

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

Operations from July 1, 2008 through June 30, 2009

Report to the

MARYLAND GENERAL ASSEMBLY

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This annual report on the Maryland Trauma Physicians Services Fund for fiscal year 2009 meets the reporting requirement under Health General § 19-130(e) that directs the Maryland Health Care Commission and the Health Services Cost Review Commission to report 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 and Medicaid enrolled patients and trauma related on call expenses. The Fund is financed through a \$5 surcharge on motor vehicle registrations and renewals.

Payments to eligible providers and the administrative costs associated with making payments totaled about \$13 million in FY 2009, down slightly from FY 2008. Comparing FY 2009 to FY 2008, uncompensated care payments increased, and on call and Medicaid trauma payments declined slightly. Administrative costs increased slightly in 2009 due to higher uncompensated care claim volume. In addition to payments to trauma providers, \$17 million of the Fund’s surplus was transferred to the State’s General Fund by the Maryland General Assembly under the Budget Reconciliation Act of the 2009. Transfers from the Motor Vehicle Administration (MVA) to the Fund declined by about \$500,000 in FY 2009 due to a drop in the number of automobile registrations and renewals.

The Maryland Health Care Commission (Commission) approved an 8 percent across the board reduction in payment rates for FY 2010 due to the downturn in automobile registration revenue and expected increase in uncompensated care claims. A \$3.8 million surplus exists at the start of FY 2010; however, current law limits total payments in any fiscal year to revenue collected in that same year. The revenue that will be generated through automobile registrations and renewals is unlikely to fully fund all needs in FY 2010; therefore, the 8 percent reduction was a prudent step.

The Commission informed the trauma community that higher on call payments for Level III trauma centers authorized under legislation passed in 2009 could not be implemented due to the disbursement limitation. Future legislation should grant the Commission flexibility to spend a percentage of the Fund’s surplus to meet current obligations.¹

Background

During the 2003 legislative session, the Maryland General Assembly enacted legislation creating the Maryland Trauma Physician Services Fund to aid Maryland’s trauma system by reimbursing trauma physicians² for uncompensated care losses and by raising Medicaid payments to 100 percent 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

¹ House Bill 521 (Maryland Trauma Physician Services Fund – Rural Trauma Centers - Reimbursement) permitting the Level III Trauma Centers to receive stipends for on call up to 70,080 hours per year to maintain trauma surgeons, orthopedic surgeons, neurosurgeons, anesthesiologists, plastic, major vascular, oral or maxillofacial, and thoracic surgeons on call, effective October 1, 2009. If expected revenue in the Fund is insufficient to meet expected payments, the Commission may not reimburse Level III Trauma Centers for on call hours under this change for Trauma on call hours exceeding 35,040 until the remaining costs eligible for reimbursement for Level I, II, III, pediatric and specialty referral centers are fully funded.

² COMAR 10.25.10 originally defined trauma physicians as trauma surgeons, anesthesiologists, orthopedic surgeons, neurosurgeons, critical care physicians, and emergency room physicians to conform to the statutory definition.

trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists.³ 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 legislation has been expanded four times since passage in 2003. The four legislative changes have expanded eligibility for Fund payments to other classes of trauma providers and/or increased payment levels for classes of providers. These changes are summarized below in Table 1.

Table 1: Statutory Changes – 2006-2009
2006 -- Expanded eligibility to uncompensated care and extended Medicaid reimbursement to physicians providing trauma. Increased on call payments to Level II and Level III Trauma Centers. Replaced the per specialty limit for on call hours with a per center limit on hours. Extended uncompensated care payments to include the Johns Hopkins Burn Center, Johns Hopkins Eye Trauma at the Wilmer Eye Institute, and the Hand Trauma Center at Union Memorial. Increased the ceiling on the stipend for Children’s National Medical Center to \$490,000. Awarded a one-time grant to Union Memorial Hand Center and trauma equipment grants to 7 Level II and Level III Centers.
2008 – Permitted the Level I Trauma Center, Pediatric Trauma Center, and 3 specialty referral centers to receive a limited on call stipends. Authorized physicians to receive uncompensated care payments for care provided at trauma center-affiliated rehabilitation hospitals. Raised the cap on uncompensated care reimbursement for emergency medicine physician practices. Increased the annual grant to Children’s National Medical Center to \$590,000. Permitted MHCC to award grants to Level II and Level III centers for trauma related equipment and systems from Fund balances. Permitted MHCC to adjust uncompensated care and on call rates.
2009 Permitted Level III Trauma Centers to receive on call stipends for up to 70,080 hours per year to maintain trauma surgeons, orthopedic surgeons, neurosurgeons, anesthesiologists, plastic, major vascular, oral or maxillofacial, and thoracic surgeons. Gave MHCC authority not to reimburse Level III Trauma Centers for on call hours under this change for Trauma on call hours exceeding 35,040 until the remaining costs eligible for reimbursement for Level I, II, III, pediatric and specialty referral centers are fully funded.

