

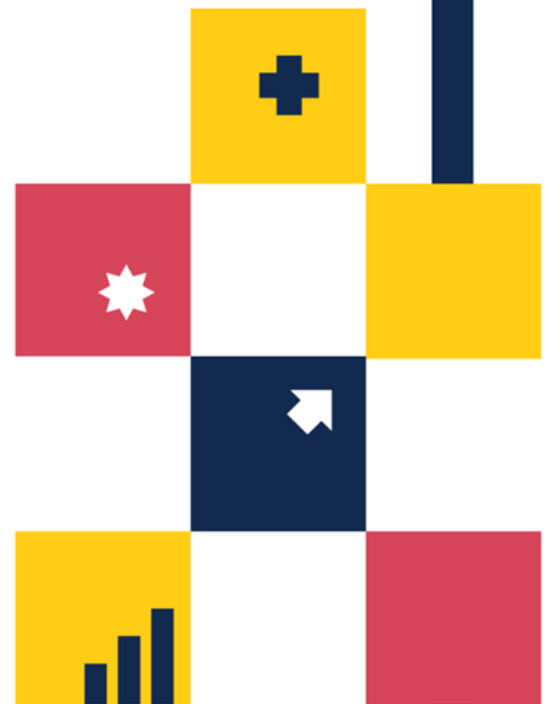
MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Health General Article § 19-130

Operations from July 1, 2023, through June 30, 2024

Report to the MARYLAND GENERAL ASSEMBLY

December 2024



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Kromm
Executive
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Health Services Cost Review
Commission





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Chesapeake Oncology Hematology
Associates, PA

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Court Appointed Special Advocate for Children

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National Association of County & City Health
Officials

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Director, Health Equity Initiatives
The Patient Advocate Foundation

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Founder
Immune Deficiency Foundation

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Partner
Bowie & Jensen, LLC

Kenneth Buczynski, M.D.
Founder of Wellspring Family Medicine

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CEO/Founder
Beacon Public Health

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Physician in Chief of the Mid-Atlantic
Permanente Medical Group

Marcus L. Wang, Esq.
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ZytoGen Global Genetics Institute

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Director of Talent Development
Brightview Senior Living

Karrie M. Wood
Director of Business Development
Community Bank of the Chesapeake

This annual report on the Maryland Trauma Physicians Services Fund for Fiscal Year 2024 meets the reporting requirement set forth in Health General §139(e) that directs the Maryland Health Care Commission and the Health Services Cost Review Commission to report annually to the 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/specialty centers for uncompensated care, Medicaid-enrolled patients, trauma related on-call and standby expenses, and lastly trauma equipment grants.

Maryland’s designated Trauma Centers consists of two – Level I trauma centers, Johns Hopkins Adult Level I and Johns Hopkins Pediatrics; four – Level II trauma centers, Suburban Hospital, University of Maryland – Cap Region, Sinai Hospital, and Johns Hopkins Bayview Medical Center; and three – Level III trauma centers, Meritus Medical Center, Tidal Health, and Western Maryland Hospital Center. Included in the trauma system are Maryland’s specialty centers; Johns Hopkins Adult Burn, Johns Hopkins Wilmer Eye, MedStar Union Memorial Hospital. These specialty centers are also reimbursed on-call hours but capped at a lower allowable hour designation.

The Fund, during FY 2024, is financed through a \$5 surcharge on motor vehicle registrations and renewals. Vehicle registration renewal fees totaled \$ 12,366,198, a slight increase from the previous fiscal year.

Payments to all eligible providers for uncompensated care and the administrative costs associated with making payments were \$1,851,344. The implementation of the Affordable Care Act (ACA) has led to reduced financial pressure on the Fund for reimbursement of uncompensated care, as a significant share of those uninsured have gained access to coverage. Payments for uncompensated care are submitted directly to the Maryland Health Care Commission’s (MHCC) third-party administrator and subsequent reports are returned to the MHCC for payment through the Comptroller’s Office.

