

# MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Health General Article § 19-130

Operations from October 2003 through June 2004

*To The*

## MARYLAND GENERAL ASSEMBLY

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## **Summary**

The goal of the Maryland Trauma Physician Services Fund (Senate Bill 479) is to stabilize the trauma system in Maryland by reimbursing trauma physicians for losses associated with supporting the trauma system. The Fund covers uncompensated care expenses, elevated Medicaid payments and trauma related on-call expenses for trauma physicians that provide treatment at the Maryland Institute for Emergency Medical Services Systems (MIEMSS) designated trauma centers. The Fund is financed through a \$5 charge on motor vehicle registrations and renewals. The Maryland Motor Vehicle Administration began collecting funds on new automobile registrations in July 2003 and on renewals in September 2003. Trauma physicians receive payments from the Fund for uncompensated care services and on-call hours provided after October 1, 2003 and for Medicaid services provided after December 1, 2003. During FY 2004, the MVA collected \$10.4 million and the MHCC approved outlays of \$4.1 million from the Fund. The Health Services Cost Review Commission (HSCRC) approved adjustments to hospital rates that will lead to approximately \$4.1 million in additional hospital payments in FY 2005 to cover trauma standby expenses. Trauma physician standby expenses do not affect the Fund balance. The Fund contained a balance of approximately \$6.2 million at the end of FY 2004. After nine months of Fund operation, MHCC does not believe a policy change in the distribution formula is warranted, although the disbursements are smaller than estimated, especially under Medicaid. In the next year, MHCC will work with Medicaid to help providers bill appropriately in order to claim the higher reimbursements.

## **Background**

During the 2003 Legislative Session, the Maryland General Assembly adopted the Maryland Trauma Physician Services Fund (Senate Bill 479) to aid Maryland's trauma system by reimbursing trauma physicians<sup>1</sup> for uncompensated care losses and by raising Medicaid payments to 100 percent of the Medicare rate when a Medicaid patient receives trauma care at a designated center. The legislature marked \$250,000 of the Fund for emergency medicine physicians that treat uninsured patients at trauma centers. The legislation also allowed trauma centers to apply for compensation for trauma-related on-call expenses for trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists.<sup>2</sup> Finally, the

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<sup>1</sup> COMAR 10.25.10 defines trauma physicians as trauma surgeons, anesthesiologists, orthopedists, neurosurgeons, and emergency medicine physicians.

<sup>2</sup> On-call requirements under the Maryland Institute for Emergency Medical Services Systems (MIEMSS) standards for Maryland trauma centers require that physicians be available to respond within 30 minutes. Standby requirements state that the physician must be at the facility ready to respond. Level III trauma centers operate with all trauma physicians on on-call status, although a center is permitted to have physicians on standby. Level II centers must have trauma surgeons on standby status,

legislation directed the HSCRC to ensure hospitals are able to include trauma-related standby expenses in HSCRC-approved hospital rates. Governor Ehrlich signed the legislation on May 22, 2003 as Chapter 33 of 2003 Laws of Maryland.

This report meets the reporting requirement under that law that directs the Maryland Health Care Commission and the Health Services Cost Review Commission to report to the Maryland General Assembly on the status of the Fund in accordance with State Government **Article § 2-1246, Annotated Code of Maryland**. This report includes information on services reimbursed from October 1, 2003 through June 30, 2004, which coincides with the first nine months of Fund operation.

### **Application, Payment, and Audit Processes**

Trauma physicians and trauma centers can seek reimbursement from the Fund on a semi-annual basis. Physicians and trauma centers may apply for reimbursement from the Fund for uncompensated care and on-call services provided after October 1, 2003. Practices and centers submitted applications in April and July 2004. These filing periods were chosen to expedite the initial disbursements from the Fund. Beginning in FY 2005, trauma physicians and trauma centers will submit applications to the Fund in January and July for the prior six month period. Medicaid began paying trauma claims at 100 percent of the Medicare rates starting December 1, 2003. Medicaid integrated the new trauma payment rule changes with other major software changes that had to be made to meet federal Health Insurance Portability and Accountability Act (HIPAA) requirements on standard electronic transactions.

