

Maryland Medicaid Advisory Committee

January 26, 2017

The Honorable Lawrence J. Hogan, Jr.
State of Maryland
100 State Circle
Annapolis, MD 21401

Dear Governor Hogan:

On behalf of the Maryland Medicaid Advisory Committeeⁱ, I write to thank you for your letter of January 13 to United States House of Representatives Majority Leader Kevin McCarthy and for your overall support of the Medicaid program. We ask for your continued leadership in Washington as Congress debates the future of a federal-state partnership that remains critical to our state's economy. As the Republican leader of a "Medicaid expansion" state, you are well positioned to join your counterparts in Michigan, Ohio, Massachusetts and other states in public efforts to preserve Medicaid as Congress considers repeal of the Patient Protection and Affordable Care Act. Your voice, in concert with those of other governors, could help save a program essential to Maryland's health care system from the partisan divisions that imperil it.

Established in 1965, Medicaid represented a bipartisan compromise to address the unmet health care needs of low-income people by allowing significant state flexibility under broad federal guidelines. Over the past 50 years, Maryland leveraged this flexibility to ensure robust health insurance for low-income families, people with disabilities, children and older adults with long-term care needs not covered by the federal Medicare program. The absence of low-income, nondisabled, childless adults as a mandatory or optional coverage group in the original law finally was rectified in 2014 when Maryland emerged as a national leader to extend health benefits to this population under the Affordable Care Act. Since the recent expansion of Medicaid, more than 260,000 additional low-income Marylanders have gained access to care, bringing financial resources and jobs to our state while lowering uncompensated care and improving health. Today, a total of 1.2 million men, women and children (20% of all Marylanders) are enrolled in Medicaid. And Maryland's rate of uninsured is now well below the national average.

Partial or total repeal of the Affordable Care Act could be devastating for Maryland's economy, our health care system and for the health and well-being of low-income people. You and your staff are no doubt familiar with the recent Department of Legislative Services report and related briefings which outline the economic consequences of the repeal of Medicaid expansion and the potential loss of our enhanced federal matching rate. Of note is the attached map showing widespread access to health insurance and associated financial investment in rural areas of the state. Given the integral relationships among Medicaid, the Health Benefit Exchange and Maryland's unique "all payer" hospital rate-setting system, the repeal of Medicaid expansion would compromise the integrity of our broader health care system. Particularly at a time when

Maryland faces an escalating opioid epidemic requiring increased access to treatment, we cannot risk losing access to health insurance. And the loss of federal Medicaid dollars would only exacerbate Maryland's existing structural deficit.

As you note in your letter to Congressional leadership, state flexibility with the Medicaid program has been instrumental in the creation of Maryland's health care system, one designed to improve health and lower costs. Programs like Community First Choice and Money Follows the Person, for example, have allowed the state to sustain more vulnerable people in community-based settings rather than in costly institutions. At the beginning of the year, Maryland celebrated federal approval of our 1115 HealthChoice Waiver renewal which reaffirms our flexibility to increase access to residential addiction treatment, better care for people leaving jail and prison, prevent homelessness among individuals with chronic care needs and expand dental care for former foster care youth. Your leadership in support of continued flexibility that makes innovations like this possible would help to inform the current debate on federal "block grants." Rather than facilitating *more* flexibility, block grants as currently proposed could result in *less* – undermining the sustainability of Maryland's progress. The income-based "entitlement" nature of Medicaid helps states meet increasing need during periods of economic downturn and respond to medical inflation and other factors. Block grants not designed to respond to economic fluctuations could compromise flexibility, health outcomes and innovation in Medicaid.

Medicaid has long been considered a bipartisan solution to improve health and reduce the escalating public costs of the uninsured. Indeed, the expansion of Medicaid was an important part of Republican Governor Mitt Romney's successful 2006 reform efforts in Massachusetts, on which the Affordable Care Act was modeled. Republican governors who understand the role Medicaid plays in their local economies can help avoid the consequences of total repeal without replacement. Maryland is among thirty-one states plus the District of Columbia that have expanded Medicaid under the Patient Protection and Affordable Care Act; 16 of those states are now led by Republican governors.

Your leadership in strong public support of Medicaid would carry great weight on the national level and would help Congressional leaders better understand the impossible choices with which you and other governors are wrestling at home. Members of the Maryland Medicaid Advisory Committee are eager to work with you and Secretary Dennis Schrader to preserve the integrity of the program. In addition, the presence of Maryland's Medicaid Director on the Board of the powerful National Association of Medicaid Directors, and Maryland's Deputy Secretary for Developmental Disabilities as the President of the National Association of State Directors of Developmental Disabilities Services, could be further leveraged by your national visibility to avoid the consequences of repeal.

Time is, of course, of the essence. While Congressional leadership advances repeal plans in the days and weeks ahead, they have demonstrated a willingness to listen to Republican governors about experiences in their respective states. We ask for your personal involvement in these important national discussions. We would appreciate the opportunity to discuss the Medicaid program in greater detail and to support the work of you and your team to add your voice to important efforts to preserve the integrity of the program on the federal level. We stand ready to assist.