On-call requirements under the Maryland Institute for Emergency Medical Services System (MIEMSS) standards require that trauma surgeons, neurosurgeons, orthopedists, and at some trauma centers anesthesiologists, must be ready to respond within 30 minutes to the trauma center. Standby requirements state that the physicians must be at the facility, and ready to respond. Standby hours are reimbursed through Maryland’s Rate Setting Commission, Health Services Cost Review.

Payment to all trauma and specialty centers in FY 2024 totaled \$ 21,908,164. Payment to the trauma centers includes Uncompensated Care expenses, \$1,851,344; On-Call expenses, \$9,087,930 and Equipment grants, \$642,861. In the past, the Maryland Health Care Commission (MHCC) has been capped at 10% of the reserve for total funding for equipment grants. The current reserve is \$7,397,374. The cap on reserves has been changed, beginning in FY2025, to 15% of the total revenue collected in the previous fiscal year. In addition to these funds, trauma centers received \$9.5 million from the General Fund.

Background

The Maryland General Assembly enacted legislation in 2003 that created the Maryland Trauma Physician Services Fund to aid Maryland's trauma system by reimbursing trauma centers with an established methodology for reimbursement based on the Medicare Physician Fee Schedule, Percentage of Reasonable Compensation Equivalency, Medicare Economic Index, and a defined number of hours for reimbursement by the level of a trauma center. The legislation also increased Medicaid payments to 100% of the Medicare rate when a Medicaid patient receives trauma care at trauma center or a specialty center. Lastly, the legislation established a formula for physicians who treat uninsured patients for follow up care to a trauma event. The legislation also directed the Health Services Cost Review Commission (HSCRC) to allow trauma centers to include trauma-related standby expenses in HSCRC approved hospital rates.

Over the years, the Trauma Fund has been expanded in several areas. The most significant changes expanded eligibility for Fund payments to other specialties and increased payment levels for certain classes of providers. Trauma providers have been attentive to the Trauma Fund reserve and have sought to expand eligibility when new needs arise. The most recent changes occurred during the CY 2023 and CY 2024 sessions of the Legislature.

HB 200 (Ch. 101) Budget Bill (Fiscal Year 2024), 2023, Section 19, Item 56, page 292, \$9.5 Million Distribution Criteria for Trauma Centers. CY 2023 budget language directed the MHCC to distribute \$9.5 million among trauma centers to relieve some of their financial stress. Before making any distribution of these funds the MHCC requested the Maryland Institute for Emergency Medical Services Systems' (MIEMSS's) assistance in deriving an allocation formula that would consider trauma center readiness levels, patient trauma volume, and patient acuity.

In the fall of 2023, MHCC convened two meetings of the 10 trauma centers that are eligible for payment under the budget language. At the first meeting, all trauma centers were asked to describe their financial challenges. All trauma centers pointed to additional physician and other clinical personnel costs linked to operations at a trauma center that are not included in stand-by allocations in global hospital budgets. There was a consensus that all trauma centers were under financial stresses, although the cost drivers differed depending on trauma center level, the complexity of trauma patients being treated, and financial factors unique to each specific trauma center hospital.

MIEMSS provided key injury severity information from the Maryland Trauma Registry. The MHCC and MIEMSS concluded that given the financial stress of all centers, funds should be allocated among the trauma center based on three factors as follows: 1) **50 percent** of the funds allocated equally in the amount of \$475,000 per trauma center, 2) **25 percent** of funds allocated based on trauma center level in the amount of \$327,586 for Level III centers, \$245,690 for Level II centers, \$163,793 for the Level I center, and \$81,897 for PARC; and 3) **25 percent** allocated based on the average Injury Severity (ISS) scores of patients treated at each trauma center. MHCC submitted its methodology to the Senate Budget and Taxation Committee and the House Appropriations Committee for their approval. Each trauma center's payment is outlined in the chart below.

