



Utilization Management Quarterly Report

July 2022 – September 2022 (FY22 Q4)

Background & Purpose

The MSHN Utilization Management (UM) department provides oversight of access and referral for substance use disorder (SUD) treatment services and authorization of SUD treatment services. The UM department also provides support and technical assistance to the SUD provider network related to these content areas. The purpose of the quarterly report is to:

1. **Summarize Quarterly Activity** in the areas of utilization review: prospective, concurrent, and retrospective
2. **Conduct Environmental Scan** of external and internal factors which may affect the UM Department's ability to adequately perform responsibilities
3. **Plan for Future Initiatives** during FY22 and beyond

Prospective Utilization Review

The MSHN UM Plan identifies the following components of prospective utilization review:

1. Service eligibility determination through an access screening process
2. Verification of medical necessity through a clinical assessment process
3. Standardized assessment and/or level of care tools for certain clinical populations
4. Specialized testing/evaluations for certain services
5. Certification for certain enrollment-based services
6. Pre-authorization (amount, scope and duration) for certain services

Service Eligibility & Access Screening Process

There were a total of 3,498 SUD access screenings (called LOC Determinations) completed in REMI during Q4. The following table summarizes the dispositions of Level of Care Determinations performed during Q4:

Eligible - Referred to another SUD Provider	150
Eligible- Assessment Scheduled with this Provider	3186
Eligible- Consumer Refused Services	61
Disposition left Blank	61
Not Eligible	40

Of the 3,498 Level of Care Determinations completed during Q4 in which the person met eligibility criteria to receive SUD treatment services, 150 (4.2%) were referred to a different SUD provider than the one who performed the screening. The high percentage of SUD providers referring individuals to their own programs continues to raise concerns about conflict-free access and whether or not individuals are being provided with an appropriate array of treatment options to meet their needs.

MSHN participated in a voluntary research study about access to SUD services which was conducted by the Institute for Healthcare Policy & Innovation at the University of Michigan on behalf of MDHHS. U of M researchers facilitated focus group interviews with volunteer participants from five (5) SUD providers and seven (7) CMHSP Access Centers. The final report (attached for reference) yielded a lot of useful recommendations. Interestingly, there was also a lot of misinformation contained in the report which demonstrated lack of understanding of the MSHN access process from CMHSP and SUDSP staff who are performing screening and access functions. An important first step in addressing the recommendations from the report will be to conduct regional refresher trainings about the screening and access process.

Around the same time that MSHN received the final report from University of Michigan, MDHHS issued a memo to all PIHPs in the state advising of new funding for FY23 and beyond to create a designated SUD Care Navigator staffing position at the PIHP. MSHN will utilize the new SUD Care Navigator staffing position to assist with access to care for priority population individuals as well as implementation of additional improvement strategies in response to the University of Michigan report recommendations.

Recommendations & Next Steps

- **Recommendation:** SUD Care Navigator will develop regional screening/access refresher trainings with assistance from the UM Specialists. Recorded on-demand training will be made available to CMHSP and SUDSP providers and virtual live training opportunities will be offered on a quarterly basis to account for staff turnover.
- **Recommendation:** Develop new tracking/reporting process to gather required data about persons served by SUD Care Navigator to fulfill MDHHS reporting requirements.

Concurrent Utilization Review

The MSHN Utilization Management Plan identifies the following components of concurrent utilization review:

1. Each individual receiving services has an individualized plan of service (treatment plan) which outlines the services to be received
2. The amount, scope, and duration of each service will be determined by the person receiving the service and their SUD Provider or CMHSP through a person-centered and recovery-oriented process
3. The individualized plan of service for each person will specify the frequency of review
4. The periodic review of individual plans will incorporate documentation or re-assessment of the individual's continued service eligibility and medical necessity for the services being received
5. The PIHP may utilize service authorization protocols in order to trigger additional review of medical necessity for service requests which reflect potential over or under utilization of services

Concurrent Authorization Reviews: Potential Over-Utilization

A concurrent review is triggered in the REMI system when the amount of services being requested for a specific individual consumer exceeds the typical utilization range for a given service for a given time period. These authorization requests are routed to a queue for UM department review in the REMI system. The table below indicates the total number of authorizations processed in the REMI system each quarter during FY22, including those that were automatically approved and those that required concurrent review.

