member
3. Bill Moore, Commission member
4. Director, State Office of EMS
5. Chair, Emergency Medical Services Advisory Council
6. EMS Region One Regional Council representative
7. EMS Region Two Regional Council representative
8. EMS Region Three Regional Council representative
9. EMS Region Four Regional Council representative
10. EMS Region Five Regional Council representative
11. EMS Region Six Regional Council representative



12. EMS Region Seven Regional Council representative
13. EMS Region Eight Regional Council representative
14. EMS Region Nine Regional Council representative
15. EMS Region Ten Regional Council representative

As the EMS Regional Council chair, it is your prerogative to determine the best representative from your Region. Once selected, please send me the name, email address and telephone number of your representative as soon as possible. I would like to have all representatives identified by close of business Friday, 18 June 2010. Our first meeting will be a face-to-face in Macon and in mid-July.

FY 2010 EMS Vehicle Equipment Replacement Grants Awards
DCH Memorandum (attached)

FY 2010 EMS Uncompensated Care Program Notice
(attached)

FY 2010 Trauma Commission Contracts and Budget-to-date Report (13 June 2010)
(Report provided as separate document).

FY 2011 Bishop & Associates Scope of Work
(attached)

FY 2011 DRAFT Budget Review
(attached)

Letter from Alex Sponseller Re: "Features of SB 277"
(attached)

Letter from Sid Barrett, 22 April 2008 re: "Reimbursing uncompensated trauma care services where uninsured patient makes partial Payment"
(attached)



Georgia Trauma Care Network Commission EMS Vehicle Equipment Replacement Grant Award Program

The Georgia Trauma Care Network Commission was given the authority to manage and distribute yearly-allocated state funds to maintain and enhance trauma services and access to care for all people in Georgia. As part of this responsibility and for the past two years, the Commission has undertaken a competitive grants program to provide funding assistance to 911-zone providers to replace old and high-mileage ambulances. Specifically, the intent of this program has been to give preferential consideration to rural Emergency Medical Services agencies to support readiness needs and promote better access to state-designated trauma centers via strengthened transport capabilities in remote locations of Georgia.

Year One:

Following the 2008 legislative session, \$58.9 million were made available to the Georgia Trauma Commission. That year, the Commission allocated approximately \$6.5 million for EMS of which \$4 million was earmarked for an EMS Vehicle Equipment Replacement Grant program. To develop that competitive grant program, the Commission worked collaboratively with the Georgia Association of Emergency Medical Services (GAEMS) to develop the criteria and parameters for the program. After considerable deliberation during open Commission meetings, it was determined the following five criteria would be used in the final review and vehicle equipment replacement award scoring process:

1. **Population density.** As population density of the service area increased, the applicant score decreased. Density data obtained from Georgia Emergency Management Agency.
2. **Travel distance.** Reported as miles from the closest Georgia Level I or Level II trauma center to the base station. As the travel distance increased the applicant score increased.
3. **Hospital Beds.** Number of licensed acute care hospital beds in the predominant county of the 911 zone and based on data provided by the Georgia Hospital Association. Counties with large acute care bed numbers resulted in a lower applicant score.
4. **Mileage.** The documented odometer-reading of the vehicle identified in the application to be replaced. Higher mileage numbers resulted in a higher applicant score.
5. **Age.** Reported vehicle age, based on model year. Older vehicles received higher scores.

For the first year of the Vehicle Replacement program, the Commission, then assigned (or attached) to the Department of Human Resources, partnered with Georgia Emergency Management Agency (GEMA) to receive all the submitted applications. At the close of the application period, all applications were turned over to the Commission's administrator for scoring with a subcommittee of Commission members providing oversight. A total of 153 applications were received in year one. The administrator completed a detailed review and



scoring process. In addition, staff at Floyd Medical Center independently validated all applications' scores to assure accuracy.

Data submitted via applications were translated to scores for each criterion, totaled and ranked in descending order. The top 56 scores were considered for grant awards of \$71,428 each.

While the Commission strived to establish criteria that could be used independently and without modification after application submission, following the scoring and review of the rank-ordered award list, it became apparent that a maximum number of awards to any individual agency needed to be established. The oversight Commission member subcommittee recommended a limit of three vehicle replacement awards to any single agency be included in the award criteria. While limiting one EMS award per 911 zone was not included in year one grant guidance or criteria, it was widely discussed among stakeholders and agreed upon by the Commission and used by the Commission administrator and oversight subcommittee in rank-ordering the final FY 2009 awards.

Year Two:

The Commission entered FY 2010 now assigned or attached to the Department of Community Health and with a budget of \$23,000,000. Through its work to establish priorities for fund allocation to program continuation, stakeholder funding and administrative services, the Commission established a pool of approximately \$3.8 million for EMS in FY 2010. Of that \$3.8 million, \$2,125,000 was earmarked for the continuation of the EMS Vehicle Equipment Replacement Grant Award Program for a second year.

Having recognized issues related to the established criteria in the year one awards, the Commission sought to refine the program to help expand the awards to agencies that had not received an award in the prior year while still maintaining a competitive grants program to provide funding assistance to 911-zone providers in rural Georgia to replace old and high-mileage ambulances. Again, input was received from the EMS community and various approaches were discussed. Ultimately the Commission determined while the five core criteria should be maintained, some scoring parameters needed to be modified.

In year two, a linear scoring process using a "scoring calculator" was developed to ensure a more accurate translation for data-to-score determination. This calculator was developed to address concerns raised about the significant difference in results in certain criteria when the raw data numbers within a certain range or step all received the same score.

In addition, in year two, the Commission changed the "Travel Distance" criterion to be defined as the mileage from the furthest point within the 911 zone to a Georgia Level I or Level II trauma center. The Commission determined a 20% score reduction variable be applied to any applicant agency that received an EMS vehicle replacement award in the



prior year. Finally, the Commission again determined to limit the maximum number of awards that any single agency could receive to three.

Soon after approving and announcing the year two EMS Vehicle Equipment Replacement Awards criteria and grant guidance, the Commission was informed by the Department of Community Health, Office of Procurement and Grants Administration all FY 2010 Trauma Commission competitive grants programs would be brought into the DCH competitive grant process and would be required to follow the DCH competitive grants policies and procedures. This meant, unlike in FY 2009 or year one of the program, the Commission did not oversee the application and scoring process. Further, the Commission was asked by DCH Grants Administration to only approve the spending of the money, based upon the evaluation subcommittee recommendations and the Commission was strongly discouraged from allowing any discussion of awards or scoring process during an open Commission meeting for fear of tainting the award process and thus requiring the entire EMS grant program to be aborted. DCH received a total of 117 applications in year two. Of those, 30 were incomplete or arrived after the application period closed and were disqualified. A total of 86 applications were reviewed and scored by DCH. Of those 86, the top 29 scores were approved for awards of \$73,275 each.

