

COMMITTEE CHARTER

NAME: Utilization Management
LEADER: Skye Pletcher, MSHN Chief Population Health Officer
ADOPTED: April 21, 2014
LAST APPROVED: October 26, 2023

This charter shall constitute the structure, operation, membership and responsibilities of the Mid-State Health Network (MSHN) Utilization Management Committee (UMC).

Purpose of the Utilization Management Committee:

The Utilization Management Committee (UMC) exists to assure effective implementation of the Mid-State Health Network's UM Plan and to support compliance with requirements for MSHN policy, the Michigan Department of Health and Human Services Prepaid Inpatient Health Plan Contract and related Federal & State laws and regulations.

Responsibilities and Duties: The responsibilities and duties of the UMC shall include the following:

- Develop and monitor a regional utilization management plan;
- Set utilization management priorities based on the MSHN strategic plan and/or contractual/public policy expectations;
- Recommend policy and practices for access, authorization and utilization management standards that are consistent with requirements and represent best practices;
- Participate in the development of access, authorization and utilization management monitoring criteria and tools to assure regional compliance with approved policies and standards;
- Support development of materials and proofs for external quality review activities;
- Establish improvement priorities based on results of external quality review activities;
- Recommend regional medical necessity and level of care criteria;
- Perform utilization management functions sufficient to analyze and make recommendations relating to controlling costs, mitigating risk and assuring quality of care; review and monitor utilization patterns and analysis to detect and recommend remediation of over/under or inappropriate utilization;
- Recommend improvement strategies where adverse utilization trends are detected; and
- Implement policies and systems to ensure consistency with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).
- Ensure committee coordination and information sharing to address continuity and efficiency of PIHP processes.

Decision-Making Context and Scope

1. General Decision-Making Process: Consensus shall be the primary mode of decision making and efforts shall be made to extend dialogue and gather information toward consensus to the extent possible.

Should consensus not be achieved, any member of the UMC may call for a vote of the members. A vote of the body is not binding on the MSHN CEO, rather it is used to further inform as to the strength of the members' position on the subject. Any decision made subsequent to a vote of the UMC, including any items referred to the Operations Council (OC), shall reflect both the majority and minority opinions on that matter. The CEO shall inform UMC and OC members of the final decision/recommendation before further action is taken.

2. Specific authority/process related to the following: The UMC shall provide council to the MSHN CEO and OC on the Strategic plan, MSHN Policies and procedures, UM Criteria, performance monitoring and

sanctions. Advice and counsel shall be achieved through sharing of ideas, solution focused dialogue, and research.

Defined Goals, Monitoring, Reporting and Accountability – As defined by the Utilization Management Plan

Membership

- a. The UMC shall be comprised of CMHSP participant members and the MSHN Director of Utilization and Care Management.
- b. CMHSP designees become members of the UMC through appointment by MSHN OC and as recommended by the CMHSP Participant CEO.
- c. Membership shall be representative of the MSHN Region with each CMHSP having no more than one vote
- d. Alternates may attend and speak with the power granted by their CEO.
- e. External attendees are by invitation, should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the UMC for a specific agenda topic and shall only participate during the related topic.

Roles and Responsibilities

- a. Chairperson – With the MSHN designee, supports agenda development, runs the meeting and maintains order; may represent the committee and making reports on behalf of the committee. The Chairperson is a self-identified volunteer. In the event a self-identified volunteer is not available to act as Chairperson, the MSHN designee is responsible for fulfilling the responsibilities of the Chairperson.
- b. Facilitator – The MSHN designee responsible for supporting agenda development, capturing meeting minutes and key decisions, and completing assignment follow-up. Serves as the primary point of contact for the committee; is accountable for representing the committee and making reports on behalf of the committee.
- c. Member – An appointed member is a voting member. All members shall participate in the UMC in accordance with established groundrules. As a representative of their CMH, each member is responsible for informing and updating others within their agency of any pertinent information that has been reviewed and discussed.

Member Conduct/Ground Rules: Members of the MSHN UMC seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others
 - Only one person speaks at a time; no one will interrupt while someone is speaking.
 - Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
 - No sidebars or end-runs.
 - Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
 - No personal attacks. “Challenge ideas, not people.”
 - Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged. Disparaging comments are discouraged.
 - Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.

2. Meeting Efficiency

- The agenda and related materials will be distributed one week in advance of the meeting.
- Members are prepared for the agenda content and have completed related assignments on time.
- Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members share equally in the work of the body.

3. Decision Making

- Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.
- Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodate their interests and the interests of others.
- Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

Meetings

- a. Regular Meetings: Will typically occur monthly.
- b. Special Meetings: Special meetings shall occur as determined by the consensus of the group and as business of the body necessitates.
- c. Attendance at Meetings: Members shall regularly attend or send a designee who is prepared to act on behalf of the appointed member.
- d. Agenda: The Agenda shall be prepared by the MSHN Director of Utilization and Care Management in consultation with the UMC Chairperson and shall be distributed in advance of the meeting with related attachments. To the extent possible the agenda shall clarify the context of a discussion to support the need for SMEs or in determining an alternate for meeting attendance.
- e. Key Decisions: The recorder shall prepare a meeting summary ("Snapshot") that reflects key decisions and required actions to occur subsequent to the meeting. The required actions shall specify what, who, and by when. Committee recommendations will be made available to the appropriate committee and/or council (i.e. Operations Council, Clinical Leadership Committee, Provider Network Committee, MSHN Committees and Teams).

UMC Annual Evaluation Process

- a. Past Year's Accomplishments
- b. Upcoming Goals