



# Maryland Health Care Commission

## UNCOMPENSATED CARE CLAIMS (UCC) TRAINING MANUAL

March 2026



# Maryland Physician Services Trauma Fund Outline and Fund Components

# Trauma Fund Outline



- ▶ The Facility Component
- ▶ Background on the Trauma Fund
- ▶ Criteria for Access to the Trauma Fund
- ▶ Guidelines and Stipulations
- ▶ Completing the Claims Forms



## ▶ The Facility Component

- Trauma centers/facilities submit bi-annual applications to the Trauma Fund for on-call and stand-by stipends
- Trauma Equipment Grants are awarded to trauma centers when funds are available
- Physicians
  - Medicaid – handled by Medicaid, paid at 100 percent of Medicare rate; Must use a U1 modifier
  - Uncompensated Care
- The Focus of this guide relates to how the Uncompensated Care *claims forms* should be completed and submitted for payment



# Maryland Physician Services Trauma Fund



- ▶ The Trauma Fund was created to reimburse physicians for treating *uninsured* trauma patients
  - For initial traumas occurring before July 1, 2006, the initial emergency or hospital visit is covered
  - For initial traumas occurring on or after July 1, 2006, emergency visits, initial hospitalization, follow-up inpatient stays and outpatient visits at the trauma center and directly related to the original trauma injury are covered
  - For initial traumas occurring on or after July 1, 2008, initial hospitalization, follow-up inpatient stays, claims for care provided at trauma-center-affiliated rehabilitation hospitals, and outpatient visits at the trauma center and directly related to the original trauma injury are covered



## ▶ Maryland Trauma Physicians Services Fund

- When was it started? Maryland General Assembly passed the 2003 legislation creating the Fund
- Eligibility for uncompensated care was expanded in 2006 and again in 2008, as described on the next slide



## ▶ Who is eligible for payment?

- All physicians treating trauma patients at Maryland's trauma centers after July 1, 2006
- The following physician specialties were covered prior to July 1, 2006:
  - Trauma Surgeons; Orthopedic Surgeons; Neurosurgeons; Critical Care Physicians; Anesthesiologists; and Emergency Room Physicians



# Beneficiaries of Service

# Beneficiaries of Service



- ▶ Three conditions must be met by the patient and practice:
  - Patient cannot have private or public health coverage
  - Patient has a trauma registry record in the Maryland Trauma Registry
  - The practice must make documented efforts to collect the payment from the *patient*



- ▶ Lack of private & public health coverage means:
  - No Medicare Part B coverage
  - No VA health benefits or military health benefits
  - No workers' compensation coverage
  - Not eligible for Medicaid
  - The *only* source of payment is from the patient



# Guidelines and Stipulations

# Guidelines and Stipulations



## ► Qualifying Locations – Maryland’s Trauma Network:

- Eleven Trauma Centers
- Three Specialty Referral Centers:
  - Johns Hopkins Adult Burn Center; The Johns Hopkins Wilmer Eye Institute; MedStar Health: Curtis National Hand Center
- Two Pediatric Trauma Centers:
  - Pediatric Burn Center at Johns Hopkins Children’s Center; Children’s National Hospital



## ▶ Eligibility

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



## ▶ Eligibility

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



## ▶ Eligibility

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



## ► Eligibility

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

# Guidelines and Stipulations *(Continued)*



- ▶ Reimbursement to trauma physicians (HB 1439 expands to include all licensed health care practitioners) who treat patients without health insurance and are not eligible for Medicaid
- ▶ Services must be performed in a trauma center or in a rehabilitation hospital
- ▶ Physicians (HB 1439 expands to include all licensed health care practitioners) may be reimbursed for providing trauma care to an enrollee of Medicaid
- ▶ The staff receive reports from Medicaid for reimbursement
- ▶ The MHCC pays for the difference of what Medicaid reimburses and 100% of the Medicare rate by physician type

# Guidelines and Stipulations *(Continued)*



- ▶ All patients must be listed on the State Trauma Registry produced by MEIMSS and given to MHCC quarterly
- ▶ Claims from physician practices and billing representatives are sent directly to SCAS Management Group (SMG), our third-party administrator; SMG is responsible to ensure that the patients are on the registry
- ▶ The monthly reimbursement file comes to MHCC from SMG and staff creates a SAS file to group all physician reimbursements together

# Guidelines and Stipulations *(Continued)*



- ▶ The reimbursement file generates a summary of reimbursements by practice; and it is uploaded to General Accounting for payment
- ▶ Physician offices or billing companies must document that attempts to collect from other sources have been made
- ▶ The Trauma Fund is the fund of last resort



- ▶ This is the “Fund of Last Resort”
  - Claims forms are submitted to the Fund after the practice has confirmed that no other health insurance exists and attempts to collect from the patient have failed
- ▶ Coordination of Benefits (COB) is allowed for PIP auto
  - What is not paid by PIP may be claimed from the Trauma Fund
- ▶ No COB is allowed when health insurance exists
  - Whatever billed amount is unpaid by the primary insurance cannot be submitted for payment to the Trauma Fund