CHART 1

Distribution of General Funds totaling \$9.5 million

Trauma Level	Trauma Center	Budget Funds available for distribution	
		Share	Amount
PARC	UM RACSTC	12.9%	\$1,221,910
I	Johns Hopkins Adult	9.1%	\$864,086
	PARC & Level I Total	22.0%	\$2,085,996
II	Johns Hopkins Bayview	9.8%	\$932,303
II	UM Capital Region Health	10.7%	\$1,011,764
II	LifeBridge Sinai Hospital	9.7%	\$923,728
II	Johns Hopkins Suburban	10.0%	\$953,772
	Level II Total	40.2%	\$3,821,566
III	Meritus Health	10.8%	\$1,030,432
III	Tidal Health Peninsula Regional	10.2%	\$971,981
III	UPMC Western Maryland	9.1%	\$866,600
	Level III Total	30.2%	\$2,869,013
PED	JOHNS HOPKINS Pediatrics	7.6%	\$723,425
	Total	100.0%	\$9,500,000

SB493/Chapter342, HB675/Chapter 341, Commission to Study Trauma Center Funding in Maryland, which established the Trauma Funding Commission to examine the adequacy of trauma center funding across the State for operating, capital, and workforce costs. The Commission met five times in 2023 and filed the required report in January 2024. Key findings of those meetings were:

1. Incremental trauma costs accrued by trauma centers vary considerably and are complex. Expenses that are part of routine healthcare delivery costs, expenses should be offset by mechanisms designed to fund health care delivery.
2. Expenses unique to Maryland’s trauma care delivery model may not fully be included in hospital global budgets. It is in the public’s best interests to fund a trauma system that is in a perpetual state of readiness for the next injured person.
3. Some expenses of being a trauma center are considered in the HSCRC rate setting processes, which should be more explicit and transparent to trauma centers’ leadership
4. The Trauma Fund should be revised to provide more flexibility to compensate hospitals for additional on-call and standby expenses that are not recoverable through patient care-generated revenue.

5. Readiness of specialists in trauma/general surgery, orthopedic surgery, neurosurgery, and anesthesiology should be fully funded through hospital rates, or if necessary, from external funding to hospital rate-setting.

Key Recommendations from the Trauma Commission on Funding the Trauma Physician Services Fund were:

1. Increase On-Call payments
2. Remove the 10% cap on Trauma reserves to fund trauma needs beyond equipment
3. Allow MHCC to use Trauma Fund reserves to fund trauma needs beyond equipment
4. Allow MHCC to raise or lower the RCE threshold to address changing trauma center and provider needs.
5. Non-physician health care practitioners allowed to bill the Trauma Fund for uncompensated care and Medicaid supplemental payments (100% of the Medicare payment rate)
6. Create greater transparency on trauma expenses included in hospital rates
7. Conduct audits of Medicaid payment compliance with trauma payment rules
8. Increase the \$5 surcharge for automobile registrations and registration renewals
9. Enable linkage among data systems at HSCRC and MHCC with the Trauma Registry maintained by MIEMSS. An encrypted patient identifier consistent with HSCRC and MHCC data systems should be added by CROSP to the Trauma Registry
10. HSCRC should require trauma hospitals to accurately report trauma flags on inpatient and outpatient claims
11. MHCC, HSCRC, and MIEMSS should convene a workgroup to develop quality measures for trauma centers.

These recommendations were drafted into legislation under **SB 1092/HB1439 – Emergency Services Funding**. The bill passed during the 2024 session and will become effective July 1, 2024.

The Legislative directives which mirrored the Trauma Funding Commission Recommendations are:

- Raise On-Call payments to Level II & III trauma centers up to 60% of the Reasonable Compensation Equivalents
- Non-physician practitioners become eligible for uncompensated care and Medicaid supplemental payments
- Children’s National’s stipend for costs associated with Maryland patients’ trauma care increased to \$900,000
- Johns Hopkins Pediatric Trauma Center awarded a new stipend of \$900,000
- MHCC given greater flexibility to increase on-call payments and uncompensated care fee levels
- HSCRC is required to report on trauma costs allowed in hospital rates
- Surcharge on registrations and the biennial registration renewals increased from \$5 to \$13
- Law Becomes effective on July 1, 2024, COMAR 10.25.09 will be aligned before payment changes can be implemented
- Enable an expanded trauma grant program that could fund equipment, education, training, and unfunded standby costs
- Expand audits of trauma payments

