



Oppose a Medicaid Financial Carve-In

Talking Points for SB482/HB846

These talking points provide consistent messaging and information on concerns with SB482/HB846. Maryland's behavioral health community strongly opposes a financial carve-in.

Care Integration Talking Points

Financial integration does not equal clinical integration. Commercial insurers tend to give short shrift to behavioral health, hence the need for the federal Parity Act.

- ✓ The current carve-out system braids multiple funding streams, creating a seamless system for consumers. **An MCO model would jeopardize treatment for users of the public behavioral health system who are not in Medicaid:**
 - uninsured individuals
 - individuals 65 and older
 - individuals dually insured by Medicare and Medicaid
- ✓ MCOs would not be required to cover non-Medicaid services, such as: 1) supported employment services that connect individuals with jobs, and 2) crisis beds, which divert individuals in psychiatric crisis from emergency departments and inpatient admissions.

Care Coordination Talking Points

Care coordination would be difficult and fractured in an MCO model. With nine MCO contractors, the state's ability to collect data, align eligibility and coordinate care across systems is threatened. **An MCO model would jeopardize coordination for high-risk populations.**

- ✓ The current model coordinates care for inmates upon release from prison or jail, a time when risk of overdose is acute.
- ✓ The current model also integrates eligibility and services for supported employment services with the Department of Rehabilitation Services (DORS).

MCO Efficiency & Effectiveness Talking Points

Moving from the current single vendor to nine MCOs will **divert provider resources away from treatment** and toward a massive expansion of administrative functions.

- ✓ The state – and providers - will have to manage and interface with nine different processes and entities for credentialing, authorization and payment.

Take-Home Message about the Bill

SB482/HB846 represent a major policy shift with critical implications for the 260,000 adults and children receiving services in the public behavioral health system. Such a drastic decision should not be made during the rush of the legislative session, but rather in a deliberative process with stakeholder involvement.

Bill Summary

Senate bill 482 and House bill 846 move the current system of Medicaid behavioral health funding out of the Administrative Service Organization (ASO) and into Managed Care Organizations (MCOs). This is a significant shift in managing and dispersing public behavioral health dollars.