Craig Tanio, M.D.
CHAIR

STATE OF MARYLAND

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

November 23, 2015

The Honorable Lawrence Hogan, Jr.
Governor
State of Maryland
Annapolis, MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
Annapolis, MD 21401-1991

RE: Maryland Trauma Physician Services Fund

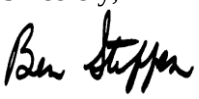
Dear Governor Hogan, President Miller and Speaker Busch:

The Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC) are submitting this report on the current status of the Maryland Trauma Physician Services Fund (Health General Article § 19-130) as required by law. The Fund reimburses trauma physicians for uncompensated and undercompensated and Medicaid undercompensated trauma care. Trauma center hospitals are reimbursed for on call stipends paid to trauma physicians that treat patients at the respective centers.

Payments to eligible providers and the administrative costs associated with making those payments were about $11.9 million in FY 2015. Comparing FY 2015 to FY 2014, both uncompensated care payments and on call trauma payments decreased. Transfers from the Motor Vehicle Administration to the Fund increased modestly by $40,000 in FY 2015.

The MHCC recommends raising reimbursement for uncompensated care and on-call services to 105% of the Medicare payment beginning in FY 2017. The small adjustment in reimbursement levels is in recognition of the significant reductions in reimbursement trauma physicians were asked to absorb from FY 2010 through 2015. The modest increase will also provide a small incentive to Level II and Level III Centers to appropriately treat trauma patients, rather than transferring those patients to Shock Trauma or the Johns Hopkins Level I center. MHCC will recommend whether or not this adjustment should continue in the FY 2018 report due in November 2017.

Sincerely,



Ben Steffen
Executive Director

Enclosure

cc: The Honorable Thomas M. Middleton
The Honorable Peter A. Hammen
Van T. Mitchell, Secretary DHMH
Sarah Albert – DLS (5 Copies)

MARYLAND TRAUMA PHYSICIAN SERVICES FUND
Health General Article § 19-130

Operations from July 1, 2014 through June 30, 2015

Report to the

MARYLAND GENERAL ASSEMBLY

November 2015

Craig Tanio, MD, MBA
Chair

Ben Steffen
Executive Director
Maryland Health Care Commission

John M. Colmers
Chair

Donna Kinzer
Executive Director
Health Services Cost Review Commission

Prepared by the
Maryland Health Care Commission

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Shore Health System

Maureen Carr York, Esq.
Health Care Attorney and Public Health Nurse
Anne Arundel County

This annual report on the Maryland Trauma Physicians Services Fund for fiscal year 2015 meets the reporting requirement set forth in Health General § 19-130(e) that directs the Maryland Health Care Commission and the Health Services Cost Review Commission to report annually to the Maryland General Assembly on the status of the Fund.

This report was written by Karen Rezabek, Program Manager for the Maryland Trauma Fund Physician Services Fund. For additional information on this report, please contact her at 410-764-3259 or by email at karen.rezabek@maryland.gov.

Table of Contents

Executive Summary

The Maryland Trauma Physician Services Fund ("Trauma Fund" or "Fund") covers the costs of medical care provided by trauma physicians at Maryland's designated trauma centers for uncompensated care, Medicaid-enrolled patients, trauma-related on call and standby expenses, and trauma equipment grants. The Fund is financed through a $5 surcharge on motor vehicle registrations and renewals.

Payments to eligible providers and the administrative costs associated with making those payments were about $11.9 million in FY 2015. Comparing FY 2015 to FY 2014, both uncompensated care payments and on call trauma payments decreased. Transfers from the Motor Vehicle Administration (MVA) to the Fund increased modestly by $40,000 in FY 2015. Reimbursements to the Fund from physicians paid for uncompensated care claims and from other sources were more than $700,000, a dramatic increase from the $480,000 received in FY 2014.

The Maryland Health Care Commission (Commission) approved an 8 percent across the board reduction in payment rates for FY 2010 (with the exception of Medicaid) due to the downturn in automobile registration revenue and an expected increase in uncompensated care claims, which remained in effect throughout FY 2015 and has been removed effective July 1, 2015, the beginning of FY 2016.

