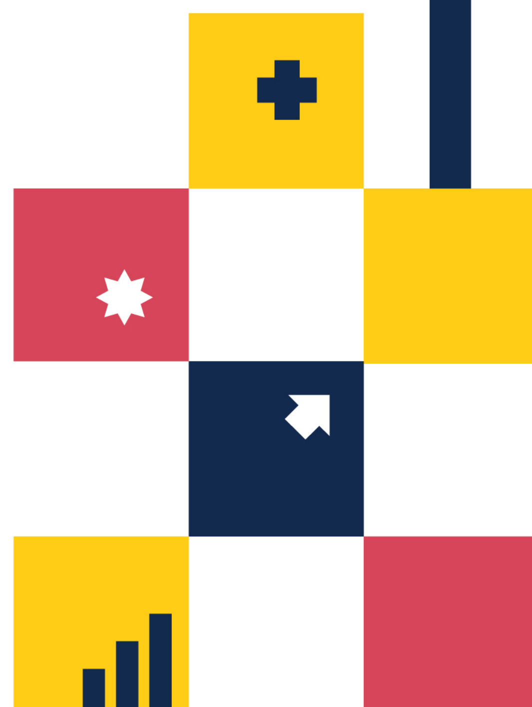
MARYLAND TRAUMA PHYSICIAN SERVICES FUND

Health General Article § 19-130

Operations from July 1, 2020, through June 30, 2021

Report to the MARYLAND GENERAL ASSEMBLY

December 2021



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Executive Director
Maryland Health Care Commission

Adam Kane, Esq.
Chair

Katie Wunderlich
Executive Director
Health Services Cost Review Commission

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University of Maryland School of Medicine
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Enterprise Information Systems Directorate
US Army Communications Electronics
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Immune Deficiency Foundation

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Rand Corporation

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Senior Fellow, National Opinion Research Ctr
(NORC) at the University of Chicago

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Rymer & Associates, PA

Randolph S. Sergent, Esq
Vice Chair, Maryland Health Care
Commission
Vice President and Deputy General Counsel
CareFirst BlueCross BlueShield

Marcus L. Wang, Esq
Co-Founder, President and General Manager
ZytoGen Global Genetics Institute

This annual report on the Maryland Trauma Physicians Services Fund for Fiscal Year 2020 meets the reporting requirement set forth in Health General § 19-130(e) that directs the Maryland Health Care Commission and the Health Services Cost Review Commission to report annually 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, Medicaid-enrolled patients, trauma related on-call and standby expenses, and trauma equipment grants. The Fund is financed through a $5 surcharge on motor vehicle registrations and renewals.

Payments to all eligible providers and the administrative costs associated with making those payments were $12,476,313 in FY 2021. The Fund reserve at the end of FY 2021 was $2,171,070.

In previous years, implementation of the insurance coverage provisions of the Patient Protection and Affordable Care Act (ACA) led to reduced financial pressure on the Fund for reimbursement of uncompensated care, as a significant share of those currently uninsured have gained access to coverage.

The COVID-19 pandemic was still a significant part of Fiscal Year 2021. However, there was an increase in vehicle registration renewals as restrictions began to ease in the early part of FY 2021 for Maryland residents. Vehicle registration renewals were still covered as part of Governor Hogan's State of Emergency, allowing residents to delay renewing if they choose to. With these lifted restrictions to travel for work and leisure, there were increased costs associated with uncompensated care and Medicaid supplemental payment.

The Maryland Health Care Commission ("MHCC" or "Commission") continued its policy of paying uncompensated care and on-call stipends at 105% of the Medicare rate in FY 2021. The reimbursement rate was raised to 105% in FY 2017 to reflect the greater complexity of trauma care, when patients often present with multiple internal and skeletal injuries.

Background

During the 2003 legislative session, the Maryland General Assembly enacted legislation that created the Maryland Trauma Physician Services Fund to aid Maryland's trauma system by reimbursing trauma physicians for uncompensated care losses and by raising Medicaid payments to 100% of the Medicare rate when a Medicaid patient receives trauma care at a designated trauma center. The legislation also established a formula for reimbursing trauma centers for trauma-related on-call expenses for trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists.[1] The legislation directed the Health Services Cost Review Commission (HSCRC)

[1] On-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.

to allow trauma center hospitals to include trauma-related standby expenses in HSCRC-approved hospital rates.

