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

Operations from July 1, 2017 through June 30, 2018

Report to the

MARYLAND GENERAL ASSEMBLY

November 2018

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This annual report on the Maryland Trauma Physicians Services Fund for fiscal year 2018 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.

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 all eligible providers and the administrative costs associated with making those payments were more than $11 million in FY 2018. [$11,921,201]

Comparing FY 2018 to FY 2017, uncompensated care payments decreased slightly again, while on-call and standby payments incrementally increased. Implementation of the insurance coverage provisions of the Patient Protection and Affordable Care Act (ACA) has led to reduced financial pressure on the Fund for reimbursement of uncompensated care, as a significant share of those currently uninsured have gained access to coverage.

Transfers from the Motor Vehicle Administration (MVA) to the Fund increased modestly by nearly $46,000. Reimbursements to the Fund from physicians for uncompensated care claims and from other sources, such as audit findings, decreased from $227,000 in FY 2017 to approximately $88,000 in FY 2018.

The Maryland Health Care Commission (Commission) continued its policy of paying uncompensated care and on-call stipends at 105% of the Medicare rate in FY 2018. In order to maintain Fund solvency, trauma payments had been reduced to 92% of the Medicare rate beginning in FY 2010 (with the exception of Medicaid) due to the downturn in automobile registration revenue and an expected increase in uncompensated care claims. The reduction remained in place until the beginning of FY 2016, when payments were restored to 100% of the Medicare rate for the Baltimore region. The reimbursement rate was raised to 105% in FY 2017 to reflect the greater complexity of trauma care, when patients often present with multiple internal and skeletal injuries.

The Fund reimburses Medicaid for the state share of trauma claims paid to Managed Care Organizations (MCOs) and for Fee for Service (FFS). Historically, the Fund on average, reimbursed Medicaid for MCOs $110,000 annually and for FFS, $195,000 annually. During FY 2016, staff realized a significant reduction in the reimbursement to Medicaid. Consequently, meetings with senior leadership for both Medicaid and the Commission identified the problem as the reimbursement rate for facilities, and implemented a plan of correction. In Fiscal Year 2018, the Fund reimbursed facilities, through Medicaid, an adjustment in the amount of $1,000,448, covering both Fiscal Years 16 and 17. This adjustment is reflected separately in Tables 2, 5 and 7 in the report.

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 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.[1] The legislation directed the Health Services Cost

[1]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

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

The statute has been modified several times since passage in 2003; the most significant changes expanded eligibility for Fund payments to other classes of trauma physicians and/or increased payment levels for classes of providers.

Status of the Fund at the End of FY 2018

In 2018, the Maryland Motor Vehicle Administration (MVA) reported collecting more revenue than in the previous fiscal year. FY 2018 was the fifth consecutive year in which revenue increased. Collections by MVA via the $5 surcharge totaled $12,445,331. The Trauma Fund disbursed about $11.9 million to trauma centers and trauma physician practices over the past fiscal year.

Table 1, below, sets fort Obligations Incurred after Year End. Table 2, below, summarizes the revenue, disbursements, and the Fund balances at the end of fiscal years 2016, 2017, and 2018.

Outstanding Obligations for FY 2018

The Fund incurred outstanding obligations of approximately $4.5 million, which are not reflected in the FY 2018 year-end balances. These obligations result from applications for on-call and standby expenses for services provided January, 2018 through June, 2018. As in past years, these obligations have been paid from the Fund's revenue collected by the MVA on registrations and renewals in the following fiscal year.

Table 1 – FY 2018 Obligations Incurred after Year End

On-call stipends	**$3,987,524**
Children National Medical Center Standby	**$590,000**
TOTAL INCURRED BUT NOT PAID IN FY 2018	**$4,577,524**

Table 2, presents the trend in Trauma Fund collections and disbursements from FY 2016 through 2018. Uncompensated care payments made to physicians that delivered care to uninsured trauma patients accounted for 13% of total reimbursements in FY 2018. By comparison in FY 2014, uncompensated care accounted for 37% of total payments.

About $1 million was distributed to Medicaid in FY 2018 to reflect adjudication errors at Medicaid Managed Care Organizations (MCOs) in FY 2016-FY 2018. The MCOs had not been consistently flagging trauma claims for elevated payments. Maryland Medicaid contracted with the Hilltop Institute to estimate the magnitude of the problem. MHCC was informed that Medicaid had underpaid practices for Medicaid trauma patients during this period. The $1 million transfer will be distributed to the affected practices by the Medicaid Administration.

