



bServed

*utilization management
& care coordination*

Maximum efficiency

Better patient care

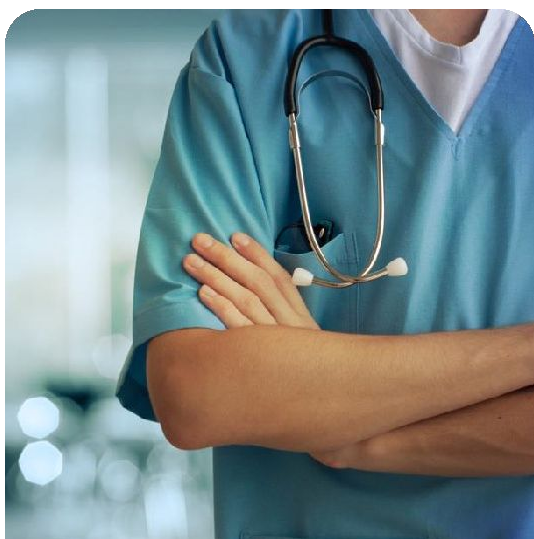
Accelerated Cost Savings



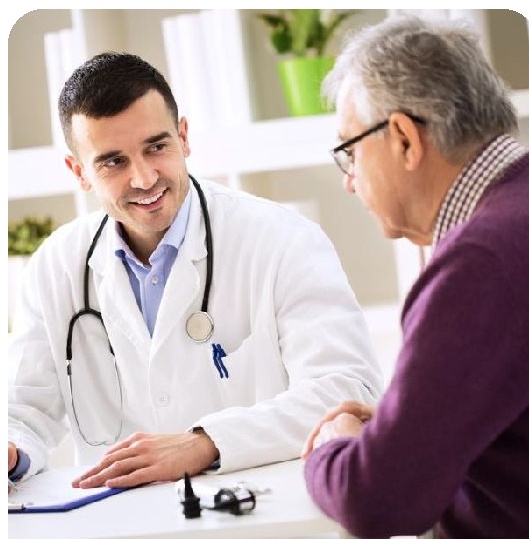


bServed

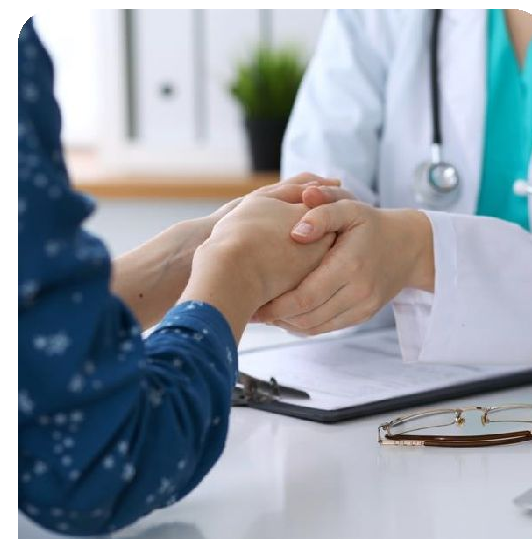
PRECISION UM



Turn-key



Full service



No Risk

EMERGENCY ROOM LEVEL

✓ 24/7 Real-time Emergency Department (ED) Utilization Review

bServed provides **around-the-clock Utilization Review** to ensure ED admissions meet medical necessity criteria, reducing unnecessary observation stays and **maximizing reimbursement** while preventing denials.

✓ Post-Stabilization Processing

We streamline **post-stabilization reviews**, ensuring that patients who require continued care remain in the hospital with **payer-approved status**, avoiding inappropriate transfers or lost revenue.

INPATIENT LEVEL

✓ Inpatient Medical Necessity Review with Payer Authorization Secured

Our **expert physician-led team** conducts detailed inpatient reviews, securing payer authorizations in real-time to **prevent denials and revenue delays**.

✓ Patient Throughput and Discharge Planning

bServed enhances **care transitions** by working alongside hospital case managers to **reduce avoidable delays**, ensuring patients are discharged safely and efficiently to the **appropriate level of care**.

DENIALS PROTECTION

✓ **Concurrent and Retrospective Denial Recovery**

We **proactively prevent denials** through concurrent review and recover lost revenue by conducting **detailed retrospective appeals**, using strong clinical and regulatory expertise.