The statute has been modified several times since passage in 2003; the most significant changes expanded eligibility for Fund payments to other classes of trauma physicians and/or increased payment levels for classes of providers.

The Trauma Fund finances the costs of trauma physicians and trauma centers to provide trauma care to the extent authorized by Maryland law. Some legitimate trauma needs are not authorized and cannot be funded under existing Maryland law and at the same time some previously permitted purposes diminish in cost. The most significant reduction was the decline in uncompensated care trauma payments due to the expansion in Medicaid and private insurance coverage after passage of the Affordable Care Act (ACA). Consequently, a significant Trauma Fund reserve developed. In the 2018 Legislative Session, the Legislature through the Budget and Reconciliation Financing Act redirected $8 million from the Fund's reserve for Medicaid provider reimbursements. This funding was transferred to the General Fund at the end of FY 2019 leaving the year-end balance at $3,906,147.

Trauma providers have been attentive to the Trauma Fund reserve and have sought to expand eligibility when new needs arise. The most recent change occurred in the 2019 Legislative Session when the General Assembly enacted legislation that made the Primary Adult Resource Center at the University of Maryland (PARC) eligible for standby payments. This legislation directed MHCC to subsidize costs incurred for standby and on-call for trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists at PARC beginning in FY 2020. The MHCC, in consultation with HSCRC, devised a temporary solution for reimbursing standby expenses at PARC during FY 2020 from the Trauma Fund until a permanent approach can be implemented. The reimbursement levels created for PARC in FY 2020 are consistent with those applied to other trauma centers. The difference is that payments were made from the Trauma Fund, whereas other trauma centers allowed standby expenses to be included in their HSCRC hospital rates. In FY 2020, the MHCC issued payments totaling $2,444,700 and $1,026,976 for the first six months of FY 2021 to PARC. HSCRC, in consultation with MHCC, incorporated PARC's allowable standby costs into their HSCRC hospital rates using the same methodology that is applied to other trauma centers beginning January 1, 2021. Further direct payments from the Trauma Fund to PARC are not planned.

Status of the Fund at the End of FY 2021

In FY 2021, the MVA revenues collections increased over the previous fiscal year. FY 2020 saw a reduction in collections which was directly related to Governor Hogan's State of Emergency orders that extended the deadlines for automobile registration renewals. As stated above, during FY 2021, Marylanders started to renew registrations and a more normal pace as COVID 19 restrictions were lifted. This resulted in additional revenue for FY 2021. Collections by the MVA, via the $5 surcharge, totaled $12,562,282, back to almost FY 2019 levels. The Trauma Fund disbursed about $11.4 million to trauma centers and trauma physician practices and $1.0

million to PARC over the past fiscal year. Table 1, below, sets forth obligations incurred after FY 2021-year end. Table 2, below, summarizes the revenue, disbursements, and the Fund balances at the end of FYs 2019, 2020, and 2021.

Outstanding Obligations for FY 2021

The Fund incurred but did not reimburse $4.9 million in obligations, which are not reflected in the FY 2021-year end balances. These obligations result from on-call and standby stipends paid by trauma hospitals from January 2021 through June 2021 but reported to MHCC after the end of the fiscal year. As in past years, these obligations are paid from the Fund in the subsequent fiscal year.

Table 1 – FY 2021 Obligations Incurred after Year End

Category	FY 2021
On-call stipends	**$4,344,631**
Children National Medical Center Standby	**$590,000**
TOTAL INCURRED BUT NOT PAID IN FY 2021	**$4,934,631**

Table 2 presents the trend in Trauma Fund collections and disbursements from FY 2019 through 2021. Uncompensated care payments made to physicians that delivered care to uninsured trauma patients accounted for approximately 17.3% of total reimbursements in FY 2021. By comparison, in FY 2014, the last year before enactment of the ACA's insurance reforms, uncompensated care accounted for 37% of total payments.

On-call payments increased by $92,296 from FY 2020 to FY 2021. On-call payments account for nearly 67% of spending in FY 2021 and continues to remain the largest cost driver of the fund. Most Level II and III trauma centers now collect the maximum amount or near the maximum allowed for on-call under the law. On-call payments are derived using a formula defined in law. By design, on-call payments do not cover the entire cost of the on-call stipends that hospitals pay to trauma physicians.