The Commission has worked diligently to fairly and equitably distribute more than \$6,000,000 in EMS Vehicle Equipment Replacement grants over the past two years. It has strived to address unmet needs and issues with access for patients in rural areas. It has actively sought input and counsel for this program from the EMS community as well as other stakeholders. By the end of 2010, it will have been privileged to be part of a process that will put more than 80 new EMS vehicles on the road to serve the people in Georgia, particularly those residing or visiting in rural areas.

That having been said, the Commission's work is constantly under review and it is striving to improve its programs it has allotted for the benefit of Georgia and its citizens. The criteria used for the EMS Vehicle Replacement Grant program are not immune from review and modification. The Commission welcomes comment and recommendations pertaining to this program and its other initiatives as it moves into a new fiscal year and the beginning of a third funding cycle.

15 June 2010

TO: JIM PETTYJOHN
FROM: TIFFINEY WARD
SUBJECT: EMS VEHICLE REPLACEMENT REVISION
DATE: 6/15/10
CC:

This memo is a revision to the previous document containing the top 29 scoring applicants presented May 20, 2010. Originally the Evaluation Committee took the steps to do a random sampling of the submitted scoring to validate the results and conducted a 100% review of any prior year awards to determine if it was reported correctly.

Subsequently, the DCH Office of Procurement Services has performed a complete check of each of the top 29 scoring applicants score calculator. This document represents those finding and confirms of each of the top 29 scoring application calculations.

KEY ASSUMPTIONS

- Preliminary results from the evaluation team identified the top 29 scoring grant applications to receive an award.
- Key information was validated by the evaluation team through random sampling and validation of the prior year award reporting.

FINDINGS

Based upon the information contained within the score calculators for each of the identified top 29 scoring applicants, the following has been determined:

- It was discovered that in three instances the vehicle year was placed into the score calculator instead of the required age of the vehicle yielding an erroneous result.
- The information has been corrected by entering the correct information into the score calculator and yielding the accurate score for the county.
- With the accurate score calculator totals the effected county is no longer apart of the top 29 scoring applicants.

RECOMMENDATIONS

Based upon the findings the following is recommended:

- The county may be contacted by DCH concerning the application status.
- Update the top 29 listing to include the next highest scoring applicants.

In summary, the validated top 29 scoring applicants are as follows:

Angel EMS
Ben Hill EMS
Burke County Emergency Management Agency
Burke County Emergency Management Agency
Burke County Emergency Management Agency
Calhoun County Board of Commissioners
Clinch County Board of Commissioners
Clinch County Board of Commissioners
Clinch County Board of Commissioners
Decatur EMS
Evans County Board of Commissioners
Fannin County EMS
Johnson County Board of Commissioners
Marion County EMS
Mid-Ga Ambulance, Inc
Mid-Ga Ambulance, Inc
Murray Med Ctr
Georgetown-Quitman EMS
Regional Medical Services of GA, Inc.
Telfair County EMS
Toombs Co.
Truetlan County
Turner County EMS
Unified Government of Webster County
Union General EMS
Union General EMS
Upson Ambulance Co. LLC
Upson Ambulance Co. LLC
Wayne County Ambulance Service



NOTICE

Date: 14 June 2010

To: Georgia Emergency Medical Services Agencies

From: Regina Medeiros
Trauma Program Director and Contract Liaison
MCG Health, Inc.
Trauma Services Room BA-4411
1120 15th Street
Augusta, GA 30912

This notice provides an outline of the requirements and timeline for FY 2010 EMS Uncompensated Care Reimbursement Program approved by the Georgia Trauma Care Network Commission (GTCNC). Reimbursement will be provided to Georgia licensed ambulance agencies for qualifying trauma care-related uncompensated care claims delivered during calendar year 2008, January 1 through December 31.

Each participating EMS agency is required to do the following:

Step One:

- Contact each Georgia state-designated trauma center receiving trauma patients from their service in calendar year 2008 and request a list of all trauma registry patients transported to that facility during calendar year 2008 by the respective EMS agency. The agency will supply the trauma center with an EMS provider point of contact name, phone number, and email address for questions and follow-up correspondence. The report from the trauma center shall be provided in a Health Insurance Portability and Accountability Act (HIPAA) compliant format. The report will include the following data elements: patient name, hospital medical record number and/or trauma registry number, EMS provider number, social security number or date of birth, ED arrival admit date and PCR number.
- Submit to Regina Medeiros, contract liaison, an affidavit (format to be provided by contractor and approved by the Trauma Commission) affirming the following information*:
 - Claims payments were pursued in accordance with standard EMS billing practices. This includes, but is not limited to, the mailing of at least three bills for payment when an address is reasonably available. If payment has not been received after a period of at least 90 days after the mailing of the first



attempt at billing and EMS is not aware that any payment is forthcoming for the services provided, the claim may be submitted to the contractor.

- The EMS agency maintains documentation supporting each claim collection attempt. The documentation must be available upon request by the Trauma Commission or other State agency for audit purposes and for a period of five (5) years from the date of the last collection attempt. A memo documenting all reasonable attempts at collection, signed by the agency director, will be provided as a scanned .pdf document and submitted to contractor with claim accounting spreadsheet. The original letter will be maintained by the EMS agency.
- Verification via the Georgia Health Partners (GHP) <http://www.ghp.georgia.gov> web page that patient is not eligible for coverage for the payment of the claim under Medicare or Medicaid will be maintained by the EMS agency for each claim submitted.

* Form templates can be downloaded from <http://www.gtnc.org>

Step Two:

Send by encrypted email, in a HIPAA-compliant format an uncompensated care claims list/report with verification of each patient's listing in the Trauma Registry. List each uncompensated care claim individually on an accounting spreadsheet (excel format will be provided) with the following information:

- Patient first and last name
- Patient social security number
- Date of service
- Pick-up point
- Final trauma center destination
- Healthcare Common Procedures Coding System for services rendered by submitting EMS agency
- Total charges

All claims submitted for reimbursement under this program in the required documentation format must be submitted to Regina Medeiros, contract liaison, no later than close of business on Friday, August 27, 2010. Any request for an extension must be in writing and received no later than close of business on Friday, July 30, 2010. Requests will be forwarded to the Georgia Trauma Commission for approval and final determination. No payments for claims submitted after August 27, 2010 will be made without an approved extension.



All documentation submitted under this program must be sent via email as described above to contract liaison Regina Medeiros at rmedeiro@mail.mcg.edu in a HIPAA compliant format.