Sincerely,



Kevin Lindamood, Chair
Maryland Medicaid Advisory Committee
(Member list attached)

Cc: Dennis R. Schrader, Secretary, Maryland Department of Health and Mental Hygiene
Shannon McMahon, Deputy Secretary for Health Care Financing, DHMH
Bernard Simons, Deputy Secretary, Developmental Disabilities Administration, DHMH

The Honorable Thomas V. Mike Miller, Jr, *President*, Maryland Senate
The Honorable J.B. Jennings, *Minority Leader*, Maryland Senate
The Honorable Michael E. Busch, *Speaker*, Maryland House of Delegates
The Honorable Nicholas R. Kipke, *Minority Leader*, Maryland House of Delegates

ⁱ The Maryland Medicaid Advisory Committee, a broadly representative group of stakeholders, works to improve and maintain the quality of the HealthChoice Program by assisting the Department of Health and Mental Hygiene with implementation, operation and evaluation. Our 28 members include Medicaid participants, direct service providers, hospital and health officer representatives, bipartisan representation from the Maryland General Assembly and others familiar with the health needs of low-income population groups. The Advisory Committee operates in accordance with 42 CFR 431.12 (Code of Federal Regulations) and was reconstituted as the Maryland Medicaid Advisory Committee under section 15-103 (a) (27) (1) of the Annotated Code of Maryland in July 1996.

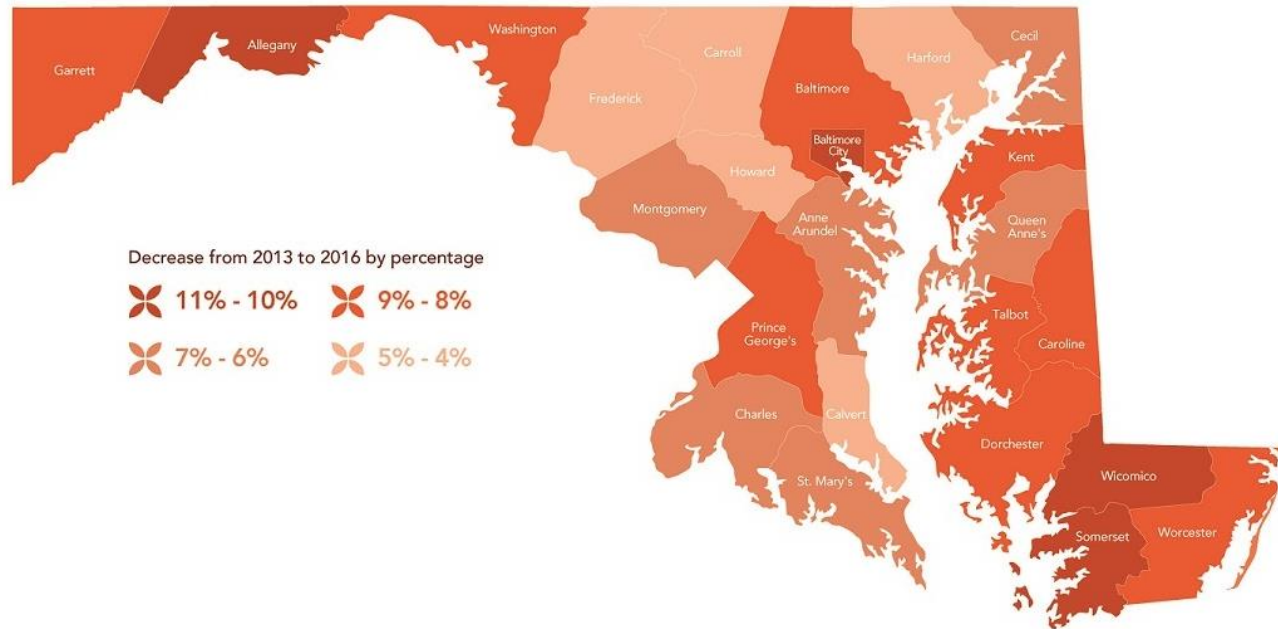
MARYLAND MEDICAID ADVISORY COMMITTEE

2016-2017

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Ms. Grace Williams	Parent of Special Needs Consumers
Ms. Lesley Wallace	Medstar Family Choice, MCO
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Ms. Shannon Hall	Community Behavioral Health Association
Winifred Booker, D.D.S.	Pediatric Dentist/Private Practice
Ms. Tracey Paliath, Ex-Officio	DHR
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Ms. Sue Phelps	Johns Hopkins HealthCare
Judy Lapinski, Pharm.D.	Mid-Atlantic Association of Community Health Centers

