

# Welcome

Utilization and Revenue Cycle Management











✔ Maximum Efficiency

✔ Better Patient Care

✔ Accelerated Cost Savings

# PROBLEM AREAS



-  Hospitals do not have comprehensive or up to date payor requirements for providers
-  Incorrect or Insufficient Communication by hospitals with payors
  -  Admission Notification
  -  Securing Authorizations
  -  Daily Admission Justification
-  Denial rates increasing
-  Hospitals don't have concurrent or even retrospective analytics on Utilization Management, Authorization Status, or Denials.
-  Lack of clear understanding of correct level of admission for every patient and real-time update for level of care
-  Hospital nursing shortage, lack of expertise and quality control
-  Prolonged length of stay /Avoidable days

# ED UTILIZATION MANAGEMENT



## ✓ ED Level

- Payer Notification - Immediate and compliant notification to all payers upon patient arrival/admission
- Post-Stabilization Review - Stable/Non-Stable for transfer, out of network, transfer timeframe compliance by payers
- 24/7 Real-Time ED Initial Review- Immediate assessment against InterQual or MCG criteria
- Real-Time ED Provider Notification - Direct message to ED provider with MCG or InterQual admission criteria and the level of care the patient meets.

## ✓ Admission Decision

- Admission Inpatient or Observation Medical Necessity Review - Within 24 hours of admission per CMS requirements keeping you in compliance
- Submit medical records and medical necessity reviews to payers

## ✓ Payer Communication and Securing Authorization

- Concurrent Authorization Management- Real-time communication with payers (payer portals, phone calls, fax) to secure authorization approvals as care evolves
- Records Submission- Timely delivery of all supporting clinical documentation to payers
- Escalation When Needed Peer-to-peer review or CMO/ Physician Advisor escalation

# INPATIENT UTILIZATION MANAGEMENT



## **Concurrent Medical Necessity Reviews performed before multidisciplinary rounds (8-10am)**

- Identify levels of care: ICU vs Telemetry vs MedSurg
- Avoidable days
- Medical Records and MNRs are sent to payers
- Direct Communication and coordination with PA/Attending Physicians
- Payor Communication with prompt resolution
- Internal Quality Assurance process

## **Detailed Payor's Grid**

## **Obtain payer authorization**

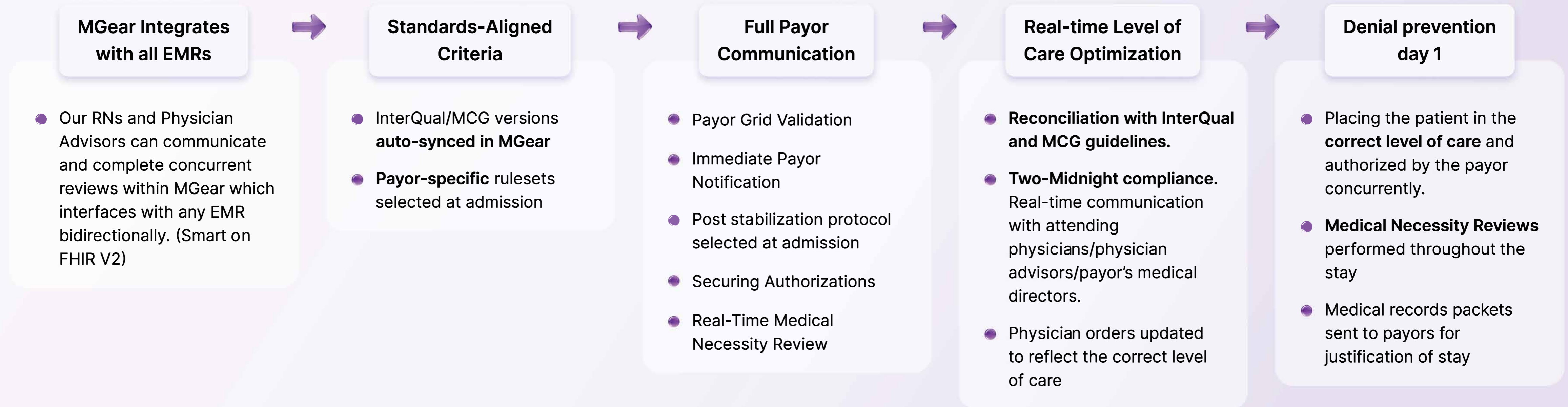
## **Your hospital case manager will have additional time to work on patient care coordination and discharge planning**

## **Denials management: All level of appeals, Peer to Peer, and Reporting**

# BSERVED + MGEAR: THE SERVICE AND SOFTWARE SOLUTION



Embedded Experts ● Single Vendor ● Scalable



## KEY POINT:

- Delivers execution and compliance in one layer.
- Replaces multiple vendors and manual steps with a single verifiable stream that CFOs and auditors can trust.

# RESULTS DRIVEN



- **bServed embeds clinicians, nurses and revenue cycle experts** into hospitals and healthcare systems

- **We developed MGear, a proprietary software** that maximizes reimbursement and reduces payment delays

**27%**

Improved admission rate

**24/7**

Nursing and Support teams rate

**25%**

Reduced denial rates

**0.5-1Day**

Reduction in length of stay

**45-63%**

Staffing cost saving

## KEY POINT:

- Regulatory change has turned Revenue Cycle/Utilization Management from a hospital cost center into a financial necessity
- CMS 2026 rules require electronic auth and real-time payer response
- **bServed is already there**