Outstanding Obligations for FY 2024

Table 1 - FY 2024 Obligations Incurred after Year End

Category	FY 2024
On-call stipends	\$550,000
Children National Medical Center Standby	\$590,000
TOTAL INCURRED BUT NOT PAID	\$1,140,000*

*Paid in FY 2025

Table 2 – FY 2022 – 2024 Trauma Fund Status on Cash Flow

Category	Cash Flow		
	FY2022	FY2023	FY2024
Fund Balance at Start of Fiscal Year	\$2,171,071	\$6,700,833	\$7,483,014
Collections from the \$5 Registration Fee	\$12,227,047	\$12,349,547	\$12,366,198
Credit Recoveries	\$70,872	\$85,893	\$64,369
Addition from the Budget and Reconciliation Financing Act Legislation – 2023 – HB 200	\$4,000,000	(\$0)	\$9,500,000
TOTAL (Balance, Collections, and Recoveries)	\$18,468,990	\$19,136,273	\$29,413,581
Uncompensated Care Payments	(\$1,818,042)	(\$1,485,205)	(\$1,851,344)
On-Call Expenses	(\$8,796,840)	(\$9,263,088)	(\$9,087,930)
Medicaid Payments	(\$280,424)	(238,423)	(\$236,529)
Children’s National Medical Center Standby	(\$590,000)	(\$590,000)	(\$590,000)
Trauma Equipment Grants (Disbursed from the Fund)	(\$194,080)	(\$0)	(\$642,361)
			(\$9,500,000)
Administrative Expenses	(\$88,771)	\$76,543	(\$108,053)
TOTAL (Payments, Grants and Expenses)	(\$11,768,157)	(\$11,653,259)	(\$22,016,217)
TRAUMA FUND BALANCE	\$6,700,833	\$7,483,014	\$7,397,364

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. Treatment for a trauma injury can extend a considerable amount of time 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. The patient must be on the trauma registry, the treatment must be directly related to the initial injury and must be performed in a trauma center or a trauma center-affiliated rehabilitation hospital setting.

Table 3 presents the distribution of uncompensated care claims paid to physician practices operating at trauma centers (in percentages) where care was provided for FY 2022, 2023, and 2024. A practice must confirm that the patient has no health insurance, and the practice must apply its routine collection policies before applying for uncompensated care payments. This requirement is consistent with the legislative intent, which made the Fund the payer of last resort.

Table 3 Distribution of Uncompensated Care Payments by Trauma Center -FY 2022 – 2024

Facility	% Of Uncompensated Care Payments		
	FY 2022	FY 2023	FY 2024
University Shock Trauma & UMD Practices	44.38	64.02	62.78
Johns Hopkins Hospital Adult Level One	3.81	3.96	1.49
UM Capital Region Medical Center (formerly PGHC)	18.07	12.39	22.87
Johns Hopkins Bayview Medical Center	5.06	2.37	3.51
Suburban Hospital	3.26	4.07	3.97
Tidal Health Peninsula Regional (formerly PRMC)	1.65	2.71	5.25
Sinai Hospital of Baltimore	1.60	0.36	0.09
Johns Hopkins Regional Burn Center	0.00	0.00	0.00
Meritus Medical Center	0.00	0.00	0.00
Western Maryland Regional Medical Center	0.00	0.00	0.00
Johns Hopkins Wilmer Eye Center	0.25	0.18	0.02
Johns Hopkins Hospital Pediatric Center	0.03	0.01	0.02
Curtis Hand at MedStar Union Memorial	0.08	0.00	0.00
JHU Clinical Practices	0.00	0.02	0.00

Payment for Trauma On-Call Services

The need to ensure physician availability is especially important in trauma care. Hospitals reimburse independent physicians for being on-call or standby via stipends or as part of salary if the physician is employed by the health system. 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. These reimbursements compensate physicians for foregoing work in a non-hospital setting where reimbursement may be higher and uncompensated care losses may lower. Hospitals negotiate on-call and standby arrangements with physician practices that are essential to delivering trauma care. Payment levels for on-call and standby are dependent on local market factors. Shortages of physicians practicing in certain surgical specialties, especially in rural areas, may push payments higher.

