

PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT
Annual Report
Fiscal Year 2021-2022

PURPOSE AND DESCRIPTION

Act 15 of 2004, “The Pennsylvania Trauma Systems Stabilization Act” (Act 15), established an annual Disproportionate Share Hospital (DSH) payment to Pennsylvania hospitals accredited by the Pennsylvania Trauma Systems Foundation (PTSF) as Level I, Level II, or Level III Trauma Centers (Trauma Payment). Act 15 also established qualification criteria for Level III Trauma Centers and provided a funding distribution methodology for the Trauma Payment.

Act 84 of 2010 (Act 84) reestablished the Pennsylvania Trauma Systems Stabilization Act under the Human Services Code (formerly the Public Welfare Code). Act 84 revised the definition of “Trauma Center” to include certain out-of-state hospitals with Trauma Centers that provide services to Pennsylvania Medical Assistance (MA) beneficiaries, and to provide up to four (4) years of funding to hospitals pursuing Level III accreditation. Prior to disbursement, Act 84 requires a commitment from qualified Trauma Centers to use the Trauma Payment funds on the development and provision of trauma services. Act 84 requires each Trauma Center receiving Trauma Payment funds to provide the Department of Human Services (DHS) with a report accounting for Trauma Payment funds expenditures and detailing how the Trauma Payment funds have improved access to trauma care for Pennsylvania citizens. Act 84 did not change the distribution methodology set forth in Act 15.

Act 54 of 2019 (Act 54) established new qualification criteria for Level IV Trauma Centers located in rural counties as defined by the Center for Rural Pennsylvania and revised the maximum payment for Level II Trauma Centers as no greater than 50% of the average Statewide annual payment to a Level I or Level II trauma center.

BENEFIT TO THE COMMONWEALTH

The Trauma Payment benefits Pennsylvania citizens by improving access to readily available and coordinated trauma care. The direct beneficiaries are Pennsylvania hospitals that have received, or are seeking, accreditation as Level I, Level II, Level III, or Level IV Trauma Centers.

Hospitals report that the Trauma Payment funding enables them to provide the specialized care required for traumatically injured patients. Trauma surgeons, neurosurgeons, orthopedic surgeons, oral/maxillofacial and plastic surgeons, and other physician specialists and emergency room personnel are essential to providing patient optimal outcomes.

In Fiscal Year (FY) 2021-2022 hospitals identified the following areas where funding has improved access to, or enhanced the quality of, trauma care for injured patients:

- Helped offset the continuously rising costs of staffing recruitment, retention, and training associated with trauma patient volumes that have steadily increased since FY 2020-21. Trauma funds supported the staffing of additional physicians, trauma credentialed surgeons, and Advanced Practice RNs. Qualified trauma data registrars were retained and have led to improved data quality and increased ability to conduct prospective, rather than retrospective data and performance improvement analysis, resulting in earlier detection of system errors with more effective resolutions. The utilization of travel nurses at higher wages, due to an ongoing nursing shortage, was supported by trauma funding.
- Offset costs of education and prevention programs such as “Think First”, “Healthy Steps for Older Adults”, gun violence prevention, and increased “Stop the Bleed” training programs to schools, community centers, and community members, in response to an increase in gun violence over the past year. For example, funding has aided in the expansion of Wellspan York’s “A Matter of Balance”, which has shown a decrease in elderly falls, and the implementation of Penn State Hershey’s new Whole Blood administration and resource procurement for carrying blood on helicopters.
- Enabled upgrades to critical care and ER equipment, trauma bays, specialized lights for procedures, and repairs to aging CT scanners. Supported purchases of new equipment and facility enhancements, such as new trauma stretchers, new OR tables, new cardiac monitors, and additional supplies to expand operative services. Additionally, funding supported the purchases of new state of the art ultrasound machines for trauma resuscitation and diagnostic point of care equipment that has been shown to improve outcomes, decrease unnecessary testing, and streamline diagnosis.
- Assisted facilities in providing access in rural areas where patients would have exceeded the “golden hour” if a transport to the next closest hospital was required, resulting in significant impacts to patient outcomes. The funds continue to support facilities in rural areas where there would otherwise be no obstetrical trauma services.
- Offset ongoing negative financial impact to facilities affected by the COVID public health emergency and assisted the facilities with increased IT support to maintain presence in the community by offering virtual courses. Funds were also used for IT support and added software links between EMS and hospitals for importing patient care records from EMS into hospitals’ electronic health records, resulting in improved continuity of care.
- Utilized to support research efforts for facilities striving to provide evidence-based care to patients while making meaningful contributions to the science of traumatology.