CONSULTING INCLUDED

✓ **Executive and Case Management Consulting Included**

Our **C-Suite and clinical experts** provide **hands-on consulting**, training hospital teams on **best practices** in Utilization Management, revenue cycle, and compliance strategies.

FURTHER REVENUE PROTECTION

✓ **Clinical Documentation Improvement (CDI)/ and Coding**

bServed improves **provider documentation** to ensure accurate coding, prevent denials, and support **proper reimbursement** by aligning clinical records with payer expectations.

Typical problem areas



Case manager caseload



Length of stay



Avoidable days



Correct level of care assignment



Denial rates



Weekend and overnight coverage

PRECISION UM





**EASY
IMPLEMENTATION**



**IMPACT STARTS
DAY 1**

10 - 27%

Improved admission rates

10 - 25%

Reduced denial rates

45 - 63%

Staffing cost savings

\$2,500,000

Additional annual revenue
with our CDI program

0.5 - 1 Day

Reduction In length of stay

How we achieve it

PRECISION UM



Clinical, operational and hospital finance focus



High engagement and flexibility with hospitals



Hospital and health plan UM experts



Rigorous UM training program and multilevel quality checks



MGear:

the most powerful utilization management software

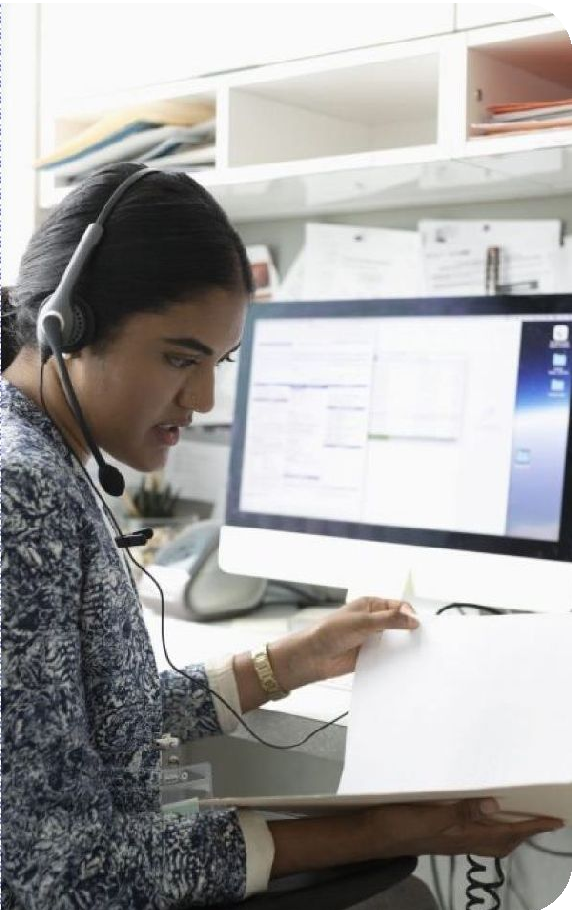
- MCG/InterQual integration
- Rapid criteria selection, patient throughput and care coordination
- Epic and Cerner applications
- Unlimited functionality with all available EMRs
- HIPAA and HITRUST Certified

UTILIZATION MANAGEMENT



ED Medical Necessity Review & Securing Authorization

ED UM



Perform an official MCG or InterQual medical necessity review (MNR).