On-call expenses are reimbursed for the number of on-call hours provided up to a maximum of 35,040 hours for a Level III trauma center and 24,500 hours for a Level II trauma center. Most trauma centers receive the maximum reimbursement due to on-call costs exceeding the allowable on-call threshold.

Table 4 – FY 2022 – 2024 On-Call Payments to Trauma Centers

Trauma Center	On-Call Payments		
	FY 2022	FY 2023	FY 2024
Johns Hopkins Bayview Medical Center	\$994,319	\$1,067,710	\$1,101,765
Johns Hopkins Adult Level One	\$186,764	\$190,880	\$196,969
UM Capital Region Medical Center (formerly PGHC)	\$1,044,680	\$1,067,710	\$550,883
Sinai Hospital of Baltimore	\$799,950	\$1,067,710	\$820,830
Suburban Hospital	\$936,781	\$1,074,343	\$1,101,765
Meritus Medical Center	\$1,635,888	\$1,740,874	\$1,763,563
Western Maryland Regional Medical Center	\$1,312,410	\$1,414,225	\$1,502,185
Tidal Health	\$1,476,636	\$1,506,253	\$1,557,549
Johns Hopkins Adult Burn Center	\$93,382	\$95,440	\$98,484
Johns Hopkins Wilmer Eye Center	\$93,382	\$95,540	\$98,484
Johns Hopkins Pediatric Trauma	\$129,266	\$121,652	\$196,969
Union Memorial, Curtis National Hand Center	\$93,382	\$95,440	\$98,484
TOTAL	\$8,796,840	\$9,263,118	\$9,087,930

Payment for Services Provided to Patients Enrolled in Medicaid MCOs

The Trauma Fund is responsible for reimbursing the difference between the Medicare rate and the Medicaid rate for Medicaid trauma care patients. In FY 2017, trauma practices identified three limitations with Medicaid trauma payments. First, practices contended that some Medicaid Managed Care Organizations (MCOs) failed to properly identify trauma claims and consequently had not paid these claims at 100% of the Medicare rate as is required for trauma care. Second, trauma practices argued that they should be reimbursed at 105% of the Medicare rate, consistent with how uncompensated care claims were paid beginning in 2017.

Physician practices requested that the Trauma Fund reimburse trauma physicians for each surgical procedure at 105% of the Medicare rate as opposed to the “multiple procedure rule. “Medicare, Medicaid, and most private payers routinely reduce the reimbursement for procedures performed simultaneously with a primary surgical procedure. 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 additional procedures at 25%. Medicaid has indicated that they and the ACOs are not equipped to pay the full rate on second procedures performed during the same surgery. The MHCC does not apply the “multiple procedure rule” during adjudication for uncompensated care claims. Trauma physicians argued for parity of payment due to the complex nature of injuries secondary procedures for all trauma patients including those covered by Medicaid. MHCC and Medicaid agreed to adjust Medicaid claims reimbursed by the Trauma Fund for all three of these issues beginning with services provided in 2017. The Trauma Fund paid trauma practices an additional \$1 million in 2018 and 2019. No process currently exists to adjust Medicaid payments to offset the multiple procedure rule on an ongoing basis.

Table 5 – FY 2024 Trauma Fund Payments to Medicaid for Disbursement to Trauma Physicians and Hospitals

Month	Amount Paid
July 2023	\$21,575
August 2023	\$23,366
September 2023	\$24,436
October 2023	\$21,225
November 2023	\$22,246
December 2023	\$22,757
January 2024	\$17,450
February 2024	\$19,910
March 2024	\$31,403
April 2024	\$10,286
May 2024	\$21,869
June 2024	Applies to 2025
TOTAL	\$236,523

HSCRC Standby Expense Allocation

The HSCRC used the Reasonable Compensation Equivalent (RCE) developed by Medicare to set reasonable allowable standby cost ceilings.¹ 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. Rates derived from the RCE are updated each year (including these standby amounts) by applying the current year HSCRC 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.