Status of the Fund at the End of FY 2009

The recent economic downturn and resulting job losses have pushed more Maryland residents into the ranks of the uninsured. Uncompensated care payments, Medicaid shortfall payments and on call stipends have increased, while revenue from automobile registrations and registration renewals has declined. The Commission approved an 8 percent reduction in Fund disbursements for FY 2010, which began July 1, 2009.

The Commission is required to maintain solvency in the Fund under the law. Drawing down from the Fund’s reserve is not the only, or necessarily the most desirable, option for closing the probable spending shortfall in 2010. Maryland’s Budget Reconciliation and Financing Act of 2009 (HB 101, SB 166) reallocated \$17 million of the \$20 million dollar reserve to other needs. Although approximately \$3 million remains in the reserve, the Commission will need to consider other options before using the remaining reserve.

³On 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.

Collections by MVA via the \$5 surcharge were \$12.2 million, down about \$.4 million from the \$12.5 million collected in FY 2008. The Trauma Fund disbursed about \$12.3 million to trauma centers and trauma physician practices over the past fiscal year. Table 2 summarizes the revenues, disbursements, and the Fund balances at the end of FY's 2007, 2008, and 2009.

Table 2 - Trauma Fund Status on a Cash Flow Basis, FY's 2007-2009

CATEGORY	2007	2008	2009
Fund Balance Start of FY 2009 (July 1, 2009)	\$20,804,949	\$20,804,949	\$20,554,098
Collections from the \$5 Registration Fee (and interest)	\$12,963,424	\$12,530,847	\$12,151,684
Credit Recoveries	0	\$453,508	\$1,137,070
TOTAL FUNDS (Balance, Collections, Recoveries)	\$33,768,373	\$33,789,304	\$33,842,852
-- Uncompensated Care Payments	-4,724,998	-6,751,938	-6,403,698
-- On Call Expenses	-4,697,218	-5,258,096	-5,456,237
-- Medicaid Payments through 06/30/08	-321,967	-273,003	-153,920
-- Children's National Medical Center Standby	-275,000	-490,000	-490,000
--Trauma Equipment Grants	-\$2,963,383	0	0
-- Administrative Expenses	-217,606	-462,168	-507,366
--Transfer to State's General Fund	0	0	-17,000,000
Total Expenditures	-\$13,200,173	-\$13,235,206	-\$30,011,221
TRAUMA FUND BALANCE, FY END	20,568,199	\$20,544,098	\$3,831,631

Outstanding Obligations for FY 2009

The Fund incurred outstanding obligations of approximately \$3.6 million, which are not reflected in the FY 2009 year-end balance in Table 2 above. These obligations result from applications for uncompensated care, Medicaid, on call, and standby expenses for Children's National Medical Center for services provided in FY 2009. These obligations will be paid from Fund interest earned and revenue collected by the MVA on registrations and renewals in the first three months of FY 2010. The obligations carried-over from FY 2009 into FY 2010 are slightly larger than the obligations carried from FY 2008 (\$3,458,479) to FY 2009.