Table 2 – Trauma Fund Status on Cash Flow, FYs 2019-2021

Category	Cash Flow		
	FY 2019	FY 2020	FY 2021
Fund Balance at Start of Fiscal Year	$11,025,142	$3,906,147	$2,085,101
Collections from the $5 Registration Fee	$12,707,734	$11,798,484	$12,562,282
Credit Recoveries	$126,931	$161,748	$52,527
TOTAL (Balance, Collections, and Recoveries)	**$23,859,807**	**$15,866,350**	**$14,699,910**
Uncompensated Care Payments	($1,864,933)	($1,877,081)	($2,162,934)
On-Call Expenses	($8,130,153)	($8,300,327)	($8,392,623)
Medicaid Payments	($143,642)	($194,095)	($275,160)
Medicaid/Medicare Differential Payment for FYs 2017 and 2018 (Paid in following FY)	($1,158,583)	($0)	($0)
Children's National Medical Center Standby	($590,000)	($590,000)	($590,000)
Trauma Equipment Grants (Disbursed from the Fund)	($0)	($299,999)	($0)
Reimbursement to PARC - Senate Bill 901 (Maryland Trauma Fund – State Primary Adult Resource Center - Reimbursement of On-Call and Standby	($0)	($2,444,700)	($1,026,976)
Administrative Expenses	($66,349)	($75,077)	($81,146)
TOTAL	**($11,953,660)**	**($13,781,279)**	**($12,528,839)**
Reduction from the 2018 Budget and Reconciliation Financing Act Legislation	($8,000,000)	($0)	($0)
TRAUMA FUND BALANCE	**$3,906,147**	**$2,085,101**	**$2,171,071**

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. Plastic surgery, ophthalmic, oral, maxillofacial, and orthopedic surgery often occur after the initial hospital visit. Burn care treatment can extend for a considerable timeframe 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 if the treatment is directly related to the initial injury. To be eligible for payment, services must be provided at the trauma center or at a trauma center-affiliated rehabilitation hospital setting. Table 3 presents the distribution of uncompensated care claims paid by the trauma center (in percentages) in which the care was provided for the fiscal years 2019 through 2021. The distribution of

uncompensated care payment shows slight increases or decreases for particular hospitals year to year.

Table 3 – Distribution of Uncompensated Care Payments by Trauma Center, FYs 2019-2021

Facility	% Of Uncompensated Care Payments		
	FY 2019	FY 2020	FY 2021
UMD Shock Trauma Center & UMD practices	57.51	43.31	44.38
Johns Hopkins Hospital Adult Level One	5.44	4.69	1.72
UM Capital Region Medical Center (formerly PGHC)	12.52	29.36	34.32
Johns Hopkins Bayview Medical Center	5.75	4.10	3.68
Suburban Hospital	10.75	7.53	7.07
TidalHealth Peninsula Regional (formerly PRMC)	4.47	3.33	0.18
Sinai Hospital of Baltimore	0.09	3.58	5.65
Johns Hopkins Regional Burn Center	0.41	0.41	0.21
Meritus Medical Center	0.68	0.68	0.26
Western Maryland Regional Medical Center	0.03	0.00	0.00
Johns Hopkins Wilmer Eye Center	0.22	0.07	0.05
Johns Hopkins Hospital Pediatric Center	0.02	0.13	0.04
MedStar Union Memorial	2.10	2.81	2.44

A practice must confirm that the patient has no health insurance and directly bill the patient—applying its routine collection policies—before applying for uncompensated care payments. If the patient is uninsured and full payment (100% of the Medicare fee or more) is not received from the patient, the service can be written off as uncollectible and eligible for uncompensated care reimbursement. This requirement is consistent with the legislative intent, which made the Fund the payer of last resort for physicians providing trauma services.

Payment for Trauma On-Call Services

The need to ensure physician availability is especially important in trauma care. Hospitals reimburse physicians for being trauma on-call or standby. 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. On-call and standby payments compensate physicians for foregoing work in a non-hospital setting where reimbursement may be higher and

uncompensated care losses are lower. Hospitals negotiate on-call and standby arrangements with physician practices that are essential to hospital operations. Payments level 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.