Administrative operations of the Fund are handled by MHCC staff. Staff developed procedures to support the timely processing of paper or electronic applications. MHCC implemented measures that enable applications to be processed in approximately 30 days. Applications for uncompensated care are reviewed by MHCC staff for completeness and accuracy. All services deemed covered under the Fund are reimbursed at 100 percent of the Medicare rate for that service in the Baltimore area pricing locality. On-call expenses are reimbursed up to the allowed ceilings shown in Appendix Table 1. Once an application is cleared for payment, the applicant receives a **Trauma Fund Disbursement Report** detailing services approved for payment. The Office of the Comptroller issues the checks to applicants.

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but other physicians are permitted to be on-call. Level I must have physicians in all of the MIEMSS designated specialties on standby at all times.

Clifton-Gunderson, LLP was awarded a 14-month contract for \$110,000 through the State's competitive procurement process in February 2004. Three other vendors submitted bids for the work. Clifton-Gunderson, LLP completed four audits for services provided during the initial reporting cycle that ran from October 1, 2003 through March 31, 2004. The auditor found several technical errors in the computation of the number of allowable on-call hours, but no evidence of abuse at any of the audited centers. The Fund will be credited by debiting several facilities from future payments because of prior technical errors.

### **Status of the Fund**

In FY 2004, the Motor Vehicle Administration (MVA) collected slightly more than \$10.4 million dollars in revenue for the Fund. Revenue for the Fund is derived from a \$5 fee on automobile registrations. The MVA collection stream is shown in Appendix Table 2. The Fund is a special, interest bearing, nonlapsing fund residing at the MVA that is not subject to the State Finance and Procurement Article § 7-302. The MHCC requests a transfer from the Fund to an internal expenditure account before authorizing the Office of the Comptroller to issue checks to practices and trauma centers. COMAR 10.25.10, Maryland Trauma Physician Services Fund, establishes semi-annual filings for trauma physicians and trauma centers with applications due April 30, 2004 and July 31, 2004 for Fiscal Year 2004 services.

The balance in the Fund at the end of FY 2004 is \$6.2 million. Table 1 provides a more detailed summary of spending through June 30, 2004. The MHCC paid trauma centers and trauma physicians approximately \$2.1 million in uncompensated care and on-call payments for services provided from October 1, 2003 through March 31, 2004. To reimburse trauma expenses in the second application period from April 1 through June 30, 2004, MHCC transferred \$2.1 million from the Fund to the expenditure account at the conclusion of FY 2004. Applications for those services were due to MHCC by July 31, 2004. On-call and uncompensated applications for this last application in FY 2004 have been calculated, but checks have not yet been sent to providers. A list of physician practices that have received uncompensated care trauma payments or will receive payments for FY 2004 services is shown in Appendix Table 3. Emergency medicine physicians working in trauma received \$148,641 in uncompensated care payments in FY 2004.<sup>3</sup> Trauma centers that were reimbursed for documented trauma on-call expenses are presented on Appendix Table 4 of this report.

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<sup>3</sup> The law sets aside up to \$250,000 for reimbursing emergency medicine physicians that provide uncompensated care in trauma centers.

**Table 1 - Maryland Physician Trauma Fund Status**

CATEGORY	AMOUNT
Revenue from the \$5 Registration Renewal Fee thru 06/30/2004	\$10,441,648
<b>Outlays</b>	
Uncompensated Care for period 10/1/03 -03/31/04	(\$461,402)
On-Call for period 10/1/03 -03/31/04	(\$1,621,527)
Medicaid	\$0
Children's National Medical Center Grant for Standby Expenses	\$0
Audit Expense	\$0
Expenditure Account – Accruals for FY 2004 Services Paid in FY 2005	(\$2,100,000)
<b>Total Outlays</b>	<b>(\$4,182,929)</b>
<b>TRAMUA PHYSICIAN SERVICES FUND BALANCE END FY04</b>	<b>\$6,258,719</b>

MHCC made no payments to Medicaid in FY 2004, but in August 2004 Medicaid estimated that \$60,100 (total funds) was paid for elevating Medicaid payments to 100 percent of the Medicare rate during the period from December 1, 2003 through June 30, 2004. MHCC expects to authorize transfer of the State's share of these payments from the expenditure account to the Medical Assistance Program by the end of September. Children's National Medical Center applied for its annual grant on August 31, 2004. MHCC has conducted a preliminary review and expects to approve a payment to Children's in September 2004 for FY 2004 standby expenses. That payment will be removed from the expenditure account once the review process is completed.<sup>4</sup> All of these funds will be paid from the expenditure account that resides in MHCC. Table 2 presents the expected distributions that will occur by the end of September 2004. If a balance occurs in the expenditure account, as it appears likely, that money will revert back to the Maryland Trauma Physician Services Fund in FY 2005.