Implementation of the insurance coverage provisions of the Patient Protection and Affordable Care Act (ACA) led to reduced financial pressure on the Fund, as a significant share of those currently uninsured have gained access to coverage. As 93.5% of Maryland residents under age 65 had health insurance in calendar year 2014, uncompensated care payments should continue to slowly decline.

The MHCC recommends raising reimbursement for uncompensated care and on-call services to 105% of the Medicare payment beginning in FY 2017. MHCC, in consultation with HSCRC, is permitted to make this adjustment under Health-General §19-130(d)(4)(iv). The small adjustment in reimbursement levels is in recognition of the significant reductions in reimbursement trauma physicians were asked to absorb from FY 2010 through 2015. The modest increase will also provide a small incentive to Level II and Level III Centers to appropriately treat trauma patients, rather than transferring those patients to Shock Trauma or the Johns Hopkins Level I center. MHCC will recommend whether or not this adjustment should continue in the FY 2018 report due in November 2017.

Background

During the 2003 legislative session, the Maryland General Assembly enacted legislation creating the Maryland Trauma Physician Services Fund to aid Maryland's trauma system by reimbursing trauma physicians[1] 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 legislation also established a formula for reimbursing trauma centers for trauma-related on call expenses for trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists.[2] The legislation directed the Health Services Cost Review Commission

[1] COMAR 10.25.10 originally defined trauma physicians as trauma surgeons, anesthesiologists, orthopedic surgeons, neurosurgeons, critical care physicians, and emergency room physicians to conform to the statutory definition.

[2] 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 may operate with all trauma physicians on call, though a center is permitted to have physicians on standby. Level II centers must have trauma surgeons on standby status, but other physicians are permitted to be on call. Level I centers must have physicians in all MIEMSS-designated specialties on-site at all times.

(HSCRC) to allow trauma center hospitals to include trauma-related standby expenses in HSCRC-approved hospital rates.

The legislation has been expanded several times since passage in 2003; expanding eligibility for Fund payments to other classes of trauma physicians and/or increased payment levels for classes of providers. These changes are summarized below in Table 1.

Table 1: Statutory Changes – 2006-2013
2006 – Expanded eligibility to uncompensated care and extended Medicaid reimbursement to physicians providing trauma. Increased on call payments to Level II and Level III Trauma Centers. Replaced the per specialty limit for on call hours with a per center limit on hours. Extended uncompensated care payments to include the Johns Hopkins Burn Center, Johns Hopkins Eye Trauma at the Wilmer Eye Institute, and the Hand Trauma Center at Union Memorial. Increased the ceiling on the stipend for Children's National Medical Center to $490,000. Awarded a one-time grant to Union Memorial Hand Center and trauma equipment grants to 7 Level II and Level III Centers.
2008 – Permitted the Level I Trauma Center, Pediatric Trauma Center, and 3 specialty referral centers to receive a limited on call stipends. Authorized physicians to receive uncompensated care payments for care provided at trauma center-affiliated rehabilitation hospitals. Raised the cap on uncompensated care reimbursement for emergency medicine physician practices. Increased the annual grant to Children's National Medical Center to $590,000. Permitted MHCC to award grants to Level II and Level III centers for trauma related equipment and systems from Fund balances. Permitted MHCC to adjust uncompensated care and on call rates.
2009 – Permitted Level III Trauma Centers to receive on call stipends for up to 70,080 hours per year to maintain trauma surgeons, orthopedic surgeons, neurosurgeons, anesthesiologists, plastic, major vascular, oral or maxillofacial, and thoracic surgeons. Gave MHCC authority not to reimburse Level III Trauma Centers for on call hours under this change for Trauma on call hours exceeding 35,040 until the remaining costs eligible for reimbursement for Level I, II, III, pediatric and specialty referral centers are fully funded.
2012 – Removed the statutory restriction that expenditures from the Fund may not exceed the Fund's revenues in a fiscal year.
2013 – Section 2, Chapters 546 and 547, Acts 2009, (additional on call reimbursement for Level III trauma centers noted above) was abrogated and of no further force and effect as of the end of September, 2013.

Status of the Fund at the End of FY 2015

Collections by MVA via the $5 surcharge were $11,999,199. The Trauma Fund disbursed about $11,250,000 to trauma centers and trauma physician practices over the past fiscal year. Table 2, below, summarizes the revenue, disbursements, and the Fund balances at the end of fiscal years 2013, 2014, and 2015.