If you have any question or concerns please do not hesitate to contact Regina via email or by phone at 706.721.3153

BISHOP + ASSOCIATES

April 12, 2010

To: Georgia Trauma Care Network Commission

From: Greg Bishop

Subject: B+A Work Proposal for FY 2011

Proposed Support For The Georgia Trauma Care Network Commission For FY 2011

This work plan will continue the work B+A started with the Healthcare Georgia Foundation in 2007-08, and then continued with the GTCNC in FY 2009 and 2010. This has included:

- Development of GTCNC 5 Year Strategic Plan in 2008
- Budget development for FY 2009, 2010 & 2011
- Trauma Center Economic Surveys for CY 2006, 2007 & 2008
- Development of Performance Based Payment Plan in FY 2010

The proposed major tasks for the GTCNC in FY 2011 are as follows:

- I. Provide Counsel To GTCNC In Preparing FY 2012 Budget**
- II. Conduct CY 2009 Georgia Trauma Center Economic Survey**
- III. Assist In Implementing Performance Based Payment Program**
- IV. Work With Commission And Staff To Assess And Update GTCNC Five Year Strategic Plan**
- V. Provide Technical Assistance For The Preparation Of Research/White Papers On The Work Of The GTCNC**

PROJECT WORK PLAN

The tasks and deliverables for this FY 2011 engagement are as follows:

I. PROVIDE COUNSEL TO GTCNC IN PREPARING FY 2012 BUDGET

B+A will continue supporting the GTCNC budgeting process as follows:

- Prepare alternative budget formulas as requested.
- Prepare/update financial model for use in assessing the impacts of budget formulas.
- Support on FY 2012 for fully funded budget. These may include burn centers, as well as other strategic plan objectives.
- Work with GTCNC Trauma Center and Physician Funding subcommittee to finalize 2012 budget.

One goal is for GTCNC staff to assume responsibility for the budgeting process in ensuing years by the end of this contract period. B+A will work with them to do so.

A. Assess Economic Needs Of Burn Centers

This will include exploratory work on burn center finances, and practices of other states in financially supporting burn centers, including triage policy. This information will be assessed regarding Georgia demographics to determine general need for burn center financial support in Georgia.

B. Assess Impact Of Potential National Health Care Changes

B+A will conduct an initial assessment of the potential impact of changes in national health care policy to answer policymaker questions on their impact on state trauma system funding needs. This will include timing of changes, reductions in uninsured trauma patients, and reductions in revenue on insured patients.

The deliverables will be the FY 2012 trauma center and medical staff budget, and written final reports on additional tasks to be delivered to the GTCNC Chair and Administrator.

II. CONDUCT CY 2009 GEORGIA TRAUMA CENTER ECONOMIC SURVEY

B+A will work with the GTCNC, its committees and trauma center staff to conduct the CY 2009 economic survey. This will include:

- Trauma center readiness costs with new methodology
- Economic analysis including SB 60 qualified patients
- Development of severity based trauma center cost norms specific to Georgia

This will continue the process developed in conducting the economic surveys for CY 2006, 2007 and 2008, and include providing technical assistance to trauma centers in accurately reporting requested data and all analysis requested by GTCNC committees.

One goal is for GTCNC and OEMS/T to assume responsibility for the economic surveying process in ensuing years by the end of this contract period. B+A will work with them to do so.

The deliverable for this task will be a written final report addressing recommendations to be delivered to the GTCNC Chair and Administrator.

III. ASSIST IN IMPLEMENTING TRAUMA CENTER PERFORMANCE BASED PAYMENT

B+A worked with the GTCNC to develop a state-of-the art trauma center performance based payment (PBP) program in FY 2010. In FY 2011, B+A will work with the Trauma Center Committee, trauma center stakeholders, GTCNC to collaboratively implement this program for rewarding excellence in trauma care as follows. Key tasks will include:

- Support webinar involving trauma center stakeholders to review and refine PBP criteria (and develop their understanding and support for program).
- Assist GTCNC staff in initial implementation of PBP in FY 2011.
- Coordinate efforts, when possible, with Arkansas (Dr. Charles Mabry) and or other national leaders on development of PBP program to assure national recognition.

The deliverable for this task will be the refinement of the PBP plan delivered to the GTCNC Chair and Administrator and the Trauma Center and Physician Funding subcommittee.

IV. WORK WITH THE COMMISSION AND STAFF TO ASSESS AND UPDATE GTCNC FIVE YEAR STRATEGIC PLAN

B+A will work with the GTCNC, Administrator and appropriate stakeholders to revise the initial Five Year Strategic Plan using the established format of outlining program and organizational objectives, and a matrix indicating the objective's timeframe, partners, funding, success measures, and FY 2011/12 tasks.

Specific tasks will include:

- Exploratory research with Commission & staff to identify areas of concern and interest, including suggestions based upon best practices of other states.
- Obtain necessary and appropriate input from stakeholders on specific objectives.
- Conduct workshop with GTCNC to review all information and redefine and prioritize objectives.
- Work with staff to define timeframe, partners, funding, success measures, and FY 2011/12 tasks for each objective.
- Prepare concise, professionally formatted plan document and print.

The final deliverable will be the 2010-2015 plan delivered to the GTCNC Chair and Administrator.

V. PROVIDE TECHNICAL ASSISTANCE FOR THE PREPARATION OF RESEARCH/ WHITE PAPERS ON THE WORK OF THE GTCNC

The GTCNC has developed cutting edge methodologies regarding trauma system economic support that serve as models for the nation. The preparation of publishable papers will assure a high level of credibility for the work of the GTCNC among Georgia policymakers, as well as national trauma stakeholders. B+A will assist Commission members to prepare papers on the following topics:

- Trauma Center readiness cost methodology
- Three year economic analysis showing impact of trauma center funding
- Others such as white paper on Performance Based Payment Methodology

The deliverable for this task will be papers that can be submitted for publication under the names of the GTCNC Chair, members and staff.

SCHEDULE, FEES, AND EXPENSES

These tasks will be completed over the Georgia State FY 2012 under the direction of the GTCNC, specifically the GTCNC Chair and Administrator, and will be completed by end of contract period. The professional fees for this engagement are \$167,000. Travel expenses are estimated at \$8,350, and will be incorporated in the contract for a total cost of \$175,350.

Monthly progress reports and invoices will be submitted to GTCNC Administrator in addition to reporting requirements of DCH. Written reports will be provided as tasks are accomplished.

Breakdown of Fees:

I.	Provide Counsel To GTCNC In Preparing FY 2012 Budget	\$15,000*
	• Assess Economic Needs Of Burn Centers	\$22,000
	• Assess Impact Of Potential National Health Care Changes	<u>\$9,000</u>
		\$46,000
II.	Conduct CY 2009 Georgia Trauma Center Economic Analysis	
	• Trauma Center Readiness Costs With New Methodology	\$12,000*
	• Economic Analysis Including SB 60 Qualified Patients	\$12,000*
	• Development Of Georgia Severity Based Trauma Center Cost Norms	<u>\$5,000</u>
		\$29,000
III.	Assist In Implementing Performance Based Payment Plan	\$18,000*
IV.	Assess And Update GTCNC 5 Year Strategic Plan	\$44,000
V.	Provide Technical Assistance For Research/ White Papers	\$30,000
		\$167,000

*Tasks continued from FY 2010 totaling \$60,000.