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. Level II trauma centers must have a trauma surgeon and an anesthesiologist on standby and a neurosurgeon and an orthopedist on-call and be able to respond within 30 minutes. Level II trauma centers may substitute a third-year surgical resident for a trauma surgeon on standby, however the trauma surgeon must be on-call.

On-call expenses are reimbursed for the number of on-call hours provided up to a maximum of 35,040 hours for Level III trauma centers and 24,500 hours for Level II trauma centers per year. FY 2010 was the first year that expanded on-call stipends were reimbursed to the specialty trauma centers because of the statutory changes enacted in 2008. Most trauma centers are receiving the maximum reimbursement due to on-call submission requests exceeding the allowable threshold under the current statute. Some physician contracts 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 is generating billable services, the hospital does not reimburse on-call for those hours. Several of the Level II trauma centers do not pay on-call for anesthesiologists because these physicians are employed by the health system.

Table 4 – On-Call Payments to Trauma Centers, FYs 2019-2021

Trauma Center	On-Call Payments		
	FY 2019	FY 2020	FY 2021
Johns Hopkins Bayview Medical Center	$977,550	$993,318	$1,003,822
Johns Hopkins Adult Level One	$174,762	$178,266	$182,558
UM Capital Region Medical Center (formerly PGHC)	$725,957	$843,076	$1,021,160
Sinai Hospital of Baltimore	$870,784	$829,174	$788,420
Suburban Hospital	$863,077	$881,511	$807,802
TidalHealth Peninsula Regional (formerly PRMC)	$1,493,302	$1,431,736	$1,459,877
Meritus Medical Center	$1,372,537	$1,437,572	$1,436,683
Western Maryland Regional Medical Center	$1,227,839	$1,327,087	$1,281,240
Johns Hopkins Adult Burn Center	$87,382	$89,134	$91,280
Johns Hopkins Wilmer Eye Center	$87,382	$89,134	$91,280
Johns Hopkins Pediatric Trauma	$162,199	$111,185	$137,221
Union Memorial, Curtis National Hand Center	$87,382	$89,134	$91,280
TOTAL	**$8,130,153**	**$8,300,327**	**$8,392,623**

Payment for Services Provided to Patients Enrolled in Medicaid MCOs

The Trauma Fund is responsible for reimbursing for the difference between the Medicare rate and the Medicaid rate for Medicaid trauma care beneficiaries. In 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 the how uncompensated care claims were paid beginning in 2017. Finally, trauma practices requested that the Trauma Fund reimburse trauma physicians for each surgical procedure at 105% of the Medicare rate as opposed to under the "multiple procedure rule".

Medicare, Medicaid, and most private payers routinely reduce the reimbursement for procedures performed simultaneously with a primary surgery. Under this so-called "multiple procedure rule," Medicaid would pay 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 subsequent at 25%. The MHCC does not apply the "multiple procedure rule" during adjudication for uncompensated care. 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 for 2017 claims and $1.1 million in 2019 for 2018 claims. In May 2020, MHCC was notified those additional payments for 2019 had climbed to $2.5 million. The additional payments are not mandated under Maryland law, but the MHCC has discretion to adjust payments when appropriate. MHCC does not recommend conducting a reconciliation of MCO payments at the present time because the Trauma Fund lacks a sufficient Trauma Fund balance to cover additional Medicaid MCO payments and maintain the recommended Fund reserve.

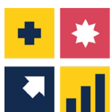

Table 5 – FY 2021
Trauma Fund Payments to Medicaid for Disbursement to Trauma Physicians and Hospitals

Month	Amount Paid
July 2020	$24,699
August 2020	$23,422
September 2020	$28,806
October 2020	$22,297
November 2020	$21,064
December 2020	$24,537
January 2021	$16,785
February 2021	$17,417
March 2021	$17,850
April 2021	$22,273
May 2021	$28,820
June 2021	$27,190
Medicaid/Medicare Differential Adjustment	$0
TOTAL	**$275,160**

HSCRC Standby Expense Allocation

The HSCRC used the Reasonable Compensation Equivalent (RCE) developed by Medicare to set reasonable allowable standby cost ceilings.[2] 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. Approximately $4.1 million was included in FY 2005 rates for standby costs. Overall rates are updated each year (including these standby amounts) by applying the current year 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 payments are inflated by the annual update factor established by HSCRC allowed standby costs. Standby allocation costs

[2] 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.

do not have a financial impact on the Fund because the expenses are incorporated into hospitals' approved rates.