In 2015, the Maryland Motor Vehicle Administration (MVA) reported collecting more revenue than in the previous fiscal year. 2015 was the second consecutive year in which assessments have increased modestly. From 2008-2013, the MVA reported no increase in revenues due to the Fund. MHCC has asked the MVA to provide further information on its collections. Given the slow growth in revenue from registrations, the Commission continued to apply an 8 percent reduction in Fund disbursements in FY 2015. These reductions began on July 1, 2009 and were needed because the Commission is required to maintain solvency in the Fund.

Table 2 - Trauma Fund Status on a Cash Flow Basis, FY's 2013-2015

CATEGORY	FY 2013	FY 2014	FY 2015
Fund Balance at Start of Fiscal Year	$4,375,193	$4,673,677	$4,297,238
Collections from the $5 Registration Fee (and interest)	$11,609,441	$11,957,131	$11,999,199
Credit Recoveries	$332,423	$483,836	$703,279
TOTAL FUNDS (Balance, Collections, Recoveries)	$16,317,057	$17,114,644	$16,999,716
-- Uncompensated Care Payments	-$4,834,368	-$4,786,633	-$4,313,477
-- On Call Expenses	-$5,774,302	-$6,568,473	-$6,323,847
-- Medicaid Payments	-$197,481	-$118,961	-$66,301
-- Children's National Medical Center Standby	-$542,800	-$542,800	-$542,800
--Trauma Equipment Grants (disbursed from the surplus funds)	$0	-$398,231	$0
-- Administrative Expenses	-$294,429	-$402,308	-$722,817
Total Expenditures	-$11,643,380	-$12,817,406	-$11,969,142
TRAUMA FUND BALANCE, FY END	**$4,673,677**	**$4,297,238**	**$5,030,574**

Outstanding Obligations for FY 2015

The Fund incurred outstanding obligations of approximately $5 million, which are not reflected in the FY 2015 year-end balance in Table 2 above. These obligations result from applications for Medicaid, on call, and standby expenses for services provided in FY 2015. As in past years, these obligations have been paid from the Fund's revenue collected by the MVA on registrations and renewals in the first three months of the following fiscal year.

Table 3 – FY 2015 Obligations Incurred after Year End

On call stipends	$3,412,404
Children's National Medical Center FY 2013 Standby Expenses	$590,000
Medicaid	$66,301
TOTAL INCURRED BUT NOT PAID IN FY 2015	**$4,068,705**

Payment to Practices for Uncompensated Trauma Care

Table 4 presents the distribution of uncompensated care by the trauma center in which the care was provided for the fiscal years 2013 through 2015.

Table 4 –Distribution of Uncompensated Care Payments by Trauma Center, FYs 2013-2015

Facility	% of Uncompensated Care Payments FY 2013	% of Uncompensated Care Payments FY 2014	% of Uncompensated Care Payments FY 2015
R. Adams Cowley Shock Trauma Center and University practices	49.48	47.71	48.85
Johns Hopkins Hospital Adult Level 1	17.35	16.25	17.45
Prince George's Hospital Center	18.48	17.64	15.16
Johns Hopkins Bayview Medical Center	0.92	2.87	1.09
Suburban Hospital	4.79	5.56	6.01
Peninsula Regional Medical Center	3.17	4.19	4.07
Sinai Hospital	1.64	1.67	3.15
Johns Hopkins Regional Burn Center	0.24	.32	.44
Meritus Medical Center (formerly Washington County Hospital)	1.10	1.21	1.67
Western Maryland Health System Memorial Trauma Center	1.16	0.86	0.91
Maryland Eye Trauma Center	0.55	0.51	Not reported
Johns Hopkins Hospital Pediatric Center	0.01	0.11	0.12
Curtis National Hand Center	1.11	1.10	1.08

During FY 2015, uncompensated trauma care services were reimbursed at 92 percent of the Medicare rate for the service in the Baltimore area pricing locality. Before applying for uncompensated care payments, a practice must confirm that the patient has no health insurance and directly bill the patient –applying its routine collection policies. If the patient is uninsured and full payment (100 percent of the Medicare fee or more) is not received from the patient, the service can be written off as uncollectible and eligible for uncompensated care reimbursement. This requirement is consistent with the legislative intent, which made the Fund the payer of last resort for physicians providing trauma services.

