



Maryland
Hospital Association

November 6, 2017

Allan Pack
Director, Population-Based Methodologies
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Allan:

On behalf of the Maryland Hospital Association's 64 member hospitals and health systems, we appreciate the opportunity to comment on the Health Services Cost Review Commission's (HSCRC) proposal to add emergency department wait time measures to the Quality Based Reimbursement program.

While we understand the importance and immediacy of addressing emergency department overcrowding, we continue to have concerns about adding emergency department wait time measures to the Quality Based Reimbursement program. Maryland's hospitals continue to make emergency department overcrowding a priority, with the most recent data for quarters 2 and 3 showing yellow alerts are down 28 percent, red alerts down 19 percent, and reroutes down 8 percent from the same period last year.

MHA and our members assessed the core causes of diversions, including an increase in emergency department use by people with behavioral health conditions and those covered by Medicaid. We are in the process of understanding the impact of each on individual hospitals' wait times. Therefore, we think such a policy should consider a hold harmless provision for certain hospitals that are acting as a safety net for communities when other, more appropriate, sources of care are lacking. This could include hospitals that are struggling with behavioral health placements or where particular communities do not have adequate access to non-emergent care. An exemption for hospitals that have extenuating circumstances confirmed by data could ensure that resources are not taken away from communities where they are most needed. As MHA continues to develop these analyses, we also request HSCRC's support of statewide efforts to:

- strengthen a fragmented behavioral health care system by addressing a strained workforce and inadequate community capacity
- identify and influence plans for 24/7 access to health care that is not emergent
- enforce network adequacy requirements
- support transparency in deployment of Maryland's emergency medical system

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MHA will continue our work with members to illuminate these hospital-specific issues and support the efforts described above.

Sincerely,



Nora E. Hoban, Senior Vice President

cc: Nelson J. Sabatini, Chairman
Joseph Antos, Ph.D., Vice Chairman
Victoria W. Bayless
George H. Bone, M.D.

John M. Colmers
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