Health Coverage Gains Across Maryland

Drop in Uninsured Rates by Percentage from 2013 to 2016



Source: Enroll America/Civis Analytics

SUMMARY OF CURRENT HEALTHCHOICE RECIPIENTS ENROLLED BY MCO/LAA AS OF 01/29/17
FOR COVERAGE GROUPS A01 A02 A03 A04

LAA	REG	CTY	LOCAL ACCESS AREA	MPC	AMERI GROUP	JAI	UHC	MEDSTAR	PRIORITY	UMHP	KAISER	TOTAL
23	2	22	BERFORDSEASE	554	340	0	652	328	715	223	150	2,939
01	1	01	ALLEGANY	3,167	512	0	347	0	411	2	1	4,440
02	2	02	ANNE ARUNDEL NORTH	1,581	1,874	190	1,908	1,207	2,837	486	1,030	11,113
03	2	02	ANNE ARUNDEL SOUTH	805	914	101	1,204	483	2,333	354	645	6,839
04	3	30	BALTIMORE CITY - SE/DUNDAL	875	1,194	631	944	1,419	2,094	333	323	7,813
05	3	30	BALTIMORE CITY EAST	1,621	1,933	1,718	1,039	1,028	2,485	490	448	10,762
06	3	30	BALTIMORE CITY NORTH CENTR	786	946	801	640	1,018	974	241	237	5,643
07	3	30	BALTIMORE CITY NORTHEAST	1,259	1,483	1,192	1,003	1,690	1,724	384	438	9,173
08	3	30	BALTIMORE CITY NORTHWEST	1,440	2,046	1,301	1,041	699	1,032	415	430	8,404
09	3	30	BALTIMORE CITY SOUTH	1,062	1,291	450	932	796	944	275	266	6,016
10	3	30	BALTIMORE CITY WEST	2,900	2,730	2,002	1,689	1,140	1,989	724	575	13,749
11	2	03	BALTIMORE COUNTY EAST	1,002	1,442	508	1,241	2,479	1,476	320	623	9,091
12	2	03	BALTIMORE COUNTY NORTH	862	1,257	507	1,170	1,114	1,084	265	613	6,872
13	2	03	BALTIMORE COUNTY NORTHWEST	1,863	2,297	859	1,650	925	1,469	500	1,085	10,648
14	2	03	BALTIMORE COUNTY SOUTHWEST	1,694	1,505	691	1,170	793	1,268	392	681	8,194
15	5	04	CALVERT	1,323	589	15	494	40	453	286	249	3,449
16	6	05	CAROLINE	270	141	2	149	5	1,330	236	2	2,135
17	2	06	CARROLL	1,835	885	14	1,002	28	1,203	702	23	5,692
18	6	07	CECIL	1,450	1,453	2	796	23	614	1,411	3	5,752
19	5	08	CHARLES	1,054	861	0	1,611	1,171	798	306	589	6,390
20	7	09	DORCHESTER	319	173	0	235	2	1,658	263	0	2,650
21	1	10	FREDERICK	2,403	1,652	5	1,074	22	1,304	758	33	7,251
22	1	11	GARRETT	1,346	148	0	133	0	119	1	0	1,747

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LAA	REG	CTY	LOCAL ACCESS AREA	MPC	AMERI GROUP	JAI	UHC	MEDSTAR	PRIORITY	UMHP	KAISER	TOTAL
23	2	12	HARFORD EAST	511	340	6	652	326	715	223	161	2,934
24	2	12	HARFORD WEST	871	731	29	1,156	995	1,380	439	402	6,003
25	2	13	HOWARD	1,498	1,658	34	1,564	136	2,091	526	1,111	8,618
26	6	14	KENT	123	103	1	106	0	612	298	0	1,243
27	4	15	MONTGOMERY - SILVER SPRING	1,741	3,383	4	2,438	1,710	1,955	708	2,379	14,318
28	4	15	MONTGOMERY - MID-COUNTY	888	1,428	4	1,465	1,030	1,290	324	1,310	7,739
29	4	15	MONTGOMERY - NORTH	1,391	2,418	4	1,906	1,065	1,925	557	2,068	11,334
30	4	16	PRINCE GEORGE'S NORTHEAST	972	1,457	3	1,190	895	1,144	342	1,026	7,029
31	4	16	PRINCE GEORGE'S NORTHWEST	2,001	4,087	9	2,626	2,337	2,257	1,007	2,941	17,265
32	4	16	PRINCE GEORGE'S SOUTHEAST	674	922	0	854	993	572	302	935	5,252
33	4	16	PRINCE GEORGE'S SOUTHWEST	1,160	1,996	5	1,540	1,825	971	490	2,069	10,056
34	6	17	QUEEN ANNE'S	198	197	0	191	9	997	221	2	1,815
35	7	19	SOMERSET	293	173	0	131	0	844	165	0	1,606
36	5	18	ST. MARY'S	1,015	668	3	882	1,232	748	218	188	4,954
37	6	20	TALBOT	209	27	2	137	3	1,137	265	2	1,782
38	1	21	WASHINGTON	4,860	878	6	816	7	1,436	24	11	8,038
39	7	22	WICOMICO	1,014	613	1	383	3	3,981	618	1	6,614
40	7	23	WORCESTER	470	357	1	353	3	1,914	289	0	3,387

TOTAL				50,860	48,829	11,108	39,907	28,679	55,642	16,184	22,950	274,159
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