

Utilization Management Committee Agenda

Date: Thursday, October 25, 2018, 1:00PM-4:00PM

Location: Gratiot CMH 608 Wright Ave, Alma, MI

Call-In: **Conf: 888-585-9008/ Room#: 305-403-274**

Meeting content linked here: [October UMC Folder](#)

CMHSP	Participant in RED=phone
Bay-Arenac	Janis Pinter
CEI	Stefanie Zinn; Elise Magen
Central	Kara Laferty
Gratiot	Michelle Stillwagon
Huron	Levi Zagorski
Ionia-The Right Door	N/A (Susan Richards Unavailable)
LifeWays	Dave Lowe
Montcalm Care Network	Adam Stevens
Newaygo	Annette Vander Ark
Saginaw	Vurlia Wheeler
Shiawassee	Jennifer Tucker; Craig Hause
Tuscola	Michael Swathwood
MSHN	Skye Pletcher, Joe Wager
TBD	N/A

Purpose and Powers

Implement the UM Plan and support compliance with MSHN policy, the MDHHS PIHP Contract and related Federal & State laws and regulations.

- **Develop** policies and standards related to access, authorization & service utilization
- **Identify** over/under use of services
- **Recommend** improvement strategies
- **Monitor** follow-through
- **Coordinate** with other committees

UM & CLC Joint Session

No joint session this month as there was not sufficient crossover material for agenda items.

UM Committee Session

I. [UM Committee September Meeting Minutes](#)

Numerous edits needed to the attendance portion of the minutes; submitted corrections have been made and can be found on the updated version of the minutes at the link above.

II. Annual Policy/Procedure/Charter Review and Feedback

- [UMC Charter](#)

The committee requested changes to the “Roles and Responsibilities” section of the charter including: a statement that if there is no self-identified volunteer to fulfill the role of chairperson then the MSHN designee fulfills those responsibilities; removal of the role of Recorder with notation that the MSHN designee is responsible for capturing meeting minutes, key decisions, and action items. No additional substantive changes at this time. Committee discussed vacant chairperson role; committee members to contact Skye if they are willing/interested in serving in this capacity

- [MSHN UM Access System Policy](#)
No changes recommended at this time; UMC recommends subsequent 6-month review in April 2019 rather than waiting a full 12 months. Evaluate for possible inclusion of new regional admission and benefit eligibility guidelines at 6-month review
- [MSHN Utilization Management Policy](#)
No changes recommended at this time; UMC recommends subsequent 6-month review in April 2019 rather than waiting a full 12 months. Evaluate for possible inclusion of new regional admission and benefit eligibility guidelines at 6-month review
- [MSHN FY19 Delegated Managed Care Site Review Tool](#)
 - Section 3-Access System and Section 5-Utilization Management
*Committee provided general feedback that the sources listed for each standard should be as specific as possible including section number/page/attachment when citing large documents such as the Medicaid Provider Manual or MDHHS/PIHP Contract.
Recommendation to combine standards 5.5 and 5.6 into one standard and cite both sources as the same language is listed in each source.

III. **NEW Policy/Procedure- Retroactive Sample Review of Acute Care Services**

[Retrospective Sampling for Acute Services Policy](#)

[Retrospective Sampling for Acute Services Procedure](#)

- A. Background: In order to comply with parity requirements, MSHN ops council has elected for each CMHSP to engage in a retroactive sample review process of acute care service cases utilizing the MCG tool. Each CMHSP will be expected to develop its own policy/procedure relative to conducting the retrospective sample reviews. As this is a delegated function, MSHN will ensure compliance through the delegated care site review process as well as periodic CMHSP updates via the UM Committee regarding outcomes of sample review process (proposed quarterly reviews during UM Committee meetings). Currently UMC reviews acute care service utilization report twice yearly; proposing to review quarterly Nov/Feb/May/Aug. Each CMHSP will report out regarding outcomes of local retrospective review process and any corrective action needed to address variance (if applicable)
- B. Question:
 - i. Is the UM Committee in support of recommending the proposed policy/procedure for regional implementation?

