

FY 19 First Quarter

DMH Continues Implementation of Electronic Health Records

Goal 3, Objective 7— Develop an Electronic Health Records system to improve services provided to individuals served

For the past four years, the Mississippi Department of Mental Health (DMH) has been in the process of implementing electronic health records in all DMH operated programs. After the implementation of independent electronic health records systems, DMH began consolidating those systems from 11 to two – one system for behavioral health programs and another for intellectual and developmental disability (IDD) programs.

This project is the implementation of the electronic health records system called Coordinated Care Platform (CCP), an electronic health records' platform that will aid DMH in sharing data and care plans across programs on a single, unified platform.

With the consolidation project completed in March 2018 and allowing a decrease of statewide administration needs, DMH is now moving onto the second phase of the project. This phase includes electronically submitting medication orders, lab orders, electronic billing to Medicaid/Medicare and other projects designed to streamline workflows and processes in DMH programs around the state.

Currently, both Hudspeth Regional Center (HRC) and Boswell Regional Center (BRC), two of DMH's IDD programs, are successfully using full census functionality as well as submitting electronic claims to the Mississippi Division of Medicaid for per diem

services. HRC is additionally receiving electronic remittance and BRC is poised to reach that milestone as well.

The daily census is used to determine Medicaid reimbursement. After records are submitted to Medicaid, Medicaid will send back files regarding the reimbursement the DMH program will receive. This automated process will eliminate the manual billing of DMH programs to Medicaid and will save time and money through this electronic billing process. DMH plans to replicate this process at other sites, both IDD and behavioral health, beginning with Mississippi State Hospital and South Mississippi State Hospital.

Additional technology to be reviewed and planned with this project is Document Management, allowing providers to view client documents from the client record in electronic health records; the ability to transfer clients within DMH programs; and the use of telemedicine, accommodating the requests of programs to utilize physicians at other locations and prevent the travel of the client.

The ongoing implementation of the CCP EHR will facilitate the continuing transformation of Mississippi's public mental health system into a connected and collaborative community-based system of care. This effort includes participation and support from all DMH programs.



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DMH and Medicaid Develop MOU Regarding Benefits for People Served at State Hospitals

Goal 1, Objective 2—Enhance the transition process of individuals to a less restrictive environment

A Memorandum of Understanding between the Department of Mental Health (DMH) and the Division of Medicaid (DOM) is easing the transition process for people who have received services at DMH state hospitals.

Implemented on July 1, 2018, the MOU has three core components:

- DMH social workers can now submit applications for people who are receiving services in DMH hospitals. Previously, DMH staff would only assist with this process close to the patient's discharge date, since Medicaid cannot provide benefits to someone while they are in a DMH hospital. If the application is approved before discharge, those benefits will still be restricted until after discharge.
- People who receiving Medicaid benefits prior to admission at a DMH hospital will retain their enrollment in the Medicaid program, but restrictions will apply while they are receiving inpatient services at a DMH hospital. Those restrictions will be lifted at discharge, and the patient will not have to complete the Medicaid application process again.
- Benefits will be unrestricted if the patient, while still in the care of DMH, requires additional inpatient treatment at another medical program. This unrestricting allows

Medicaid to provide reimbursement for qualifying medical needs while the patient will be returning to a DMH hospital.

It could take weeks or possibly months for an application for Medicaid eligibility to be processed, during which time someone who has recently been discharged from a state hospital may be without access to a payment source for mental health treatment.

The combination of these three components of the MOU is allowing Mississippians better access to services in their community, without the need for potentially-lengthy waits for an application to be processed and the receipt of benefits.

This MOU is helping to combat recidivism, ensure individuals have access to necessary medications, and to assist them in their return to their communities.

It evolved through regular and routine meetings between DMH and DOM.

“This just shows that state agencies are working together to benefit people,” said DMH Deputy Executive Director Steven Allen.

“Two state agencies partnering together to do the right things is benefiting people in a positive way.”