Total Fees	\$167,000
Expenses (5%)	<u>\$8,350</u>
	\$175,350

Georgia Trauma Commission FY 2011 Budget			
General Trauma Fund Allocations			
17 June 2010 DRAFT DOCUMENT			
Allocated by General Assembly (less 3.3% from \$23M)	\$ 22,241,000		
2011 Available Budget		\$ 22,241,000	
State OEMS/T Allocation ²	\$ 655,500	\$ 655,500	
Commission Operations ³	\$ 607,800	\$ 607,800	
Communication Center		\$ 1,858,000	
Operations ⁴	\$ 525,000		
Capital Expenditures⁵	\$ 1,333,000		
System Development, Access and Contingency	\$ 976,850	\$ 976,850	
Total	\$ 4,098,150	\$ 4,098,150	
Available for Stakeholder Distribution		\$ 18,142,850	\$ 18,142,850
EMS Distribution ⁶			\$ 3,628,570
Trauma Centers/Physicians Distribution⁷			\$ 14,514,280
		Remaining:	\$ -
Notes:			
¹ General Assembly allocation for FY 2011 ² "up to 3%" of Commission's available budget (SB 60) ³ Commission operations includes: administrative staff, contracted accounting and auditing services, Commission per diem funding, and Commission meeting support. ⁴ Communication Center Operations and Capital Expenditures ⁵ One time purchases ⁶ 20% of funds after OEMS/T, Commission Operations, Communication Center and System Development allocations ^{2, 3, 4, 5} ⁷ 80% of funds after OEMS/T Commission Operations, Communication Center and System Development allocations ^{2, 3, 4, 5} All funds remaining unspent, not allocated or not under contract at the beginning of 4th quarter FY 2011 will be redirected to stakeholders			

Georgia Trauma Commission FY 2011 Budget					
Office of EMS and Trauma Allocation					
					17 June 2010 DRAFT DOCUMENT
Requested Allocation	\$ 655,500				
Position:	Salary	Fringe	Travel		Position Description
EMS Region 5 Trauma Nurse Coordinator	\$ 100,000	temp	\$ 15,000	1.0 FTE	Assist with pilot project and TC designations
EMS Region 10 Program Director	\$ 68,000	\$ 27,200	\$ 15,000	1.0 FTE	EMS Regulatory oversight for region
EMS Region 5 Program Director	\$ 68,000	\$ 27,200	\$ 15,000	1.0 FTE	EMS Regulatory oversight for region
EMS Medical Director	\$ 70,000	\$ 28,000	\$ 7,900	0.5 FTE	State EMS Medical Direction responsibilities
EMS Training Coordinator	\$ 68,000	\$ 27,200	\$ 15,000	1.0 FTE	EMS Education oversight
Compliance/Liaison Officer	\$ 70,000	\$ 28,000	\$ 6,000	1.0 FTE	Oversees compliance and interacts between Trauma Commission and DCH
Sub Totals:	\$ 444,000	\$ 137,600	\$ 73,900	5.5 FTE	
Overall Total	\$ 655,500				

Budget proposal submitted by Pat O'Neal

Georgia Trauma Commission FY 2011 Budget			
Trauma Commission Operations			
			17 June 2010 DRAFT DOCUMENT
Available Operations Budget	\$ 607,800		
Administration and Commission Support			
Executive Director	\$ 145,950		Via Professional Services Contract: Salary, benefits, travel, overhead, Commission meeting support, website design and maintenance
Administrative Assistant, Logistic Support and Office Management	\$ 57,500		Via State Contract Temp Services: salary, temp service expenses and travel
Procurement Officer (State Employee)	\$ 120,000		State Employee: Salary-\$75K, Fringe-\$30K, Travel-\$10K, Computer/Cell-\$5K (ESTIMATE ONLY) Responsible for Contracts/Procurements
Contracted Accounting/Auditing Services	\$ 100,000		Exempt Contract: Routine and random stakeholder audits
Conference call account	\$ 7,200		\$600.00 per month
Commission Travel/Per Diem	\$ 11,300		\$105.00 per diem per member (9) per month (12)
Contingency Planning	\$ 165,850		Contingency Planning
Total:	\$ 607,800	\$ 607,800	
	Total:	\$ 607,800	

Georgia Trauma Commission FY 2011 Budget			
Trauma Communication Center			
			17 June 2010 DRAFT DOCUMENT
Available Communications Center Budget	\$ 1,858,000		
One Time Capital Expenditures:			
Communications Center Software	\$ 1,200,000		Estimated Costs Only.
Hardware	\$ 100,000		
Backup generator	\$ 5,000		
Call recorder	\$ 8,000		
Workstations	\$ 20,000		
Capital Expenditures Total:	\$ 1,333,000	\$ 1,333,000	
Operations:			
Communication Center Staff (24/7 Operators)	\$ 385,000		5.5 FTE (\$70,000 per) Estimate Only includes salary plus fringe
Communications Center Lead position	\$ 115,000		1.0 FTE state contract via state contracted temp services include \$15k for travel
Building Lease and Utilities	\$ 25,000		Estimate only
Total:	\$ 525,000	\$ 525,000	
		Total:	\$ 1,858,000

Georgia Trauma Commission FY 2011 Budget			
System Development, Access and Contingency Planning			
17 June 2010 DRAFT DOCUMENT			
Available Budget	\$ 976,850		
Development and Access			
Trauma System Regionalization	\$ 300,000		Grants for Trauma System Regionalization Activities (up to three EMS regions) To be added to Trauma Center Readiness funding contracts
Georgia Tech Research Institute	\$ 250,000		Technical Assistance: Trauma Communications Center startup
Bishop+Associates	\$ 175,350		Financial Consultants; Budget development, Economic Survey, Performance Based Payment Program, Technical Assistance, Strategic Plan Update. Sole Brand Contract
Trauma Center Association of America	\$ 1,500		Annual membership
TeleMedicine TeleTrauma Direct Grant Award	\$ 100,000		Georgia Partnership for Telehealth: Continuation of pilot project TeleTrauma capabilities in Georgia
Broselow Lutin Solutions System	\$ 100,000		Continuation of activities: The system provides rapid access to standardized dosing information, treatment methods, and clinical support algorithms in the care of children
Total:	\$ 926,850	\$ 926,850	
Contingency Planning			
Additional contracts and costs	\$ 50,000	\$ 50,000	For additional contracts, accommodating budget short fall and or unforeseen and increased costs or other contingencies.
Total	\$ 976,850	\$ 976,850	

