

Behavioral Health Coverage in Medicaid Managed Care

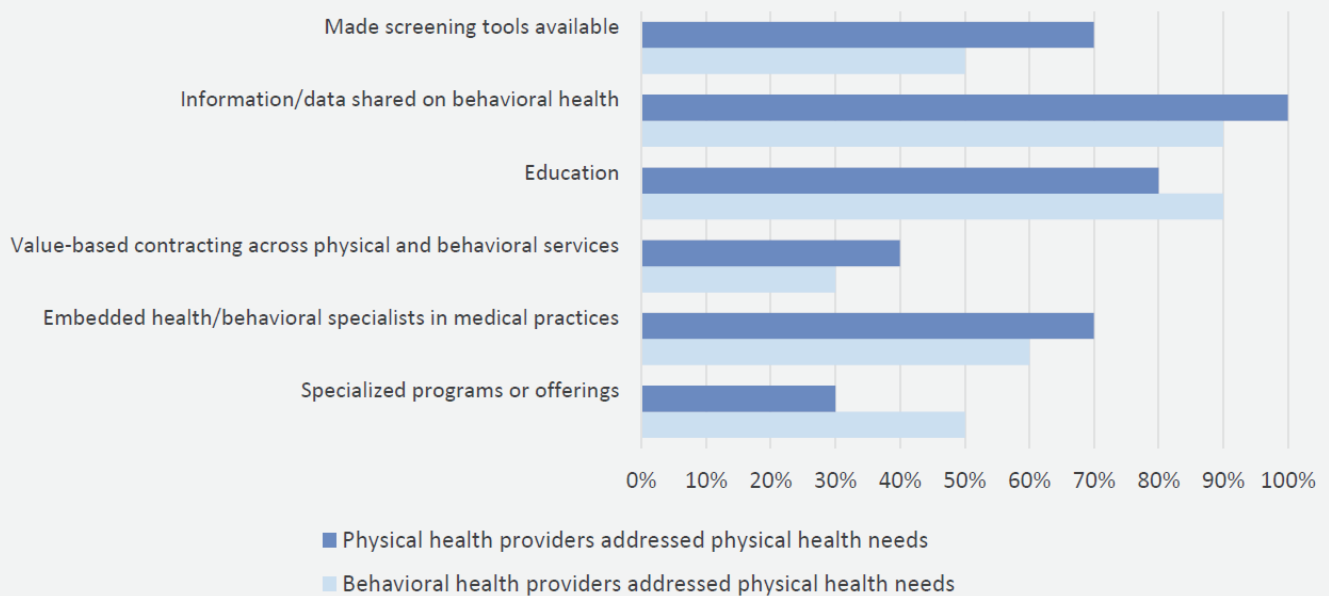


Approximately one in six adults in the United States lives with a behavioral health condition.¹ Behavioral health is a major focus for the Medicaid program, with many Medicaid health plans providing behavioral health coverage as part of their comprehensive benefits package. However, many individuals still do not seek or complete behavioral health treatment. In this issue brief, we report findings from the Institute for Medicaid Innovation's 2018 Annual Medicaid Managed Care Survey that are specific to behavioral health. We also outline opportunities to address research, clinical, and policy priorities for behavioral health in Medicaid.

Behavioral Health by the Numbers

- Approximately **44.7 million** adults in the United States live with a behavioral health condition.¹
- Individuals living with SMI are at an increased risk for chronic physical health conditions and on average **live 25 years less** than individuals without SMI.³
- Medicaid covers **21 percent** of all adults with behavioral health conditions, **26 percent** of all adults with serious mental illness (SMI), and **17 percent** of all adults with substance use disorder (SUD).²

Figure 1. Approaches Medicaid MCOs Worked with Behavioral & Physical Health Providers to Address Needs



Source: Institute for Medicaid Innovation. (2018). 2017 Annual Medicaid MCO Survey. Washington, D.C.



Table 1. Barriers to Addressing Behavioral Health among Medicaid MCOs

Policy Barriers
CFR 42 limitations on SUD treatment information being shared
Fragmentation in program funding and contracting for physical and behavioral health services
Institutions for Mental Disease (IMD) exclusion
Network Barriers
Access to behavioral health providers in select regions (e.g., rural, underserved)
Provider capacity to provide integrated physical and behavioral health at point of care
Behavioral health provider adoption of electronic health records
Behavioral health provider readiness for managed care
Operational Barriers
Access to data between care management and behavioral health teams
Staffing in care management to align skill sets with integrated care needs
Communication between care management and behavioral health
System differences with subcontractor

Source: Institute for Medicaid Innovation. (2018). 2017 Annual Medicaid MCO Survey. Washington, D.C.



Clinical Priorities

- Promote the use of care models that integrate physical and behavioral health, such as the collaborative care model.
- Address the shortage of behavioral health workers, particularly in underserved areas.
- Integrate cultural competency in education and training.
- Improve screening efforts for behavioral health conditions.



Research Priorities

- Conduct further research on collaborative care models in order to determine the efficacy and effectiveness of these models.
- Provide financial support to encourage behavioral health research.



Policy and Advocacy Priorities

- Improve efforts to support reimbursement for collaborative care models.
- Address Medicaid MCO concerns surrounding CFR 42 limitations on SUD treatment information sharing.
- Address Medicaid MCO concerns surrounding fragmentation in program funding and contracting for physical and behavioral health services.

For more information, read IMI's full 2019 report, "Behavioral Health Coverage in Medicaid Managed Care" For a complete list of sources, please contact the Institute for Medicaid Innovation at info@MedicaidInnovation.org