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<sup>4</sup> Chapter 33 requires the HSCRC to develop guidelines for the approval of an annual grant from the Maryland Trauma Physician Services Fund of up to \$275,000 to subsidize the standby costs for Children's National Medical Center. This provision allows Children's National Medical Center to recover a certain level of standby costs incurred relative to Marylanders utilizing the trauma center. HSCRC determined that standby expenses were in excess of the funding ceiling. MHCC and HSCRC provided an application to Children's in June that was similar in format to the applications used by Maryland trauma centers to document on-call expenses.

**Table 2 – MHCC Expenditure Account Disbursement in the First Quarter of 2005**

<b>Expenditure Account Balance on June 30, 2004</b>	<b>\$2,100,000</b>
<b>Anticipated Payments in September for FY of Services</b>	
<b>On-call</b>	<b>(\$657,659)</b>
<b>Uncompensated Care</b>	<b>(\$628,792)</b>
<b>Medicaid (State share)</b>	<b>(\$30,500)</b>
<b>Children's National Medical Center Grant for Standby Expense</b>	<b>(\$206,250)</b>
<b>FUNDS SET ASIDE FOR FY04 MEDICAID PAYMENTS, BUT NOT USED.</b>	<b>\$576,799</b>

The MHCC anticipated that the Fund would experience an initial surplus due to a lag in disbursements relative to collections by the MVA. Two factors, however, contributed to the higher than expected balance in the Fund. First, the trauma payments under Medicaid have been far smaller than projected. The Medicaid eligibility process and the nine month window for providers to submit Medicaid claims could mean that more claims will be forthcoming in FY 2005. Lack of physician awareness regarding the new law may also be a factor. Despite extensive education efforts (described in the next section of the report) many physician billing departments are still not familiar with new Medicaid processing rules pertaining to trauma care. To obtain elevated payments, billing departments must provide additional information, including a special code modifier ('U1') and obtain a trauma registry number from the trauma center coordinator. If these new data items are not supplied, the service is paid at the standard Medicaid rate. The MHCC expects to continue supporting the Medical Assistance Program's education efforts on the unique coding requirements for the Medicaid claims differential. Second, on-call payments have been less than anticipated because some Level II and III centers have not applied for stipends in all specialties. Hospitals pay physicians on-call stipends for being available and ready to respond within 30 minutes. During the debate on the legislation many of the trauma centers estimated that their on-call costs would exceed the funds set aside for this expense.<sup>5</sup> The MHCC notes that for the June 30<sup>th</sup> reporting period, only one Level III trauma center applied for on-call payments for anesthesiology, even though all were entitled to the payments if they paid this specialty to take trauma calls. MHCC examined audit

<sup>5</sup> See Appendix Table 1, Level III centers are eligible for up to \$1 million in on-call and Level II centers are eligible for \$350,000. The ceiling on Level II centers is lower because trauma surgeons and anesthesiologists must be on standby status at the hospital. Standby is reimbursed via adjustments to hospital rates approved by HSCRC.

applications to determine if trauma centers were systematically under-reporting costs. Several trauma centers did not claim on-call because existing physician contracts did not provide for on-call payments. Several hospitals are currently changing physician contracts so that trauma on-call payments are specifically defined. The Fund auditor has recommended that hospitals explicitly define per hour trauma on-call rates in physician contracts.<sup>6</sup>

The MHCC expects that administrative expenses associated with the fund will be lower than anticipated. Administrative expenses are anticipated as the Fund’s independent auditor, Clifton-Gunderson, LLP will expend approximately \$110,000 in FY 2005.<sup>7</sup> However, total administrative expenses will not meet initial estimates because one staff position allocated to the Fund under the law has not been filled due to the continuing hiring freeze.<sup>8</sup>

