



**bServed**

*utilization management  
& care coordination*

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**Maximum Efficiency  
Better Patient Care  
Accelerated Cost Savings**

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**Turn-Key, Full Service, UM Solution**

## Typical Problem Areas

- Case Manager Caseload
- Length of Stay
- Avoidable days
- Correct Level of Care Assignment
- Denial Rates
- Weekend and Overnight coverage

# Utilization Management

## Results

- 10-23% Improved Admission Rates
- 10-25% Reduced Denial Rates
- 45-57% Staffing Cost Savings
- \$2,500,000 Additional Annual Revenue with our CDI Program
- 0.5- 1 Day Reduction in Length of Stay
- Detailed Analytics of Physician Performance
- Powerful Analytics and Reporting

## How We Achieve It

- Hundreds of Top Clinicians
- Multilayer Quality Controls
- Hospital and Health Plan Utilization Management Experts
- MGear - The Most Powerful Utilization Management Software
  - MCG /InterQual Integration
  - AI Assistance in Criteria Selection, Patient Throughput and Care Coordination
  - Epic and Cerner Applications
  - Unlimited functionality with all available EMRs
  - HIPAA and HITRUST Certified
- Unprecedented UM Training Program

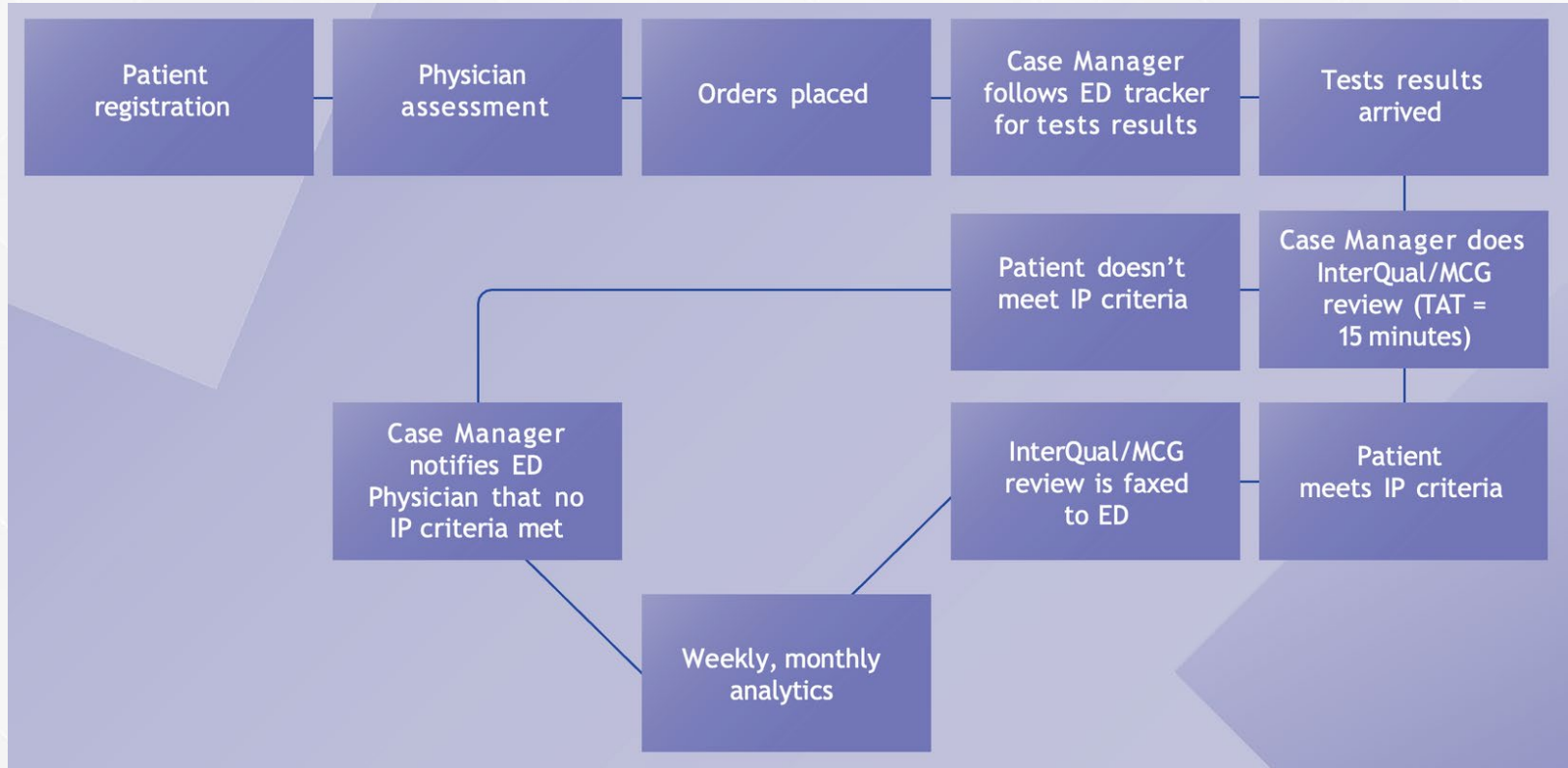


UM

## ED MEDICAL NECESSITY REVIEW

- Perform an official MCG or InterQual medical necessity review (MNR) on all ESI 2-4 visits.
- bServed reviewer will monitor the triage levels 24/7, identify qualified cases for review, and follow that case through the ED workup process.
  - When the workup is complete and records are updated with provider notes, 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 FMD.
- 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 MNR