Georgia Trauma Commission FY 2011 Budget			
EMS Allocation			
17 June 2010 DRAFT DOCUMENT			
Available EMS Budget	\$ 3,628,570		
Center for Health Organization Transformation (CHOT)	\$ 50,000		Yearly membership for Statewide EMS Systems Study
Total :			



THURBERT E. BAKER
ATTORNEY GENERAL

Department of Law
State of Georgia

40 CAPITOL SQUARE SW
ATLANTA, GA 30334-1300

9 June 2010

Facsimile: (478) 633-6195

Dennis W. Ashley, M.D.
Chairman
Georgia Trauma Care Network Commission
777 Hemlock Street
Hospital Box #103
Macon, Georgia 31201

Direct Dial:
404.651.7675
Facsimile:
404.656.0677
Email:
asponseller
@law.ga.gov

RE: Features Of Senate Resolution 277

Dear Dr. Ashley:

You have asked whether, if the Constitutional amendment proposed by Senate Resolution 277 (SR 277) is approved by the voters, funds in the trauma trust could lapse or be transferred into the State's general fund. It is my view that if SR 277 is approved, the money collected to fund the trauma trust would not be part of the State's general fund and would not lapse. However, the amendment would authorize the General Assembly to enact statutes to govern the operation of the trust and to direct how the money is spent for "trauma care purposes."

The 2010 General Assembly passed SR 277 on April 29, 2010. SR 277 proposes a constitutional amendment which will provide a funding source for trauma care through a \$10.00 car tag fee. The amendment will be placed on the ballot for the next general election in November 2010. The proposal amends GA. CONST. Art. III, Sec. IX, Para. VI to provide in part:

(4) Proceeds of the trauma charge under this subparagraph shall be deposited on a monthly basis in a trauma trust fund. The General Assembly shall provide for the operation of such trust fund and shall specify the trauma care purposes for which such funds are to be expended.

(5) Revenues deposited into the trauma trust fund shall not lapse as otherwise required by Article III, Section IX, Paragraph IV(c) and shall not be subject to the limitations of subparagraph (a) of this Paragraph or of Article VII, Section III, Paragraph II.

SR 277. If approved by voters in November 2010, the amendment would become effective on January 1, 2011. GA. CONST. Art. X, Sec. I, Para. VI.

June 9, 2010
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The Georgia Constitution generally requires that “the appropriation for each department, officer, bureau, board, commission, agency, or institution for which appropriation is made shall be for a specific sum of money; and no appropriation shall allocate to any object the proceeds of any particular tax or fund or a part or percentage thereof.” GA. CONST. Art. III, Sec. IX, Para. VI(a). The Constitution also provides that “all revenue collected from taxes, fees, and assessments for state purposes . . . shall be paid into the general fund of the state treasury, GA. CONST. Art. VII, Sec. III, Para. II(a), and that “[a]ll appropriated state funds . . . remaining unexpended and not contractually obligated at the expiration of such general appropriation[] shall lapse.” GA. CONST. Art. III, Sec. IX, Para. IV(c).

The purpose of these constitutional provisions “was to end the practice of allocating or earmarking particular taxes for the use by any specific department, and to require the General Assembly to appropriate from the General Fund specific amounts for each fiscal year for the support of each department or agency.” *Gregory v. Hamilton*, 215 Ga. 735, 737 (1960). Hence, the Constitution generally requires that state agencies receive appropriations to be set each fiscal year out of the general fund, and that any monies not spent by the agency at the expiration of each fiscal year will lapse and return to the general fund.

In contrast, GA. CONST. Art. III, Sec. IX, Para. VI provides a list of exceptions to these general rules. Subsections (b) through (n) expressly permit “earmarked” taxes for special purposes, and many create exemptions from the general lapsing requirement. Some of these exceptions include the use of motor fuel taxes for the maintenance of public roads, and special funding for the State Children’s Trust Fund and the Indigent Care Trust Fund. GA. CONST. Art. III, Sec. IX, Para. VI(b), (f), (i).

SR 277 proposes to add another exception, and would become subsection (o) of GA. CONST. Art. III, Sec. IX, Para. VI. Thus, funds collected through the car tag fee would be used exclusively for “trauma care.” Moreover, SR 277 specifically exempts the trauma car tag fee proceeds from being transferred into the general fund, and exempts the funds from the general lapsing requirement. SR 277 paragraph (5). SR 277 is therefore notably different from the recent “Super Speeder” law (HB 160) which also provides funds to the GTCNC. That law requires that Super Speeder fees “be deposited in the general fund of this state with the intent that these moneys be used to fund a trauma care system in Georgia.” O.C.G.A. § 40-6-189(e), as amended (emphasis added). Hence, unlike the Super Speeder law, monies collected through the proposed trauma car tag fee would be used exclusively for trauma care and could not be transferred to the general fund even if all of the funds were not spent each fiscal year.

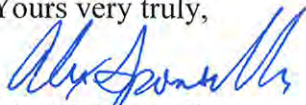
Finally, although SR 277 provides an exclusive funding source for “trauma care,” SR 277 also authorizes the General Assembly to “provide for the operation of such trust fund and shall specify the trauma care purposes for which such funds are to be expended.” SR 277 paragraph

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(4). Therefore, even though the General Assembly could not transfer or return the trauma car tag fee proceeds into the general fund, the General Assembly could enact statutes setting forth how the trauma trust fund is to be operated and what "trauma purposes" are eligible for funds.

I hope this letter is responsive to your inquiry.

Yours very truly,



Alex F. Sponseller
Assistant Attorney General

cc: GTCNC Members

Sidney R. Barrett, Jr., Senior Assistant Attorney General

#586564

Sime



Department of Law
State of Georgia

THURBERT E. BAKER
ATTORNEY GENERAL

40 CAPITOL SQUARE SW
ATLANTA, GA 30334-1300

14 May 2008

Dr. Dennis W. Ashley, M.D.
Chair, Georgia Trauma Care Network Commission
Medical Center of Central Georgia
777 Hemlock Street, HB #103
Macon GA 31201

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RE: **Georgia Trauma Care Network Commission**
Criteria for reimbursing physicians for uncompensated emergency care

Dear Dr. Ashley:

You have asked whether physicians are disqualified from receiving reimbursement from the Georgia Trauma Trust Fund if they receive "on call pay" from a hospital or trauma care center. In my view, the answer depends on the amount of "on call pay." Receiving "on call pay" does not necessarily disqualify physicians from seeking reimbursement from the Fund if they provide uncompensated emergency care to trauma patients. The Commission should establish criteria to determine how much "on call pay" would render the physician ineligible for reimbursement.