### **Raising Trauma Physician Awareness about the Fund**

Efforts to educate trauma physicians and trauma centers have been extensive, but efforts must continue into the future. Beginning in November 2003, MHCC launched a statewide outreach campaign to educate potential beneficiaries about the Fund. MHCC obtained physician directories from all nine trauma centers. Over 650 physicians were sent letters describing the program and how to obtain the additional reimbursement. Between November 2003 and July 2004, MHCC and the Provider Relations Unit of the Medical Assistance Program conducted educational seminars in Baltimore City, Hagerstown, Salisbury, and Rockville. Table 3 summarizes the training sessions conducted through July 2004.

**Table 3 – Trauma Fund Training Sessions**

<b>Location</b>	<b># of Sessions</b>
<b>Baltimore City</b>	<b>3</b>
<b>Hagerstown</b>	<b>3</b>
<b>Salisbury</b>	<b>3</b>
<b>Rockville</b>	<b>1</b>

<sup>6</sup> See Clifton-Gunderson, LLP trauma audit letter to Peninsula Regional Medical Center dated August 19, 2004 in the Appendix of this report.

<sup>7</sup> The auditor completed the majority of the initial on-call audits during July 2004, payments to this auditor will be reflected in the FY 2005 report.

<sup>8</sup> Administrative costs associated with the Fund were initially set at \$300,000.



The MHCC also maintains information regarding the Fund on its Internet site and periodically releases Physician Information Bulletins (PIB) clarifying particular aspects of the Fund.

MHCC expects demand on the Fund to increase as trauma physician offices implement measures to appropriately identify uninsured and Medicaid patients. Medicaid publishes a Physician Fee manual, which explains the trauma billing rules for medical assistance claims. In order to simplify the billing procedures for physicians, all seven of the managed care organizations under HealthChoice have agreed to follow the same billing rules. In the fall, MHCC plans to convene a Trauma Fund Work Group to gather feedback on the on-call and uncompensated care application processes and to clarify the procedures for Medicaid claims submission.

### **Standby Expense Allocation**

The HSCRC adopted staff recommendations in February 2004 to include an amount in rates, effective July 1, 2004, for trauma standby costs that reflect the lesser of the actual standby costs reported in FY 2003 for trauma surgeons, orthopedic surgeons, neurosurgeons and anesthesiologists and the adjusted RCE (using the schedule adopted by Medicare effective January 1, 2004) as calculated under 2109 of the Medicare Reimbursement Manual. The total amount to be included in rates of all trauma centers in FY 2005 is projected to be about \$4.1 million. This projection is based on hospital standby expenses reported in 2003, as approved by HSCRC, updated to July 1, 2004. The standby allocation will not have any impact on the Fund because the additional expenses are incorporated into the approved rates that hospitals are allowed to charge third party payers and individual patients.

### **Future Modifications**

The \$6.2 million balance is larger than projected for the first year. The MHCC and HSCRC anticipated that the Fund would generate a balance because collections started in July of 2003, but disbursements did not begin until October 1, 2003 for uncompensated care and on-call services and December 1, 2003 for Medicaid.<sup>9</sup> Over the period from July 1 to September 2003, the Fund balance grew to \$1.7 million. The remaining \$4.6 million balance is attributable to smaller than expected on-call and uncompensated care payments, and significantly smaller payments to supplement Medicaid reimbursement to 100 percent of

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<sup>9</sup> The Medical Assistance Program introduced higher payments for trauma care with broader changes in all claims processing required under the federal administrative simplification regulations that are part of HIPAA.

Medicare rates.<sup>10</sup> Many providers are only now learning requirements and more education could be needed to ensure equitable payment of Medicaid and uncompensated care. Given these factors, the Commissions believe the disbursements over the first nine months may portray an incomplete picture of future claims on the Fund.

