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

Operations from July 1, 2018 through June 30, 2019

Report to the

MARYLAND GENERAL ASSEMBLY

December 2019

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This annual report on the Maryland Trauma Physicians Services Fund for fiscal year 2019 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.

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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 $11,826,729 in FY 2019. The Fund reserve at the end of FY 2019 was $3,906.147.

Comparing FY 2019 to FY 2018, uncompensated care payments increased due to backlog and late submissions. In previous years, implementation of the insurance coverage provisions of the Patient Protection and Affordable Care Act (ACA) had 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. On-call, the largest cost driver of the fund, increased $215,266 over FY 2018. Transfers from the Motor Vehicle Administration (MVA) to the Fund increased by nearly $262,403. Reimbursements to the Fund from physicians for uncompensated care claims increased from $88,000 in FY 2018 to $127,000 in FY 2019.

The Maryland Health Care Commission (MHCC or Commission) continued its policy of paying uncompensated care and on-call stipends at 105% of the Medicare rate in FY 2019. 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.

Background

During the 2003 legislative session, the Maryland General Assembly enacted legislation that created 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% 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, orthopaedists, neurosurgeons, and anesthesiologists.[1] The legislation directed the Health Services Cost 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. In 2019, the General Assembly enacted legislation that makes the Primary Adult Resource Center at the University of Maryland (PARC) eligible for standby payments. The MHCC has worked with PARC to devise a temporary solution, consistent with the law.

[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 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.

The MHCC is working with HSCRC to develop a long-term solution that will incorporate PARC standby costs in HSCRC rates to remain consistent with other trauma centers.

Status of the Fund at the End of FY 2019

In 2019, the MVA reported collecting more revenue than in the previous fiscal year. FY 2019 was the sixth consecutive year in which revenue increased. Collections by the MVA, via the $5 surcharge, totaled $12,707,734. The Trauma Fund disbursed about $11.8 million to trauma centers and trauma physician practices over the past fiscal year. Table 1, below, sets forth obligations incurred after FY 19 year end. Table 2, below, summarizes the revenue, disbursements, and the Fund balances at the end of FYs 2017, 2018, and 2019.

Outstanding Obligations for FY 2019

The Fund incurred outstanding obligations of approximately $4.7 million, which are not reflected in the FY19 year end balances. These obligations result from applications for on-call and standby expenses for services provided January 2019 through June 2019. 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 2019 Obligations Incurred after Year End

On-call stipends	**$4,100,924**
Children National Medical Center Standby	**$590,000**
TOTAL INCURRED BUT NOT PAID IN FY 2019	**$4,690,924**

Table 2, presents the trend in Trauma Fund collections and disbursements from FY 2017 through 2019. Uncompensated care payments made to physicians that delivered care to uninsured trauma patients accounted for 15% of total reimbursements in FY 2019. 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 and FY 2017. The MCOs had not been consistently flagging trauma claims for elevated payments. Medicaid contracted with the Hilltop Institute to estimate the magnitude of the problem. The MHCC was informed that Medicaid had underpaid practices for Medicaid trauma patients during this period. The $1 million transfer was distributed to affected practices by Medicaid. During FY 2019, $1.1 million was distributed to physicians and facilities as a differential between reimbursements from Medicaid versus Medicare at 105% without regard to CPT modifiers.

On-call payments increased to $8.1 million up from $7.9 million in FY 2018. On-call payments account for 68% of spending in FY 2019 and remains the largest cost driver of the fund.