The Trauma Payment helps promote greater financial stability of qualified Trauma Centers. Pennsylvania citizens benefit from access to quality trauma care.

TRAUMA CENTER PAYMENTS

In FY 2021-2022, the Pennsylvania state budget appropriated \$8.656 million for Trauma Center funding. As required by Act 84, DHS submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). On March 15, 2022, Pennsylvania received notification that CMS approved SPA 4.19A p. 21c, effective December 19, 2021, which provided federal matching funds for Trauma Payments. The federal financial participation (FFP) increased the total available funding to approximately \$18.292 million.

In FY 2021-2022, DHS distributed \$18,292,476.75 in Trauma Payments to forty-seven (47) hospitals – \$8,656,000.00 in state funds and \$9,636,476.75 in federal funds. In FY 2021-2022, nineteen (19) Level I Trauma Centers, seventeen (17) Level II Trauma Centers, one (1) Level III and ten (10) Level IV Trauma Centers qualified for payment.

As required by Act 54, DHS initially distributed ninety- percent (90%) of funding (\$16,463,229.08) to Level I and Level II Trauma Centers. DHS initially distributed the remaining ten percent (10%) of funding (\$1,829,247.67) to Level III Trauma Centers.

As required by Act 54, DHS distributed fifty percent (50%) of the total funding for Level I and Level II Trauma Centers (\$8,231,614.54) equally among Level I and Level II Trauma Centers. DHS distributed the remaining fifty percent (50%) of the total funding based on each Level I and Level II Trauma Center's percentage of MA and uninsured trauma cases and patient days compared to the statewide total number of MA and uninsured trauma cases and patient days for all Level I and Level II Trauma Centers.

As required by Act 54, DHS distributed fifty percent (50%) of the total funding for Level III Trauma Centers (\$914,623.84) equally among all Level III Trauma Centers. As required by Act 54, DHS distributed the remaining fifty percent (50%) of the total funding based on each Level III Trauma Center's percentage of MA and uninsured trauma cases and patient days compared to the statewide total number of MA and uninsured trauma cases and patient days for all Level III Trauma Centers.

As required by Act 54, DHS distributed the remaining funding after paying Level III Trauma Centers, \$1,602,708.90 to Level IV Trauma Centers. Per the State Plan, DHS distributed fifty percent (50%) of the total funding for Level IV Trauma Centers (\$877,573.10) equally among all Level IV Trauma Centers. DHS distributed the remaining fifty percent (50%) of the total funding based on each Level IV Trauma Center's percentage of MA and uninsured trauma cases and patient days for all Level IV Trauma Centers.

Level I and Level II Centers Data Sourcing¹

DHS utilized Calendar Year (CY) 2020 PTSF data to calculate each Level I and Level II Trauma Center payment, except for Grand View Hospital, Lehigh Valley Muhlenberg, St. Luke's Hospital Anderson Campus, and UPMC Williamsport. DHS utilized FY 2020 Pennsylvania Health Care Cost Containment Council (PHC4) data to calculate these payments.

Level III and Level IV Centers Data Sourcing²

DHS utilized CY 2020 PTSF data to calculate each Level III and Level IV Trauma Center payment, except for St Luke's Hospital Monroe Campus, Conemaugh Miners Medical Center, Geisinger Jersey Shore, Geisinger Lewistown, and St. Luke's Lehigh. DHS utilized FY 2020 Pennsylvania Health Care Cost Containment Council (PHC4) data to calculate these payments.