Beginning in FY 2007, the Trauma Fund reimbursed physicians for follow-up care provided after the initial hospitalization. Plastic surgery, ophthalmic, oral, maxillofacial, and orthopedic surgery often occur after the hospital visit. Burn care treatment, in particular, can extend for a considerable time after the initial injury. In recognition of these concerns and to ensure that care is provided in the most cost-effective manner, subsequent follow-up care is reimbursed by the Trauma Fund if the treatment is directly related to the initial injury. To be eligible for payment, services must be provided at the trauma center or trauma center- affiliated rehabilitation hospital setting.

Payment for Trauma On Call Services

Hospitals reimburse physicians for being on call or standby. A physician on call is available and able to reach the hospital within 30 minutes of notification. When on standby, the physician is at the hospital ready to respond. On call and standby payments compensate physicians for foregoing work in a non-hospital setting where reimbursement may be higher and uncompensated care losses are lower. Hospitals negotiate on call and standby arrangements with physician practices that are essential to hospital operations. Payments for on call and standby are dependent on local market factors. Shortages of physicians practicing certain surgical specialties, especially in rural areas, may push payments higher. The need to ensure physician availability is especially important in trauma care. Most trauma center hospitals reimburse physicians when they provide on call services, and certainly do so when physicians are on standby at the hospital. Level III trauma centers must maintain 30 minute maximum response times for trauma surgeons, anesthesiologists, neurosurgeons, and orthopedists. Level II centers must have a trauma surgeon and an anesthesiologist on standby and a neurosurgeon and orthopedist on call and able to respond within 30 minutes. Level II trauma centers may substitute a third year surgical resident for a trauma surgeon; and the trauma surgeon then must be on call. On call expenses are reimbursed for the number of on call hours provided up to a maximum of 35,040 hours per year. FY 2010 was the first year that the expanded on call stipends were reimbursed to the specialty trauma centers as a result of the statutory changes enacted in 2008. None of the Level II and Level III centers reached the maximum payment ceilings allowable under the Fund over the past several years because some specialties operated on standby, a higher level of availability. Some physician contracts allow for on call payments only when the physician is on call and not providing care. If a physician is called to the hospital and generating billable services, the hospital does not reimburse on call for those hours. Several of the Level II trauma centers do not pay call for anesthesiologists for this reason.

Table 5 – On Call Payments to Trauma Centers, FY's 2013-2015

Trauma Center	FY 2013	FY 2014	FY 2015
Johns Hopkins Bayview Medical Center	$400,874	$1,163,825*	$820,838
Johns Hopkins Adult Level One	143,332	147,846	149,418
Prince George's Hospital Center	527,488	447,957	516,507
Sinai Hospital of Baltimore	635,068	710,528	742,879
Suburban Hospital	685,600	718,206	719,954
Peninsula Regional Medical Center	1,157,600	1,175,238	1,201,141
Meritus Medical Center	987,005	1,006,367	1,024,055
Western Maryland Regional Medical Center	807,339	801,914	776,899
Johns Hopkins Adult Burn Center	71,666	73,328	74,710
Johns Hopkins Wilmer Eye Center	71,666	73,318	74,710
Johns Hopkins Pediatric Trauma	$214,998*	146,638	149,418
Union Memorial, Curtis National Hand Center	71,666	73,318	73,318
TOTAL	**$5,774,302**	**$6,568,473**	**$6,323,847**

**Please note that Bayview did not receive the on-call stipend for the second half of FY 2013 until FY 2014.*

Payment for Services Provided to Patients Enrolled in Medicaid

Trauma care provided to Medicaid patients is reimbursed at 100 percent of the Medicare Baltimore locality rate, instead of the standard Medicaid rate. The Trauma Fund is responsible for 50 percent of the difference between the Medicare rate and the standard Medicaid rate and the federal government is responsible for the other 50 percent. MHCC anticipates that the program will continue to encounter delays in reporting to the Trauma Fund on money owed. These delays are attributable to the small amount of money involved and the complexity associated with identifying trauma services that are eligible for reimbursement from the Trauma Fund, especially for Medicaid Managed Care Organization (MCO) beneficiaries.