**Table 3 – FY 2009 Obligations Incurred after Year End
(Amounts Shown Reflect the 8 Percent Reduction Adopted by MHCC in July 2009)**

TRAUMA FUND BALANCE, June 30, 2009	\$3,831,631
Uncompensated Care claims	643,172
Medicaid -- April through June 2009	57,106
On call stipends	2,972,539
Children's National Medical Center FY 2009 Standby Expenses	542,800
Administrative Expenses	23,355
TOTAL INCURRED BUT NOT PAID IN 2009	\$3,595,800

Payment to Practices for Uncompensated Trauma Care

During FY 2009, uncompensated trauma care services were reimbursed at 100 percent of the Medicare rate for the service in the Baltimore area pricing locality. Before applying for uncompensated care payments, a practice must apply its routine collection policies, confirming that the patient has no health insurance and billing the patient. If the patient is uninsured and full payment (100 percent of the Medicare fee or more) is not received from the patient, the service can be written off as uncollectible and, therefore, eligible for uncompensated care reimbursement. This requirement is consistent with the legislative intent, which made the Fund the payer of last resort for practices providing trauma services. Table 4 presents the distribution of uncompensated care by the trauma center in which the care was provided from FY 2007 through 2009.

Table 4 – Uncompensated Care Payments Incurred and Paid, FYs 2007- 2009

Facility	% of Uncompensated Care Payments FY 2007	% of Uncompensated Care Payments FY 2008	% of Uncompensated Care Payments FY 2009
R. Adams Cowley Shock Trauma Center	25.5%	41.1%	29.9%
Johns Hopkins Hospital	23.5	19.9	23.7
Prince George's Hospital Center	17.0	12.0	19.5
Suburban Hospital	5.3	4.9	6.0
Peninsula Regional Medical Center	5.2	3.9	5.9
Johns Hopkins Bayview Medical Center	9.2	7.6	3.0
Sinai Hospital	4.0	3.1	3.0
Johns Hopkins Regional Burn Center	2.6	2.0	3.0
Washington County Hospital Center	1.8	1.4	1.9
Western Maryland Health System	0.4	0.4	1.8
Maryland Eye Trauma Center	3.2	2.2	1.5
Johns Hopkins Hospital Pediatric Center	2.1	1.5	0.8

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 time after the initial injury. 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 considered for payment, services must be provided in a hospital or trauma-center affiliated rehabilitation hospital setting.

Payment for Services Provided to Patients Enrolled in Medicaid

Trauma care provided to Medicaid patients is reimbursed at 100 percent of the Medicare Baltimore locality rate, instead of the standard Medicaid rate. The Trauma Fund is responsible for 50 percent of the difference between the Medicare rate and the standard Medicaid rate and the federal government is responsible for the other 50 percent. MHCC anticipates that the program will continue to encounter significant delays in reporting to the Trauma Fund on money owed. These delays are attributable to the small amount of money involved and the complexity associated with identifying trauma services that are eligible for reimbursement from the Trauma Fund, especially for Medicaid Managed Care Organization (MCO) beneficiaries.

Table 5 – Trauma Fund Payments to Medicaid in FY 2009

Service Period	Amount Billed
November 2008	\$71,927.67
January 2009	37,106.97
May 2009	44,885.32
TOTAL	\$153,919.96

Payment for Trauma On Call Services

Hospitals reimburse physicians for taking call or serving standby.⁴ On call and standby payments compensate physicians for foregoing work in a non-hospital setting where reimbursement may be higher and uncompensated care losses lower. 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. An ample supply of physicians may eliminate the need to offer payments. The need to ensure physician availability is especially acute 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.

⁴A 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 ready to respond.

Level II 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.⁵

On call expenses were reimbursed for the number of on call hours provided up to a maximum of 35,040 hours per year. None of the centers reached the maximum payment ceilings allowable under the Fund in FY 2009. The centers did not reach the on call ceilings because some specialties operated on standby, a higher level of availability. Some physician contracts also 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 for on call. Several of the Level II trauma centers do not pay call for anesthesiologists for this reason. Other trauma hospitals maintained orthopedic or neurosurgery availability without on call payments.

Table 6 – On call Payments to Trauma Centers, FY’s 2007-2009

Trauma Center	FY 2007	FY 2008	FY 2009
Johns Hopkins Bayview Medical Center	\$623,303	\$755,396	\$732,539
Prince George’s Hospital Center	401,763	512,751	512,751
Sinai Hospital of Baltimore	490,654	617,112	574,366
Suburban Hospital	522,824	606,063	629,183
Peninsula Regional Medical Center	1,022,336	1,115,205	1,114,371
Washington County Hospital Association	880,705	967,785	958,409
Western Maryland Health System	577,682	561,812	772,935
TOTAL	\$4,697,228*	\$5,258,097*	\$5,362,272

*Note: Total includes \$177,951 paid in FY 2007, and \$121,973 paid in FY 2008 to Union Memorial for standby, in accordance with HB 1164, 2006.