# Guidelines and Stipulations *(Continued)*



- ▶ HMOs are required to reimburse non-contracting physicians for providing a covered service (Health General 19-710.1.)
- ▶ Non-contracting physicians must submit claims for payment to the patient's HMO
- ▶ Denials must be referred to the Maryland Insurance Administration

# Guidelines and Stipulations *(Continued)*



- ▶ Physicians must also seek payment from PPOs, even if they are non-contracting (no protection under Maryland law)
- ▶ Physicians, even when non-contracting, are not eligible for reimbursement from the Trauma Fund



## ▶ Payment Rate

- 100% of the Medicare fee for the same services, utilizing the Baltimore pricing regional rate scale
- The fee will be based on the Medicare Fee Schedule in place when the service was provided

## ▶ Audit Process

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



# Completing the Claims Form

# Completing the Claims Form



## *NOTE:*

- ▶ Bi-annual applications are no longer accepted for uncompensated care
- ▶ Submit claims fulfilling the standard billing requirements
- ▶ **Three-year time limit** from start of trauma for submission of claims

# Completing the Claims Form *(Continued)*



## ► Requirements:

- Claims forms may be submitted via fax: 1-414-755-4410, or
- Paper format via mail – see address on slide # 40, or
- Emailed claims may be submitted to – [claims@scasmg.com](mailto:claims@scasmg.com)
- Care must have been provided in the following **Places of Service**:
  - (21)-Inpatient; (22)-Outpatient – (follow-up)/[not in a physician practice office, must be at a trauma center]; (23)-Emergency Department; (61)-Inpatient rehabilitation hospital affiliated with a trauma center
- Claims can be submitted only after practices have applied payment collection policies of the **standard three billing cycles**



# CMS – 1500 Claims Form

# Completing the Claims Form



## ▶ Top of form:

- Block 1: Identification Required; (Ask and be sure that the patient does not have any insurance)
- **Block 1a: Trauma Center # + Trauma Registry # + M; (a 9 - 11 digit number + M);** (a total of 10 - 12 characters)
- Blocks 2 & 3 Required: (Block 2: Spell the name correctly; Block 3: Fill this in)
- Blocks 9 & 9a Required: (Block 9: Other Insured's name can only be PIP Auto; Block 9a: Policy/Group # is required)

# Completing the CMS Claims Form *(Continued)*



## ▶ Top of form:

- Block 10: This question is very important and must be filled in; (Indicate if the patient's condition is related to any of the stated categories)
- **Block 11: Insert Group 2250; this information is required;** (Block 11a: Provide information -- as required)
- Blocks 12 & 13 Accept Assignment; (Blocks 12 & 13: Accept assignment - signature on file)
- Block 14: This must be completed – initial injury; (THIS IS IMPORTANT – must complete – date of initial trauma for which the service is being provided)

# Completing the CMS Claims Form *(Continued)*



## ▶ Top of form:

- Block 17: A physician must be the provider rendering service – only physicians are covered – non-physician providers are not eligible for uncompensated care payments
- Block 21: There must be a Diagnosis Code - Requires an ICD-10-CM in the range of S00 through T88
- **Block 23: 11-Digit Trauma Center # (Facility # + Trauma Registry #) + M** – the 11 digit number is made up of the last (2) trauma center ID & 9 digit trauma registry # for patient and M (totals 12 characters)
- **Block 24a: Date of Service; (Enter Date of Current Service)**
- *Block 24b: Place of Service; (Enter codes – 21-Inpatient, 22-Outpatient (follow-up), 23-ED)*

# Completing the Claims Form *(Continued)*



## ▶ Top of form:

- Block 24d: The U1 modifier number in one of the fields must be associated with the trauma and entered on the claim form
- Block 24e: Diagnosis Code
- Block 24f: Enter the amount
- Block 24g: Days / *Anesthesia Units*
- Recheck that all the information above is on the claim form

# Completing the Claims Form *(Continued)*



## ▶ Top of form:

- Blocks 25, 27, 31 & 33: **Requires information about the physician providing the services; must be completed;** (Block 25: Federal Tax ID/ #; SSN or EIN required)
- Block 26: Patient's internal account number; (Patient's account #) - Blk 27: Be sure to complete this; Block 31: Signature – signature stamp acceptable / real signature or typed; Block 33: **Please provide payment remittance address**)
- Block 28: Must be completed by the billing physician's office; (Enter the amount)
- Block 29: Complete, if applicable; (Amount paid by patient, PIP payment, if any)
- Recheck that all the information above is on the claim form

# Completing the Claims Form *(Continued)*



- ▶ Only Physician Services are covered by the Trauma Fund
  - CRNA services cannot be billed
  - Supervision of CRNA can be billed
- ▶ Reporting should be done in “Time Units” (base + time units)
- ▶ Reimbursement will be based on the Medicare Anesthesiology Fee Schedule for the Baltimore Locality

