

UnitedHealthcare Community Plan and Optum support integration of the full behavioral health benefit with the medical benefit into integrated managed care benefits to cover the full spectrum of the patient/beneficiaries needs.

To be clear, what is currently being proposed is a structure of either a “carve out or carve in” of specialty behavioral health services, that are provided by one segment of the health care delivery system. If services were carved out under Model 2 – a substantial segment of behavioral health services would continue to be provided in the HealthChoice managed care program, namely, services provided by PCPs, acute care hospitals and other providers to members with primary behavioral health needs. There is currently roughly **\$30 million annually** in substance abuse services alone that would **not** be considered part of a carve out under Model 2, and would continue to be rendered under the HealthChoice managed care program.

We believe the proposed carve out will result in segmentation of services that will not adequately address the overall health of the membership, is not a model of coordinated, cost effective, quality care, and seeks to isolate behavioral health treatment and payment for one narrow perspective only.

We encourage the workgroups, the Department of Health and Mental Hygiene and the Legislature to view the treatment of behavioral health care in the context of overall health and the overall healthcare delivery system. Treatment protocols, delivery of care and healthcare reimbursement models are changing rapidly, such that a traditional “carve out” model will not be responsive to the needs of the membership, providers – *across the health care delivery continuum* and payors of health care services.

A segregated capitation carve in model addresses perceived issues from the specialty behavioral health provider community on payment for substance abuse services, (**\$70 million** was paid out on substance abuse services by managed care in FY’11) while retaining integration for the members’ overall healthcare delivery and outcome, as well as transparency, coordination and oversight for all health delivery providers, and payors of health care services. UnitedHealthcare would welcome being part of a constructive dialog on moving forward with Model 1 implementation.