

Medical Care Advisory Committee (MCAC)

October 1, 2021 · 1:00 PM

Sillers Building – Basement

550 High Street, Jackson, MS 39201

I. Call to Order

- Dr. David Reeves called the meeting to order.

II. Roll Call

- Dr. David Reeves called roll and confirmed a quorum was present for voting purposes.
- **Voting members in attendance: Dr. David Reeves** (Long Beach), **Mr. Benny Hubbard** (Magee), **Ms. Phaedre Cole** (Greenwood), **Dr. James Rish** (Tupelo), **Dr. Billy Long** (Madison), **Jasmin Chapman, DDS** (Terry), **Mr. Kent Nicaud** (Pass Christian)
- **Voting members in attendance via phone/Zoom/Teams: Dr. Thomas Dobbs** (Jackson), **Mr. Lee Bond** (Ocean Springs), **Dr. Justin Brewer** (Tupelo)
- **Voting members not in attendance: Dr. Charles O'Mara** (Ridgeland),
- **Legislators in Attendance: Senator Hob Bryan**, Chairman of Senate Public Health and Welfare Committee and **Senator Joey Fillingane**, Vice Chairperson of Senate Medicaid Committee

III. Approval of meeting minutes from July 30, 2021

- *Motion: Mr. Hubbard*
- *Second: Dr. Long*
- *Meeting minutes were approved unanimously*

IV. Old Business:

- Depo-Provera Reimbursement
 - Dr. Dobbs confirmed this was no longer an issue and that his inquiry was resolved soon after the previous meeting.
- Review of Hospital Observation Policy
 - Wil Ervin explained that the current policy is 72 hours and the Division intends to change this to 48 hours to align with Medicare's policy. This change is planned for April or May of 2022 when the Division moves into the new claim's adjudication system.
 - Dr. Rish explained the reason he brought this up was due to provider confusion between Medicare and Medicaid. He also explained that he would like the Committee to look at the issue holistically. He suggested a consideration of a shorter term and to have hospitals reimbursed through a DRG payment.
 - Wil Ervin confirmed that the Division would offer more information at the next meeting as to how it is reimbursed currently, any changes that could be made including a better general understanding of the outpatient hospital policy.
- COVID Vaccination Rates

- Wil Ervin explained that Medicaid is working with the Department of Health to obtain the data including entering a Memorandum of Understanding between the agencies. The intent is to have more information to share at the next meeting.
- Recommendation to Reconsider Letter
 - Dr. Reeves shared that a letter to reconsider was sent to the Governor, Lieutenant Governor and Speaker of the House on behalf of the MCAC but have not heard anything specific back.
- Technical Amendments SB2799/Legislative Process
 - Dr. Reeves asked if anyone had any questions related to the Bill. No further questions were asked.

V. New Business

- Certified Community Behavioral Health Clinic Model – Dr. Joe Parks, a psychiatrist who serves as the Medical Director for the National Council for Mental Wellbeing and was previously the Medicaid Director for Missouri, gave a presentation on “Improving Access to Treatment Services for Mental Illness and Substance Use Disorders” utilizing Certified Community Behavioral Health Centers (CCBHCs). He also answered various questions from the Committee.
 - Dr. Long, Dr. Reeves and Dr. Rish discussed how this model seems to address some of the issues related to Mississippi’s need to increase access to community-based care.
 - Dr. Parks offered specifics as to how CCBHCs rates would be developed to cover a wider range of services than are currently offered through many Community Mental Health Centers (CMHCs) and would require a partnership between the Department of Mental Health and Medicaid.
 - Ms. Cole shared there are currently 3 CMHCs that have secured SAMHSA Grants and CCBHC certifications. Those are Regions 11, 2, and 14. She stated that data related to those 3 could be used and replicated to other areas. She stated that having these services in this model covered through Medicaid would be a sustainable method of coverage because SAMHSA funds are only good for 2 years.
 - Mr. Hubbard asked if there was a ceiling on these type cost through Medicaid. Dr. Parks explained that there were no general ceilings on the cost, however cost could be contained by how many CCBHCs are certified across the state.
 - Senator Bryan questioned if this model has been implemented in other states and if telehealth was utilized in those rural areas. Dr. Parks stated that at the peak of the epidemic up to 90% was telehealth but now they are back to around 50% telehealth in the delivery of these services. Dr. Parks also confirmed that telehealth is built into the CCBHC model.

- Dr. Parks confirmed that the CCBHC is in most part a Medicaid funded program although some commercial plans do contract with CCBHCs but those rates are specific to the contract with those Plans and is not exactly the same model.
- Mr. Hubbard asked if the service providers were governmental entities. Dr. Parks reported that most of the providers are independent and are not governmental entities.
- Dr. Parks explained after being asked by Senator Bryan that CCBHC is a service model where outpatient services are delivered with a payment rate that does not include residential or overnight stays, it provides both substance abuse, mental illness services and crisis services. He stated, “It is really a service delivery model that is built on a bundled payment plus a lot of accountability by data reporting.”
- Senator Bryan asked if the CMHCs would now become CCBHCs and be reimbursed through this different payment structure? Dr. Parks confirmed that was correct and added that current expectations of CMHCs are not aligned with current reimbursement. Adding that they are being asked to do things that are not covered in the rates they are being paid.
- Dr. Long asked about the current status of staffing in mental health centers to better understand the infrastructure needed to adopt this model. Dr. Parks stated there would need to be recruitment of new staff as many of these centers (nationally) are understaffed with 25 to 30% vacancy rates along with 25 to 30% staff turnover rates.
- Dr. Reeves shared his experience surrounding the lack of mental health providers along with continuity of care issues he has experienced in his pediatric practice.
- Dr. Parks offered how well this treatment model is working in his home state of Missouri along with the opportunity for increased primary care and mental health care coordination under the CCBHC model.
- Dr. Parks ended by offering his and the National Council’s assistance to Mississippi should we decide to move forward with implementation of the CCHBC model.
- Senator Bryan offered a general explanation of the relationship between the Department of Mental Health, Community Mental Health Centers and Mental Health Institutions. He also suggested that the Committee request having a representative from the Department present on mental health and CCBHCs.
- Committee members discussed and inquired as to what this model would cost, what the benefits would be, other impacts to the state

and requested a presentation from the Department of Mental Health on their stance at the next MCAC meeting.

- Director Snyder confirmed the Division will facilitate a presentation at the next meeting.
- Dr. Reeves also requested follow up from the Division about the programs in Missouri and Texas since both were mentioned in the presentation. Director Snyder agreed to do so.
- Frequency of Meetings
 - Dr. Reeves reviewed the requirement of the Committee to meet at least quarterly but opened discussion as to how often to meet. Senator Bryan offered general information on the Legislative process related to filing and deadlines of proposed bills. The Committee agreed to meet in December and decided on Friday December 10th.
- Comprehensive Quality Strategy
 - Dr. Reeves stated he was very impressed on the work that went into the Quality Strategy.
 - Dr. Long asked if there was anything the Committee could do to help Medicaid. Director Snyder explained that the Quality Strategy is meant to elevate care quality, input is important and that the Quality Strategy now includes Fee-For-Service programs as well as the Managed Care programs. He added that the purpose is to be able to compare accurate data and outcomes across all program types.
 - Dr. Reeves offered gratitude on behalf of the provider community to the Legislature for passing the uniformed credentialing requirements.

VI. Next Meeting – The next meeting is planned for Friday, December 10, 2021 at 1:00pm.

VII. Adjournment

Motion to adjourn- Dr. Long

Second- Ms. Chapman, DDS

Motion to adjourn was unanimous