# Completing the Claims Form *(Continued)*



- ▶ Payment will be made approximately 90 days from receipt of *claim*
- ▶ *Calls* will be taken regarding claim questions/concerns – the number is provided at the end of this presentation
- ▶ Notification in writing will be sent if *claim* is denied (EOB)
- ▶ Appeals in writing within 60 days from the receipt of a denied claim should be sent to SCAS Management Group (SMG)

# Completing the Claims Form Summary



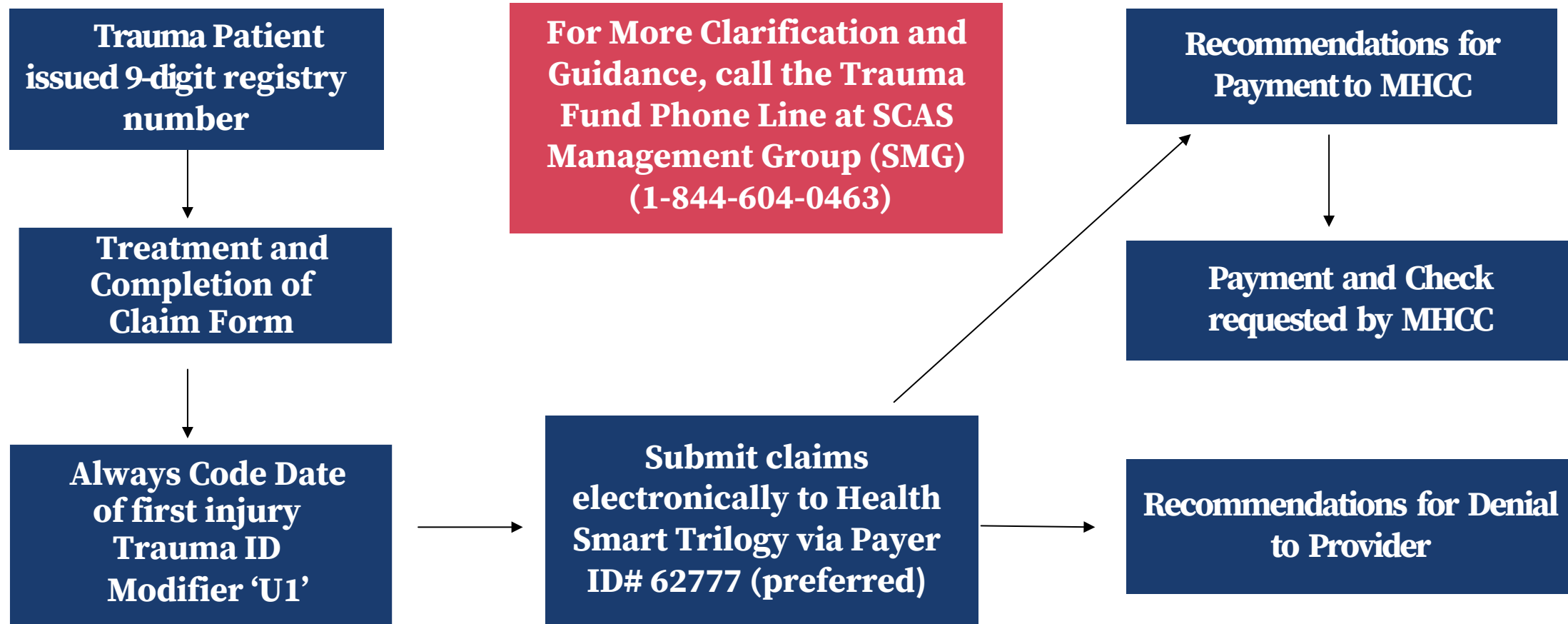
## ▶ The following information *is* required:

- Name & EIN number of the trauma physician; Date & place of service
- Appropriate codes describing the service/modifier
- Any amount recovered for the service
- Name of the trauma patient; Trauma patient's Maryland Trauma Registry number
- Date of first injury
- UI Modifier; Group number 2250



# Flow-Chart of Workflow Process

# Flow-Chart of Workflow Process





# Contact Information

# Contact Information



- ▶ SCAS Management Group (SMG) is the third-party administrator (TPA) in charge of adjudicating Trauma Fund claims to be paid by the Maryland Comptroller
- ▶ SMG Customer Service (for claims status inquiries) -  
1-844-604-0463

# Contact Information *(Continued)*



## ► Claims may be submitted via:

- EDI 62777 (**preferred submissions**)
- Mail: SCAS Management Group (SMG) - Attn: MHCC Claims; P.O. Bo 70491; Milwaukee, WI 53207-0491
- Fax to 1-414-755-4410; Attn: MHCC Claims
- Email to: [claims@scasmg.com](mailto:claims@scasmg.com)
- SCAS Management Group (SMG) Customer Service - for questions, comments, or concerns regarding receipt of claims, processing, EOBs, etc. - 1-844-604-0463

## Additional Information

- MHCC on the web: [mhcc.maryland.gov](http://mhcc.maryland.gov)
- MHCC toll free at 1-877-234-1762, for questions, comments, or concerns regarding payments made by the Trauma Fund

# The End