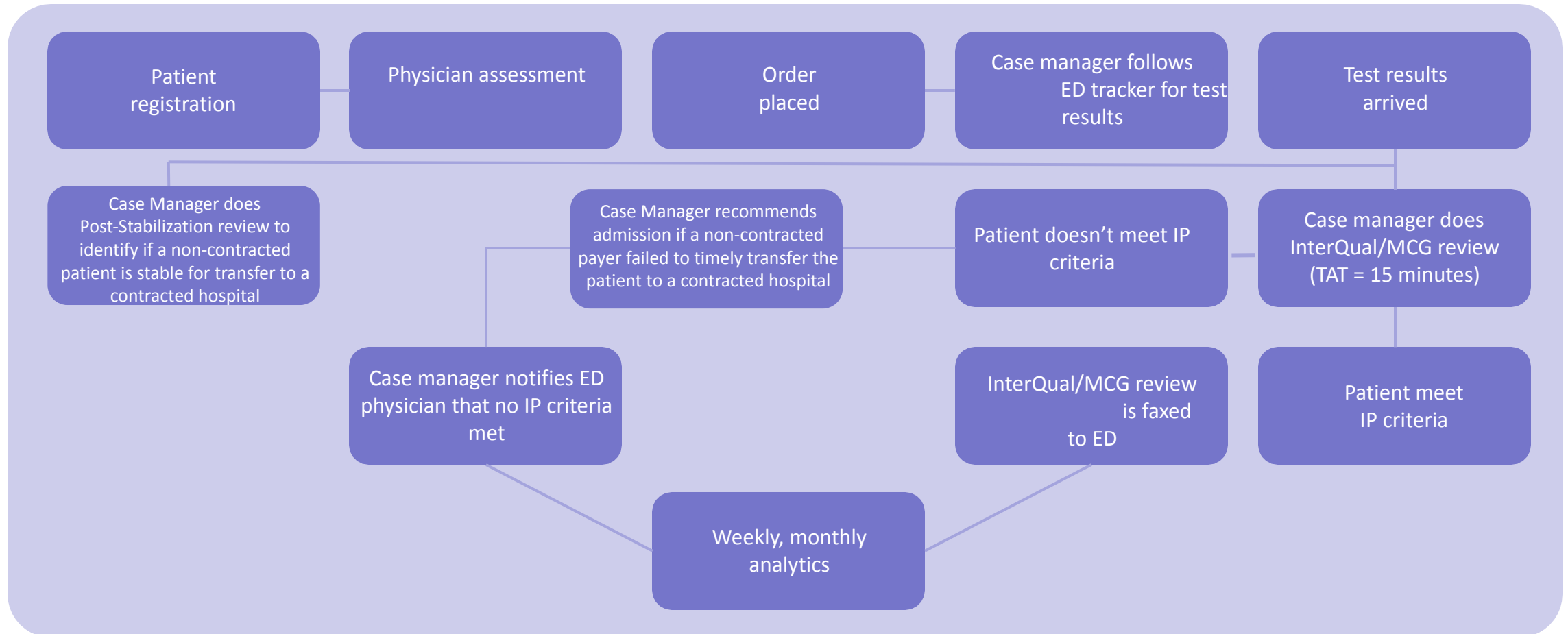
bServed reviewer will monitor all ED visits 24/7, and follow that case through the ED work up process.

- When the workup is complete the bServed reviewer will perform an MNR.
- The MNR is then sent directly to the provider, alerting the physician of a qualified admission opportunity before the provider makes a patient disposition decision.



The goal is to optimize admissions by capturing borderline cases that routinely get discharged. Also, admit the patient to the correct level of care from the ED, avoiding downgrades and denials.

ED Workflow



ED MNR IMPACT

Dashboard

Date	Time	Account No.	Payor Name	Patient Name	Age	Sex	Triage Level (1-5)	Chief Complaint	Provider	Medical Necessity Review	Admission Recommendation	Final Admission Decision	Reviewer Name	Medical Director Review	
														Provider	Note
8.1.23	1300	123456	Medicare	John Smith	65	M	2	Chest Pain	Dr. Speck	xyz	Inpatient	Inpatient	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Observation	Observation	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Criteria Not Met	Discharge	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Criteria Not Met	AMA/Eloped/Refused Admit	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	4	Chest Pain	Dr. Speck	xyz	Inpatient	Observation	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	4	Chest Pain	Dr. Speck	xyz	Observation	Inpatient	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Inpatient	Discharge	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	4	Chest Pain	Dr. Speck	xyz	Observation	Discharge	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Inpatient	HM Refused Admission	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Observation	HM Refused Admission	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	4	Chest Pain	Dr. Speck	xyz	Inpatient	Transfers	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Observation	Inpatient	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	4	Chest Pain	Dr. Speck	xyz	Criteria Not Met	Inpatient	Argo		
8.1.23	1300	123456	Medicare	John Smith	65	M	3	Chest Pain	Dr. Speck	xyz	Criteria Not Met	Observation	Argo		

RECOMMENDATION = FMD

MISSED ADMISSION

LEVEL OF CARE MISMATCH

DENIAL RISK

Post-Stabilization

Bottom Line: A Strong Post-Stabilization Program Better Care & Higher Reimbursement



✓ Clinical & Patient Care Benefits

- **Enhances Patient Outcomes:** Timely post-stabilization care leads to **better recovery & fewer complications.**
 - **Reduces Unnecessary Transfers:** Keeps **higher-acuity patients in-house** rather than losing them to another facility.
 - **Prevents Readmissions:** Proper care planning ensures **effective discharge and follow-up care.**
-

✓ Financial & Reimbursement Benefits

- **Maximizes Inpatient Revenue:** Ensures appropriate **status determinations** to secure proper payment.
- **Improves Identification of Acuity Levels:** Ensures **Patients Acuity is documented properly from the start**
- **Reduces Denials & Revenue Loss:** Strong **documentation & real-time payer authorization**

Inpatient Medical Necessity Review

IN PATIENT UM



Perform an official MCG or InterQual medical necessity review (MNR) on all patients admitted.