An initial Fund balance is desirable because the law provides no formula for increasing collections in future years. On-call disbursements will increase by medical inflation as measured by the Medicare Economic Index (MEI). The Medicare Fee Schedule is adjusted by a more complex formula that also factors in overall economic growth. Adjustments to the Medicare Fee Schedule will push uncompensated care payments higher over time.<sup>11</sup> Other things being equal, disbursements to physicians will increase even if the volume of service and the level of on-call expenses remains the same due to upward adjustments in payment levels. Additional payments for Medicaid services can be expected as physicians become more knowledgeable about submitting trauma claims. MHCC will work with Medicaid to ensure that claim submission processes for trauma care under that program is clear and efficient for physicians. On-call payments also will grow as hospitals add provisions in contracts to explicitly reimburse physicians for trauma on-call hours. Given that the disbursements from the Fund will increase, MHCC and HSCRC believe it is not prudent to make major changes in the disbursement policy based on the first nine months of operation.

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<sup>10</sup> During the debate on the law, Medicaid supplemental payments were estimated to total about \$4 million of which \$2 million would be the state share.

<sup>11</sup> The MEI increased by about 3 percent from 2003 to 2004. The Medicare Fee Schedule is projected to increase by 1.5 percent in January 2005.

**Appendix Table 1 – On-Call Maximum Payments**

<b>Maximums for On-Call Payments based on CMS Reasonable Compensation Equivalents as of August 1, 2003</b>			
<b>Specialty</b>	<b>Non Metro- Cumberland Peninsula</b>	<b>Metropolitan Areas less than one million (Hagerstown)</b>	<b>Metropolitan Areas greater than one million (Baltimore-Washington)</b>
<b>Level II Trauma Centers</b>			
<b>Neurosurgery</b>			\$175,200
<b>Orthopedic Surgery</b>			\$175,200
<b>Level III Trauma Centers</b>			
<b>Anesthesiology</b>	\$211,630	\$253,071	
<b>Trauma Surgery</b>	231,087	257,873	
<b>Neurosurgery</b>	231,087	257,873	
<b>Orthopedic Surgery</b>	231,087	257,873	
<b>TOTAL</b>	<b>\$904,891</b>	<b>\$1,026,690</b>	<b>\$350,400.00</b>

**Note:** All computations assume that a specialty provides 8,760 hours of on-call coverage during a year. If a trauma center pays for less than 8,760 hours, the rate is adjusted by the hours actually paid.

**Appendix Table 2 – Maryland Motor Vehicle Registration Fees  
Collections per Month**

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July 2003	234,997.50
August 2003	636,626.50
September 2003	897,289.50
October 2003	1,061,781.85
November 2003	818,938.60
December 2003	843,813.26
January 2004	806,375.99
February 2004	801,896.55
March 2004	1,165,441.09
April 2004	1,094,732.35
May 2004	975,817.36
June 2004	1,103,938.33
<b>TOTAL</b>	<b>10,441,648.88</b>

**Note:** Monthly totals include interest earned during the month.

**Appendix Table 3 --Uncompensated Care Payment Schedule  
Maryland Trauma Physician Services Fund**

Prior Period Recovery Adjustments	-	1,990.07
Disbursement Amount	\$ 461,402.84	\$ 628,792.05
Brajendra Misra, M.D.	-	8,500.82
Center for Joint Surgery and Sports Medicine	-	777.54
Cumberland Emergency Medical Group, PA (ED)	2,296.61	444.81
Drs. Falik & Karim, PA	5,199.38	6,114.37
Emergency Services Associates, PA	-	6,953.07
Harvey Shapiro, M.D.	-	14,223.70
Jeffrey Muench, M.D.	-	53,350.84
Johns Hopkins Adult Trauma Center	34,879.11	139,917.61
Johns Hopkins Adult Trauma Center (ED)	24,001.30	54,444.05
Johns Hopkins Bayview Medical Center	14,216.09	18,671.80
Johns Hopkins Bayview Medical Center (ED)	7,053.42	9,817.11
Johns Hopkins Pediatric Trauma Center	1,835.37	7,632.66
Johns Hopkins Pediatric Trauma Center (ED)	2,395.10	3,965.91
Lifebridge – Trauma	-	9,969.09
Memorial Hospital Orthopedic Group	2,130.63	-
Montague Blundon, III, M.D.	4,942.43	5,500.44
Neurosurgical Specialists, LLC	-	18,018.56
Peninsula Neurosurgical Associates	3,977.27	718.45
Peninsula Orthopaedic Associates, PA	6,038.13	7,372.59
Peninsula Pulmonary Associates, PA	788.62	-
Prince George's Hospital Center	28,942.53	-
Robinwood Orthopedic Specialty Center	61.49	1,763.96
Sagar V. Nootheti, M.D.	-	14,908.31
Said A. Dae, M.D.	10,757.23	14,036.87
Sinai Faculty Practice Plan	3,776.56	-
Trauma Services	490.73	-
Trauma Surgical Associates	13,721.36	2,112.85
University Physicians, Inc.	212,736.64	186,108.69
Washington County Emergency Medicine Physicians	5,224.96	-
Washington County Hospital Trauma Physicians	6,794.51	10,974.40
Willie C. Blair, M.D.	-	14,025.64
	1,623.45	-
Western Maryland Trauma Associates, PA		
Yardmore Emergency Physicians	22,755.70	9,288.80
<b>Application Total</b>	<b>461,402.94</b>	<b>630,782.12</b>