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 costs and the payments derived from the RCE formula do not have a financial impact on the Fund because the payments are incorporated into hospital approved rates.

Table 6 – FY 2024 Maryland Trauma Standby Costs in HSCRC Approved Rates

Trauma Center	Maryland Trauma Standby Costs		
	Inpatient	Outpatient	Total
Johns Hopkins Hospital	1,362,261	212,694	1,574,955
Johns Hopkins - Bayview	664,482	103,747	768,229
UM Capital Region Medical Center (formerly PGHC)	2,581,801	76,067	2,657,868
Sinai Hospital	1,046,450	896,696	1,943,146
Suburban Hospital	688,221	295,147	983,368
Tidal Health Peninsula Regional (formerly PRMC)	0	0	0
Meritus Medical Center	852,460	430,912	1,28,372
Western Maryland Regional Medical Center	522,400	107,490	630,340
Shock Trauma	2,574,322	254,603	2,828,925
TOTAL	10,292,397	2,377,806	12,670,203

Note: Peninsula Regional Medical Center reports no standby costs. the difference is due to the accumulation of HSCRC’s annual updates for inpatient and outpatient services in 2006-2021. The update factor for FY 2024 was 3.35%.

¹ The RCE limits are updated annually by the Centers for Medicare & Medicaid Services based on 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.

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 for providing standby services that are used by Maryland pediatric trauma patients. Each September Children’s reports standby for the previous fiscal year to the MHCC by completing a standby application. To-date Children’s National has submitted standby costs for well over the maximum of \$590,000. Beginning in FY 2025, SB1032/HB1439, increases this stipend up to \$900,000. SB1032/HB1439 also creates a new \$900,00 stipend for Johns Hopkins Level I Pediatric Trauma Center.

Trauma Equipment Grant Program

During FY 2024, the Commission issued \$642,361 in trauma equipment grants. Despite a sizable Fund balance, MHCC applied the funding formula in the current law, which limits total trauma grants to 10% of the existing Fund balance.

The MHCC established a special grant award totaling \$5,000,000 dollars, in the fall of FY 2025. This special grant process will be used to distribute those funds evenly to the Level II and Level III trauma centers. These awards will reduce the Fund balance to roughly \$2,000,000, allowing MHCC to maintain a Fund balance of approximately 15% and keep a reserve going forward under the new legislation.

Administrative Expenses

The Commission continued to contract with Luminare (formerly Trustmark, Inc.) to provide claim adjudication services in FY 2024. The Commission completed a one year no-cost extension to the existing contract in 2023. Although funds remain on the existing contract, Luminare is leaving the market and agreed to provide adjudication services through November 2024. The Commission issued an RFP to identify a new Third Party Administrator contractor during the Fall of 2024.

Table 7 presents actual and projected spending through FY 2025. Estimated spending in FY 2025 reflects Chapter 718 of the 2024 Laws of Maryland (HB1439), which became effective in July 2024.

