

# **Maryland Health Care Commission Health Services Cost Review Commission**

## **Maryland Trauma Fund Semi-Annual On-Call Costs Application**

### **Trauma Center's Request for Reimbursement**

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**Maryland Trauma Fund  
Semi-Annual On-Call Costs Application**

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# Maryland Trauma Fund Semi-Annual On-Call Costs Application

## OVERVIEW

The Maryland Health Care Commission requires specific information on Trauma Center operations. Please READ and CAREFULLY RECORD your responses legibly.

*When to File an Application?* – The Trauma Center must submit a complete and accurate application within thirty days of its fiscal year semi-annual and annual end date.

*Which Level of Trauma Center Can Request Payment for On-Call Costs?* – Level I, Level II, Level III Trauma Centers, Pediatric Trauma Centers, and the three Specialty Referral Centers can receive disbursement from the Fund to maintain the minimum number of physicians required to be on-call, as specified by the Maryland Institute for Emergency Medical Services Systems regulations. For on-call reimbursement, the following formula will apply:

Level I and Pediatric Trauma Centers are reimbursed at the lesser of what the trauma center actually paid in on-call stipends or up to 30 percent of the Medicare reasonable compensation equivalent's hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare Economic Index as designated by the Centers for Medicare and Medicaid Services, multiplied by 4,380 hours per year (2,190 per six month semi-annual filing period). Level I and Pediatric Trauma Centers may request reimbursement for the on-call expenses of trauma surgeons, neurosurgeons, and orthopedists.

Level II Trauma Centers are reimbursed at the lesser of what the trauma center actually paid in on-call stipends or up to 30 percent of the Medicare reasonable compensation equivalent's hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare Economic Index as designated by the Centers for Medicare and Medicaid Services, multiplied by 24,500 hours per year (12,250 per six month semi-annual filing period). Level II Trauma Centers may request reimbursement for the on-call expenses of trauma surgeons, neurosurgeons, and orthopedists.

Level III Trauma Centers are reimbursed at the lesser of what the trauma center actually paid in on-call stipends or up to 35 percent of the Medicare reasonable compensation equivalent's hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare Economic Index as designated by the Centers for Medicare and Medicaid Services, multiplied by 35,040 hours (17,520 hours per 6 month semi-annual filing period). Level III Trauma Centers may request reimbursement for the on-call expenses of anesthesiologists, neurosurgeons, orthopedists, and trauma surgeons.

Specialty Referral Centers are reimbursed for their specialty up to 2,190 hours per year, (1,095 hours per 6 month semi-annual filing period).

*Over What Period Can I Request Payment?* – The Trauma Center may submit a claim for reimbursement of on-call costs incurred within the Trauma Center's current fiscal year.

*To be Eligible for Payment from the Maryland Trauma Fund, Level I, Level II, and Level III Trauma Centers, the Pediatric Trauma Center, and Specialty Referral Centers shall report the net cost of stipends paid to trauma physicians that are on-call at the Trauma Center during the reporting cycle, as defined in Maryland law and regulations.*

# **Maryland Trauma Fund Semi-Annual On-Call Costs Application**

## **BEFORE YOU MAIL CHECK LIST**

- ☒ (1) Did you review this report to verify that the information provided is accurate?
  
- ☒ (2) Did you complete the responses on every page?
  
- ☒ (3) Did you report each of the trauma physicians that were on-call during this six-month reporting period on p. 6?
  
- ☒ (4) Did the trauma center's administrator sign the statement of verification on page 8?

## **Application Questions**

PLEASE BEGIN REPORT

1. The information reported in this application is for experience in a six-month period representing either the first or second half of the applicant's fiscal year. Please identify the time period represented in this report.

Beginning     
Mo. Day Year

Ending     
Mo. Day Year

2. Trauma Center Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

3. Please list the person to contact for information concerning this report:
- Name \_\_\_\_\_  
Title \_\_\_\_\_  
Area Code/Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

4. What is your trauma center's designation level? (select one response)

- Level I Trauma Center
  
- Level II Trauma Center
  
- Level III Trauma Center
  
- Specialty Referral Center



6. Please provide the trauma center’s actual net on-call costs, the number of trauma physicians, and total hours for maintaining trauma physicians on-call during this six-month reporting period.

**Table 2: Summary Physician On-call Information**

<b>Specialty</b>	<b>\$ Net On-Call Costs</b>	<b>Number of On-Call Physicians</b>	<b>Total On-Call Hours</b>
Anesthesiologist			
Neurosurgeon			
Orthopedist			
Trauma Surgeon			
Specialty Surgeon			

7. Please give the name and address where the remittance for the trauma center’s on-call costs should be sent.

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Note: The Fund will reimburse up to 2,190 on-call hours at Level I and Pediatric centers, 12,250 on-call hours at Level II centers, 17,520 hours at Level III centers, and 1,095 hours at specialty centers in any semi-annual filing period. The on-call hourly rates, per physician specialty, are posted annually on the On-call rate table.

