CASE STUDY



Utilization Management

Plug-and-Play Clinical Expertise: Admissions Review & Inpatient Backlog Reduction, Rapid Savings

The utilization management (UM) department for one region of a large, national health plan was underperforming—not only was the team not operating to standards, but it had inefficient workflows and a huge backlog of inpatient cases. Further, utilization management nurses were not applying admissions criteria properly, with significant financial implications for the plan and health risk for its members.

Toney Healthcare was engaged to provide comprehensive utilization management and best practice expertise. After <u>transforming the department's operations</u> to improve collaboration, efficiency and compliance, our clinical experts went to work to reduce the backlog and stress-test the new organizational design. The result? The entire panel of backlogged cases was cleared, admissions were reviewed and optimized, and the new organizational design was proven in action. Plus, Toney Healthcare drove over \$1M in savings in just one line of business, in one month, from two hospitals.

ELIMINATING BACKLOG: RAPID DEPLOYMENT OF CLINICAL RESOURCE

Toney Healthcare rapidly deployed an entire team of clinical resources, all with managed-care experience, and managed the team's work and quality performance. As a first step, Toney Healthcare addressed the inpatient case queue—a backlog of more than 900 cases, many one or two months old. In just 10 days, applying the best-practice processes implemented during the organizational transformation effort, the Toney team eliminated the entire backlog and brought the queue completely up to date. All clinicians worked within the health plan's systems as an integrated part of the health plan's utilization management team, empowering the plan with full transparency and reporting.



Read more about how Toney Healthcare drove efficiency, accountability and compliance through organizational transformation.

\$1,021,792

admissions review savings from just two hospitals in a single month

900 backlogged cases cleared

in just 10 days

25 to 30 cases

processed per day per nurse, including hospital negotiations

< 5% error rate

in MCG criteria selection



ADMISSIONS REVIEW: CLINICAL APPROPRIATENESS OF CARE

The Toney Healthcare UM team seamlessly transitioned to a retrospective admissions review for the commercial members of two hospitals, a process that the plan had not previously performed. Applying MCG criteria, the Toney team identified those cases that did not meet inpatient criteria and worked with the hospitals to negotiate a change from inpatient status to a more appropriate observation status or emergency department stay. The few cases where the hospital and the Toney nursing staff were not in agreement were sent to the medical director for review —only 13 cases of the 2,740 cases reviewed.

\$1.02M IN SAVINGS GENERATED IN ONE MONTH

While the health plan medical director's review missed some savings opportunities by allowing a few cases to remain at inpatient status despite not meeting MCG inpatient criteria, the Toney-led admissions review generated a huge reduction in cost. In just one month at two hospitals, more than \$1M was saved based on the health plan's own claims reconciliation. The Toney team was also highly accurate, achieving < 5% error rate in MCG criteria application.

As important, the admissions review stress-tested the organizational transformation to make sure policies and procedures were working, people and departments were communicating, and everybody understood their role. After the process was complete and all 2,740 cases were addressed—and the health plan's utilization management nurses were fully trained by Toney Healthcare—the health plan took over management of the program.

2 740					al admissions cases reviewed hissions review only - no concurrent review			
	1	.00	Inappropriate for inpatient status Did not meet MCG inpatient criteria					
		87 or		Status changed per hospital agreement to observation or ED No need for medical director involvement, savings generated				
					Cases sent to health plan medical director for review			
				- 11	npatient status approved by plan medical directo Missed savings opportunities—cases did not meet MCG inpatient criteria			
			4		Inpatient status denied by medical director Inpatient status changed to observation per nurse recommendation, savings generated			

		Hospital A	Hospital B
	Inpatient	\$18,006	\$11,809
Average cost per case	Observation	\$3,826	\$4,326
per case	Emergency department (ED)	\$3,237	\$2,343
Average savings per	Converted to observation	\$14,180	\$7,483
case	Converted to ED	\$14,769	\$9,466

One month savings at 2 hospitals: \$1,021,792

READY TO LEARN MORE?

Toney Healthcare's team of experts is ready to help you address your utilization, care and behavioral health resource needs with plug-and-play health management services and expertise so you get the help you need, fast—and without HR headaches.

Learn more at ToneyHealthcare.com.