Table 2 – Trauma Fund Status on Cash Flow, FYs 2017-2019

CATEGORY	FY 2017	FY 2018	FY 2019
Fund Balance at Start of Fiscal Year	$7,886,302	$10,413,745	$11,025,142
Collections from the $5 Registration Fee (and Interest)	$12,399,990	$12,445,331	$12,707,734
Credit Recoveries	$226,905	$87,268	$126,931
TOTAL (Balance, Collections, and Recoveries)	$20,513,197	$22,946,344	$23,859,807
-- Uncompensated Care Payments	-$1,778,943	-$1,599,446	-$1,864,933
-- On Call Expenses	-$7,454,865	-$7,914,887	-$8,130,153
-- Medicaid Payments	-$141,650	-$109,282	-$143,642
-- Medicaid/Medicare Differential Payment for FYs 2017 and 2018 (Paid in following FY)	-$0	-$1,000,448	-$1,158,583
-- Children's National Medical Center Standby	-$590,000	-$590,000	-$590,000
--Trauma Equipment Grants (Disbursed from the Fund)	-$0	-$599,998	-$0
-- Administrative Expenses	-$133,994	-$107,140	-$66,349
TOTAL	-$10,099,452	-$11,921,201	-$11,826,729
Reduction from the 2018 Budget and Reconciliation Financing Act Legislation	**-$0**	**-$0**	**-$8,000,000**
TRAUMA FUND BALANCE	**$10,413,745**	**$11,025,142**	**$3,906.147**

Payment to Practices for Uncompensated Trauma Care

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 initial hospital visit. Burn care treatment in particular can extend for a considerable timeframe after the initial hospitalization. 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. 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 2017 through 2019.

Table 3 – Distribution of Uncompensated Care Payments by Trauma Center, FYs 2017-2019

Facility	% of Uncompensated Care Payments FY 2017	% of Uncompensated Care Payments FY 2018	% of Uncompensated Care Payments FY 2019
UMD Shock Trauma Center & UMD practices	34.28	50.07	57.51
Johns Hopkins Hospital Adult Level One	8.81	8.81	5.44
Prince George's Hospital Center	31.04	15.62	12.52
Johns Hopkins Bayview Medical Center	2.81	6.58	5.75
Suburban Hospital	9.57	13.89	10.75
Peninsula Regional Medical Center	4.16	2.34	4.47
Sinai Hospital of Baltimore	1.83	0.3	0.09
Johns Hopkins Regional Burn Center	0.38	0.38	0.41
Meritus Medical Center	1.23	0.72	0.68
Western Maryland Regional Medical Center	0.15	0.46	0.03
Johns Hopkins Wilmer Eye Center	0.61	0.61	0.22
Johns Hopkins Hospital Pediatric Center	5.05	0.22	0.02
MedStar Union Memorial	0	0	2.10

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% 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.

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 and 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 trauma 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 expanded on-call stipends were reimbursed to the specialty trauma

centers as a result of the statutory changes enacted in 2008. Most trauma centers are receiving the maximum reimbursement due to on-call submission requests exceeding the allowable threshold under the current statute. 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, FYs 2017-2019

Trauma Center	$$ FY 2017	$$ FY 2018	$$ FY 2019
Johns Hopkins Bayview Medical Center	970,629	987,879	977,550
Johns Hopkins Adult Level One	168,630	171,652	174,762
Prince George's Hospital Center	709,702	726,371	725,957
Sinai Hospital of Baltimore	872,365	827,725	870,784
Suburban Hospital	782,910	797,198	863,077
Peninsula Regional Medical Center	1,257,299	1,457,490	1,493,302
Meritus Medical Center	1,349,958	1,525,565	1,372,537
Western Maryland Regional Medical Center	927,626	999,491	1,227,839
Johns Hopkins Adult Burn Center	84,316	85,826	87,382
Johns Hopkins Wilmer Eye Center	84,316	85,826	87,382
Johns Hopkins Pediatric Trauma	162,798	164,038	162,199
Union Memorial, Curtis National Hand Center	84,316	85,826	87,382
TOTAL	**$7,454,865**	**$7,914,887**	**$8,130,153**

Payment for Services Provided to Patients Enrolled in Medicaid

The Trauma Fund reimburses Medicaid for the State share of trauma claims paid to MCOs and for Fee for Service (FFS). Payments made by the Trauma Fund for Medicaid underpayment has been a source of considerable concern. These concerns have grown as more trauma patients have become eligible for Medicaid due the Medicaid expansion under the ACA. Several of the Trauma Centers argued that MCOs were not reimbursing appropriately for trauma care. A study conducted by Medicaid, in collaboration with MHCC, determined that trauma care was not always reimbursed correctly because the billing codes used to identify trauma claims were not correctly coded or appropriately adjudicated even when the proper billing codes were supplied. In FY 2018, the Fund dispersed $1,000,448 covering the coding errors for Fiscal Years 2016 and 2017.