Table 6 – FY 2015 Trauma Fund Payments to Medicaid

Month	Amount Paid
July 2014	7,299
August 2014	5,558
September 2014	6,928
October 2014	6,137
November 2014	9,559
December 2014	2,697
January 2015	2,430
February 2015	5,322
March 2015	3,346
April 2015	7,066
May 2015	5,172
June 2015	4,798
TOTAL	**$66,312**

HSCRC Standby Expense Allocation

The HSCRC used the Reasonable Compensation Equivalent (RCE) developed by Medicare to set reasonable allowable standby cost ceilings.[3] The actual costs per hour of standby were compared to these cost ceilings to include standby costs in the applicable hospital's rate base in FY 2005. Approximately $4.1 million was included in FY 2005 rates for standby costs. Overall rates are updated each year (including these standby amounts) by applying the current year update factor to aggregate charges from the previous year. Table 7 presents the amount of applicable standby costs in each trauma center hospital's approved rates after the update factors have been applied.

HSCRC continues to collect standby cost data from hospitals with trauma centers on an annual basis. If a hospital wishes to increase standby expenses in rates and qualifies under HSCRC rules and procedures, a full

[3] The RCE limits are updated annually by CMS on the basis of updated economic index data. Notice setting forth the new limits is published in the *Federal Register*. The RCE applicable to the various specialties is obtained from that notice. If the physician specialty is not identified in the table, the RCE is used for the total category in the table.

rate review would be required. HSCRC would utilize the annual standby cost data collected from all trauma centers in its full rate review analysis. Standby allocation costs do not have a financial impact on the Fund because the expenses are incorporated into the hospitals' approved rates.

Table 7- Maryland Trauma Standby Costs in HSCRC-Approved Rates FY 2015

Trauma Center	Inpatient	Outpatient	Total
Johns Hopkins Hospital	$1,058,480	$165,264	$1,223,744
Prince George's Hospital Center	2,006,066	59,105	2,065,171
Sinai Hospital	813,094	696,735	1,509,829
Suburban Hospital	534,749	229,331	764,080
Peninsula Regional Medical Center	-	-	-
Meritus Medical Center	662,363	334,820	997,183
Western Maryland Regional Medical Center	396,145	83,870	480,015
Total	**$5,470,897**	**1,569,125**	**$7,040,022**

Note: Peninsula Regional Medical Center reports no standby costs. Approximately $4,127,800 in standby expense was included in FY 2005; the difference is due to the cumulation of HSCRC's annual updates for inpatient and outpatient services in FY's 2006-2014.

Payment to Children's National Medical Center for Standby Expense

The law allows the Fund to issue an annual grant of up to $590,000 to Children's National Medical Center (CNMC, Children's) for providing standby services that are used by Maryland pediatric trauma patients. The annual grant increased from a maximum allowable stipend of $275,000 to $490,000 as a result of changes at the close of the 2006 legislative session and another increase of $100,000 as a result of legislative changes in 2008. Children's reported $1,658,151 in standby costs for Maryland pediatric patients in FY 2015; $1,604,471 in FY 2014; $1,632,240 in FY 2013; and $1,520,533 in FY 2012. The FY 2015 payment of $590,000 will appear in disbursements in FY 2016, as the application was received from CNMC in August of 2015, following the close of the fiscal year.

Trauma Equipment Grant Program

The Commission did not disburse trauma equipment grants in FY 2015; however, they will be disbursed in FY 2016.

Audit Expenses

Myers and Stauffer LC reviews the on call, standby, equipment grant, and uncompensated care applications submitted to the Fund.

Administrative Costs: Use of a Third Party Administrator (TPA)

The Commission continued to contract with CoreSource, Inc. to provide claim adjudication services. MHCC awarded a five-year contract to CoreSource in December 2013.

