

Protect Floridians with Critical Health Care Spending Safeguard by Bob Sharpe

With serious national discussion focused on health care reform – including mental health – it is clear, now more than ever, that we must protect our state’s most vulnerable citizens and ensure that the 80 percent mental health medical loss ratio, a crucial health care spending safeguard, is maintained.

Section 409.912(4)(b) of Florida Statutes requires Medicaid managed care organizations, including HMOs, to spend 80 percent of their behavioral health care capitation rates on direct care for those with mental illnesses. However, this crucial piece of legislation, which was enacted to protect the best interests of patients, has been enforced in only 62 of the 67 counties.

HMOs and other managed care organizations in the five Medicaid reform counties – Broward, Duval, Baker, Clay and Nassau – are able to spend at whatever level they choose for mental health care. Consequently, members of managed care organizations in these counties have been denied needed mental health care, and their community mental health agencies have lost as much as half of their Medicaid revenues resulting in substantial cuts in programs and services.

Not surprisingly, the loss of such programs and services affects all aspects of society – and further damages our economy. Untreated mental illnesses increase the strain on already overburdened emergency rooms, create turmoil in our work places and classrooms, add to the workload for law enforcement officers, continue to overcrowd our jails and prisons and severely limit Florida’s ability to help individuals in crisis.

For too long, Medicaid reform counties have neglected their responsibilities to individuals suffering with mental illnesses—and for too long, the state has let them. Efforts have been made over recent years to put an end to this alarming double standard, but so far, they have been to no avail.

In 2007, Gov. Charlie Crist boldly vetoed a bill that would have eliminated the 80 percent requirement stating that it would provide “less accountability in the way some providers spend money.” Why should Medicaid reform counties not be held to the same standard?

Medicaid programs in many other states impose mental health direct spending requirements on HMOs, and some set the percentage requirement as high as 85 to 90 percent. The citizens of Florida deserve to be adequately served and those with behavioral health disorders cannot continue to be shortchanged.

Florida already ranks 48th in per capita spending for mental health care and cannot afford to be ignored any longer. With health care on the forefront of the nation’s concerns, we must focus our attention on the most vulnerable. Florida’s mental health care problem must finally be resolved and it begins with holding health care providers accountable – in all 67 counties.

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