Table 7 – FY 2023 – 2025 Actual and Projected Trauma Fund Spending

Category	Actual FY 2023	Actual FY 2024	Projected FY 2025
Carryover Balance from Previous Fiscal Year	\$6,700,833	\$7,483,014	\$7,397,364
Collections from the surcharge on automobile renewals (Increases from \$5 to \$13 in 2025)	\$12,349,547	\$12,366,198	\$25,000,000*
Addition from the 2023 Budget and Reconciliation Financing Act Legislation	\$0	\$9,500,000	\$0
Credits	\$85,893	\$64,369	\$75,131
TOTAL BALANCE & COLLECTIONS	\$19,136,273	\$29,413,581	\$32,472,495
Uncompensated Care Payments	(\$1,485,205)	(\$1,851,344)	(\$3,702,688)
On-Call Expenses	(\$9,263,088)	(\$9,087,930)	(\$18,000,000)
Medicaid	(\$238,423)	(\$236,529)	(\$400,000)
Children’s National Medical Center & JHU Pediatrics	(\$590,000)	(\$590,000)	(\$1,800,000)
MHCC Administrative Expenses (TPA & Audit)	(\$76,543)	(\$108,053)	(\$350,000)
Trauma Equipment Grants (funding drawn from Fund Balance)	(\$0)	(\$642,361)	(\$5,000,000) **
Addition from the 2023 Budget and Reconciliation Financing Act Legislation	(\$0)	(\$9,500,000)	\$0
PROJECTED FISCAL YEAR-END BALANCE	\$7,483,014	\$7,397,364	\$3,219,807

*Funding increases per registration renewal from \$5.00 to \$13.00 for a bi-annual renewal.

** The MHCC will be completing another grant application in the Spring after the creation of grant criteria.

Implementing Chapter 718 (HB1439) in FY 2025

The MHCC will work with Maryland's trauma centers to implement new regulations under Health General Article 19-130 – Maryland Trauma Physicians Services Fund. We anticipate that the new regulations will be adopted as final regulations at the December 2024 Commission meeting. These regulations will guide Maryland's trauma centers and physician practices through the new process. The Commission will also create new on-line applications for reimbursement to ease submission for On-Call, Standby, and Grant applications.

In FY 2025, revenue from the MVA surcharge is projected to increase from \$12.3 million to \$25 million. The projected revenue reflects MVA's change in policy permitting owners to register a vehicle for one or two years. MHCC assumes that some drivers will pay for a one-year renewal; the one-year surcharge is \$6.50.

The largest increase in payment will be for on-call expenses. MHCC estimates that on-call payments will increase from \$9 million to \$18 million in 2025 due to the changes in the on-call formula. To qualify for the on-call payments, Trauma Centers will need to document actual incurred costs. Grants to Level I pediatric trauma centers at Children's National Medical Center and Johns Hopkins University will increase from \$590,000 to \$1,800,000. The pediatric trauma centers will receive these funds after documenting unfunded incurred expenses.

Revenues at this time are only anticipated, therefore, it is not known exactly what the surplus balance will be. MHCC will work to ensure that the balance will stay within the new law of 15% of the revenues collected from the previous year. The new authority to issue grants annually to Maryland's trauma centers will help in reducing any surpluses encountered by the Trauma Fund. Maryland's trauma centers will benefit from the changes established in Senate Bill 1032/House Bill 1439 for many years to come.

Appendix Table 1

Maryland Motor Vehicle Registration FY 2024 Fee Collections per Month

MONTH	REVENUE
July 2023	\$1,069,315
August 2023	\$1,203,269
September 2023	\$1,016,914
October 2023	\$966,715
November 2023	\$927,385
December 2023	\$873,860
January 2024	\$948,861
February 2024	\$962,064
March 2024	\$1,057,303
April 2024	\$1,002,876
May 2024	\$1,169,228
June 2024	\$1,168,409
TOTAL REVENUE – FY 2024	\$12,366,198

Appendix Table 2

Percentage of Uncompensated Care Payments for FY 2024

Physician Name	Percentage
Bethesda Chevy Chase Orthopedic Assoc., LLP	1.52
Bijan Bahmanyar	0.93
Community Surg. Practice, LLC	2.96
Emergency Services Associates	3.22
JHU, Clinical Practice Association	5.75
Jeffrey Muench	1.20
Johns Hopkins Community Physicians	0.02
Mid Atlantic Surgical Group	0.12
Medical Practices of Antietam, LLC	0.15
Meritus Physicians – Trauma	0.12
Mohammad Khan	15.44
North American Partners-Maryland	0.05
Shock Trauma Associates, P.A.	36.82
Trauma Surgical Associates	2.93
Univ of MD Diagnostic Imaging Specialists, P.A.	11.01
Univ of MD Ortho Trauma Associates	17.65
WMHS Specialty Services	0.11
All	100.00