MHCC Administrative Expenses

The MHCC incurs personnel and contract costs associated with the administration of the Fund. Prior to 2014, MHCC had only sought reimbursement from the Fund for the contractual costs associated with audit and claims processing. MHCC personnel costs associated with staff dedicated to the management of the Fund had never been recovered. Since the inception of the Fund, MHCC estimates that staff have provided management support to the Fund valued in excess of $1.5 million. From 2003 through 2015, several individuals' time translating to one FTE have been dedicated to Fund activities. Beginning in 2014, MHCC began billing the Fund for one FTE that supported the Fund. In 2015, MHCC determined that it could recover its costs for 2012-2016. A single claim of $474,000 for the five years was submitted to the Fund. Beginning in Fiscal Year 2017, MHCC plans to recover the personnel costs associated with operating the Fund in the then current fiscal year in addition to the claim processing and audit expenses that have always been billed to the Fund.

Revenue and Reimbursement Outlook

Table 8, below, presents estimated revenue (collections from the $5 motor vehicle surcharge) and projected disbursements for 2016. The MHCC estimates that revenue from the MVA will increase modestly.

Growing reimbursement for on call services is the single most important driver of higher payments in the program. Other categories of disbursement covered by the Trauma Fund are capped by statute or will experience little growth. Most Maryland Trauma Centers are collecting close to the full amount of on-call payment for which they are eligible. MHCC projects the Medicaid underpayment to remain stable over the next two years. The Maryland Patients' Access to Quality Health Care Act passed in the 2004 session required DHMH to raise physician fees under Medicaid from 80 to 100 percent of Medicare fees, if funds were available. MHCC believes that trauma payments to make up the differences between Medicare and Medicaid will continue to be small.

Although we expect revenue to increase slightly in 2016, we also expect payments to increase, largely due to on call and standby reimbursement spending and funding a new cycle of equipment grants.

MHCC projected that the Trauma Fund's challenges in funding levels would begin to abate by FY 2015. Implementation of the insurance coverage provisions of the Patient Protection and Affordable Care Act (ACA) in January 2014 led to reduced pressure on the Fund as a significant share of the uninsured have gained access to coverage. With nearly half of the estimated 750,000 uninsured gaining access to coverage, uncompensated care payments began to decline in FY 2015. The 8% funding reduction was removed for all Trauma Fund spending and for all uncompensated care claims dated July 1, 2015 and later.

Table 8 – Actual and Projected Trauma Fund Spending for FYs 2014-2016

	Actual FY 2014	Actual FY 2015	Projected FY 2016
Carryover Balance from Previous Fiscal Year	$4,673,677	$4,297,238	$5,030,574
Collections from the $5 surcharge on automobile renewals	$11,957,131	$11,999,199	$11,999,300
TOTAL BALANCE and COLLECTIONS	$17,114,644	$16,999,716	$17,029,874
Total Funds Appropriated	$12,000,000	$12,000,000	$12,000,000
Credits	$483,836	$703,729	$500,000
Payments to Physicians for Uncompensated Care	($4,786,633)	($4,313,477)	($4,300,000)
Payments to Hospitals for On Call	($6,568,473)	($6,323,847)	($6,500,000)
Medicaid	($118,961)	($66,301)	($60,000)
Children's National Medical Center	($542,800)	($542,800)	($590,000)
MHCC Administrative Expenses (TPA & Audit)	($402,308)	($722,817)	($250,000)
Trauma Grants (funding drawn from Fund Balance)	($398,231)	$0	($503,057)
Transfers to the General Fund	$0	$0	$0
PROJECTED FISCAL YEAR-END BALANCE	$4,297,238	$5,030,574	$5,829,874

Maintaining Reimbursement Levels and Fund Stability

The MHCC believes the stability of the Fund can be maintained over the next several years through its current authority. It should be noted that consensus has been a key success factor in the trauma coalition's campaign to establish financial support of the Maryland trauma care system.

MHCC has identified options that will result in greater reimbursement for trauma physicians while providing overall system efficiencies. They are set forth in Table 9, below.