Cap on Level III Payments

Act 54 requires that payment to each Level III Trauma Center may not be greater than fifty percent (50%) of the average statewide annual payment to Level I & Level II Trauma Centers. In FY 2021-2022, DHS capped payments for Level III Trauma Centers at \$226,538.77.

Cap on Level IV Payments

Per the approved State Plan, DHS capped payments to Level IV Trauma Centers, using the same cap formula as Level III, at \$226,538.77, and distributed the remaining \$186,859.88 in funding to Level I & II Trauma Centers using the same distribution formula as was used in the initial payment calculation for Level I & II Trauma Centers.

RECOMMENDATION

DHS requests continued funding for the Trauma Program at the current level. Continued funding provides stability for the program and offers continuity for services that Pennsylvania citizens rely upon.

ATTACHMENT

FY 2021-2022 Trauma Annual Report Spreadsheet

¹ PTSF data is unavailable for a newly accredited hospitals' first year of accreditation. Therefore, DHS uses PHC4 data for those hospitals due to new accreditation at the time of calculation.

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Hospital	Level	Total Medical Assistance & Self Pay Trauma Visits** (Included in Total Trauma Visits)		State Share Payment	Federal Share Payment	Total Payment
		Total Trauma Visits**	Visits)			
ABINGTON MEMORIAL HOSPITAL	II	1,387	199	\$145,863.91	\$162,386.12	\$308,250.03
ALBERT EINSTEIN MEDICAL CENTER	I	1,046	662	\$253,176.34	\$281,853.96	\$535,030.30
ARIA HEALTH HOSPITAL FRANKFORD	II	1,464	671	\$278,067.32	\$309,564.37	\$587,631.69
CHILDRENS HOSPITAL OF PHILADELPHIA	I	661	314	\$153,515.72	\$170,904.66	\$324,420.38
CONEMAUGH MEMORIAL MEDICAL CENTER	I	940	261	\$158,104.48	\$176,013.19	\$334,117.67
CONEMAUGH MINERS MEDICAL CENTER	IV	0	0	\$41,526.76	\$46,230.55	\$87,757.31
CROZER-CHESTER MEDICAL CENTER	II	1,345	1,342	\$443,281.14	\$493,492.19	\$936,773.33
FULTON COUNTY MEDICAL CENTER	IV	87	25	\$75,634.02	\$84,201.18	\$159,835.20
GEISINGER COMMUNITY MEDICAL CENTER	II	942	262	\$169,364.47	\$188,548.62	\$357,913.09
GEISINGER MEDICAL CENTER	I	1,963	591	\$230,595.65	\$256,715.52	\$487,311.17
GEISINGER WYOMING VALLEY MEDICAL CENTER	II	889	267	\$158,288.14	\$176,217.66	\$334,505.80
GEISINGER-LEWISTOWN HOSPITAL	IV	59	4	\$43,095.37	\$47,976.83	\$91,072.20
GRAND VIEW HOSPITAL	II	224	2	\$92,183.27	\$102,624.99	\$194,808.26
GROVE CITY MEDICAL CENTER HOSPITAL	IV	220	65	\$107,198.15	\$119,340.62	\$226,538.77
JERSEY SHORE HOSPITAL	IV	8	0	\$27,684.50	\$30,820.37	\$58,504.87
LANCASTER GENERAL HOSPITAL	I	1,819	536	\$224,970.68	\$250,453.42	\$475,424.10