In 2019, MHCC took steps to address Trauma Centers concerns that Medicaid adjudication rules did not fully reimburse trauma providers for secondary procedures performed during the primary surgical session. Medicare, Medicaid, and some private payers routinely reduce the reimbursement for procedures performed simultaneously with a primary surgery. Under the so-called "multiple procedure rule," Medicaid pays a reduced amount for the second and subsequent procedures performed during the same surgical event. Typically, the first procedure is paid at 100% of the Medicaid fee schedule, the second at 50%, and any subsequent at 25%. The MHCC does not apply the "multiple procedure rule" during adjudication for uncompensated care because trauma physicians argued that due to the nature of the injuries secondary procedures were common and often complex. Additionally, without the Medicaid expansion, these patients were likely uninsured and trauma

physicians would have been paid at 105% of the Medicare rate, and MHCC would have paid secondary procedures at the higher rate.

During FY 2019, MHCC entered into an agreement with the University of Maryland, Baltimore County to determine the differential amounts potentially owed to trauma providers if payments were calculated at 100% and 105% of the Medicaid facility reimbursement rates without regard to certain modifiers discounting the base reimbursement amount. The MHCC distributed $1,158,583 including $421,974 for FFS Medicaid, and $736,609 for MCOs to participating trauma physicians or the Trauma Center affiliated with a trauma physician. Payments for FY 2019 for FFS and MCOs were $47,029 and $54,270, respectively.

Table 5 – FY 2019
Trauma Fund Payments to Medicaid

Month	Amount Paid
July 2018	8,280
August 2018	6,680
September 2018	8,179
October 2018	7,000
November 2018	7,786
December 2018	12,845
January 2019	6,249
February 2019	3,776
March 2019	12,529
April 2019	9,317
May 2019	18,659
June 2019	42,342
Medicaid/Medicare Differential Adjustment	1,158,583
TOTAL	**$1,302,225**

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.

[2] The RCE limits are updated annually by the Centers for Medicare & Medicaid Services 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.

The HSCRC continues to collect standby cost data from hospitals with trauma centers on an annual basis. If a hospital desires to increase standby expenses in rates and qualifies under HSCRC rules and procedures, a full rate review would be required. The HSCRC would utilize the annual standby cost data collected from all trauma centers in its full rate review analysis. Standby payments are embedded in hospitals' HSCRC-approved rates, standby payments are inflated by the annual update factor established by HSCRC allowed standby costs

Standby allocation costs do not have a financial impact on the Fund because the expenses are incorporated into hospitals' approved rates.

Table 6 – Maryland Trauma Standby Costs in HSCRC Approved Rates, FY 2019

Trauma Center	Inpatient	Outpatient	Total
Johns Hopkins Hospital	$1,167,107	$182,224	$1,349,331
Prince George's Hospital Center	2,211,939	65,170	2,277,109
Sinai Hospital	896,538	768,238	1,664,776
Suburban Hospital	589,628	252,865	842,493
Peninsula Regional Medical Center	-	-	-
Meritus Medical Center	730,339	369,181	1,099,520
Western Maryland Regional Medical Center	447,562	92,477	540,039
TOTAL	**$6,043,113**	**$1,730,155**	**$7,773,268**

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 2006-2019. The update factor for FY 2019 was 2.32%. Totals may not sum due to rounding.

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 (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 $1,955,089 in standby costs for Maryland pediatric patients during FY 2019, $1,807,728 in standby costs during FY 2018, and $1,729,509 in standby costs during FY 2017.