The continuation of MNR services will support the case management department by having a completed MNR by 9:00 AM daily, 7 days a week, before rounds.

- Identify levels of care: ICU vs Telemetry vs MedSurg
- Avoidable days
- MNRs are sent to payers
- Secure concurrent authorization



The facility case manager will have additional time to work on patient care coordination and discharge planning.

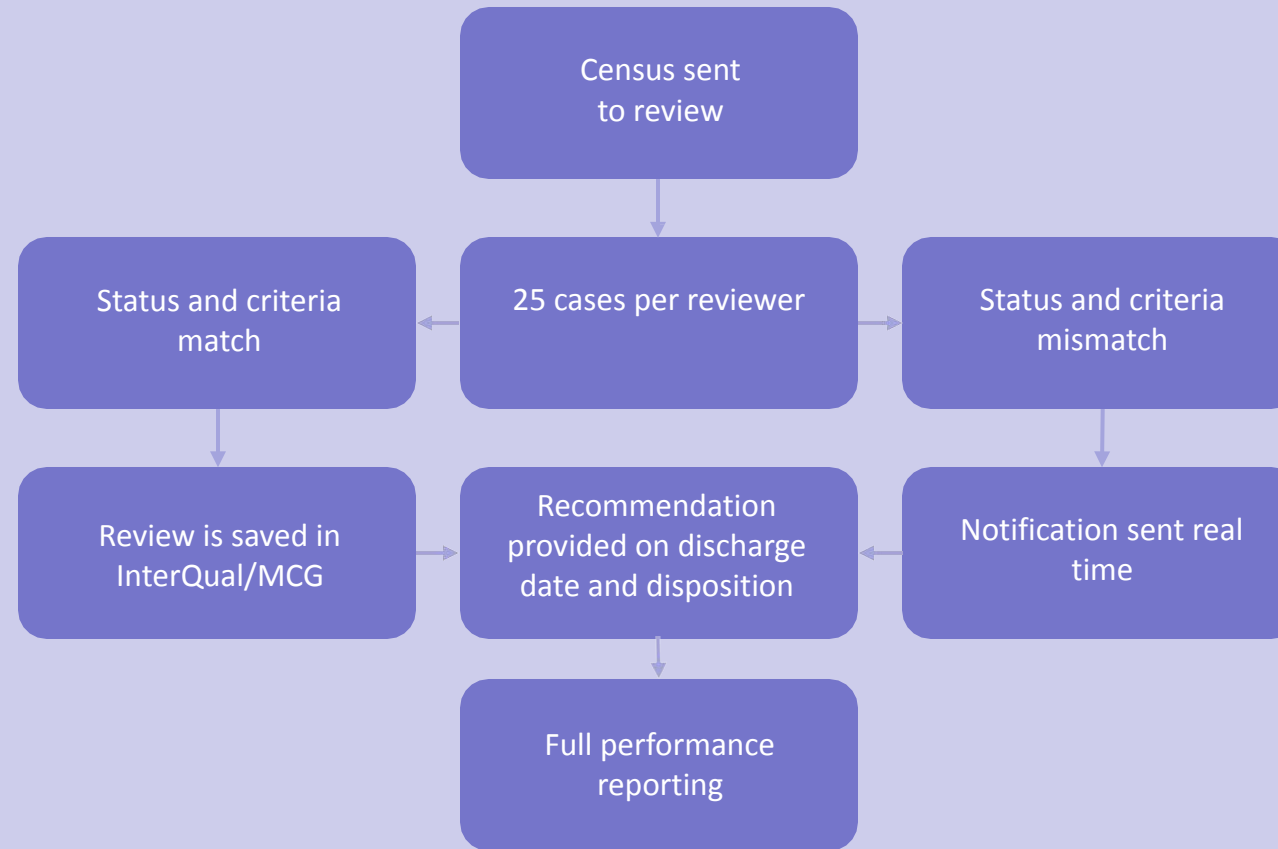


Denials management is provided as a support service when inpatient reviews are performed