- ii. What sample size does the committee think is most appropriate for review based on [regional acute service utilization data?](#)
- C. Discussion: *The committee was largely supportive of the existing draft language with minor edits, which have been included. Some discussion occurred around establishing a sample size based on percent of total acute care services and establishing minimum and maximum number of cases.*
- D. Outcome: *Committee members to complete review and submit feedback to Skye prior to 11/15. Skye will complete revisions incorporating feedback for final review/approval of UMC and CLC during joint meeting on 11/15.*

IV. Informational Only- Electronic Visit Verification (EVV) Updates

- [L-18-53 issued by MDHHS on 10/12/18](#)

V. LOCUS Exception Testing

- A. Background: During the month of September each CMHSP conducted testing of a sample of LOCUS exception cases provided. Purposes of testing included: data validation; estimation of time/resources needed, and feedback regarding barriers to implementation of a regionwide LOCUS review system. Feedback from each CMHSP was compiled in the document [Aggregate Feedback LOCUS Exception Testing](#) ; UM Committee to review and discuss testing process during this month's meeting and provide recommendations about any necessary changes to the process/rationale for identifying exception cases/etc.
- B. Question: What does the committee suggest in terms of next steps for LOCUS? What revisions need to be made to the exception rationale and/or recommended service utilization grid to provide meaningful and actionable data?
- C. Discussion: *Committee members expressed overall support for implementing ongoing LOCUS review system; recommendation for exception reports to be generated quarterly instead of monthly. Additional suggestions included: monitor CLS and skill building data but not include in exception testing process at this time; removal of consumers with primary I/DD from exception reports if possible as the typical use patterns of some services for this population varies significantly from typical use patterns for primary MI consumers; recommendation for exception reports to only include cases which fall +/- 2 SD's from mean; recommendation for committee to identify regional guidelines for re-application of LOCUS in order to achieve better consistency in utilization data; ensure clarification that the regional LOCUS recommended benefit grid is a benchmark and not a benefit limitation or "cap." Committee emphasized that as a region it is important to honor and find balance between:*
 - i. *Person-centered planning and service authorization based on individual need*
 - ii. *Establishing regionally consistent benchmarks for utilization of services based on clinical criteria and accounting for outliers where clinical justification exist*
- D. Outcomes: *Skye to submit recommended changes to TBD for further testing and refinement; TBD will be invited to November meeting to discuss outcomes of additional testing and revisions to logic.*

VI. Benefit Standardization Service Protocols

- A. Background: The Admission & Benefit Standardization Workgroup (ABSW) has tasked the UM committee with developing regional service protocols for the purpose of establishing regionwide consistency in service eligibility criteria. Location of materials in Box: [Service Protocols 2018-2019](#)
- B. Question: *How does the UM committee propose completing this project if there is not sufficient time during regularly scheduled monthly meetings?*
- C. Discussion: *UM Committee recommended working lunch sessions (12-1pm) prior to the regularly schedule UMC meetings. Committee members requested that MSHN UM staff prep the protocols ahead of time each month by reviewing for updates to CPT/HCPCS codes, DSM-5/ICD-10 diagnoses, Medicaid Manual changes, etc so the committee can focus their work on updates to clinical material such as entrance/exit eligibility requirements*
- D. Outcomes: *Skye will send out a separate calendar invite for these work sessions. Participation by UMC members is voluntary but encouraged as this work supports the regional work being done by the ABSW*

VII. UM Reports

Prospective Utilization Review- None this month

Concurrent Utilization Review

Measure Name	Metric Development Status	Report Due			
		Q1	Q2	Q3	Q4
Inpatient Psychiatric Readmissions (30 Day)	12. Engage in QI efforts as needed	Jan	Apr	Jul	Oct

- A. Background: UMC reviews the inpatient recidivism report as a part of the overall review of use of acute level care services. This measure is the responsibility of the QIC. Determine if trends are within acceptable parameters or strategize to address issues
- B. Question: Does any CMHSP need to take action relative to the data?
- C. Discussion: *All boards currently performing very well and below the 15% statewide standard. No actions needed at this time*
- D. Outcome: N/A

Retrospective Utilization Review

Measure	Metric Development Status	Report Due			
		Q1	Q2	Q3	Q4
Health Outcomes					
Adult Access to Primary Care	12. Engage in QI efforts as needed		Oct		Apr
Child Access to Primary Care	12. Engage in QI efforts as needed		Oct		Apr

- A. Background: The MSHN region continues efforts to engage adults and children in connection to primary care access.

- B. Question: Does any CMHSP need to take action relative to the data?
- C. Discussion: *All boards performing significantly above the statewide performance for this measure. No actions needed at this time.*
- D. Outcomes: N/A

VIII. Parking Lot

- A. MSSV- Review in November; discuss current relevance in light of parity requirements and determine next steps
- B.