Trauma Equipment Grant Program

During FY 2018, the Commission disbursed approximately $85,714 to each of the Level II and Level III trauma centers, for a total expenditure of trauma equipment grants of $599,998 from the Trauma Fund balance. The statute permits expending 10% of the Trauma Fund balance for trauma equipment grants. The balance at the end of FY 2018 was approximately $11 million. The MHCC will look to disburse

trauma grants during FY 2020 for approximately $300,000 representing 10% of the Trauma Fund balance at the close of FY 2019.

Administrative Expenses

The Commission continued to contract with CoreSource, Inc. to provide claim adjudication services. The MHCC awarded a five-year contract to CoreSource in December 2013. The Commission will take the necessary steps to again modify its existing contract for an additional year with a no-cost extension, as funding in the original contract is 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. The Commission will procure both contracts during FY 2020 with a FY 2021 start date.

Revenue and Reimbursement Outlook

Table 7, Actual and Projected Trauma Fund Spending for FYs 2018-2020 presents estimated revenue (collections from the $5 motor vehicle surcharge) and projected disbursements for FY 2020. 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. Most Maryland Trauma Centers are collecting nearly the full amount of on-call payment for which they are eligible. Although, MHCC expects revenue to increase slightly in FY 2020 and anticipates that payments will increase.

During the 2018 Legislative Session, the Legislature through the Budget and Reconciliation Financing Act redirected $8 million from the Fund's surplus for Medicaid provider reimbursements. This funding was transferred to the general fund at the end of FY 2019 leaving the year-end balance at $3,906,147.

The Legislature passed House Bill 607, State Primary Adult Resource Center (PARC) Reimbursement of On-Call and Standby during the 2019 legislative Session. This legislation directs MHCC to subsidize costs incurred for standby and on-call for trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists at PARC. Since PARC only has standby, the Commission will develop a methodology for payment during FY 2020.

Maintaining Reimbursement Levels and Fund Stability

The MHCC believes the stability of the Fund can be maintained over the next couple of 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. The 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 Commission 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. The MHCC recommends keeping the reimbursement rate at 105% through FY 2020.

Developing Challenges

When the Fund was established in 2003, the Maryland General Assembly identified funding needs for uncompensated care, Medicaid underpayment, physician on-call, and physician standby. Providing stable funding for these needs were deemed essential for sustaining Maryland's Trauma Care System. In the past 16 years, eligibility to the Fund has been expanded several times. Similarly, MHCC and trauma providers worked together during the Great Recession to adjust reimbursements to account for greater demands on the Fund and to preserve its solvency. In 2020, MHCC and trauma providers will consider potential adjustments to the Fund. Although the Medicaid expansion under the ACA has reduced some stress on the Fund, it must still address the inadequacy of Medicaid reimbursement for trauma care. In 2019, MHCC in collaboration with Medicaid and trauma providers took steps to make trauma payments under Medicaid more reflective of the cost of providing trauma care. Although this has been beneficial to trauma physicians in Baltimore City and Prince George's County in particular, it has increased payments from the Fund.

The increase in on-call payments has become more significant. On-call payments increased from $5.6 in 2010 to $8.1 million in 2019. On-call payments account for almost two-thirds of the revenue from the MVA. The imbalance among the three primary funding obligations of the Fund of uncompensated care, Medicaid underpayment, and on-call has the potential to undercut the broad support for the Fund among all trauma providers if a single funding stream becomes dominant. The MHCC also recognizes that the establishment of tough hospital global budgets have made it more difficult for hospitals to sustain on-call trauma stipends without support from the Fund.

The Fund currently maintains an adequate reserve and MHCC is not recommending changes until FY 2021. Over the next year, MHCC will work with the Trauma Network and policymakers to examine these potential funding challenges in an open and collaborative manner. As a starting point, MHCC recommends a broad assessment that examines modifying reimbursement levels, operational efficiencies in the administration, and possible revenue enhancements.

