Outline

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

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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 guide relates to how the Uncompensated Care ***claims forms*** should be completed and submitted for payment.

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MD Trauma Physician Services Fund

- 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.

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Trauma Fund

- Maryland Trauma Physicians Services Fund
  - 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 on the next slide.

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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

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Beneficiaries of Service

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***.

Beneficiaries of Service *(contd.)*

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.

Guidelines and Stipulations

Qualifying Locations – Maryland's Trauma Network:

- 11 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

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Guidelines and Stipulations

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.

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Guidelines and Stipulations

Eligibility (continued)

- Uncompensated trauma services
  - Any physician providing care to a trauma patient at a trauma center hospital (emergency department, inpatient, outpatient)
  - All follow-up services must be related to the original trauma.
  - Non-physician services are NOT eligible.

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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 (COB) 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.

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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.

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Guidelines and Stipulations

Payment rate

- 100% 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

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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

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Completing the Claims Form

Requirements:

- Claim forms may be submitted via fax (1-877-411-5933) or
- Paper format by mail -- see address on slide #25, or
- Electronic claims are now accepted—mhcclms@luminarehealth.com
- 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.

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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

Blk.1: Ask & be sure the patient does not have any insurance	Blk.1a: ***Trauma Center # + Trauma Registry #+M***
Blk.2: Spell the name correctly Blk.3: Fill this in	Blk.9: Other insured's name can only be PIP Auto Blk.9a: Policy/group # is required

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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.

Blk.10: Indicate if patient's condition is related to any of the stated categories	Blk.11: Insert Group **2250** Blk.11a: Provide information – as required
Blk.12 & 13: Accept assignment- signature on file	Blk.14: THIS IS IMPORTANT – must complete - date of initial trauma for which the service is being provided.

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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

Blk.17: Physicians only are covered	Blk.21: Diagnosis code- Requires an ICD-10-CM code within the S00 – T88 range
Blk.23: The 11 digit number is made up of the last (2) trauma ctr. Id & 9 digit trauma registry # for patient and **M** (totals 12 characters)	***Blk. 24a: Enter Date of Current Service-*** Blk.24b: Enter codes – 21 –inpatient, 22 – outpatient (follow up), 23 -ED

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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***

Blk.24d: "U1" modifier number must be entered on the claim form	Blk.24e: Diagnosis code
Blk.24f: Enter amount ***Blk.24g: Days/Anesthesia Units***	Recheck that all these information are on the form

Form Completion Process- *(contd.)*

- 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.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.28: Enter the amount Blk.29: Amount paid by patient, PIP payment, if any	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

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Form Completion Process- *(contd.)*

- 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 Luminare Health

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Form Completion Process- *(summary)*

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

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Contact Information

- Luminare Health is the third-party administrator (TPA) in charge of adjudicating Trauma Fund claims to be paid by the Maryland Comptroller
- Luminare Health Customer Service (for claim status inquiries):

  866-229-5908
- Claims may be submitted via:
  - EDI 35189 (preferred submission method)
  - Mail:

    Luminare Health

    Attn: MHCC Claims

    1280 North Plum Street

    Lancaster, PA 17601
  - Fax to 1-877-411-5933 Attn: MHCC Claims
  - Email to mhcclms@luminarehealth.com

Contact Information

- Toll-Free Fastfax filing of claims to Luminare Health: 1-877-411-5933
- Maryland Health Care Commission on the web: http://mhcc.maryland.gov
  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.
- Luminare Health Customer Service: 866-229-5908

Flow-chart of Submission Process