Senate Bill 60. Senate Bill 60, codified at O.C.G.A. § 31-11-100 *et seq.*, created the Georgia Trauma Trust Fund and the Georgia Trauma Care Network Commission. The Georgia Trauma Trust Fund is intended, among other things, to reimburse trauma care service providers who provide uncompensated trauma services. The purpose of the Commission is, among many other things, to establish the specific criteria for eligible medical service providers to seek reimbursement from the Fund. The overall goal of SB 60 is to promote the development of a statewide network of trauma services that delivers a high quality of care, and this is accomplished in part by reimbursing trauma service providers for unpaid services.

The Commission is authorized to implement a "system to compensate physicians who provide uncompensated call and trauma care services," and to develop "criteria assuring that trauma funds shall be used for reimbursement for services provided to designated trauma patients" and further assuring that "the trauma fund is a payor of last resort." O.C.G.A. § 31-11-102(5). SB 60 defines "uncompensated" to mean that trauma care services were provided to a patient that has no medical insurance, Medicare or medical assistance coverage, including medical coverage through workers compensation benefits, and that payment has not been made despite "documented attempts by the trauma care services provider to collect payment." O.C.G.A. § 31-11-100(4).

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“On Call” Pay. My understanding of “on call pay” is this: Hospitals and trauma centers often engage physicians in private practice to provide emergency care to persons admitted to the hospital during a given period of time, usually twenty-four hours. Different physicians, with different specialties, may be engaged to cover the same block of time. A particular physician will be called in if a patient is admitted who requires that physician's skills. Sometimes, but not always, the physician will receive “on call pay” for making the commitment to be available during that period. The amount of “on call pay” varies from one region or hospital to another, and may vary depending on the physician's specialty. While it is not a token amount -- I am told that \$1000 for a twenty-four hour period is common -- “on call pay” is typically not enough even to cover the physician's overhead for the period. Accordingly, the physician will bill the patient directly for her services, and will collect any amounts that are paid by the patient or on behalf of the patient by a third-party payer such as Medicaid or a private health insurer. If the patient cannot or does not pay, then the physician receives nothing for her services. Thus, it is very possible for a physician to lose money by providing on call services, and a growing number of physicians simply decline to make the commitment. This has made it hard for hospitals to secure on call emergency physician services, particularly in certain specialty areas.

Analysis. The question of whether “on call pay” would disqualify the physician from seeking reimbursement from the Fund for services provided to a particular patient raises two legal questions.

The first question is whether reimbursement is barred by O.C.G.A. § 31-11-102(1), which provides that the Commission “shall ensure that its funds are not used as a supplement or secondary payor to any other third-party payor.” SB 60 does not specifically define “third party payor,” but the definition of “uncompensated” care in Section 31-11-100(4) suggests that the term refers to private medical or auto insurance, Medicaid, medical assistance coverage, or workers compensation coverage. Thus, it does not appear that a hospital is intended to be within the definition of “third party payors” whose payments cannot be supplemented by the Fund. The mere fact of receiving “on call pay” from a hospital should not disqualify the physician from receiving monies from the Fund under O.C.G.A. § 31-11-102(1).

The second question is whether receiving “on call pay” mean that the physician is not “uncompensated” for treating a particular patient, even if the patient ultimately fails to pay for the physician’s services. The answer depends on the purpose and amount of the “on call pay.”

In the typical “on call pay” arrangement previously described -- where the pay is set at a relatively low amount, such that it does not cover the physician’s overhead, and the physician is primarily looking to the patient for payment for services provided -- “on call pay” is best considered to be in the nature of a retainer. That is, it serves as payment for the physician’s agreement to be available for a certain period of time, rather than payment for services rendered

May 14, 2008

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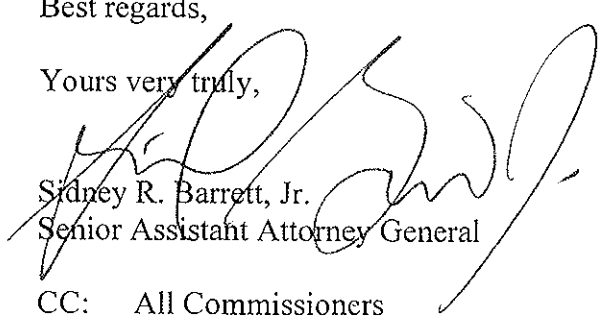
to a particular patient. In those circumstances, the physician may be said to be “uncompensated” if the patient does not pay for trauma services, and the “on call pay” should not disqualify the physician from seeking reimbursement from the Fund for treating that patient. This conclusion is further supported by the fact that SB 60 distinguishes between “on call pay” and payment for services rendered to a particular patient. *See* O.C.G.A. § 31-11-102(5)(authorizing reimbursement for “uncompensated call *and* trauma care services”). In addition, SB 60 contemplates reimbursing physicians for specific services provided to a particular patient, whereas “on call pay” is generally independent of the number of patients treated or the particular services provided. *See* O.C.G.A. § 31-11-102(5)(B) and (D)(“trauma funds shall be used for reimbursement for services provided to designated trauma patients” and for “trauma service codes”).

However, if the amount of “on call pay” is set at a relatively high amount, and the physician is not primarily looking to the patient for payment, then the on call pay is best considered as compensation for providing trauma services to any patient that might present while the physician is on call. In that case, the physician is not providing “uncompensated” care to the patient, and would be ineligible for payment from the Fund.

It is my view that the Commission has been given broad authority to examine the market and apply its collective expertise to devise criteria that will distinguish between these two extremes. For example, the Commission may establish a particular dollar amount of “on call pay” that would make a physician ineligible for reimbursement. The Commission also may find that it is appropriate to set different dollar amounts for different geographic areas, or for different medical specialties. So long as the Commission has a rational basis for its determination, and bears in mind the twin goals of SB 60 to provide a financial incentive for medical service providers to treat indigent patients, while avoiding the use of the Fund as a “secondary payor,” I believe the Commission will be acting within its authority.

Best regards,

Yours very truly,


Sidney R. Barrett, Jr.
Senior Assistant Attorney General

CC: All Commissioners



Department of Law
State of Georgia

THURBERT E. BAKER
ATTORNEY GENERAL

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ATLANTA, GA 30334-1300

22 April 2008

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RE: **Georgia Trauma Care Network Commission**
*Reimbursing uncompensated trauma care services
where uninsured patient makes partial payment*

Dear Dr. Ashley:

The Georgia Trauma Care Network Commission has asked whether a provider of trauma care services would be disqualified from receiving reimbursement from the Georgia Trauma Fund if the provider receives partial compensation from the patient. It is my view that a provider would not be disqualified from receiving reimbursement from the Fund under those circumstances, and that the Commission may use its discretion to provide for such reimbursement.

