

Meeting Date: 3/23/2017 (1:00PM-4:00PM)

MSHN Representatives:

Bay-Arenac: Janis Pinter

CEI: **Stefanie Zin**, Tamah Winzeler

CMHCM: Kara Laferty

Gratiot: Michelle Stillwagon

Huron: **None-excused**

The Right Door: **None**

Lifeways: **Shannan Clevenger,**

Michael Cupp

Montcalm Care Network: **Julianna**

Kozara, Adam Stevens

Newaygo: **Brian Russ**

Saginaw: **Linda Tilot, Vurlia**

Wheeler

Shiawassee: **Craig Hause, Jennifer**

Tucker

Tuscola: Michael Swathwood

TBD Solutions: **Josh Hagedorn**

MSHN Staff: Todd Lewicki, Nicole

Jones, Skye Pletcher, **Cammie**

Meyers

RED= Call-In

KEY DISCUSSION TOPICS

1. Welcome and Introductions (T. Lewicki)
2. Previous Meeting Snapshot
3. Prospective Utilization Review
 - a. Decision Points
 - b. Action Steps
 - c. Information
 - d. Communication
 - e. Parking Lot
4. Concurrent Utilization Review
 - a. Decision Points
 - b. Action Steps
 - c. Information
 - d. Communication
 - e. Parking Lot
4. Retrospective Utilization Review
 - a. Decision Points
 - b. Action Steps
 - c. Information
 - d. Communication
 - e. Parking Lot

Next meeting: 4/27/2017, 1:00 pm at GIHN (Gratiot Integrated Health Network)

▪ **KEY DECISIONS/DIALOG**

- Snapshots & Updates: Group reviewed; no changes made;
- New agenda setup-following of the plan in relation to the measures has made it difficult to see where we are. The metrics were listed relative to the type of measure it is (the three major areas). To help with keeping on track with getting things accomplished at the macro-level. Datalab has assisted greatly, but UM will be defining the remainder of the data measures and proceeding. The measures that are a "12" are ready to go. The root document should be the Share Point site for the measures. Suggestion to review disposition of service requests as a proxy for the MSSV data until it is fully functional. There are some questions around the soundness of this data because of how it is gathered. This will be used a way to review and determine how the region may or may not be comfortable about certain rows. This will address prospective review.
- Decision Points: context for the questions being asked in the measures. Use to point analyses in the direction of where a review is suggested. With the new agenda and need to solidify the report schedule, the decision points cannot be fully addressed at this meeting.

	<ul style="list-style-type: none"> ▪ Information discussed-Inpatient LOS Report draft-encounters are hard to interpret, there are issues in the report with hospital naming conventions, many look the same/similar. ▪ MSSV analysis-reviewed data readiness grid. Submissions go into CEI's encounter database for MSHN. Should submit MSSV data by the 17th of each month. CA (SUD) data just also came in and will upload once cleaned up. All CMHSPs reporting, with exception of Newaygo (transitioning to PCE-did not commit to date), LifeWays (May 1), and Tuscola (did not commit to date). ▪ EPSDT guidance: Discussed that this document is under edit through EDIT. This will be clarified and sent back out to the group. ▪ Authorization Discussion – raised by Joyce (carried forward from November meeting). Joyce has indicated that this was covered. ▪ Kevin's Law Update: Distinguishing between other types of court orders is under discussion and further clarification is forthcoming. ▪ Cross-committee work (with CLC) to define level of care using LOCUS – update ▪ This group has had one meeting and the workgroup is intended to last another meeting or two due to the complexity of level of care and CMH differences with respect to score range variations. ▪ Categorization of Service Codes – MACMHB is asking a work group to identify a categorization; Linda requested input – carried forward from November meeting, will be addressed in Feb due to time constraints this month. Tabled by MACMHB for now, leave in parking area. Codes are changing with new waiver (1115). A subgroup out of EDIT is looking at H2015 and H2016 and how they should be used. H0043 is going to move and not be used by CLS per diem. ▪ BH Teds: Any updates on requirement for LOCUS to be completed for dually diagnosed individuals. Linda is in favor of having LOCUS administered across the two populations. There is ASAM with one group and LOCUS for the other. ▪ Full UM data report schedule was reviewed and completed for scheduled completion and discussion of UM data. This will link to the UM plan and change strategy forms.
<ul style="list-style-type: none"> ▪ ACTION/INPUT REQUIRED 	<p>Action Points-will be addressed in this area for the prospective, concurrent, and retrospective areas of the agenda. Questions to address in this area are:</p> <ol style="list-style-type: none"> 1. Do we need to verify the data? 2. Do we need to request further analysis? 3. Do we need to request change strategies from stakeholders (see MSHN Change Strategy Form)? 4. Do we need to provide regional training? 5. Do we need to modify or clarify regional service eligibility and/or medical necessity criteria through proposed revisions to MSHN policy? 6. Do we need to re-evaluate required credentials for access/intake staff? <ul style="list-style-type: none"> ▪ Recommendation on the Inpatient LOS report-include median and standard deviation, add per 1,000 population (from census). Also include per 1,000 eligibles and per 1,000 served as well. ▪ Want to explore: of the services relevant to a person, what proportion of those services do they end up accessing/using? ▪ CMH submission of inpatient data: This is related to MDHHS Draft Requirements for “Follow Up after Hospitalizations” Measure: What hospitals are the outliers that are not participating with the ADTs? We need to make sure we are aware of who are not participating and determine when they may be submitting and if it is only a few, that we focus on efforts to ensure that they are on board with submitting. The UMC was not in favor of creating

	<p>new systems if it just for a few hospitals rather than expending money to create new systems for just a few hospitals. What is this list of hospitals? Do the CIOs have this? What if we had 75%-80% of the hospitals with ADT feeds, is this acceptable?</p> <ul style="list-style-type: none"> ▪ Parking Lot Item: Linda suggested we come back to CC360 as a federated link into are EHR and ADT feeds (Linda would like to discuss stratification related to ADTs; LACE; juggling between CC360 and ICDP). There are situations with ZTS and CC360 where there are mutual data processes going on, raising questions about using two different systems to perform same and similar systems.
<ul style="list-style-type: none"> ▪ KEY DATA POINTS/DATES 	<ul style="list-style-type: none"> ▪ DA Workgroup/Data Lab Meeting scheduled for 4/11/2017, 12pm-3pm ▪ Next UM Committee meeting 4/27/2017, 1-4pm