**Maryland Trauma Fund  
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**VERIFICATION OF INFORMATION**

I hereby certify that the facts stated in the Maryland Trauma Fund Semi-Annual On-Call Costs Application are correct to the best of my knowledge, information, and belief. I am an Administrator of the Trauma Center/Hospital, and can verify that all information submitted in this form is accurate and true.

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(Name of Trauma Center/Hospital - please print or type)

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(Trauma Center Administrator's name & title – please print or type)

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(Trauma Center Administrator's Signature)

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(Date)

## **Glossary of Terms**

**Application** – The Maryland Trauma Fund Semi-Annual On-Call Costs Application.

**Commission** – Maryland Health Care Commission.

**Fraud** – The act of (1) knowingly and willfully making or causing any false statement or representation of a material fact in any application for payment and (2) knowingly and willfully making or causing any false statement or representation of a material fact for use in determining rights to payments.

**Fiscal Year** – A 12-month accounting period that may or may not end on December 31<sup>st</sup>.

**Fund** – Maryland Trauma Physician Services Fund.

**Hours On-Call** – The hours during the day when the Trauma Physician is on-call and available to provide care in the Trauma Center.

**HSCRC** – Health Services Cost Review Commission.

**Maryland Trauma Registry** – A clinical trauma registry that monitors and provides information necessary to evaluate major trauma or specialty patient care, outcome, and cost, as well as assess how designated Trauma Centers and other hospitals comply with the trauma standards, regulations, and protocols.

**Medicare Economic Index** – Measures inflation to the input for providing physician services. Developed by the Centers for Medicare and Medicaid, the MEI is calculated on factors used in updating payments for changes in input prices. The annual change in the physician compensation component of the MEI is used to update On-Call allowances to the Trauma Centers.

**MIEMSS** – Maryland Institute for Emergency Medical Services Systems.

**On-Call** – A Trauma Physician who commits for a specific time period to be available and responds within an agreed amount of time to provide care for a patient in the hospital, as defined by MIEMSS.

**On-Call Costs** – The on-call stipend paid by the Trauma Center to Trauma Physicians for being available to provide trauma care minus any recoveries that the Center deducts from the stipends.

**Reasonable Compensation Equivalent** – A reasonable cost of care for a level of service. Medicare sets reasonable compensation equivalent (RCE) limits on what the hospital can claim per MD hour, by physician specialty. RCEs set the maximum that Medicare will allow as a cost paid to a physician for standby services under these circumstances. The RCEs are described in the original rates and methodology published in the Federal Register: August 1, 2003 (Volume 68, Number 148), Page 45459. The RCEs are inflated from 2004 to the current year using the annual change in the physician compensation component of the Medicare Economic Index.

**Remittance** – Payment for On-Call costs.

**Report** – Information required by the Maryland Health Care Commission for the purpose of distributing funds.

**Reporting Cycle** – A six-month period that corresponds to the semi-annual or annual half of an organization's own fiscal year.

**Service Period** – The time from entrance to the Trauma Center or Emergency Room until the dismissal from the Trauma Center or discharge from the acute care hospital.

**Stipend** – The amount of payment made by the Trauma Center to have a Trauma Physician available On-Call for a specific time period.

**Trauma Center** – A facility designated by the Maryland Institute for Emergency Medical Services Systems as:

1. The State Primary Adult Resource Center
2. A Level I Trauma Center
3. A Level II Trauma Center
4. A Level III Trauma Center
5. A Pediatric Trauma Center
6. A Specialty Referral Center
7. Trauma Center includes an out-of-state Pediatric Trauma Center that has entered into an agreement with the Maryland Institute for Emergency Medical Services Systems.

**Trauma Patient** – A patient must have a record in the Maryland Trauma Registry.

**Trauma Physician** – A Trauma Surgeon, an Orthopedic Surgeon, a Neurosurgeon, a Critical Care Physician, an Anesthesiologist, or an Emergency Room Physician who provides care in a Trauma Center to Trauma Patients on the State Trauma Registry.

**Trauma Physician Tax Identification Number** – An employer identification number used by a trauma physician for tax filing purposes and health care reimbursement for services provided at the Trauma Center.

**THANK YOU FOR COMPLETING**

**MARYLAND TRAUMA FUND  
SEMI-ANNUAL ON-CALL COSTS APPLICATION**

**PLEASE REVIEW THE CHECK LIST  
AT THE BEGINNING OF THE APPLICATION.**

**PLEASE RETURN APPLICATION TO:**

**Denise Ridgely  
Program Manager  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore MD 21215**

**denise.ridgely@maryland.gov  
410-764-3780**