



Maryland
Hospital Association

June 18, 2018

Tricia Roddy
Director of Planning, Maryland Medicaid Program
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, Maryland 21201

Dear Ms. Roddy:

On behalf of the Maryland Hospital Association's 64 member hospitals and health systems, I write in support of the Maryland Medicaid §1115 demonstration waiver amendments submission.

As noted in the submission, the ever-growing focus on population health management will only increase as the state enters the next phase of the All-Payer Model contract — the Enhanced Total Cost of Care Model. Under this model, hospitals will continue to be responsible for providing care beyond their four walls, investing in and coordinating with community-based health and social services providers. Population health targets under the new model will bolster these efforts.

As population health targets are developed, there will be a need for all stakeholders to participate, and to be held accountable for their role in advancing positive change. This is why there is great value in the Medicaid program's initiative to continue a diabetes prevention program via managed care organizations. Upstream prevention is one of the most effective ways we can reduce potentially avoidable utilization and decrease costs across the care continuum. These are goals the state must continue to support and enhance under the next phase.

We appreciate Medicaid's request to provide coverage of enhanced services in non-public Institutions for Mental Disease (IMDs). With the rise in co-occurring mental health and substance use disorders, the extension of coverage for ASAM Level 4.0 will ensure the sustainability of the specialized, comprehensive care our standing psychiatric hospitals deliver to these vulnerable patients.

We also appreciate the Maryland Department of Health's commitment to fund IMD services for Medicaid enrollees via state funds for the upcoming fiscal year. This waiver amendment submission will help alleviate the pressure on the state budget. We therefore encourage the Department to continue to seek opportunities for permanent IMD funding of both mental health and substance use disorder services. We stand committed to partner with the State on these efforts.

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Finally, we support the adult dental pilot included in the submission. During this past legislative session, MHA supported the bill that prompted inclusion of the pilot. Expanding coverage of dental services for Medicaid adults will yield not only important benefits for patients, but also will help mitigate lengthy wait times in hospital emergency departments. Access to dental coverage will help reduce the reliance of Medicaid dual eligible enrollees on hospital emergency departments for dental needs.

As noted in the report from the Maryland Dental Access Coalition, from fiscal 2013 to fiscal 2016, there were an average of more than 49,000 emergency department visits for chronic dental conditions. Over the same time period, the average annual cost to provide these services for Medicaid enrollees was nearly \$11.5 million. Many factors contribute to lengthy emergency department wait times, but one of the main causes is the high volume of visits by non-emergent patients.

We thank you for your leadership on this effort and for the opportunity to comment. We look forward to working with you on these important issues.

Please contact me should you need additional information.

Sincerely,



Maansi K. Raswant
Director, Policy and Data Analytics