Table 6 – Maryland Trauma Standby Costs in HSCRC Approved Rates, FY 2021

Trauma Center	Maryland Trauma Standby Costs		
	Inpatient	Outpatient	Total
Johns Hopkins Hospital	$1,237,222	$193,171	$1,430,393
UM Capital Region Medical Center (formerly PGHC)	$2,344,824	$69,085	$2,406,909
Sinai Hospital	$923,076	$790,978	$1,764,790
Suburban Hospital	$607,081	$260,350	$893,107
TidalHealth Peninsula Regional (formerly PRMC)	-	-	-
Meritus Medical Center	$751,957	$380,109	$1,165,574
Western Maryland Regional Medical Center	$460,810	$95,214	$572,482
TOTAL	**$6,221,989**	**$1,781,367**	**$8,240,256**

Note: Peninsula Regional Medical Center reports no standby costs. Approximately $4,127,800 in standby expense was included in FY 2005; the difference is due to the accumulation of HSCRC's annual updates for inpatient and outpatient services in FY's 2006-2021. The update factor for FY 2021 was 2.77%. Totals may not sum due to rounding.

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 ("Children's") for providing standby services that are used by Maryland pediatric trauma patients. The annual grant increased from a maximum allowable stipend of $275,000 to $490,000 as a result of 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 $1,955,233 in standby costs for Maryland pediatric patients during FY 2021, $1,531,311 in standby costs during FY 2020, and $1,955,089 in standby costs during FY 2019.

Trauma Equipment Grant Program

The Fiscal Year 2020-2021 Trauma Equipment Grant totaled $299,999 and disbursed $42,857 to the Level II and Level III trauma centers. The 2020-2021 cycle is now complete and reconciled. All eligible centers submitted the required documentation for grant purchases or have issued a refund for any unused grant funds. The statute permits expending 10% of the Trauma Fund balance for trauma equipment grants. Funding for the biennial trauma Equipment grants were requested in the Fiscal Year 2022 Budget for the 2022-2023 Grant Cycle. The MHCC will look to disburse trauma grants during FY 2022 for approximately $200,000 representing 10% of the Trauma Fund balance at the close of FY 2021.

Administrative Expenses

The Commission continued to contract with CoreSource, Inc. to provide claim adjudication services. The MHCC awarded a five-year contract to CoreSource in December 2013. The Commission modified the existing contract for an additional year with a no-cost extension, as funding in the original contract is not exhausted.

Myers and Stauffer, LLC reviews the on-call, standby, equipment grant, and uncompensated care applications submitted to the Fund. This contract will expire FY 2022 and the MHCC will look to award another contract during mid FY 2022

Revenue and Reimbursement Outlook

Table 7, Actual and Projected Trauma Fund Spending for FYs 2019-2022 presents estimated revenue (collections from the $5 motor vehicle surcharge) and projected disbursements for FY 2022. The MHCC estimates that revenue from the MVA will continue to increase over the next year. The COVID-19 pandemic had a direct impact on collections due to extensions given for registration renewals for Maryland residents. However, Governor Hogan lifted the State of Emergency in July 2021 and all delayed vehicle registration renewals would have been completed by August 2021.

Growing reimbursement for on-call services is the single most important driver of higher payments in the program. Most Maryland trauma centers are collecting nearly the full amount of on-call payment for which they are eligible. Although the MHCC expects revenue to increase during FY 2022, it is also anticipated that on-call payments will increase as well.

Maintaining Reimbursement Levels and Fund Stability

The MHCC believes the stability of the Fund can be maintained over the next couple of years through its current authority. 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.