Other expenditures were consistent with spending in previous years. Trauma on-call payments climbed to $7.9 million up from $7.4 million in 2017. On-call payments account for 66% of spending in FY 2018.

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.

Table 2 - Trauma Fund Status on a Cash Flow Basis, FY's 2016-2018

CATEGORY	FY 2016	FY 2017	FY 2018
Fund Balance at Start of Fiscal Year	$5,030,484	$7,886,302	$10,413,745
Collections from the $5 Registration Fee (and interest)	$12,316,030	$12,399,990	$12,445,331
Credit Recoveries	$187,736	$226,905	$87,268
TOTAL FUNDS (Balance, Collections, Recoveries)	$17,534,250	$20,513,197	$22,946,344
-- Uncompensated Care Payments	-$1,590,273	-$1,778,943	-$1,599,446
-- On Call Expenses	-$6,956,389	-$7,454,865	-$7,914,887
-- Medicaid Payment	-$56,715	-$141,650	-$109,282
-- Medicaid Payment – Adjustment for FY 2016/2017			-$1,000,448
-- Children's National Medical Center Standby	-$590,000	-$590,000	-$590,000
--Trauma Equipment Grants (disbursed from the fund balance)	$294,000	-$0	-$599,998
-- Administrative Expenses	-$160,571	-$133,994	-$107,140
Total Expenditures	-$9,647,948	-$10,099,452	-$11,921,201
TRAUMA FUND BALANCE, FY END	**$7,886,302**	**$10,413,745**	**$11,025,142**

Payment to Practices for Uncompensated Trauma Care

Table 3, presents the distribution of uncompensated care claims paid by the trauma center (in percentages) in which the care was provided for the fiscal years 2016 through 2018.

Table 3 – Distribution of Uncompensated Care Payments by Trauma Center, FYs 2016-2018

Facility	% of Uncompensated Care Payments FY 2016	% of Uncompensated Care Payments FY 2017	% of Uncompensated Care Payments FY 2018
UMD Shock Trauma Center & UMD practices	37.18	34.28	50.07
Johns Hopkins Hospital Adult Level One	13.41	8.81	8.81
Prince George's Hospital Center	30.19	31.04	15.62
Johns Hopkins Bayview Medical Center	0.35	2.71	6.58
Suburban Hospital	10.29	9.57	13.89
Peninsula Regional Medical Center	4.90	4.16	2.34
Sinai Hospital of Baltimore	1.58	1.83	0.3
Johns Hopkins Regional Burn Center	0.04	.038	0.38
Meritus Medical Center	1.32	1.23	0.72
Western Maryland Regional Medical Center	0.43	015	0.46
Johns Hopkins Wilmer Eye Center	0.18	0.61	0.61
Johns Hopkins Hospital Pediatric Center	0.18	5.05	0.22

A practice must confirm that the patient has no health insurance and directly bill the patient – applying its routine collection policies – before applying for uncompensated care payments. 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 at a 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 on standby; 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 for Level III trauma centers and 24,500 hours for Level II trauma centers 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 on-call for anesthesiologists for this reason.

Table 4 – On-Call Payments to Trauma Centers, FY's 2016-2018

Trauma Center	FY 2016	FY 2017	FY 2018
Johns Hopkins Bayview Medical Center	$909,644	$970,629	$987,879
Johns Hopkins Adult Level One	165,476	168,630	171,652
Prince George's Hospital Center	555,660	709,702	726,371
Sinai Hospital of Baltimore	861,123	872,365	827,725
Suburban Hospital	790,571	782,910	797,198
Peninsula Regional Medical Center	1,330,182	1,257,299	1,457,490
Meritus Medical Center	1,133,315	1,349,958	1,525,565
Western Maryland Regional Medical Center	796,728	927,626	999,491
Johns Hopkins Adult Burn Center	82,738	84,316	85,826
Johns Hopkins Wilmer Eye Center	82,738	84,316	85,826
Johns Hopkins Pediatric Trauma	165,476	162,798	164,038
Union Memorial, Curtis National Hand Center	82,738	84,316	85,826
TOTAL	**$6,956,389**	**$7,454,865**	**$7,914,887**

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. 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 5 – FY 2018
Trauma Fund Payments to Medicaid

Month	Amount Paid
July 2017	5,134
August 2017	8,155
September 207	18,557
October 2017	9,823
November 2017	4,700
December 2017	8,615
January 2018	8,942
February 2018	13,181
March 2018	8,490
April 2018	9,966
May 2018	6,864
June 2018	6,853
Adjustment for MCO/FFS having under-billed in previous years	1,000,448
TOTAL	**$1,109,730**

HSCRC Standby Expense Allocation

The HSCRC used the Reasonable Compensation Equivalent (RCE) developed by Medicare to set reasonable allowable standby cost ceilings.[2] 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 6 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 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.