LEHIGH VALLEY HOSPITAL	I	3,473	1,041	\$368,322.24	\$410,042.59	\$778,364.83
LEHIGH VALLEY MUHLENBERG	II	204	7	\$93,154.93	\$103,706.72	\$196,861.65
MAIN LINE HOSPITAL LANKENAU	II	827	251	\$147,717.18	\$164,449.30	\$312,166.48
PAOLI MEMORIAL HOSPITAL	II	1,112	214	\$149,527.56	\$166,464.74	\$315,992.30
PENN PRESBYTERIAN MEDICAL CENTER	I	1,762	973	\$364,322.58	\$405,589.89	\$769,912.47
PENN STATE HEALTH HOLY SPIRIT MEDICAL CENTER	II	1,198	224	\$152,569.41	\$169,851.15	\$322,420.56
POCONO MEDICAL CENTER	III	703	208	\$107,198.15	\$119,340.62	\$226,538.77
READING HOSPITAL	I	1,926	362	\$186,912.76	\$208,084.62	\$394,997.38
ROBERT PACKER HOSPITAL	II	759	185	\$141,771.43	\$157,830.06	\$299,601.49
ST CHRISTOPHERS HOSPITAL FOR CHILDREN	I	410	333	\$157,913.81	\$175,800.93	\$333,714.74
ST LUKES HOSP OF BETHLEHEM	I	2,149	517	\$206,393.28	\$229,771.72	\$436,165.00
ST LUKES HOSPITAL ANDERSON CAMPUS	II	167	8	\$93,258.46	\$103,821.97	\$197,080.43
ST LUKES HOSPITAL MONROE CAMPUS	IV	133	7	\$72,868.61	\$81,122.54	\$153,991.15
ST LUKES HOSPITAL-LEHIGHTON CAMPUS	IV	91	3	\$52,946.85	\$58,944.22	\$111,891.07
ST LUKES MINERS MEMORIAL HOSPITAL	IV	192	45	\$107,198.15	\$119,340.62	\$226,538.77
ST MARY MEDICAL CENTER	II	993	144	\$138,211.30	\$153,866.69	\$292,077.99
TEMPLE UNIVERSITY HOSPITAL INC	I	2,125	1,519	\$519,914.36	\$578,805.75	\$1,098,720.11
THE MILTON S HERSHEY MEDICAL CENTER	I	1,696	560	\$242,309.99	\$269,756.77	\$512,066.76
THOMAS JEFFERSON UNIVERSITY HOSPITAL	I	1,481	617	\$274,894.16	\$306,031.80	\$580,925.96
TROY COMMUNITY HOSPITAL	IV	89	20	\$65,235.77	\$72,625.12	\$137,860.89
UPMC ALTOONA	II	997	312	\$162,501.45	\$180,908.20	\$343,409.65
UPMC CHILDRENS HOSPITAL OF PITTSBURGH	I	842	432	\$165,575.15	\$184,330.07	\$349,905.22
UPMC HAMOT	II	1,619	525	\$215,190.56	\$239,565.49	\$454,756.05
UPMC MERCY	I	2,377	681	\$291,972.90	\$325,045.06	\$617,017.96
UPMC PRESBYTERIAN SHADYSIDE	I	3,275	1,177	\$432,602.09	\$481,603.51	\$914,205.60
UPMC WILLIAMSPORT	II	580	44	\$103,710.30	\$115,457.70	\$219,168.00
WAYNE MEMORIAL HOSPITAL	IV	219	34	\$107,198.15	\$119,340.62	\$226,538.77
WEST PENN-ALLEGHENY GENERAL HOSPITAL	I	2,811	633	\$253,767.58	\$282,512.17	\$536,279.75
WEST VIRGINIA UNIVERSITY HOSPITALS INC	I	4,131	1,232	\$334,928.06	\$372,865.82	\$707,793.88
WESTERN PENN HOSP-FORBES REGIONAL CAMPUS	II	829	213	\$146,179.60	\$162,737.56	\$308,917.16
YORK HOSPITAL	I	1,624	392	\$197,183.26	\$219,518.48	\$416,701.74
	47	53,848	18,114	\$8,656,000.00	\$9,636,476.75	\$18,292,476.75

** Source of Data:
2020 Data from Pennsylvania Trauma Systems Foundation
2020 Data from Pennsylvania Health Care Cost Containment Council