Maryland Trauma Physician Services Fund
Submitting Uncompensated Claims

ADMINISTERED BY:

MICH
MARYLAND HEALTH CARE COMMISSION

ADMINISTERED BY:

CORESOURCE
A Trustmark Company
Outline

- Background on the Trauma Fund
- Criteria for access to the Fund
- Guidelines and stipulations
- Completing the *Claim Form*
Goals

- Understand the goals of the Trauma Fund;
- Identify the beneficiaries of the Fund;
- Understand qualifying conditions for patients; and
- Understand guidelines and procedures for completing claims forms
The Fund Components

- **The Facility component**
  - Trauma centers/facilities submit bi-annual applications to the Fund for on-call and stand-by stipends.
  - Trauma Equipment Grants are awarded to trauma centers when funds are available.
- **Physicians**
  - Medicaid – handled by Medicaid, paid at 100 percent of Medicare rate. Must use a ‘U1; modifier.
  - Uncompensated Care

- **The focus of this presentation relates to how the Uncompensated Care claims forms should be completed and submitted for payment.**
The Fund was created to reimburse physicians for treating *uninsured* trauma patients.

- For initial traumas occurring before July 1, 2006, the initial emergency or hospital visit is covered.

- For initial traumas occurring on or after July 1, 2006, emergency visits, initial hospitalization, follow-up inpatient stays and outpatient visits at the trauma center and directly related to the original trauma injury are covered.

- For initial traumas occurring on or after July 1, 2008, initial hospitalization, follow-up inpatient stays, claims for care provided at trauma-center-affiliated rehabilitation hospitals, and outpatient visits at the trauma center and directly related to the original trauma injury are covered.
Maryland Trauma Physicians Services Fund

- Why have it? – to stabilize the trauma system.
- Trauma physicians are at financial risk when attending to patients that are not insured.
- When was it started? – Maryland General Assembly passed the 2003 legislation creating the Fund.
- Eligibility for uncompensated care was expanded in 2006 and again in 2008, as described below.
Who Gets Paid

Who is eligible for payment?

- All physicians treating trauma patients at Maryland’s trauma centers after July 1, 2006.
- The following Physician specialties were covered prior to July 1, 2006:
  - Trauma Surgeons
  - Orthopedic Surgeons
  - Neurosurgeons
  - Critical Care Physicians
  - Anesthesiologists
  - Emergency Room Physicians
3 Conditions must be met by the patient and practice.

- Patient can have no private or public health coverage;

- Patient has a trauma registry record in the Maryland Trauma Registry;

- The practice must make documented efforts to collect the payment from the patient (we’ll get to that later).
Lack of private & public health coverage means:

- No Medicare Part B coverage;
- No VA health benefits or military health benefits;
- No workers compensation coverage; or
- Not eligible for Medicaid.

The *only* source of payment is from the patient.
Qualifying Locations – Maryland’s Trauma Network:

9 trauma centers
2 pediatric trauma centers:
  Johns Hopkins Children’s Center Pediatric/Burn
  Children’s National Medical Center
3 specialty referral centers:
  Johns Hopkins Adult Burn Center
  Johns Hopkins Wilmer Eye Center
  Curtis National Hand Center at Union Memorial
Eligibility

- **Uncompensated trauma services provided before July 1, 2006, and not previously paid by the Fund:**
  Services during the initial trauma admission provided by anesthesiologists, critical care specialists, neurosurgeons, trauma surgeons and emergency medicine physicians are covered.

- **Uncompensated trauma services provided July 1, 2006 or after:**
  Services during the initial trauma admission: emergency visits, initial hospitalization, follow-up inpatient stays and outpatient visits at the trauma center and directly related to the original trauma injury are covered.

- **Uncompensated trauma services provided July 1, 2008 or after:**
  Services during the initial trauma admission: emergency visits, initial hospitalization, follow-up inpatient stays, claims for care provided at trauma-center-affiliated rehabilitation hospitals, and outpatient visits at the trauma center and directly related to the original trauma injury are covered.
Eligibility (continued)

- **Uncompensated trauma services**
  
  - Any physician providing care to a trauma patient at a trauma center hospital (emergency department, inpatient, outpatient, trauma center affiliated rehabilitation hospitals)

  - All follow-up services must be related to the original trauma.