FY 22	Auto Approved	Concurrent Review	Total	Average Rate of Concurrent Review	Average Number of Concurrent Reviews per Week
Q1	7339	911	8286	11%	76
Q2	7318	876	8274	10.5%	73
Q3	7445	1032	8519	12%	86
Q4	6807	752	7630	9.8%	63

During a concurrent review a MSHN UM specialist verifies that the higher amount of services being requested are medically necessary to meet the needs of the person according to the clinical documentation submitted with the authorization request. If the documentation is sufficient to support medical necessity the authorization request is approved. If there is not adequate documentation of medical necessity the UM specialist will return the authorization to the requesting provider for more information. The table below indicates the number of authorizations requiring concurrent review each quarter and of those, the amount that had to be returned to the requesting provider:

FY 22	Concurrent Review	Returned to Requestor	Percent Returned to Requestor
Q1	911	333	36.5%
Q2	876	267	30.4%
Q3	1032	353	34.2%
Q4	752	206	27.4%

Authorization dashboards are used by the UM department to identify specific provider agencies who require higher rates of concurrent authorization review and/or a high percentage of authorizations returned, potentially indicating the need for additional provider training around individual service planning and documentation of medical necessity criteria. When concerns with a provider agency are identified through high rates of concurrent review and/or a high percentage of returned authorizations the following progressive steps are taken:

1. A MSHN UM specialist reaches out to the agency clinical supervisor to discuss the reasons for the high number of authorizations requiring concurrent review and to provide technical

assistance. Technical assistance was provided to the following providers during Q4 related to concurrent authorization review:

- a) **Professional Psychological & Psychiatric Services (PPPS) Saginaw (9/8/2022)** – addressed individualized and measurable treatment plans as well as length of stay in treatment. [TA Referral PPPS 9.8.22.docx | Powered by Box](#)
2. If high levels of concurrent authorizations persist despite UM technical assistance, the UM department will complete a retrospective review of a larger sample of client records from the agency. UM retrospective review findings are provided to the MSHN Tx Team with a referral for additional technical assistance/training in the areas of individualized treatment planning and ASAM criteria for medical necessity. (See Retrospective Utilization Section of this report)
3. Depending on the severity of concerns and lack of improvement despite previous technical assistance, the UM and TX teams will implement a Performance Enhancement Plan (PEP) with the provider. The UM team and TX team conduct periodic PEP progress meetings to provide technical assistance and monitor progress toward the established performance improvement targets. The MSHN TX team and UM team currently have open PEPs with the following providers:
 - a) **Wedgwood (8/1/2022)** – addressed concerns related to matching individuals to the appropriate level of care at the time of initial screening. [Wedgwood - CAP Implementation Monitoring Review 8-1-2022.docx | Powered by Box](#)

Recommendations & Next Steps

- No New Recommendations during Q4

Retrospective Utilization Review

The MSHN UM Plan identifies the following components of retrospective utilization review:

1. Retrospective review will focus on cost of care, service utilization, and clinical profile
2. Inconsistency with regional service eligibility and/or medical necessity criteria; and/or
3. Possible over and under-utilization of services when compared to the distribution of service encounters, associated measures of central tendency (i.e. mean, median, mode, standard deviation), and consumer clinical profiles (i.e., functional needs) across the region.

The focus of retrospective reviews during Q4 was recovery housing services. During FY22 MSHN funded a total of 34,273 days of recovery housing for 673 individuals, an average of 51 days per person. Recovery Housing utilization remained consistent during FY22 throughout the region as a whole as well as individual provider organizations. There were no individual provider organizations identified as outliers using the criteria outlined above. The following table depicts the number of individuals served by provider and average number of days:

Recovery Housing Provider	Distinct Count of Persons Served	Total Units (Days)	Average Days/Person
Addiction Treatment Services	13	737	57
Flint Odyssey House	12	152	13
Harbor Hall - Outpatient	18	977	54
Harbor Hall - Residential	19	305	16
Holy Cross Services - Bay Recovery House	3	18	6
Mid-Michigan Recovery Services	88	4648	53
Pinnacle Recovery Services	114	5824	51
Randy's House of Greenville	34	1457	43
Saginaw Odyssey House, Inc. - Michigan Ave.	63	3428	54
Saginaw Odyssey House, Inc. - Warren Ave.	4	80	20
Saginaw Psychological Services - Saginaw	89	3631	41
Ten16 - Midland OP	34	1749	51
WAI-IAM	212	11267	53
Grand Total	674	34273	51

