



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 13, 2024

The Honorable Chair ,
Chair Pamela Beidle,
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 124 -Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill (SB) 124 - Maryland Medical Assistance Program and Health Insurance - Annual Behavioral Health Wellness Visits - Coverage and Reimbursement.

SB 124 will require the Maryland Medical Assistance Program (Medicaid) including Managed Care Organizations (MCOs), Insurers and Non-Profit Health Service Plans, and Health Maintenance Organizations to provide coverage for annual behavioral health wellness visits beginning in July 1, 2025, and to provide the same reimbursement irrespective of whether the assessment results in a behavioral health diagnosis.

More than one in five US adults live with a mental illness.¹ Currently, in Maryland, 23 out of 24 jurisdictions are wholly or partly designated as Geographic or Population-Based Health Professional Shortage Areas for Mental Health, meaning there is a lack of health care providers to meet the health care needs of that population.² Screening in adults (including pregnant and postpartum women), older adults, and children for behavioral health conditions is recommended by the United States Preventive Services Task Force.³ Primary care providers can play a crucial role in behavioral health screening as a first point of contact and trusted provider, thereby improving quality of life, reducing complications from co-occurring behavioral health and medical comorbidities, and reducing stigma.^{4,5}

In Maryland, Medicaid covers primary behavioral health services through its HealthChoice MCOs, as required in Code of Maryland Regulations (COMAR) 10.67.06.26. Periodic behavioral health screenings

¹ Centers for Disease Control and Prevention. (2023). Mental Health: Data and Publications. Retrieved from <https://www.cdc.gov/mentalhealth/learn/index.htm>

² Health Workforce Shortage Areas (2024). Internet website accessed February 6, 2024: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

³ United States Preventive Services Task Force (2023). Recommendations. Internet website accessed January 30, 2024. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P&category%5B%5D=17&type%5B%5D=5&searchterm=

⁴ Mulvaney-Day N, Marshall T, Downey Piscopo K, Korsen N, Lynch S, Karnell LH, Moran GE, Daniels AS, Ghose SS. Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature. *J Gen Intern Med*. 2018 Mar;33(3):335-346. doi: 10.1007/s11606-017-4181-0. Epub 2017 Sep 25.

⁵ Celli E, Horstman, Sara Federman, and Reginald D. Williams II, “Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis” (explainer), Commonwealth Fund, Sept. 15, 2022. <https://doi.org/10.26099/eatz-wb65>

are required for children through age 20 as part of the Early and Periodic Screening, Diagnostic, and Treatment guidelines. Early and periodic screening in Maryland's Healthy Kids Program is reimbursed by the MCOs and Fee-For-Service for assessment and referral purposes. When a screening identifies a behavioral health need that may require specialty care, a referral to specialty mental health or substance use disorder services may occur as a result.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are also covered by Maryland Medicaid as a primary behavioral health service. SBIRT services aim to identify and provide brief treatment to individuals with non-dependent substance use prior to the development of a substance use disorder. The Department reimburses separately for the screening and intervention components of SBIRT based on the time needed by the provider. This compensation model was requested by stakeholders as part of meetings with the Department in 2016.

Additionally, Senate Bill 101 (2023), expanded coverage for evidence-based collaborative care model services to all Medicaid participants. Primary care provider led teams of qualified professionals are eligible to receive reimbursement for collaborative care model services. These teams include a primary care provider, a behavioral health care manager, and a psychiatric consultant. The collaborative care model is a patient-centered, evidence based approach for integrating physical and behavioral health services in primary care settings that includes care coordination and management; regular, systematic monitoring and treatment using a validated clinical rating scale; and regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement.

In short, Maryland Medicaid currently provides coverage for behavioral health screenings in a variety of ways and in a variety of settings.

If you have any further questions, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary