

Level the Playing Field for Private Community Mental Health Providers

While not providing the outcome that was envisioned, the recent lawsuit brought against a group of managed care industry giants by a group of small, mostly African-American owned companies further exposed the troubling gaps in our state's health care delivery system.

These disparities, including a shortage of qualified mental health and substance use health providers in underserved areas, are detrimental to the health of Virginians and their communities. The fact that the suit was filed to prevent worsening these inequities makes the court decision all the more disturbing. A brief review is in order here. When Virginia expanded Medicaid at the beginning of the year to meet the requirements of new federal health care laws, it came as welcome news. Thousands of low-income Virginians who did not have health care coverage became eligible to receive overdue and much-needed healthcare benefits.

As of July 2019, some 330,000 newly enrolled residents became eligible to receive essential health care services. Of the 400,000 Virginians, estimated to be Medicaid eligible, 360,000 of them will be enrolled this month and 15,000 more residents will be enrolled by mid-2020, according to the Department of Medical Assistance (DMAS). But as Medicaid enrollment continues to swell, unfortunately, the number of people battling addiction, mental health and other serious health issues are also on the rise.

Occurring in the midst of Virginia's Opioid epidemic, the need for qualified, private community-based mental health providers has never been greater. But Virginia, like many other states across the country, has limped along for years with a shortage of qualified mental health care providers, particularly in low-income urban and rural communities. Nonetheless, it appears the DMAS and Virginia's Managed Care Organizations (MCOS) instigated a Medicaid

consolidation plan that resulted in the termination of 50 licensed and qualified private community-based mental and behavioral health providers. This egregiously shortsighted termination was the impetus behind the lawsuit against Aetna, Anthem, Magellan Complete Care, United Health and Virginia Premier. Although the court found terminating the contracts “without cause” may not have broken any laws, it flew in the face of the state’s expressed commitment to ensuring all of its citizens access essential health services. Removing these smaller companies, which often reflect the racial, ethnic and cultural composition of the communities they serve, as an option for Medicaid patients is as callous as it is imprudent.

As more patients have a harder time finding qualified providers, nothing is being done to address the mental health workforce shortages that contributed to the gap in the first place. Without additional workforce development initiatives, Virginia will continue to fail to adequately deliver access to treatment, and thus remain elusive for Virginia’s most vulnerable populations simply because there are not enough workers. It is a classic case of supply not meeting the demand. Moreover, the misguided move strikes a blow to the model of private community-based mental and behavioral health that has been found to be most effective, notably in communities where members rely on Medicaid.

Virginia’s private community-based mental health professionals who treat and support individuals living with mental illnesses and substance use are a key segment of the mental health workforce. Primarily funded through Medicaid, these professionals provide treatment and support at home or in a community setting rather than in a traditional clinic setting. Such environments are preferable and essential for a population that is often reluctant to seek treatment due to a combination of mental health symptoms, frequent homelessness, unstable

housing, and extreme poverty. Since 2011, in part because of Virginia's restructuring of the professional qualifications of its mental health professionals, the mental health professional workforce serving these residents has decreased by 23 percent. Clearly, there is much work to be done to adequately serve Virginia's Medicaid recipients.

The task will be more daunting, if not impossible, if the state does not put an end to policies and practices that allow the undermining of proven community-based efforts that support the spirit of the Medicaid expansion, and its inherent goal to provide healthcare for all Virginians. Rather than retreat from its commitment to community-based healthcare, now is the time for the state to step up and adopt more inclusive approaches to healthcare delivery that ensure a level playing field for smaller providers that do business in the communities they serve. These steps will go a long way toward preventing the need for actions like the recent lawsuit while closing the gaps in the delivery of healthcare in Virginia it sought to address.

Caliber Virginia is the collective voice of private minority community-based behavioral and mental health providers in Virginia. We champion community providers' causes and represent their interests at the Legislature, with the Administration, state agencies that contract with community providers, the media, and with other related advocacy organizations/associations at the local, state, and national levels. For further information, please visit: <https://www.calibervirginia.com>