Recommendations & Next Steps

- No New Recommendations during Q4

Environmental Scan

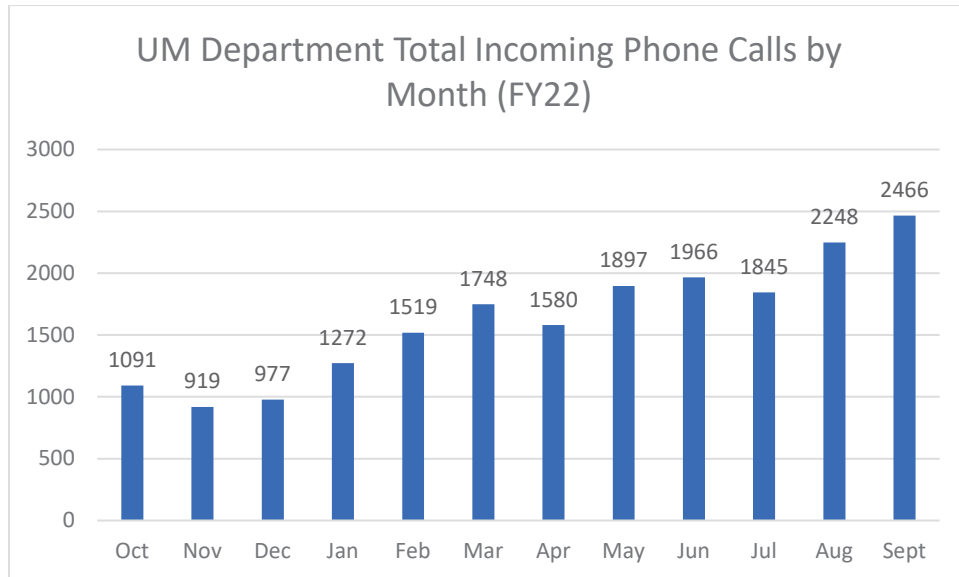
Internal: Department Workflow

UM phone call dashboards are used to track metrics related to incoming calls to the UM Department. The data will be used to:

- Monitor incoming call volume and implications for staff time/availability
- Assess distribution of workload among UM specialists
- Monitor/address productivity as needed
- Ensure that call routing logic is functioning as intended so that calls are answered in a timely manner
- Identify if there are additional staffing needs related to access to services
- Identify any needed areas of improvement to ensure compliance with MDHHS Access Standards

Month	Total Incoming Calls	Average Calls per Week
July	1845	461
August	2248	450
September	2466	617
Q4 Total	6559	505

The volume of incoming phone calls to the MSHN UM Department has continued to increase steadily and significantly each month throughout FY22. **Total phone calls more than doubled from Q1 (2987 calls) to Q4 (6559 calls).** The graph below depicts the number of phone calls received each month by the UM Department.



If call volume remains high MSHN will need to consider additional strategies for coverage as this will impact availability of UM Specialists to engage in other duties. Additionally, MSHN UM Specialists frequently receive reports that the phone system is not working as intended – callers report issues such as no option to leave a voicemail message, calls ringing repeatedly with no answer, and receiving the afterhours greeting during regular business hours. Unfortunately, these issues have not been corrected despite repeated requests for technical assistance from the phone service provider. As a result, the MSHN IT department is working with the Director of Utilization & Care Management to explore other potential phone providers with enhanced auto attendant and call routing features. This will continue to be explored in FY23.

External: MDHHS Service Authorization Denials Quarterly Report

MSHN compiles CMHSP and SUD service authorization denial data and submits it to MDHHS on a quarterly basis. The following table contains a YTD summary of all service authorization denials:

Denial Reason	Number of Denials	Number of Denials per 100 Members	Timely Decisions – Standard	Untimely Decisions – Standard	Timely Decisions – Expedited	Untimely Decisions – Expedited
Eligibility	3625	410.02	3341	129	150	5
Delay	85	0.23	62	23	0	0



Mid-State Health Network

Utilization Management
Quarterly Report (FY22 Q4)

Medical Necessity	653	1.81	531	113	8	1
Other	34	0.09	30	4	0	0
Total	4397	12.15	3964	269	158	6

93.7% of service authorization denials were made within the required timeframe (14 days for standard requests, 72 hours for expedited requests). The MSHN UM Department and MSHN Customer Service will continue to monitor subsequent quarterly reports and address any issues identified by MDHHS through the appropriate regional committee(s) (Utilization Management and/or Customer Service).