[2] 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.

Table 6- Maryland Trauma Standby Costs in HSCRC-Approved Rates in FY 2018

Trauma Center	Inpatient	Outpatient	Total
Johns Hopkins Hospital	$1,140,644	$178,092	$1,318,737
Prince George's Hospital Center	2,161,786	63,692	2,225,479
Sinai Hospital	876,210	750,819	1,627,028
Suburban Hospital	576,259	247,132	823,391
Peninsula Regional Medical Center	-	-	-
Meritus Medical Center	713,779	360,810	1,074,589
Western Maryland Regional Medical Center	437,414	90,380	527,797
Total	**$5,906,094**	**$1,690,927**	**$7,5897,021**

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 accumulation of HSCRC's annual updates for inpatient and outpatient services in FY's 2006-2014. The update factor for FY 2018 was 2.68%. Due to rounding, totals may be off.

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 $1,807,728 in standby costs for Maryland pediatric patients in FY 2018, $1,729,509 in standby costs for Maryland pediatric patients in FY 2017, and $1,627,831 in standby costs for Maryland pediatric patients in FY 2016.

Trauma Equipment Grant Program

The Commission disbursed approximately $85,714 to each of the Level II and Level III trauma centers in FY 2018, for a total expenditure of trauma equipment grants of $599,998 from the Trauma Fund balance. The statute permits expending ten percent of the Trauma Fund balance for trauma equipment grants. The balance at the end of FY 2018 was approximately $11 million. MHCC will look to disburse trauma grants again during FY 2020.

Administrative Expenses

The Commission continued to contract with CoreSource, Inc. to provide claim adjudication services. MHCC awarded a five-year contract to CoreSource in December 2013. The Commission has taken steps to modify its existing contract for an additional year with a no-cost extension, as funding in the original contract was not exhausted.

Myers and Stauffer, LLC reviews the on-call, standby, equipment grant, and uncompensated care applications submitted to the Fund. The Commission has taken steps to modify its existing contract for an additional year with a no-cost extension, as funding in the original contract was not exhausted. Commission staff will procure both contracts during FY 2019 with a FY 2020 start date.

Revenue and Reimbursement Outlook

Table 7, Actual and Projected Trauma Fund Spending for FYs 2017-2019, below, presents estimated revenue (collections from the $5 motor vehicle surcharge) and projected disbursements for FY 2019. 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 are expected to slightly decline. Most Maryland Trauma Centers are collecting nearly the full amount of on-call payment for which they are eligible. Although we expect revenue to increase slightly in FY 2018, we also expect payments to increase, largely due to on-call and standby reimbursement spending and Medicaid adjustments.

It is to be noted that during the 2018 Legislative Session, The Legislature, through the Budget and Reconciliation Act (BRFA) redirected $8.0 million from the fund's surplus which will bring the beginning balance in FY 2019 to $3,025,143. This reduction is not reflected in this year's report, but will be reflected in the annual report for FY 2019.

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.

Current Adjustments to Trauma Fund Spending and Options for Additional Modifications

The Commission identified options that result in greater reimbursement for trauma physicians while providing overall system efficiencies in FY 2016. MHCC made adjustments in Trauma Fund expenditures in consultation with HSCRC, under Health-General §19-130(d)(4)(iv). In making adjustments, MHCC determined that increasing the payment rate above 100% of the Medicare payment for the service would address an unmet need in the State trauma system. The Commissions found that the adjustment in reimbursement levels was made in recognition of the significant reductions in reimbursement that trauma physicians were asked to absorb from FY 2010 through FY 2015. **Staff recommends keeping the reimbursement rate at 105% again in FY 2020.**

Table 7 – Actual and Projected Trauma Fund Spending for FYs 2017-2019

	Actual FY 2017	Actual FY 2018	Projected FY 2019
Carryover Balance from Previous Fiscal Year	$7,886,301	$10,413,745	$11,025,143
Collections from the $5 surcharge on automobile renewals	$12,399,990	$12,445,331	$12,500,000
TOTAL BALANCE and COLLECTIONS	$20,286,291	$22,859.076	$23,525,143
Total Funds Appropriated	$12,000,000	$12,000,000	$12,000,000
Credits	$226,905	$87,268	$150,000
Payments to Physicians for Uncompensated Care	($1,778,943)	($1,599,446)	($1,800,000)
Payments to Hospitals for On-Call	($7,454,865)	($7,914,887)	($8,000,000)
Medicaid	($141,650)	($1,109,730)	**($200,000)**
Children's National Medical Center	($590,000)	($590,000)	($590,000)
MHCC Administrative Expenses (TPA & Audit)	($133,994)	($107,140)	($150,000)
Trauma Equipment Grants (funding drawn from Fund Balance)	$0	($599,998)	$0
Transfers to the General Fund	$0	$0	($8,000,000)
PROJECTED FISCAL YEAR-END BALANCE	$10,413,745	$11,025,143	$4,935,143