Inpatient Workflow

IN PATIENT UM



Inpatient UM Dashboard

Dashboard

UM LOG							Inpatient vs Observation			Levels of Care				Delays of care	
Patient Name	Account No.	Room No.	DC Date	Insurance	Diagnosis	LOS	Current Status	Criteria Met	Recommended	Current Level	Criteria Met	Recommended	PA Referral	Reason	Avoidable Days
Doe, John	12345679	P2/222-A		Caremore	Fecal incontinence, rectal cancer, rectal bleeding	16	Inpatient	Yes		Tele	No	Discharge		Placement	2
Doe, Jane	12345679	312-A		Angeles	Septicemia & disseminated infections	8	Inpatient	Yes		Step-down	No	Discharge		Procedure	1
Doe, John	12345679	CCU/33-E		Medicare	GI Bleed, anemia	2	Inpatient	Yes		ICU	Yes				
Doe, John	12345679	SE/519-B		Medicare	Cellulitis of left foot	2	Inpatient	Yes	Observation	Med-surge	Yes				
Doe, Jane	12345679	SE/510-A		Medi-cal	Acute metabolic encephalopathy, DM	46	Inpatient	Yes		Med-surge	No	Discharge			
Doe, John	12345679	SW/509-B		Axminster	GI bleed, HTN, UTI	13	Inpatient	Yes		Tele	No	Discharge		Placement	10
Doe, Jane	12345679	SW/503-B		Medi-cal	Hyperglycemia, nausea, vomiting	1	Inpatient	Yes	Observation	Tele	Yes			Procedure	1
Doe, Jane	12345679	540-B		Bella vista	Abdominal pain, diarrhea, CBD dilation	6	Inpatient	Yes		Med-surge	No	Discharge		Placement	2
Doe, John	12345679	P2/221-B		Promise health	Upper GIB, Gastritis	3	Inpatient	Yes							
Doe, John	12345679	215-A		Regal	Nonspecific Cerebrovascular Disorders	14	Inpatient	Yes		Tele	No	Discharge		Placement	3
Doe, Jane	12345679	222-B		Angeles	Alcohol abuse & dependence	4	Inpatient	Yes		Tele	No	Discharge		Placement	2
Doe, Jane	12345679	ICU /332-C		La care/medi-cal	PNA, AKI	48	Inpatient	Yes		ICU	Yes				
Doe, John	12345679	CCU/33-C		Medicare	Pneumonia CAP vs Aspiration, Dysphagia, Colitis	4	Inpatient	Yes		ICU	Yes			Imaging	1

A background image showing a business meeting. Several people are gathered around a table, looking at documents and a laptop. One person's hand is pointing at a document. A calculator is visible on the table. The scene is brightly lit, suggesting an office environment.

COMPLIANCE



HIPAA Seal of Compliance Certificate

MGear Software LLC

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2023 - 2024

Compliancy Group

Authorized By



Marc Haskelson

President & CEO

Certificate of liability insurance

COMPLIANCE

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101	COMMERCIAL GENERAL LIABILITY								
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	AUTOMOBILE LIABILITY								
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> TRUCKS <input type="checkbox"/> TRAILERS <input type="checkbox"/> AUTOS ONLY								
	EMPLOYERS LIABILITY								
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The purpose of the Audit

- Identify mismatches between MCG guidelines and final medical decision
- Establish the reasons of the mismatches
- Identify possible delays of patient care
- Find how bServed UM program can help to solve the identified gaps

Items covered in the audit

- MCG admission criteria
- Levels of care (Observation vs Inpatient; ICU vs Telemetry vs MedSurg)
- Delays of care & avoidable days
- DRG validation

Target areas

- Medical Necessity (Inpatient/Observation in ED and concurrent)
- Level of care validation and Transfer Justification
- Delays of care
- Clinical documentation improvement opportunities

Case criteria

- Observations with LOS > 24 hours
- Triage level 2 & 3 discharged from ED
- Any cases exceeding GM LOS
- Inpatient cases with LOS < 48 hours



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Contact information:

Edwin Mendoza MD, MHA

edwin.mendoza@bserved.us

bserved.us