Current Adjustments to Trauma Fund Spending and Options for Additional Modifications

The Commission identified options that result in greater reimbursement for trauma physicians while providing overall system efficiency and payment equity. The MHCC adjusted in Trauma Fund expenditures in consultation with HSCRC, under Health General §19-130(d)(4)(iv). MHCC determined that increasing the payment rate above 100% of the Medicare payment for the service would address an unmet need in the State trauma system. The Commission found that the adjustment in reimbursement levels was made in recognition of the significant reductions in reimbursement that trauma physicians were asked to absorb from FY 2010 through FY 2015. The MHCC recommends keeping the reimbursement rate at 105% through FY 2022.

Developing Challenges

When the Fund was established in 2003, the Maryland General Assembly identified funding needs for uncompensated care, Medicaid supplemental payment, physician on-call, and physician standby. Providing stable funding for these needs were deemed essential for sustaining Maryland's Trauma Care System. During times of stress on the system, MHCC and trauma providers worked together to adjust reimbursements to account for greater demands on the Fund and to preserve its solvency and preserving the $5 fee charge on automobile registrations and registrations renewals.

The increase in on-call payments has become more significant. On-call payments increased from $5.6 in 2010 to $8.4 million in 2021. On-call payments account for more than two-thirds of the revenue from the MVA. The imbalance among the three primary funding obligations of the Fund of uncompensated care, Medicaid supplemental payment, and on-call has the potential to undercut the broad support for the Fund among all trauma providers if a single funding stream becomes dominant. The MHCC also recognizes that the establishment of tough hospital global budgets have made it more difficult for hospitals to sustain on-call trauma stipends without support from the Fund.

The Fund ended FY 2021 with a $2.2 million reserve, up slightly from 2020. The MHCC will defer the payment of any further Medicaid supplemental payments until the FY 2022 and FY 2023 revenue pictures are clearer.

In the past 16 years, eligibility to the Fund has been expanded several times, but the $5 fee has never been adjusted. In 2022, MHCC and trauma providers will welcome potential adjustments to the Fund. Longer term an increase in the $5 fee needs to be considered. An adjustment to the Medicaid compensation levels or an increase in trauma equipment grants cannot be contemplated without an increase in the registration and registration renewal assessments.

Over the next year, MHCC will work with the Trauma Network and policymakers to examine these potential funding challenges in an open and collaborative manner. MHCC welcomes an assessment of the Trauma Fund that examines modifying reimbursement levels, achieving operational efficiencies in the administration, unmet trauma priorities, and possible revenue enhancements.

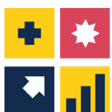

Table 7 – Actual and Projected Trauma Fund Spending, FYs 2019-2021

Category	Actual FY 2020	Actual FY 2021	Projected FY 2022
Carryover Balance from Previous Fiscal Year	$3,906,147	$2,085,101	$2,171,071
Collections from the $5 surcharge on automobile renewals	$11,798,484	$12,562,282	$12,650,000
TOTAL BALANCE & COLLECTIONS	**$15,704,631**	**$14,647,383**	**$14,821,071**
Total Funds Appropriated	**$12,300,000**	**$12,000,000**	**$12,300,000**
Credits	**$161,749**	**$52,527**	**$75,000**
Payments to Physicians for Uncompensated Care	($1,877,081)	($2,162,934)	($2,200,500)
Payments to Hospitals for On-Call	($8, 300,327)	($8,392,623)	($8,560,475)
Stand-By Costs for Shock Trauma PARC	($2,444,700)	($1,026,976)	($0)
Medicaid	($194,095)	($275,160)	($298,500)
Medicaid/Medicare Differential Payment for FYs 2017 and 2018 (Paid in following FY)	($0)	($0)	($0)
Children's National Medical Center	($590,000)	($590,000)	($590,000)
MHCC Administrative Expenses (TPA & Audit)	($75,077)	($81,146)	($86,000)
Trauma Equipment Grants (funding drawn from Fund Balance)	($299,999)	($0)	($200,000)
Transfers to the General Fund	($0)	($0)	($0)
PROJECTED FISCAL YEAR-END BALANCE	**$2,085,101**	**$2,171,071**	**$2,960,596**

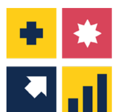

Table 8 – Options for Modifying Trauma Fund Revenues Expenditures Statutory Change Required

