

Board Summary - Awarded RFP

RFP - Case Management Utilization Review

Awarded 06/06/2023

Overview:

MHS has requested an on-site assessment of the current structure of MHS hospital case management functions, including centralized utilization review. This assessment should cover coordination of care functions, workflow (including use of CarePort and EPIC), staffing structure, multidisciplinary rounds, handling of complex cases, escalation procedures, discharge barriers, documentation, social admissions, and physician involvement.

The review should include patient flow, compliance and roles and functions of the case management department including the RN case managers and the SW case managers.

The review should assess:

- Metrics monitored (outcomes), and the tracking and evaluation processes of case management.
- The department's ability to maximize case management's influence on value-based care.
- Compliance with Conditions of Participation for UR and discharge planning, the Important Message from Medicare, and Choice Lists and documentation.

Challenges with current environment:

MHS is experiencing ongoing challenges with long lengths of stay due to care progression and difficulties with timely post-acute care discharge and availability of post-acute locations willing to take complex and underfunded patients. These challenges exist to varying degree across the MHS facilities. Memorial Healthcare System centralized the utilization review function a number of years ago. The effectiveness of this separation is requested to be reviewed.

Current Vendor/Costs:

There is no incumbent for this service.

Why RFP was issued:

The primary objectives of the assessment are:

1. Determine if the hospital case management departments and centralized utilization review are optimally structured for success as high performing departments.
2. Make recommendations for achieving high performing departments.
3. Evaluate the capability of current case management processes to achieve improved patient throughput, reduced length of stay, and fewer readmissions.
4. Provide recommendations for goals in LOS and readmissions.
5. Evaluate if the case management staff roles and functions are structured to positively impact care progression, length of stay goals and quality measures such as readmissions.
6. Provide recommendations for reducing staff turnover in hospital case management and centralized utilization review.

Committee Members:

Name	Department
David Smith	Corporate Finance
Walter Bussell	Administration
Kevin Corcoran	Administration
Alberto Garcia*	Administration
Irfan Mirza	Finance
Monica Puga	Nursing Executive
Lazaro Ares	Case Management
Thais Azevedo	Case Management
Lis Caro	Case Management
Carine Cemelfort	Case Management
Dr. John Colombo	Utilization Review
Barbara Williamson	Utilization Review
Dr. Jacques Orces	Medical Director

*Did not vote

RFP vendor response:

VENDOR NAME
Case Management Concepts
ECG Management Consultants
Optum
Phoenix Medical Management
RSM US LLP
The Center for Case Management
The Chartis Group

Initial vendor eliminations upon review of written proposal:

VENDOR NAME
Optum
Phoenix Medical Management
RSM US LLP

Vendor Presentations / Demonstrations:

VENDOR NAME
Case Management Concepts
ECG Management Consultants
The Center for Case Management
The Chartis Group

Vendors Selected:

The Center for Case Management

Negotiated Cost:

<u>Description</u>	<u>Pricing</u>
Consultants	\$145,000
Analytics and Technology Support	\$ 53,500
Travel	\$ 35,000
Total Fees	\$233,500