  - Non-physician services are NOT eligible.
Guidelines and Stipulations

- This is the “Fund of Last Resort”
  - Claims forms are submitted to the Fund after the practice has confirmed that no other health insurance exists and attempts to collect from patient have failed.

Coordination of benefits is allowed for PIP auto
  - What is not paid by PIP may be claimed from the Fund.

- No COB allowed when health insurance exists.
  - Whatever billed amount is unpaid by the primary insurance cannot be submitted for payment to the Fund.
Guidelines and Stipulations
Special Conventions for HMOs and PPOs

- HMOs are required to reimburse non-contracting physicians for providing a covered service. (Health General 19-710.1.)

- Non-contracting physicians must submit claims for payment to the patient’s HMO.

- Denials must be referred to the Maryland Insurance Administration.

- Physicians must also seek payment from PPOs, even if they are non-contracting (no protection under Maryland law).

- Physicians, even when non-contracting, are not eligible for reimbursement from the Trauma Fund.
Payment rate

- 105% of the Medicare fee for the same services, utilizing the Baltimore pricing regional rate scale
- The fee will be based on the Medicare Fee Schedule in place when the service was provided

Audit process

- Any claim may be subject to retrospective audit (after payment)
- Claims of $5,000 or more may also be subject to a prospective (prior to payment) audit
Completing the Claims Form

**NOTE:**

- Bi-annual applications are no longer accepted for uncompensated care
- Submit claims fulfilling the standard billing requirements
- No time limits for submission of claims
Completing the Claims Form

Requirements:

- Claim forms may be submitted via fax (1-866-442-9420) or
- Paper format by mail -- see address on slide #30, or
- Electronic claims are now accepted—see the CoreSource Companion Guide posted on the MHCC website.
- Care must have been provided in the following Places of Service
  - (21)-Inpatient
  - (22)-Outpatient – (follow-up)/ [not in physician practice office, must be at a trauma center]
  - (23)-Emergency Department
  - (61)-Inpatient rehabilitation hospital affiliated with a trauma center

- Claims can be submitted only after practices have applied payment collection policies of the standard 3 billing cycles.
We will highlight certain sections as we go through the claim form “CMS-1500”
CMS-1500
Form Completion Process - (contd.)

Highlights of required sections

Top of form:
- Block 1: Identification Required
- **Block 1a: Trauma Center # + Trauma Registry #+M (ex. 0101235M)**
- Blocks 2 & 3: Required
- Blocks 9 and 9a: Required

<table>
<thead>
<tr>
<th>Blk.1: Ask &amp; be sure the patient does not have any insurance</th>
<th>Blk.1a: <em>Trauma Center # + Trauma Registry #+M</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blk.2: Spell the name correctly</td>
<td>Blk.9: Other insured’s name can only be PIP Auto</td>
</tr>
<tr>
<td>Blk.3: Fill this in</td>
<td>Blk.9a: Policy/group # is required</td>
</tr>
</tbody>
</table>
**Form Completion Process** (cont’d)

- Block 10: This question is very important and must be filled in.
- **Block. 11 Group “2250” is inserted here, this information is required**
- Blocks 12 & 13: Accept assignment
- Block 14: This must be completed – initial injury.

<table>
<thead>
<tr>
<th>Block 10: Indicate if patient’s condition is related to any of the stated categories</th>
<th>Blk.11: Insert Group <strong>2250</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blk.11a: Provide information – as required</td>
<td></td>
</tr>
<tr>
<td>Blk.12 &amp; 13: Accept assignment – signature on file</td>
<td>Blk.14: THIS IS IMPORTANT – must complete - date of initial trauma for which the service is being provided.</td>
</tr>
</tbody>
</table>
Form Completion Process - (contd.)