⁵Level II trauma centers may substitute a third year surgical resident for a trauma surgeon; and the trauma surgeon then must be on call.

HSCRC Standby Expense Allocation

The HSCRC used the Reasonable Compensation Equivalent (RCE) developed by Medicare to set reasonable allowable standby cost ceilings.⁶ 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 2006. These amounts are inflated each year by applying the current year update factor to aggregate payments for the previous year. Table 7 presents the amount of applicable standby costs in each trauma center hospital's approved rates, effective July 1, 2009.

HSCRC continues to collect standby cost data from hospitals with trauma centers on an annual basis. If a hospital wishes to increase standby expenses in rates and qualifies under HSCRC rules and procedures, a full rate review would be required. HSCRC would utilize the annual standby cost data collected from all trauma centers in its full rate review analysis. Standby allocation costs do not have a financial impact on the Fund because the expenses are incorporated into the hospitals' approved rates.

Table 7- Maryland Trauma Standby Costs in HSCRC-Approved Rates FY 2009

Trauma Center	Inpatient	Outpatient	Total
Johns Hopkins Hospital	\$979,884	\$147,639	\$1,127,523
Prince George's Hospital Center	1,882,706	53,716	1,936,421
Sinai Hospital	752,719	622,429	1,375,148
Suburban Hospital	495,172	204,873	700,046
Peninsula Regional Medical Center	-	-	-
Washington County Hospital	613,133	299,112	912,245
Western Maryland Health System	366,731	74,926	441,657
Total	5,090,345	\$1,402,694	\$6,493,039

Note: Peninsula Regional Medical Center reports no standby costs. Approximately \$4,127,800 in standby expense was included in FY 2005; the difference in FY 2009 is due to the cumulation of HSCRC's annual updates for inpatient and outpatient services in FY's 2006-2009, including an update factor of 4.20% in FY 2009.

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 (CNMC, Children's) for providing standby services that are used by Maryland trauma patients. The annual grant increased from a maximum allowable stipend of \$275,000 to \$490,000 as a result of

⁶ The RCE limits are updated annually by CMS on the basis of updated economic index data. Notice is published in the *Federal Register*, setting forth the new limits. 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.

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 approximately \$1 million in comparable standby expenses for FY 2009, as well as approximately \$1.1 million in comparable standby expenses for which it received the maximum allowable stipend of \$490,000 in FY 2008. The FY 2009 payment for \$542,800 (the annual stipend of \$590,000 minus the 8% Fund reduction) will appear in disbursements in FY 2010, as the application was received from CNMC in September 2009.

Trauma Equipment Grant Program

As a result of SB 916 in 2008, the MHCC, in conjunction with HSCRC and MIEMSS, developed a process for annual trauma equipment grants. The Trauma Centers applied for grants in 2009; however, the Commission was required to place a moratorium on the grant process until the Fund's surplus substantially increases, due to the transfer of \$17 million of the Fund's surplus to the State's general fund.

MHCC Administrative Expenses

The MHCC incurs personnel and contract costs associated with the administration of the Fund, though it has never sought reimbursement for those costs associated from the Fund. Approximately one FTE was dedicated to Fund activities in 2009. Much of the expense was attributable to activities related to the expansion of the Fund, including program and contract development as well as provider education. The MHCC incurs additional contract expense related to the administration of the Fund and these costs are charged to the Fund.

Audit Expenses

MHCC completed an RFP for audit services in FY 2009. The contract was awarded to Clifton Gunderson, LLP, to review the on call, standby, equipment grant, and uncompensated care applications submitted to the Fund. Clifton Gunderson, LLP is conducting an audit of on call reimbursement. No findings have been reported to the Commission as a result of that audit to date. MHCC has found that many trauma physicians do not understand that they are eligible for reimbursement from an HMO even when they do not participate in that HMO's network. In these cases, uncompensated care payments are recovered and the practice is educated on how to bill the HMO. No audits were completed in FY 2009 under the new contract. The contractor is currently completing audits of the equipment grant program and of several practices that receive uncompensated care payments.