Options	Discussion
1. Increase Registration and registration renewals from $5 to $6. This increase would raise revenue from approximately $12 million to $14.2 million dollars. Increasing the fee would require a change in the statute.	The assessment fee has not been increased since the law was passed in 2002. Uncompensated care, Medicaid underpayment, and on-call are adjusted by the Medicare Economic Index. As the MVA assessments have never been raised, revenues only increase modestly as the number of automobiles in Maryland increases and, in some years, there is no increase at all in revenue as the number of automobiles has not increased.
2. Ensure Appropriate and Equitable Trauma Payments Based on Recognized Needs a. Increase the level of trauma equipment funding to $1 million per year, which would still limit funding to less than $140,000 per trauma center for the seven that are eligible. b. Authorize uncompensated care and Medicaid supplemental payments for non-physician practitioners that provide trauma care c. Direct MHCC to conduct an annual review of Medicaid MCO payments to confirm MCOs are reimbursing physicians and non-physician practitioners at the mandated level. d. Set the statutory floor on practitioner fee levels for uncompensated and Medicaid supplemental payment at 105 percent of Medicare fees. These changes require a change in the statute.	a. Trauma equipment grants are needed to replace equipment dedicated to trauma care. MHCC is permitted to issue grants every other year, but the total funded can be no more than 10% of the balance in the Trauma Fund. b. non-physicians often work alongside trauma physicians in the trauma center. These practitioners should qualify for uncompensated care and Medicaid supplemental payments like physicians do. c. Medicaid MCOs have struggled to correctly implement Medicaid supplemental payments. In 2017 and 2018, MHCC identified and subsequently paid additional payments. This review should be conducted on an annual basis. d. The statutory floor on compensated care and Medicaid supplemental payments does not reflect the additional complexity of treating complex trauma patients. The Medicare fee schedule was developed on the assumption that a health care practitioner would encounter more complex and less complex cases over the day. Trauma physicians only encounter patients with multiple injuries making retreatment more complex.
3. Reimburse on-call at 105% of authorized levels net of obligations for uncompensated care payments and Medicaid supplemental payments. This change requires a change in the statute.	On-call payments have expanded rapidly and now constitute over 66% of Trauma Funds obligations. On-call payments are critical to sustaining the Maryland Trauma System. However direct payments should offset on-call payment when practitioners are also reimbursed from the fund. Netting uncompensated care and Medicaid payments from on-call payments more accurately reflects the interplay between on-call and fees paid directly to trauma physicians.

Appendix Table 1

Maryland Motor Vehicle Registration Fee Collections per Month, FY 2021

Month	Revenue
July 2020	$811,391
August 2020	$1,200,050
September 2020	$1,097,667
October 2020	$1,089,117
November 2020	$1,020,711
December 2020	$850,044
January 2021	$1,015,896
February 2021	$889,035
March 2021	$1,218,423
April 2021	$1,022,597
May 2021	$986,414
June 2021	$1,360,937
TOTAL REVENUE – FY 2021	**$12,562,282**

Appendix Table 2

Uncompensated Care Payments Made, FY 2021

Physician Name	Percent
Adam Schechner	0.94
Aminullah Amini	1.92
Bethesda Chevy Chase Orthopedic Assoc., LLP	1.16
Bijan Bahmanyar	2.45
Community Surg Practice LLC	12.44
Emergency Services Associates	0.04
FS Radiology PC	0.00
JHU, Clinical Practice Association	6.26
Jeffrey Muench	1.45
Johns Hopkins Community Physicians	0.71
Konrad Dawson	0.10
MMG Anesthesiology, LLC	0.09
Medstar Medical Group II, LLC	2.52
Meritus Physicians – Trauma	0.46
Mohammad Khan	10.74
North American Partners-Maryland	0.62
Omar Zalatimo, MD	0.27
Shock Trauma Associates, P.A.	23.98
Sinai Surgical Assoc	4.79
Trauma Surgery Associates	2.35
Trauma Surgical Associates	0.13
Univ of MD Diagnostic Imaging Specialists, P.A.	11.12
Univ of MD Oral Maxial Surgical Associates	0.01
Univ of MD Ortho Trauma Associates	14.76
WMHS Specialty Services	0.05
Washington Oral Surgery Center, LLC	0.62
Yardmore Emergency Physicians	0.01
ALL	**100.00**

MARYLAND
Health Care
Commission

4160 Patterson Avenue
Baltimore, MD 21215

mhcc.maryland.gov