- Block 17: A physician must be the provider rendering service – non-physician providers are not eligible for uncompensated care payments.
- Block 21: There must be an ICD-10-CM in the range of S00 through T88
- **Block 23: 11-digit Trauma Registry Number (facility # + trauma registry #)+ M**
- **Block 24a: Date of Service**
- Block 24b: Place of Service

<table>
<thead>
<tr>
<th>Blk.17: Physicians only are covered</th>
<th>Blk.21: Diagnosis code- Requires an ICD-10-CM code within the S00 – T88 range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blk.23: The 11 digit number is made up of the last (2) trauma ctr. Id &amp; 9 digit trauma registry # for patient and <strong>M</strong> (totals 12 characters)</td>
<td><strong>Blk. 24a: Enter Date of Current Service-</strong></td>
</tr>
<tr>
<td></td>
<td>Blk.24b: Enter codes – 21 – inpatient, 22 – outpatient (follow up), 23 - ED</td>
</tr>
</tbody>
</table>
Form Completion Process - (contd.)

- Block 24d: The U1 modifier number in one of the fields must be associated with the trauma on the form

- Block 24e: Diagnosis code

- Block 24f: Enter the amount

- Block 24g: Days/Anesthesia Units

<table>
<thead>
<tr>
<th>Blk.24d: “U1” modifier number must be entered on the claim form</th>
<th>Blk.24e: Diagnosis code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blk.24f: Enter amount</td>
<td>Recheck that all these information are on the form</td>
</tr>
</tbody>
</table>

*Blk.24g: Days/Anesthesia Units*
Blocks 25, 27, 31 & 33 – Requires information about the physician providing the services; must be completed.

Block 26 - Patient’s internal account number

Block 28 - Must be completed by the billing physician’s office

Block 29 - Complete, if applicable

| Blk.25: Federal Tax I.D. #, SSN or EIN required | Blk.26: Patient’s account # | Blk.27: Be sure to complete this | Blk.28: Enter the amount | Blk.29: Amount paid by patient, PIP payment, if any | Blk.31: Signature -signature stamp acceptable/ real signature or typed | Blk.32: Facility identification-name and address of the hospital where the center is located | Blk.33: Please provide payment remittance address |
Anesthesiology – Special Conventions

- Physician Services *only* are covered by this Fund
  - CRNA services can not be billed.
  - Supervision of CRNA can be billed.

- Reporting should be done in “Time Units” (base+time units)

- Reimbursement will be based on Medicare Anesthesiology Fee Schedule for the Baltimore Locality
Payment will be made approximately 90 days from receipt of claim.

Calls will be taken regarding claim questions/concerns – the number is provided at the end of this presentation.

Notification in writing will be sent if claim is denied (EOB).

Appeals in writing within 60 days from the receipt of a denied claim should be sent to CoreSource.
The following information is required:

- Name & EIN number of the trauma physician
- Date & place of service
- Appropriate codes describing the service/modifier
- Any amount recovered for the service
- Name of the trauma patient
- Trauma patient’s Maryland Trauma Registry number
- U1 Modifier
- Group number 2250
- Date of first injury
Questions and Answers
CoreSource is the third party administrator (TPA) in charge of adjudicating Trauma Fund claims to be paid by the Maryland Comptroller

CoreSource Account Services representatives:
- Julie Fisher (Associate Client Manager) 1-800-624-7130, ext. 55516
- Sandy Hayden (Client Coordinator) 1-800-624-7130, ext. 57924
- Stacie Perkins (Sr. Customer Service Rep.) 1-800-624-7130, ext. 54554

CoreSource
4940 Campbell Boulevard
Baltimore, MD 21236
Contact Information

- Toll-Free Fastfax filing of claims to CoreSource: 410-931-8970

  Please select Trauma Fund from the lower left side under MHCC Quick Links.

- Maryland Health Care Commission, toll free at 1-877-234-1762, for questions, comments, or concerns regarding payments made by the Trauma Fund.
Flow-chart of Submission Process

**Trauma Patient**
- issue registry number

**Treatment and Completion of Claim Form**

**Always code**
- Date of first injury
- Trauma ID
- Modifier ‘UI’

**Call the Trauma Fund**
Phone line at CoreSource for clarifications and guidance as needed - (1-866-229-5908)

**Submit claims electronically**
To Emdeon via Payer ID #35189

**Recommendation for Payment to MHCC**

**Payment and Check requested by MHCC**

**Recommendation for denial to MHCC & Notification in writing**

**Recommendation for**
- Payment to MHCC
- Notification in writing