Administrative Costs: Use of a Third Party Administrator (TPA)

The MHCC contracts with CoreSource, Inc., with offices in White Marsh, Maryland, to provide claim adjudication services. MHCC awarded a five-year contract to CoreSource in December 2006. The contract funds will be spent somewhat ahead of schedule in FY 2009, because claim volume has been higher than expected. Performance on the contract has been satisfactory. The vendor recently began accepting electronic claims in ANSI 837 format. MHCC believes more favorable terms will result under a new contract because of the current highly competitive business climate. Wider

diffusion of electronic claim submission by practices in this narrow niche market will also lower costs to the vendor.

Revenue and Reimbursement Outlook

Table 8 presents estimated revenue (collections from the \$5 motor vehicle surcharge) and disbursements for 2010 and 2011. The MHCC estimates that revenue, including interest on the Fund balance, will fall by about 2 percent in 2010 and the return to 2009 levels in 2011. This estimate is consistent with a slow rebound in the economy that is thought to be just getting underway.

Uncompensated care payments are projected to decrease by approximately 10 percent in 2010, despite an estimated 1.5 percent increase in physician fees under Medicare. Spending will decline primarily due to the 8 percent payment reduction. Uncompensated care payments grew significantly in 2008 and 2009 due to a large backlog of uncompensated care claims that had not been previously submitted to the Fund. In addition, one large practice claimed reimbursement for both the facility and professional components of radiology services. MHCC recovered approximately \$800,000 in incorrectly paid radiology claims from the practice in 2009, which are reflected in credits in 2009. This one-time correction results in an understated actual uncompensated care payment level in 2009. If the \$800,000 credit was not applied, total uncompensated care in 2009 would have totaled over \$7.0 million.

Uncompensated care payments will likely remain at historic highs due to three factors. First, increased physician awareness of the Trauma Fund will add to the number of practices submitting claims. Second, increased unemployment in the state will push a portion of that population into the ranks of the uninsured. Third, on call payments will increase because payments to Level I trauma centers and the specialty referral centers will come fully on-line in FY 2010. The 8 percent payment reduction will offset much of the growth in on call payments that would have otherwise occurred. The growth that is shown reflects an estimated two percent inflation adjustment based on the physician compensation component of the Medicare Economic Index.

Table 8 – Actual and Projected Trauma Fund Spending 2009-2011
Includes 8 Percent Reduction In 2010-2011

	Actual FY 2009	Projected FY 2010	Projected FY 2011
Carryover Balance from Previous Fiscal Year	\$20,554,098	\$3,831,631	\$3,650,218
Collections from the \$5 surcharge on automobile renewals	\$12,151,684	\$11,847,892	\$12,394,718
Credits	\$1,137,070	\$425,000	\$425,000
TOTAL BALANCE and COLLECTIONS	\$33,842,852	\$16,104,523	\$16,469,936
Payments to Physicians for Uncompensated Care	(\$6,403,698)	(\$5,704,000)	(\$6,019,476)
Payments to Hospitals for On Call and Standby	(\$5,456,237)	(\$5,520,920)	(\$5,640,940)
Medicaid	(\$153,920)	(\$153,920)	(\$146,224)
Children’s National Medical Center	(\$490,000)	(\$542,800)	(\$542,800)
MHCC Administrative Expenses (TPA & Audit)	(\$507,300)	(\$532,665)	(\$527,338)
Transfers	(\$17,000,000)	\$0	\$200,000
PROJECTED YEAR-END BALANCE	\$3,831,631	\$3,650,218	\$3,393,157

Other categories of disbursements covered by the Trauma Fund are capped by statute or will experience little growth. MHCC projects Medicaid underpayment to remain stable over the next two years. The Maryland Patients’ Access to Quality Health Care Act passed in the 2004 session required DHMH to raise physician fees under Medicaid to 80-100 percent of Medicare fees, if funds were available. Medicaid has decided to delay increased physician fee levels due to the current budget crisis. MHCC believes that trauma payments to make up the differences between Medicare and Medicaid will continue to be small because few Medicaid beneficiaries require trauma care.

