MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Reconciliation Report

for

Physician Uncompensated Care Payments

MARYLAND HEALTH CARE COMMISSION

Craig Tanio, MD, MBA
Chair

Ben Steffen
Executive Director

HEALTH SERVICES COST REVIEW COMMISSION

John M. Colmers
Chair

Donna Kinzer
Acting Executive Director

Questions? CONTACT karen.rezabek@maryland.gov

Revised May 6, 2014

You Must File

IF . . .

- You provide services to a trauma patient having no health insurance, including Medicare Part B coverage, VA health benefits, CHAMPUS, Worker's Compensation, and who is not eligible for Medical Assistance coverage., even if you received no subsequent payment.

- You received uncompensated care payments from the Fund and subsequently received a payment or payments from the patient, Medicare, Medicaid, the VA, Workmen's Compensation, CHAMPUS, a health insurance company, automobile insurance company, or an attorney as a result of a legal settlement.

Please remember…

If you receive a payment for a trauma patient that was previously reimbursed by the Fund, you must complete and remit this Reconciliation Report even if the payment is less than your practice's original billed amount.

1. Application Submission Date:

Month Day Year

2. Practice Information:

Name of physician, practice, or center

Street Address

City State

Zip Code Area Code + Telephone Number

E-mail Address

Tax ID number

3. Contact person if additional application information is needed:

Name Title

Street Address

City State

Zip Code Area Code + Telephone Number

E-mail Address

4. Trauma Center where care was provided:

5. During this reporting period, was money recovered from another payer source for past services declared and reimbursed by the Fund? Report the amount paid to you by other sources for which your practice had previously received Trauma Fund uncompensated care payments. $

YOU MUST COMPLETE THE
PHYSICIAN, PATIENT, SERVICE & FINANCIAL INFORMATION
REQIESTED IN THE FOLLOWING TABLE IF THE AMOUNT
REPORTED IN QUESTION 5 IS GREATER THAN $0.

Please Note that the Definitions follow Table 1.

TABLE 1 Patient Reconciliation Report

Patient Last Name	Facility ID #	Trauma Registry #	Social Security #	EOB (IF Applicable)	Start of Service	End of Service	Total Amount Received from the Trauma Fund	Source of Additional Funds (see Definitions)	Other Payment Received	Amount Returned to Trauma Fund

Definitions

Patient Name – The name of the patient receiving trauma services.

Facility ID # -- Please use the following facility identification numbers to identify the trauma center.

Trauma Center	Facility ID #	Trauma Center	Facility ID #	Trauma Center	Facility ID #
Johns Hopkins Bayview Medical Center (Adult Trauma Center)	601	R. Adams Cowley Shock Trauma Center	634	Johns Hopkins Bayview Medical Center, Baltimore Regional burn Center	701
Johns Hopkins Hospital (Adult Trauma Center)	604	Suburban Hospital (Adult Trauma Center)	649	Johns Hopkins Wilmer Eye Institute	705
Peninsula Regional Medical Center (Adult Trauma Center)	608	Meritus Medical Center (Adult Trauma Center)	699	Johns Hopkins Hospital Pediatric Burn Unit	707
Sinai Hospital (Adult Trauma Center)	610	Johns Hopkins Medical Center (Pediatric Trauma Center)	704		
Western Maryland Regional Medical Center (Adult Trauma Center)	695	Children's National Medical Center (Pediatric Trauma Center)	717		
Prince George's Hospital Center (Adult Trauma Center)	632	Union Memorial Hospital Curtis National Hand Center	714		

Trauma Registry # --The patient's 8 to 9 digit number assigned by the trauma center's coordinator and reported on the Maryland Trauma Registry maintained by the Maryland Institute for Emergency Medical Services Systems.

Social Security # -- The patient's Social Security Number.

EOB # -- The explanation of benefits number that documents the services that are now subject to repayment.

Start of Service -- The date the patient arrived in the emergency department or was admitted to the hospital as an inpatient.

End of Service -- The date the patient completed the original or subsequent follow-up care.

Total Payment Received from the Trauma Fund – Amount of payment from the Fund.

Source of Subsequent Payment:

1=Medicaid or Medicaid MCO

2=Medicare

3=VA Benefits

4=Champus

5=Workers' Compensation Health Benefits

6=Private Health Insurance, including Medicare Supplemental

7=Payment from Patient

Other Payment Received —the amount paid to the practice from other sources as identified above.

Amount Returned to Trauma Fund -- If the **Other Payment Received** is less than or equal to the **Total Payment Received from the Trauma Fund**, the **Amount Returned to the Trauma Fund** is the **Other Payment Received**. If the **Other Payment Received** is greater than the **Total Payment Received from the Trauma Fund**, then the payment due is the **Total Payment Received from the Trauma Fund.**

VERIFICATION

I hereby certify that the facts stated in this Maryland Trauma Fund Reconciliation Report are accurate and true to the best of my knowledge and that the faculty or physician practice followed and adhered to its established collection policies and procedures before submitting this claim for reimbursement by the Maryland Trauma Physician Services Fund.

(Name of Physician Practice or Group - please print or type)

(Physician Group Designee's Name & Title – please print or type)

(Physician Group Designee's Authorized Signature)

(Date)

PLEASE RETURN THIS REPORT AND YOUR REIMBURSEMENT TO:

Ms. Karen Rezabek
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore MD 21215

MAKE THE CHECK PAYABLE TO:
State of Maryland, Maryland Trauma Physician Services Fund

THANK YOU.