The purpose of the Fund is, among other things, to provide reimbursement to trauma care service providers for uncompensated trauma care service. O.C.G.A. §§ 31-11-103, 31-11-102(4, 5, 7). O.C.G.A. § 31-11-100(4) defines "uncompensated" to mean that trauma care services were provided to a patient that has no medical insurance, Medicare or medical assistance coverage, including medical coverage through workers compensation benefits, *and* payment has not been made despite "documented attempts by the trauma care services provider to collect payment."

Section 31-11-102(1) makes clear that the Fund should not be used to supplement payments received for trauma care from a *third-party payor*, such as Medicaid, workers compensation benefits or private insurance. That is, reimbursement from the Fund should not be used to make up the difference between the patient's final bill and what is collected from those third-party payors. However, that Code Section does not forbid the use of the Fund to make up the difference between the final bill and what is collected from the uninsured *patient*. One of the primary purposes of O.C.G.A. § 31-11-100 *et seq.* is to promote and maintain a statewide system of trauma care by reimbursing trauma care service providers for uncompensated care. That purpose would not be served by disqualifying a trauma care service provided from seeking reimbursement from the Fund because a token or partial payment was received from an uninsured patient. Thus, I conclude that a partial payment from the patient should not disqualify

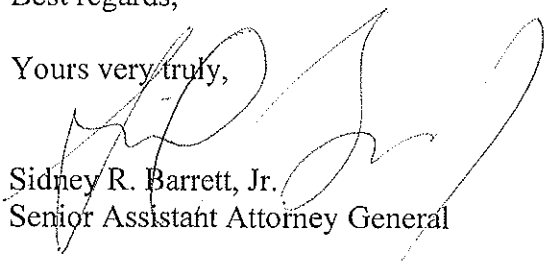
April 22, 2008
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the trauma care services provider from receiving reimbursement from the Fund for the unpaid balance.

I note that the Commission has been given broad discretion under subsections 4, 5 and 7 of O.C.G.A. § 31-11-102 to establish the specific conditions and criteria for reimbursement, as well as the amount of reimbursement, under these circumstances. In doing so, the Commission should bear in mind the statutory command that the Fund be the "payor of last resort," and that reimbursement should not be made without proof of "documented attempts by the trauma care services provider to collect payment."

