

# Medicaid Reform MYTH vs. FACT

## THEY SAY...

Health plans “run from risk.”



Health plans will deny access to providers and will not have enough providers to offer services.



Consumers will lose appeal rights.



Health plans cannot serve populations needing behavioral services.



No further savings are possible.



For-profit Health Plan will profiteer off our most vulnerable populations.



## TRUTH IS...

**JUST THE OPPOSITE.** Health Plans will assume all risk required to treat/serve all enrollees, for all the care they need.

**NOT TRUE.** Health plans will be required to contract with all Community Mental Health Service Providers (CMHSPs) and prove adequate numbers of providers in every region they operate. Health plans will offer consumers more choices and expanded networks of providers both within and outside their county of residence.

**FALSE.** Consumers will have expanded appellate rights for grievances and disputes through third party entities.

**YES, THEY CAN AND DO.** Health plans have proven they can meet the needs of unique populations and provide services under programs such as:

- Services for Disabled
- Children’s Special Health Care Services
- Foster Care
- MI Health Link (Medicaid & Medicare Dual Eligible Demonstration)
- Special Needs Plans for Seniors

**WE DISAGREE.** Health plans have already saved the state of Michigan millions by focusing on performance-based patient outcomes in the populations they serve. The state can use those savings to reinvest in additional behavioral supports.

**WRONG:** Health plans are non-profit and for-profits entities that are subject contractual rates set by the state each year and all costs are subject to state oversight and policing.