The Trauma Fund balance is projected to remain at about \$3.6 million in 2010. MHCC expects no increase in the balance over the next two years, which is consistent with the decision to reduce payments by 8 percent. Under current spending assumptions (including continuance of the 8 percent payment reduction) the revenue from registrations/registration renewals and payments to providers will balance in FY 2010 and 2011. Additional on call obligations to Level III trauma centers, as permitted under the legislation passed in 2009, cannot be met given the current funding mechanism. The small Fund balance would permit a modest trauma equipment grant program in 2011.

Maintaining Reimbursement Levels and Fund Stability

The MHCC believes the stability of the Fund can be maintained over the next several years by using current authority to reduce payment levels. Although across the board spending cuts are easier politically to implement, continuing to reduce payments by 8 percent over the long run may not be the most effective approach to managing the Fund. 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.

MHCC has identified several options that the Maryland General Assembly could enact that better balance spending and payments and tie more thoughtful policymaking into the payment reduction decision-making process. The options are shown in Table 9, below. MHCC is not making a recommendation on any of the options. The options have been generally discussed with representatives in the trauma community. Further discussion among the trauma community’s representatives is warranted, given the potential impacts on different classes of providers.

Table 9 – Options for Modifying the Trauma Fund to Maintain Fund Stability

	Strengths/ Weaknesses
1. Give MHCC greater flexibility in how the previous year balance can be spent. §§ 19-130 (e)(1) states, “... notwithstanding any other provision of law, expenditures from the Fund for costs incurred in any fiscal year may not exceed revenues of the Fund in that fiscal year.” This provision would allow MHCC to periodically assess financial needs, given the Fund balance.	Greater flexibility to set priorities; indirect legislative control.
2. Establish a clear priority for sequencing payments. Spells out a payment sequence. Under §§ 19-130 (d)(7)(i), the Commission may not reimburse Level III trauma centers for trauma on call hours under paragraph (4)(i)6 of this subsection or for trauma on call hours exceeding 35,040 hours until the remaining costs eligible for reimbursement under paragraph (4) of this subsection are fully funded. All other cost areas have equal priority. Further delineating priorities would be expanded to specify, for example, that uncompensated care be financed before on call payments were made.	Limited flexibility further delineates already defined priorities. Difficult for priorities to change, as importance is established in the statute.
3. Do not pay for certain types of trauma services, such as those that do not lead to a hospital admission. Historically, the Trauma Fund has reimbursed for any trauma-related service under the theory that physicians are eligible for uncompensated care any time the trauma team is activated and a patient is seen. Given the Fund shortfall, low severity cases limited to evaluations and consultations would not be covered. The financial burden of this change would fall heaviest on emergency medicine physicians, as that specialty is most frequently involved in the initial patient assessments.	Shifts the focus from providers to patients. Low intensity patients are not covered. Adds new incentives to the system at a time when system is undergoing change.

Appendices

Appendix Table 1

**Maryland Motor Vehicle Registration Fees
Collections per Month, FY 2009**

Month	Total Revenue
Jul-08	1,061,296
Aug-08	979,524
Sep-08	2,066,760
Oct-08	-90,759
Nov-08	763,233
Dec-08	821,017
Jan-09	820,720
Feb-09	817,586
Mar-09	968,739
Apr-09	1,021,438
May-09	968,307
Jun-09	1,164,162
Interest, FY to date	789,658
Total	\$12,151,682

