Mississippi Hospitals and Medicaid Mental / Behavioral Health

Presented to:

Mississippi Joint House and Senate Medicaid Committees

October 13, 2020

<u>Total Mississippi Hospital Beds</u> <u>– Psych and CDU</u>

- 2,887 total licensed psych and CDU beds in Mississippi
- 2,447 of these are psych beds (2/3 state, 1/3 non-state)
- 410 CDU beds (1/3 state, 2/3 non-state)



<u>Regulatory/Accreditation</u> <u>Framework</u>

Mental / Behavioral Health Standards of some of the most rigorous standards with which hospitals must comply

- Ligature requirements (anything that could be used with a cord to harm oneself); e.g., wall hooks, bed rails, hinges on doors, drop down ceilings with enclosed pipes
- Patient areas must be ligature free
- Patient risk assessment, environmental risk assessment, education and training,
- More stringent requirements for accreditation on freestanding psych hospitals



Inpatient Claims – CY 2019

36,337 inpatient claims involving a primary mental or behavioral health code

- 26% Medicare/MA
- 25% uninsured
- 20% commercial
- 10% Medicaid FFS
- 4% Medicaid/United
- 3% Medicaid/Magnolia
- 1% Medicaid/Molina



Outpatient Claims – CY 2019

96,622 outpatient claims involving a primary mental or behavioral health code

- 30% Medicare/MA
- 15% uninsured
- 8% commercial
- 7% Medicaid FFS
- 10% Medicaid/United
- 14% Medicaid/Magnolia
- 2% Medicaid/Molina



<u>NCQA Reports - HEDIS</u> <u>Measures for Mississippi MCOs</u>

United – Mental and Behavioral Health – Overall 2.0 Depression: Adhering to medication 6 mo. – 1.0 Follow up after hospitalization – 3.0 Follow up after ED visit – 2.0 Follow up after ED for alcohol / drug abuse - 2.0 Alcohol or drug abuse treatment engaged – 2.0 Continued follow up after ADHD diagnosis – 4.0 Diabetes screening for schizophrenia / bipolar – 1.0 Adherence to antipsychotic meds for schizophrenia – 2.0 Cholesterol/sugar testing for youth on antipsych meds - 1.0



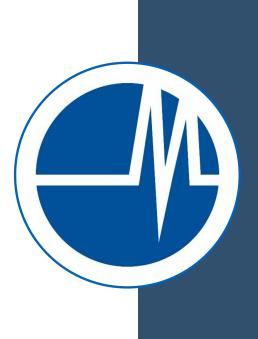
<u>NCQA Reports - HEDIS</u> <u>Measures for Mississippi MCOs</u>

Magnolia – Mental and Behavioral Health – Overall 2.5
Depression: Adhering to medication 6 mo. – 1.0
Follow up after hospitalization – 3.0
Follow up after ED visit – 2.0
Follow up after ED for alcohol / drug abuse - 1.0
Alcohol or drug abuse treatment engaged – 2.0
Continued follow up after ADHD diagnosis – 5.0
Diabetes screening for schizophrenia / bipolar – 1.0
Adherence to antipsychotic meds for schizophrenia – 2.0
Cholesterol/sugar testing for youth on antipsych meds - 2.0



<u>NCQA Reports - HEDIS</u> <u>Measures for Mississippi MCOs</u>

Molina – Accreditation Status listed as Interim - Under Corrective Action as of 9/14/2020 with the next review date as 2/23/21



Needs Improvement

- Provider Frustrations with Credentialing and Appeals (Prior Authorization processes/denials)

- Initial denial of needed inpatient psychiatric hospitalization for Medicaid MCO plan member who attempted suicide and was a danger to herself
- Commission on Expanding Medicaid Managed Care recommendations never implemented (MCO value payment methodologies for UMMC complex children / pilot programs for other mental/behavioral health issues)



Next Steps

- More training (ER staff primarily trained to handle medical health emergencies not mental/behavioral health emergencies)
- Need more outpatient options for access to care
- Lack of outpatient options results in inpatient admissions/readmissions
- Telemedicine expansion options
- Health Information Network to support mental health services