**Appendix Table 4 --Maryland Trauma Physician Services Fund On-Call Payment Activity**

**Period 1 & 2**

Trauma Facility	Anesthesia		Neurosurgery		Orthopedic		Trauma Surgery		On-Call Total	
	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2	Period 1	Period 2
Johns Hopkins Bayview Medical Center	\$	\$	\$ 87,600	\$	\$ 87,600	\$	\$ 87,600	\$	\$ 262,800	\$
Peninsula Regional Medical Center	49,996	49,996					115,544	57,772	165,540	107,767
Prince George's Hospital Center			87,600	43,800	87,600	43,200			175,200	87,000
Sinai Hospital of Baltimore	59,750		87,600	43,800	87,600	38,880	36,216	16,654	271,166	99,334
Suburban Hospital					87,600	36,960			87,600	36,960
Washington County Hospital Association			128,937	64,468	128,937	64,468	128,937	64,262	386,811	193,198
Western Maryland Health System			115,544	56,347	41,322	22,843	115,544	54,210	272,410	133,400
<b>TOTAL</b>	<b>\$ 109,746</b>	<b>\$ 49,996</b>	<b>\$ 507,281</b>	<b>\$ 208,415</b>	<b>\$ 520,659</b>	<b>\$ 206,351</b>	<b>\$ 483,841</b>	<b>\$ 192,898</b>	<b>\$1,621,527</b>	<b>\$657,659</b>

## Appendix Table 5 -- Maryland Trauma Physician Services Fund Milestones

### May 2003

- Senate Bill 479, *Maryland Trauma & Emergency Medical Response System – Funding and Structure* is signed into law by Governor Ehrlich.
- MHCC and HSCRC hold SB 479 implementation meetings with the Maryland Medical Assistance Program, Motor Vehicle Administration, Maryland Institute for Emergency Medical Services Systems (MIEMSS) and Trauma Net.

### July 2003

- Maryland Motor Vehicle Administration begins collection of a \$5.00 surcharge to registration fees of Maryland motorists.

### August 2003

- COMAR 10.25.10, Trauma Physician Fund approved by the Administrative, Executive, and Legislative Review Committee (AELR).

### September 2003

- COMAR 10.25.10, Trauma Physician Fund published in the *Maryland Register*.

### November 2003

- MHCC and MIEMSS develop guidelines for trauma physicians that define criteria used for patient admissions to Maryland Trauma Registry.

- MHCC and Medicaid launch education and awareness training programs.

### December 2003

- MHCC develops a Request for Proposal (RFP) for auditing on-call and uncompensated care applications.

### February 2004

- RFP for “Audit and Outside Verification of Trauma Center and Trauma Physician Applications” released February 5<sup>th</sup>.

### April 2004

- Auditing contract awarded to Clifton-Gunderson, LLP.
- MHCC finalizes internal operating procedures for processing uncompensated care and on-call applications.

### June 2004

- Period 1 payments are distributed from the Fund to trauma physicians and trauma centers that submitted an application.

### July 2004

- Clifton-Gunderson, LLP completes audits of all trauma centers that submitted on-call applications.