

## Utilization Management Team

**Present:** Cindy (Newaygo), Julie (Ionia), Mike (Newaygo), Paul (CEI), and Dan (Gratiot)

**Absent:** Joan (Manistee/Benzie) she is in Maui and we're all envious

- Called to order by Paul at 9:05 AM
- Reviewed Previous Minutes
- We discussed Functional measurement tools for adult MI
  - Ionia still uses Basis
  - Newaygo developed their own / Cindy will share next meeting
  - CAFAS – most affiliates do the CAFAS at admission, annually and discharge no need to change was noted.
- MMBPIS Indicators - reviewed current quarter. Discussion ensued on the value of this team reviewing these as they are reviewed by QI. Paul will discuss at QI and determine who can catch inaccurate data. We noted that by the time the data arrives for UM team to review it is too late to change any data submitted to DCH.
- We noted that the General Fund and Medicaid Contracts as well as Chapter III have been revised and released. This team needs to review them.
- Service Guidelines – The new DCH GF and Medicaid Contracts and Chapter III requires us to review the guidelines already developed. CEI is rewriting their SED children service guidelines but this has bogged down. Team discussed the need to develop Best Practice simultaneously with UM guidelines. The guidelines are on hold as we review the contracts and Chapter III with the Affiliation Service Grid.
- ACT authorization – discussion about the time lines for UM of ACT and how often it must be reauthorized. The Draft Chapter III said quarterly the final version of Chapter III does not indicate. Most favor 6 month.
- Paul will share CEI's UM process next meeting
- Team reviewed the quarterly hospital data corrected errors and suggested some new rows on form. We will split out the ALOS to a separate row from Voluntary and Involuntary total days (see attached Gratiot Form).  
Also all Affiliates will include a row of discharges per 1000 population. Each Affiliate will look up there 2000 census for total population adults (18+) and children (under 18). This will equalize us to see if admission performance is equal across the affiliation.
- The UM team discuss Mark Nelson's (M/B) proposal of initiating a Clinical Directors Work Group. Cindy indicated that this team already has 3 of 5 Clinical Directors and we could invite the others to form the team. This team would redefine itself and its charge (to include UM) but would allow UM not to be developed in Isolation of Best Practice and other clinical considerations.  
Cindy will write up our rationale and present it at the next Core Group.

- We decided to have this meeting prior to Core Group so as to enhance the Clinical Directors attendance. Next meeting is December 3<sup>rd</sup>, 10 AM – Noon at CEI, Core Group begins at 1 PM.

Respectfully submitted by

Daniel F. Alonzi