



Maryland
Hospital Association

December 10, 2019

The Honorable Shane Pendergrass
Chair
House Health and Government Operations Committee
241 House Office Building
6 Bladen Street
Annapolis, Maryland 21401

Re: Maryland Medicaid Behavioral Health System of Care Design Process

Dear Chair Pendergrass:

As one of the discussion groups within Maryland Medicaid's Behavioral Health System of Care Design Team, the Maryland Hospital Association's Medicaid System of Care Task Force (MHA Task Force) writes to express support for the state's stakeholder engagement process. Maryland's hospitals and health systems appreciate being involved in Medicaid's inclusive and deliberative process to improve Maryland's behavioral health system. And, we generally support the design principles outlined by the Behavioral Health System of Care Work Group.

Hospitals occupy a unique position within the behavioral health care system. We provide several levels of care across the continuum through purpose-built services that are appropriately placed within hospitals. We also play an important role as safety net providers for individuals, many in crisis, who cannot access appropriate upstream, community, or specialized services elsewhere.

Hospitals address both the physical and the behavioral health conditions of their patients. In the Medicaid context, this means we simultaneously engage with multiple intermediaries—managed care organizations, the state's administrative services organization, and local behavioral health entities—while taking care of individuals. This distinctive duty has shaped the foundation and initial conversations of the MHA Task Force.

To date, MHA Task Force conversations have been agnostic regarding whether or not to change the current financing model, but instead have focused on improving the behavioral health system of care holistically. That means going beyond discerning which entities are responsible for administering benefits and managing the care of the individual to augmenting and modifying the system to meet care needs. Further, it means strengthening clinical integration and care coordination, spanning physical and behavioral health. From our vantage point, the co-occurrence of mental health and substance use disorders with somatic disorders means we need to do a better job of coordinating all of the health care needs for our patients—we must be patient focused.

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We are personally committed to this endeavor; we will continue to discuss behavioral health and share ideas with the state's Behavioral Health System of Care Work Group well into the next year.

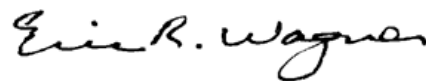
Identifying and implementing improvements in the state's behavioral health system of care requires time and examination. The MHA Task Force therefore endorses Maryland Medicaid's Behavioral Health System of Care design process. We are confident that the state's careful and comprehensive approach will result in improvements that address the interests of all stakeholders. We thank you for your support and for helping to promulgate a process that allows stakeholder input and thoughtful discourse.

MHA is happy to provide more information to this Committee on our approach and discussions if needed.

Sincerely,



Dr. Harsh Trivedi
President and CEO
Sheppard Pratt Health System
Co-Chair, MHA Medicaid System of Care
Task Force



Eric R. Wagner
Executive Vice President for Insurance and
Diversified Operations
MedStar Health
Co-Chair, MHA Medicaid System of Care
Task Force