

Mental Health Liaison Group

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MENTAL HEALTH GROUPS RAISE CONCERNS ABOUT THE CURRENT STRUCTURE OF DUAL-ELIGIBLE DEMONSTRATIONS

(Washington, DC, July 18, 2012).....In a letter to the Senate Special Committee on Aging submitted for today's hearing on "Examining Medicare and Medicaid Coordination for Dual-Eligibles," 44 national associations representing consumers, hospitals, and community services for individuals experiencing mental and addictive disorders raised concerns about the potential impact of new federal demonstration proposals intended to integrate care for beneficiaries that are concurrently eligible for both Medicare and Medicaid ("dual eligibles").

Mental disorders disproportionately affect the dual-eligible population, the Mental Health Liaison Group (MHLG) noted in a letter to the Senate Special Committee on Aging Ranking Member Sen. Bob Corker (R-TN). Dual eligibles are more likely to have cognitive impairment and mental disorders than non-dual eligibles.

A majority of the state proposals that the Centers for Medicare & Medicaid Services (CMS) is currently reviewing are planning to passively enroll beneficiaries into a managed care plan, giving beneficiaries no other plan in their area from which to choose. "Removing dual eligibles from their current health plans and prescription drug plans could cause disruption, particularly if they have established provider relationships or their new drug plan has a different formulary," the MHLG said. Even though an opt-out exists, "it would require this group to navigate a complex process to opt out."

More than two dozen states have said that they intend to develop managed care programs for the dual eligible population. "Given the number of plans and their diversity, CMS will face a complex task in monitoring them for quality," the MHLG said. "Moreover, many state Medicaid programs do not have extensive experience in working with the needs of dual eligibles as the majority of their service population has been children and families."

CMS should also work with the states to limit the size of the demonstrations, the MHLG said, so that they can be fully evaluated before they go statewide.

To ensure access to care, "it is essential that the focus of these demonstrations remain on achieving savings through better coordinated care and not be centered upon techniques that historically have been used to restrain spending such as cuts to providers, or limits on the number of prescriptions filled per month," the MHLG said.

The Mental Health Liaison Group is an advocacy coalition on mental health issues. View the MHLG letter to the Senate Special Committee on Aging at www.mhlg.org.

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