Table 7 – Actual and Projected Trauma Fund Spending, FYs 2018-2020

	Actual FY 2018	Actual FY 2019	Projected FY 2020
Carryover Balance from Previous Fiscal Year	$10,413,745	$11,025,142	$3,906,147
Collections from the $5 surcharge on automobile renewals	$12,445,331	$12,707,734	$12,800,000
TOTAL BALANCE & COLLECTIONS	$22,859,076	$23,732,876	$16,706,147
Total Funds Appropriated	$12,000,000	$12,000,000	$12,300,000
Credits	$87,268	$126,931	$107,000
Payments to Physicians for Uncompensated Care	($1,599,446)	($1,864,933)	($2,100,000)
Payments to Hospitals for On-Call	($7,914,887)	($8,130,153)	($8,300,000)
Stand-By Costs for Shock Trauma PARC	$0	$0	($2,444,700)
Medicaid	($109,282)	($143,642)	($150,000)
Medicaid/Medicare Differential Payment for FYs 2017 and 2018 (Paid in following FY)	($1,000,448)	(1,158,583)	($1,000,000)
Children's National Medical Center	($590,000)	($590,000)	($590,000)
MHCC Administrative Expenses (TPA & Audit)	($107,140)	($66,349)	($90,000)
Trauma Equipment Grants (funding drawn from Fund Balance)	($599,998)	$0	($300,000)
Transfers to the General Fund	$0	($8,000,000)	$0
PROJECTED FISCAL YEAR-END BALANCE	**$11,025,142**	**$3,906,147**	**$1,838,447**

Table 8 – Options for Modifying Trauma Fund Expenditures

Statutory Change not Required

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 services for Baltimore City and surrounding counties locality, as set by MHCC in consultation with 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 Baltimore City and surrounding counties locality, as set by MHCC in consultation with HSCRC, beginning in FY 2017.
2. 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. The MHCC recommendation is because 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 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 authority to implement this reimbursement change.
3. Reimburse standby for PARC using the current methodology and work with HSCRC to determine if standby for PARC should be included in the Rate Setting System or continue to pay from the Fund.	Discussions are underway with the HSCRC.

Appendix Table 1

Maryland Motor Vehicle Registration Fee
Collections per Month, FY 2019

Month	Revenue
July 2018	$1,112,044
August 2018	$1,216,590
September 2018	$976,900
October 2018	$1,089,258
November 2018	$929,647
December 2018	$945,523
January 2019	$1,057,540
February 2019	$868,937
March 2019	$1,094,480
April 2019	$1,118,344
May 2019	$1,238,985
June 2019	$1,059,486
Total Revenue – FY 2019	$12,707,734

Appendix Table 2
Uncompensated Care Payments in FY 2019
Percentage of All Claims Paid by Practice

Participating Practice	Percent of All Claims Paid
Abdul Cheema	0.21
Adam Schechner	5.51
Aminullah Amini	0.15
Bethesda Chevy Chase Orthopaedic Assoc., LLP	0.03
Community Surg Practice LLC	2.69
Dimensions Healthcare Associates, Inc.	0.49
Emergency Services Associates	2.61
Enrique Daza Racines MD LLC	1.37
First Colonies Anesthesia, LLC	0.39
JHU,Clinical Practice Association	12.74
Jeffrey Muench	2.36
Johns Hopkins Community Physicians	0.75
Juan A Arrisueno	0.01
Kenneth Means	2.10
Konrad Dawson	0.27
Meritus Physicians - Trauma	0.96
Mohammad Khan	0.31
Nia D Banks MD PhD LLC	0.12
Ortho Trauma Bethesda	1.10
Peninsula Orthopedic Associates, PA	0.84
Revathy Murthy	0.01
Said A Daee MD PA	0.08
Shock Trauma Associates, P.A.	34.32
The Spine and Joint Center	0.57
Trauma Surgery Associates	2.41
Trauma Surgical Associates	1.03
Univ of MD Diagnostic Imaging Specialists, P.A.	5.46
Univ of MD Oral Maxial Surgical Associates	0.44
Univ of MD Ortho Trauma Associates	20.68
All	100.00