Table 8 – Options for Modifying Trauma Fund Expenditures

That Do Not Require Statutory Change

Options	Discussion
1. Continue the increase in reimbursement for uncompensated care and on-call stipends (to the statutory limits for the type of trauma center applying for the stipend) 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.	Permits reimbursement at a higher rate for trauma physicians and trauma centers. The Commission revised the payment for 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, beginning in FY 2017.
2. Work more closely with the trauma community to gather information and recommendations in order to avoid future reallocation of surpluses to the general fund.	The Commission is in the process of revamping the Trauma Fund processes both in-house and with our contractor. Plans are on the horizon for a redesign to the Trauma Fund website. The Commission staff has created some educational training tools and presentations and will continue to work with the trauma community to ensure they are fully engaged and are updated on status of fund during all phases.
3. Pay Medicaid underpayment trauma claims using the same payment rates and policies as apply to uncompensated care claims. Currently Medicaid trauma claims are paid at 100% of the Medicare rate in the Baltimore region. Uncompensated care claims are paid at 105% of the Medicare rate. MHCC recommends that if Trauma funds are sufficient, to reimburse Medicaid underpayment trauma claims using the same payment rates and policies as apply to uncompensated care claims for second and subsequent procedures. Currently they are paid a reduced rate under the Medicaid reimbursement rules. Each procedure for an uncompensated care claim is paid at 105% of the Medicare rate.	It will not be possible for Medicaid to implement these changes in MMIS. The MHCC has launched a study with the Hilltop Institute to examine the feasibility of making these payments. The additional payments would be made by MHCC directly to the practices after initial claim adjudication by Medicaid. The MHCC has the existing authority to implement this reimbursement change.

Appendix Table 1

Maryland Motor Vehicle Registration Fee Collections per Month, FY 2018

Month	Revenue
July 2017	$1,047,466
August 2017	$1,146,412
September 2017	$1,035,513
October 2017	$1,037,843
November 2017	$912,703
December 2017	$860,272
January 2018	$1,068,505
February 2018	$897,412
March 2018	$1,062,442
April 2018	$1,104,012
May 2018	$1,175,509
June 2018	$1,097,242
Total Revenue FY 2018	$12,445,331

Appendix Table 2

Uncompensated Care Payments in FY 2018

Percentage of All Claims Paid by Practice

Participating Practice	Percent of All Claims Paid
Adam Mecinski	0.14
Adam Schechner	4.99
Aminullah Amini	1.65
Bethesda Chevy Chase Orthopaedic Assoc., LLP	0.15
Brajendra Misra	0.23
Carlton Scroggins	0.31
Community Surg Practice LLC	0.84
Dimensions Healthcare Associates, Inc.	0.52
Emergency Services Associates	1.88
Enrique Daza Racines MD LLC	2.47
Eric J Kraut MD LLC	0.06
First Colonies Anesthesia, LLC	0.53
JHU,Clinical Practice Association	16.48
Jacek Malik, Peninsula Regional Medical Center	0.02
James Gasho	0.56
James Robey	0.87
Jeffrey Muench	1.39
Johns Hopkins Community Physicians	1.72
Konrad Dawson	0.98
Malini Narayanan MD	0.25
Medical Practices of Antietam, LLC	0.02
Medstar Medical Group II, LLC	1.34
Meritus Physicians - Trauma	0.59
Mohammad Khan	0.17
Mohammad Naficy	0.21
Nia D Banks MD PhD LLC	0.13
Ortho Trauma Bethesda	2.67
Said A Daee MD PA	7.98
Shock Trauma Associates, P.A.	22.75
Trauma Surgery Associates	0.36
Trauma Surgical Associates	0.4
Univ of MD Diagnostic Imaging Specialists, P.A.	11.17
Univ of MD Oral Maxial Surgical Associates	0.71
Univ of MD Ortho Trauma Associates	15.38
Univ of MD Physicians, P.A.	0.06
Yardmore Emergency Physicians	0.01
All	100%