Best regards,

Yours very truly,



Sidney R. Barrett, Jr.
Senior Assistant Attorney General

CC: All Commissioners

Commission Approved Item/Project	Budget Amount	Process Complete? Y/N	Dated Comments	Encumbered? Y/N	Amount Encumbered	Contract Executed? Y/N	Invoiced? Y/N	Amount Paid YTD	Remaining Balance YTD	Dated Comments	Accrual Amount as of Report Date	Funds estimated available for reallocation (16April)	Reallocation Comments
OEMS/T Allocation at 3%													
OEMS/T Allocation at 3%	\$655,500.00	N		Partially		3 of 5.5	Partially	\$655,500.00		3 of the 5.5 positions have been filled. The 2.5 positions still outstanding are: Trauma Nurse, IT Specialist, Part-time EMS Medical Director. The two regional EMS directors are Chris Threlkeld and Shirley Starling. Amount paid to date unknown. Awaiting budget numbers: April 19, 2010 (per CLC)		\$0.00	No funds available. Commission voted to permit Dr. O'Neal to keep these funds to cover DPR salaries as necessary.
Administration and GTCNC Operations													
Administrator & Bishop + Associates	\$245,950.00	Y	Administrator added to B+A contract (\$135,200 + \$110,750)	Y	\$245,950.00	Y	Y	\$245,950.00	\$0.00	5/14/2010-two payments made - \$22,517 & \$42,517 14 June 2010. All invoiced and paid.14June- final payments made - \$44,736.43 & \$25,066. Paid in Full		\$0.00	Anticipated all funds will be expended.
Administrative/business assistance	\$50,000.00	Y	Carol Dixon hired thru ABACUS Temp Service start date: 09March2010. Contract end date uncertain.	unknown		Y	Ongoing	\$6,734.70	\$43,265.30	Salary Amount paid through 5/14/2010 - \$5,744.05 Travel Reimbursemt paid thru 5/14/2010 - \$35.50 14June 2010: 5/18-Salary \$955.15	\$10,040.08	\$33,225.22	Estimated: 17 weeks (06 March through 30 June) at \$957.34/week plus \$500.00 travel expenses = \$16,774.78 Need data from DCH Budget
Conference call account	\$7,200.00	Y	Ongoing	Y	\$7,200.00	NA	Ongoing	\$1,173.33	\$6,026.67	5/14/2010-Payments of \$415.29 & \$272.68 14 June 2010- Payment of \$180.60.	\$1,751.67	\$4,275.00	
Website design and maintenance	\$15,000.00	N		N	\$0.00	N	N	\$0.00	\$15,000.00	Not moving forward with this item in FY 2010		\$15,000.00	Will not be expended
Commission Travel/Per Diem	\$10,000.00	N	Renee Morgan working with DCH	unknown		NA	NA	\$0.00	\$10,000.00	Renee Morgan to update.		\$10,000.00	Commission will not utilize
Monthly GTCNC meeting support	\$2,400.00	Y	Ongoing	Y	\$2,400.00	NA	Ongoing	\$642.73	\$1,757.27	5/14/2010-Curtis Chronister NextelPhone - \$66.42, 5/14/2010-UPS Contract delivery fees - \$82.16 14June 2010: Curtis Chronister NextelPhone 6/4-\$66.42 & 6/8-\$66.52. Pat O'Neal Mileage & Travel Expense 6/3-\$32.94, UPS charges \$4.93.	\$1,757.12	\$0.00	All will be distributed
Trauma Communications Center													
Staffing	\$308,000.00	N		N	\$0.00	N	N	\$0.00	\$308,000.00	Not moving forward with this item in FY 2010		\$308,000.00	Will not be expended
Communications Center Lead Position	\$100,000.00	Y	Position approved by DCH thru Temp service	Y	\$100,000.00	Y	N	\$0.00	\$100,000.00	Temp agency is accepting resumes.		\$100,000.00	Will not be expended
Consultation for GTCC	\$25,000.00	N		N	\$0.00	N	N	\$0.00	\$25,000.00	Not moving forward with this item in FY 2010		\$25,000.00	Will not be expended
Call recorder	\$8,000.00	N		N	\$0.00	N	N	\$0.00	\$8,000.00	Not moving forward with this item in FY 2010		\$8,000.00	Will not be expended
Hardware	\$100,000.00	N		N	\$0.00	N	N	\$0.00	\$100,000.00	Not moving forward with this item in FY 2010		\$100,000.00	Will not be expended
Software	\$300,000.00	N		N	\$0.00	N	N	\$0.00	\$300,000.00	Not moving forward with purchase of this item in FY 2010. GTRI to issue RFP in FY 2010 and funding in FY 2011.		\$300,000.00	Will not be expended
Building Lease	\$12,000.00	N		N	\$0.00	N	N	\$0.00	\$12,000.00	Not moving forward with this item in FY 2010.		\$12,000.00	Will not be expended
Water/Electricity	\$6,000.00	N		N	\$0.00	N	N	\$0.00	\$6,000.00	Not moving forward with this item in FY 2010		\$6,000.00	Will not be expended
Backup generator	\$5,000.00	N		N	\$0.00	N	N	\$0.00	\$5,000.00	Not moving forward with this item in FY 2010		\$5,000.00	Will not be expended
Workstations	\$20,000.00	N		N	\$0.00	N	N	\$0.00	\$20,000.00	Not moving forward with this item in FY 2010		\$20,000.00	Will not be expended
New Projects and System Support													
Web-based Trauma Registry Support	\$49,550.00	N	Vendor unable to meet requirements	N	\$0.00	N	N	\$0.00	\$49,550.00	Not moving forward with this item in FY 2010		\$49,550.00	Will not be expended
National Foundation for Trauma Care	\$1,500.00	Y		Y	\$1,500.00	Y	Y	\$1,500.00	\$0.00	Completed		\$0.00	All will be distributed
Telemedicine (GA Partnership TeleHealth)	\$200,000.00	Y	Direct Grant Award	Y	\$200,000.00	N	N	\$0.00	\$200,000.00	Grant award anticipated last week of April 2010. 14 June 2010, award letter sent to GPT		\$0.00	All will be distributed
National Science Foundation Center for Health Organization Transformation (CHOT)	\$50,000.00	Y	Contract is moving through DCH legal process	Y	\$50,000.00	Y	Y	\$50,000.00	\$0.00	K# 41900-034-10100283 Moving thru DCH contracting process. Full 12-month membership for \$50,000.00 14 June 2010 Contract executed and membership in effect for one year		\$0.00	All will be distributed
Pediatrics (Broselow Luten Solutions)	\$200,000.00	Y	Contract is drafted and moving through DCH channels	Y	\$200,000.00	N	N	\$0.00	\$200,000.00	K# PH-101002/2-00 Moving thru DCH contracting process. 14 May Dr. Ashley has signed contract. Contract sent to Dr. Broselow 14 June 2010, Dr. Ashley signed Contract returned to DCH		\$0.00	All will be distributed
Trauma Center & Physician Allocation													
New Trauma Center Startup Grants	\$1,000,000.00	N	Grant open for applications until 30 April	Y	\$1,000,000.00	N	N		\$1,000,000.00	DCH receiving applications. 14 May- evaluation committee met applications scored. Approval for spending to be made at 20 May Commission meeting. 14 June 2010: Commission approved spending money per evaluation subcommittee recommendations (20 May 2010) DCH in process of making awards		\$0.00	All will be distributed
Level IV Trauma Centers	\$54,000.00	Y		Y	\$54,000.00	Y	Partially	\$27,000.00	\$27,000.00	14 May - Not paid to date. 14 June 2010: Walton Medical Center Paid, Morgan Medical Center awaiting payment		\$0.00	All will be distributed
Trauma Center Readiness Payments	\$6,696,610.00	Y		Y	\$6,696,610.00	Y	Partially	\$5,841,724.00	\$854,886.00	14 May - All centers paid in full except CHOA (x2) and Atlanta Medical. 14 June 2010 All Centers Paid except CHOA (x2)		\$0.00	All will be distributed
Performance Based Payment	\$760,380.00	Y		Y	\$760,380.00	Y	Partially	\$663,310.00	\$97,070.00	14 May - All centers paid in full except CHOA (x2) and Atlanta Medical. 14 June 2010 All Centers Paid except CHOA (x2)		\$0.00	All will be distributed
Uninsured Patient Care Payments	\$6,696,610.00	Y		Y	\$6,696,610.00	Y	Partially	\$6,615,734.00	\$80,876.00	14 May - All centers paid in full except CHOA (x2) and Atlanta Medical. 14 June 2010 All Centers Paid except CHOA (x2)		\$0.00	All will be distributed
EMS Allocation													
EMS Uncompensated Care	\$1,000,000.00	N	Contract is being amended	Y	\$1,000,000.00				\$1,000,000.00	K# PH-10100190-99 (In process of being amended) 14 May - Amendment in DCH approval process. 14 June 2010: Amendment out to MCG for signatures		\$0.00	All will be distributed
EMS Vehicle Equipment Replacement Grants	\$2,125,000.00	Y	Grant open for applications until 16 April	Y	\$2,125,000.00	N	N		\$2,125,000.00	Scoring subcommittee to meet at DCH building in Atlanta on Friday, 30 April. 14 May- evaluation committee met applications scored. Approval for spending to be made at 20 May Commission meeting. 14 June 2010 Commission approved evaluation subcommittee recommendation. DCH in process of making awards		\$0.00	All will be distributed
First Responder Training	\$338,450.00	Y	Contract is drafted and moving through DCH	Y	\$338,448.80	Y	Y		\$338,450.00	K# 419-034-10100284-99 14 May - Dr. Ashley to sign contract 20 May. 14 June 2010 Contract executed and begin 01 July 2010, GAEMS has one full year for deliverables		\$0.00	All will be distributed
Trauma-care Related Equipment	\$338,450.00	Y	Contract is drafted and moving through DCH	Y	\$338,449.83	Y	Y		\$338,450.00	K# 419-034-10100284-99 14 May - Dr. Ashley to sign contract 20 May. 14 June 2010 Contract executed and begin 01 July 2010, GAEMS has one full year for deliverables		\$0.00	All will be distributed
Unbudgeted Funds													
Less: 5% Anticipated Budget Adjustment	\$1,150,000.00								\$1,150,000.00	Remains available to Commission		\$1,150,000.00	Will not be distributed
Operations Reserve	\$469,400.00								\$469,400.00	Remains available to Commission		\$469,400.00	Will not be expended.
TOTAL BUDGET	\$23,000,000.00												

Amount Paid YTD \$14,109,268.76

	Amount	Percentage of total FY 2010 Trauma Commission budget
Amount of FY 2010 budget to be distributed by Trauma Commission	\$20,384,549.63	88.63%
Amount of FY 2010 to be returned back to General Fund	\$2,615,450.22	11.37%
Total	\$22,999,999.85	100.00%

14 June Updates



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

June 16, 2010

NEW TRAUMA CENTER STARTUP GRANTS PROGRAM

This grant opportunity is currently under evaluation. Preliminary results are being validated and an official notice identifying the final successful vendors upon completion will be posted by the Department.

**DEPARTMENT OF COMMUNITY HEALTH
GRANT FUNDING IS SUBJECT TO AVAILABILITY OF FUNDING
AND IS AWARDED AT THE DISCRETION OF THE DEPARTMENT COMMISSIONER**