**Appendix Table 2
Uncompensated Care Payments Made in FY 2009**

Physician Name	Amount Paid	Percent
ACRS	263.23	0.00
Adam Schechner, MD	921.64	0.01
Allegany Imaging, PC	5081.05	0.08
Andrew Panagos	3501.70	0.05
Anuradha Kulkarni	5084.63	0.08
Aryeh L Herrera, MD PA	11,509.16	0.18
Associated Anesthesia Practice, PA	5035.68	0.08
Bethesda Chevy Chase Orthopaedic Associates, LLP	443.02	0.01
Betsy Ballard	161.42	0.00
Bijan Bahmanyar	120,864.62	1.84
Blue Ridge Anesthesia Associates	180.51	0.00
Brajendra Misra	118,764.96	1.81
Capital Cardiovascular and Thoracic Surgery	46,938.88	0.72
Carlton Scroggins	11,376.07	0.17
Center for Joint Surgery & Sports Medicine	6,464.51	0.10
Central ENT Clinic	18,271.87	0.28
Chesapeake Neurosurgery	2,928.05	0.04
Delmarva Radiology, PA	119,252.66	1.82
Drs Bird, Baumann & Assoc	160.75	0.00
Drs. Falik & Karim, PA	59622.53	0.91
Drs. Groover, Christie, and Merritt	31,786.30	0.48
Emergency Services Associates	110,879.36	1.69
Enrique Daza	92,993.56	1.42
Figuroa & Ashker MDS, PA	37,965.15	0.58
First Colonies Anesthesia, LLC	38,719.46	0.59
George Dwyer	71,449.77	1.09
Intensimed LLC	3,829.66	0.06
Ira M. Garonzik, MD, PA	10,698.85	0.16
JHU Clinical Practice Association	2,183,906.73	32.26
James Gasho	11742.71	0.18
James Robey	15,607.96	0.24
James S. Albertoli, MD, FACS, LLC	13,334.70	0.20
Jeffrey Meunch	54,464.49	0.83
Jeffrey Schreiber	27,189.16	0.41
Kanu Patel MD PA	32,376.51	0.49
Konrad Dawson	8,200.86	0.12
Larry Bryant	42,671.49	0.65
MEP LLC	5337.40	0.08
Mark Sagin	3,908.53	0.06
Mid-Atlantic Orthopaedic Specialists	4,944.70	0.08
Mitchell Cox	111.25	0.00

Mohammad Khan	113,614.68	1.73
Montague Blundon, III	74,342.81	1.13
Neurosurgical Specialists LLC	42,080.54	0.64
North American Partners-Maryland	32,143.45	0.49
PGHC Anesthesia Associates	65,250.17	0.99
Paul Olumuyiwa	12,731.08	0.19
Peninsula Neurosurgical Associates	30,241.26	0.46
Peninsula Orthopedic Associates, PA	28,778.36	0.44
Peninsula Pulmonary Associates, PA	14,181.32	0.22
Plastic Surgery of Cumberland	2,322.87	0.04
Premier Radiology Associates	56,616.23	0.86
Ramin Jebraili	13,325.76	0.20
Ricardo Pyfrom	11,339.54	0.17
Robert J. Carpenter	5994.48	0.09
Sagar Nootheti	102,434.25	1.56
Said A Dae MD PA	119,807.63	1.82
Sashidhar Movva	72.68	0.00
Shock Trauma Associates, P.A.	946,963.57	14.42
Sinai Surgical Associates	63,374.77	0.97
Suburban Specialty Care Physicians	3,348.82	0.05
Sylvanus Oyogoa	48,809.31	0.74
Trauma Surgery Associates	33,588.05	0.51
Trauma Surgical Associates	70,969.62	1.08
UMOTO-HNS, P.A.	4,173.36	0.06
Univ of MD Ortho Trauma Associates	353,396.25	5.38
University of MD Eye Associates, PA	5,968.85	0.09
University of MD Orthopaedics Assoc., PA	30,270.63	0.46
University of MD Pathology Assoc., PA	3,209.09	0.05
University of MD Surgical Associates, PA	10,571.48	0.16
University of Maryland Anesthesia Associates, P.A.	9,315.20	0.14
University of Maryland Diagnostic Imaging Specialists, P.A.	489,470.29	7.46
University of Maryland Oral Maxial Surgical Associates	44,218.27	0.67
University of Maryland Physicians, P.A.	16,989.39	0.26
Vascular Surgery Associates	1,309.85	0.02
Victor Wowk	21,501.97	0.33
Vincent Casibang	105,116.54	1.60
Washington County Emergency Medicine Physicians	1,776.59	0.03
Washington County Hospital Trauma Physicians	35,894.30	0.55
Wendell Miles	13,427.41	0.20
William I Smith Jr., MD PC	37.18	0.00
William T. Su, MD, PA	1,124.22	0.02
Willie Blair	186,208.84	2.84
Yardmore Emergency Physicians	171.59	0.00
All	6,565,473.09	100%