

Nebraska Trauma Education Reimbursement Guidelines

Purpose: The purpose of this application is to reimburse Nebraska hospitals or facilities that participate in the Trauma System of Care for attending approved trauma courses. Individuals (RN, MD, DO, PA, APRN, etc.) are not eligible for reimbursement. Please have your hospital or facility submit reimbursement on your behalf.

Who is eligible for reimbursement?

1. Nebraska hospitals or facilities eligible for reimbursement are:
 - a. Designated trauma centers
 - b. Facilities in the process of applying to be a designated trauma center
 - c. Facilities entering data into the trauma registry
2. Each facility may be eligible for reimbursement for up to four (4) reimbursement requests per fiscal year (July through June as follows):
 - a. Providing funds are available, a trauma center may have additional classes if the Office of Emergency Health Systems (OEHS) Trauma Program approves.
3. Facilities **MUST** be current in submitting their electronic trauma registry data to the Department. Facilities not current with their reporting at the time of the reimbursement request will have their request denied.
4. The facility will be the applicant and submit requests for all classes they are requesting reimbursement for on the form provided by the Department.

What classes eligible for reimbursement?

1. The following courses, initial and recertification, are approved for reimbursement:
 - a. Trauma Nurse Core Course (TNCC)
 - b. Advanced Trauma Care for Nurses (ATCN)
 - c. Emergency Nurse Pediatric Course (ENPC) (qualifies for 2 pediatric hours)
 - d. Pediatric Advanced Life Support (PALS) (qualifies for 2 pediatric hours)
 - e. Advanced Trauma Life Support (ATLS)
 - f. Advanced Burn Life Support (ABLS)
 - g. Trauma Symposiums
 - h. Trauma Nurse Coordinator Education Conference

How much and what do the grants fund?

1. Only one (1) class type per reimbursement request will be accepted.
2. Reimbursements may be approved for up to 75% of the course registration cost per student attending only.
3. For a specialty class, contact Sherri Wren for application and approval.
4. Reimbursements are dependent on availability of funding.
5. **Reimbursements may be less than the cost of the course or may be denied.**

What additional documentation is needed for payment?

1. Classes will be reimbursed upon successful completion and upon return of all required documentation within 90 days of the class date.
2. **REQUIRED DOCUMENTATION.** Following the completion of the class, facilities will submit to DHHS no later than 90 days after the class:
 - a. Invoice or receipt evidencing payment of course fees.
 - b. Copy of the cards or certificates (as applicable) for each attendee as proof of successful course completion.
 - c. DHHS reserves the right to request further proof if it cannot adequately verify proof of payment, attendance, and course completion.
3. Incomplete forms or documentation will not be processed until they are complete or may be denied.
4. Email completed form with required documentation to dhhs.emstraumaprogram@nebraska.gov.

Please contact Sherri Wren, Trauma Program Manager, at 402-429-3311 or dhhs.emstraumaprogram@nebraska.gov with any questions.



Office of Emergency Health Systems Trauma Program Trauma Education Reimbursement Request

Reimbursement Requirements

PLEASE FILL OUT FORMS ELECTRONICALLY. With this form, you **MUST** include copies of

- Invoice or receipt evidencing payment of course fees
- Copy of the cards or certificates (as applicable) for each attendee as proof of successful course completion.
- DHHS may require a completed W-9/ACH form **AND** a copy of a blank or voided check or bank letter. ACH form found at: https://das.nebraska.gov/accounting/forms/ACH_W9_Fillable.pdf

| Applicant Information | |
|---------------------------------|----|
| Hospital Name: | |
| Hospital Contact Name: | |
| Contact Daytime Phone: | |
| Contact Email: | |
| Class Information | |
| Class Title: | |
| Date of Course: | |
| Number of Staff Attending: | |
| Registration cost per attendee: | |
| Total Request: | \$ |
| Authorized Hospital Signature | |

Send the completed form with required documentation to dhhs.emstraumaprogram@nebraska.gov.

Applications sent to the staff member's regular email address will not be considered.

Please contact Sherri Wren, Trauma Program Manager at 402-429-3311 with any questions.

| For DHHS use only | |
|----------------------------|---|
| Date Application Received: | Received within 90 days of course: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved By: | Amount approved to be paid: |
| Date Approved: | AB #: |
| BU Number: | Object Code: |
| On Base Enter Date: | On Base #: |
| Requestor #: | |
| Comments: | |