Table 9 – Options for Modifying the Trauma Fund

Recommendations	Strengths/Weaknesses
1. **Revise the process for payment of uncompensated care by reimbursing at a rate of up to 105% of the Medicare payment for the service for the Baltimore and Surrounding Counties locality, as set by the MHCC in consultation with the HSCRC, annually, beginning in FY 2017; and reimburse on-call at 105% of trauma center reported costs, beginning in FY 2017, and annually reviewed for funding availability thereafter. MHCC is permitted to make this adjustment, in consultation with HSCRC, under Health-General §19-130(d)(4)(iv). In making the adjustment, MHCC determines that increasing the payment rate above 100% of the Medicare payment for the service will address an unmet need in the State trauma system. MHCC has found that the adjustment in reimbursement levels is in recognition of the significant reductions in reimbursement trauma physicians were asked to absorb from FY 2009 through 2015. The modest increase will also provide a small incentive to Level II and Level III Centers to appropriately treat trauma patients, rather than transferring those patients to Shock Trauma or the Johns Hopkins Level I Trauma Center. MHCC will recommend if this adjustment should continue in the FY 2017 report due November 2017.**	Permits reimbursement at a higher rate to compensate for 8% Fund reduction in effect for FY's 2010 through 2015.
2. **Establish a timeframe for eligibility of uncompensated care reimbursement.** Limit the look-back period for claims eligibility. Currently, MHCC does not limit the look-back period for uncompensated care trauma services. Recently, we identified claims for trauma services that were submitted more than five years after the initial trauma event. **This process revision would require a regulatory change prior to implementation.**	Permits MIEMSS Trauma Registry validation to be restricted to a three year time horizon.

Appendices

Appendix Table 1

Maryland Motor Vehicle Registration Fees
Collections per Month, FY 2015

Month	Revenue
Jul-14	$1,119,337
Aug-14	$955,325
Sep-14	$1,090,295
Oct-14	$975,148
Nov-14	$755,057
Dec-14	$900,600
Jan-15	$937,173
Feb-15	$821,157
Mar-15	$1,105,531
Apr-15	$1,142,282
May-14	$1,051,759
Jun-15	$1,145,535
Total Revenue FY 2015	$11,999,199

Appendix Table 2
Uncompensated Care Payments in FY 2015,
Percent Paid by Practice

Participating Practice	Percent of Claims Paid
Abdul Cheema	0.01
Adam Schechner	2.33
Allegany Plastic Surgery	0.45
Aminullah Amini	0.27
Bethesda Chevy Chase Orthopaedic Assoc., LLP	0.02
Bijan Bahmanyar	0.26
Center for Oral and Facial Reconstruction	0.35
Community Surgical Practice LLC	4.38
Cosmetic Plastic Surgery of Maryland	0.14
Delmarva Radiology, PA	0.26
Dimensions Healthcare Associates, Inc.	4.95
Drs. Groover, Christie & Merritt	0.12
Emergency Services Associates	2.63
First Colonies Anesthesia, LLC	0.55
Imran H. Chowdury	0.02
JHU, Clinical Practice Association	19.59
Jacek Malik, Peninsula Regional Medical Center	0.22
Johns Hopkins Community Physicians	1.34
James Robey	0.06
Konrad Dawson	1.57
Meritus Physicians - Trauma	0.70
Michael A. Kraut, MD	0.02
Mohammad Khan	0.77
Mohammad Naficy	0.34
Montague Blundon, III	0.83
North American Partners-Maryland	0.06
Ortho Trauma Bethesda	1.48
Parkway Neuroscience and Spine Institute, LLC	0.01

Participating Practice	Percent of Claims Paid
Peninsula Orthopedic Associates, PA	0.74
Said A Daee MD PA	1.03
Shock Trauma Associates, P.A.	19.02
Sinai Surgical Associates	12.34
Trauma Surgery Associates	1.20
Trauma Surgical Associates	0.42
UMOTO-HNS, P.A.	0.01
Univ of MD Anesthesia Associates, P.A.	0.01
Univ of MD Diagnostic Imaging Specialists, P.A.	12.17
Univ of MD Eye Associates, PA	0.01
Univ of MD Oral Maxial Surgical Associates	0.01
Univ of MD Ortho Trauma Associates	8.14
Univ of MD Orthopaedics Assoc., PA	0.55
Univ of MD Pathology Assoc., PA	0.01
Univ of MD Physicians, P.A.	0.01
Univ of MD Surgical Associates, PA	0.01
Vascular Surgery Associates	0.15
Wendell Miles	0.01
William I Smith Jr, MD PC	0.01
Yardmore Emergency Physicians	0.42
All	100%