# ED MNR Dashboard

| Date   | Time | Acc #  | 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. Spock | xyz                      | Inpatient                | Inpatient                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Observation              | Observation              | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Criteria Not Met         | Discharge                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Criteria Not Met         | AMA/Eloped/Refused Admit | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 4                  | Chest Pain      | Dr. Spock | xyz                      | Inpatient                | Observation              | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 4                  | Chest Pain      | Dr. Spock | xyz                      | Observation              | Inpatient                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Inpatient                | Discharge                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 4                  | Chest Pain      | Dr. Spock | xyz                      | Observation              | Discharge                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Inpatient                | HM Refused Admission     | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Observation              | HM Refused Admission     | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 4                  | Chest Pain      | Dr. Spock | xyz                      | Inpatient                | Transfers                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Observation              | Inpatient                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 4                  | Chest Pain      | Dr. Spock | xyz                      | Criteria Not Met         | Inpatient                | Argo          |                         |      |
| 8.1.23 | 1300 | 123456 | Medicare   | John Smith   | 65  | M   | 3                  | Chest Pain      | Dr. Spock | xyz                      | Criteria Not Met         | Observation              | Argo          |                         |      |

Recommendation = FMD

MISSED ADDMISSION

LEVEL OF CARE MISMATCH

DENIAL RISK

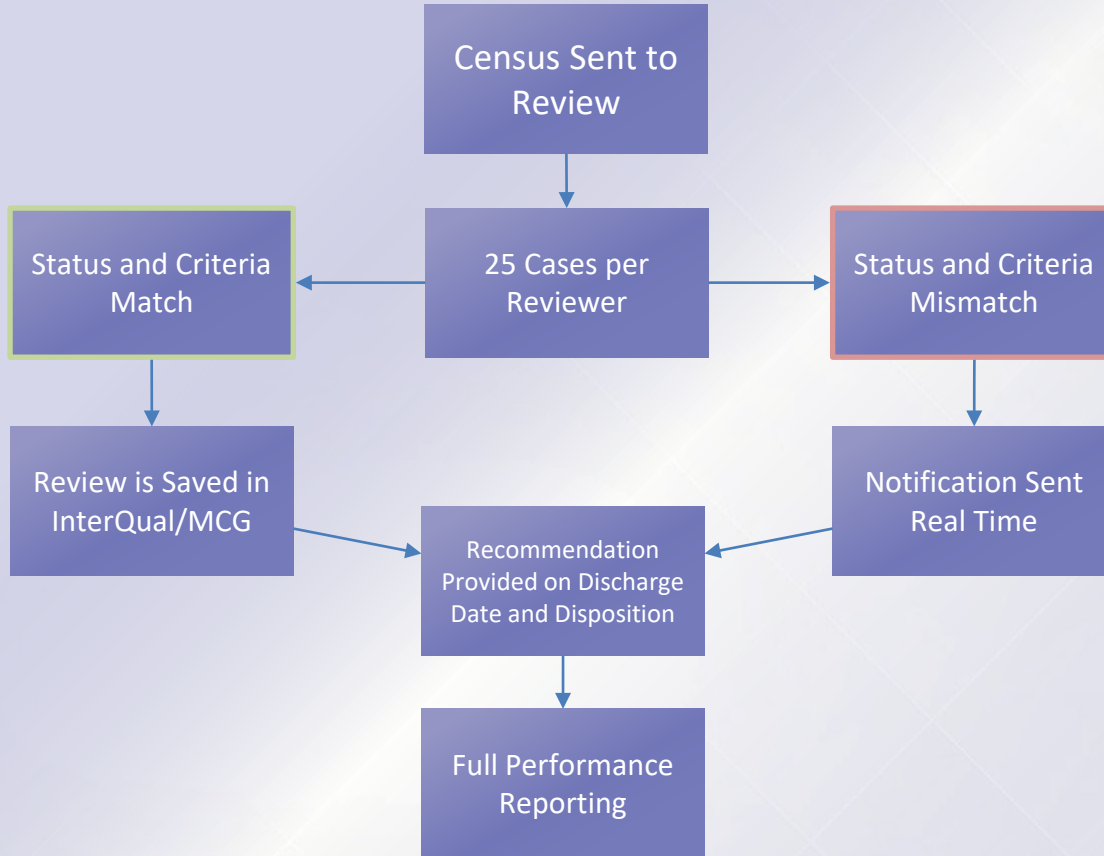
# In Patient UM

## INPATIENT MEDICAL NECESSITY REVIEW

- 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
- 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 MNR



# Inpatient UM Dashboard

| UM LOG       |           |              |         |                    |   |     | INPATIENT VS. OBSERVATION |              |             | LEVELS OF CARE |              |             |             | DELAYS OF CARE |                |
|--------------|-----------|--------------|---------|--------------------|---|-----|---------------------------|--------------|-------------|----------------|--------------|-------------|-------------|----------------|----------------|
| Patient Name | Account # | Room #       | DC Date | Insurance          | Diagnosis   | LOS | Current Status            | Criteria Met | Recommended | Current Level  | Criteria Met | Recommended | PA Referral | Reason         | Avoidable Days |
| Doe, John    | 12345678  | P2/222-A     |         | CAREMORE           | Fecal Incontinence, Rectal cancer, Rectal bleeding        | 16  | INPATIENT                 | YES          |             | TELE           | NO           | DISCHARGE   |             | PLACEMENT      | 2              |
| Doe, Jane    | 12345678  | 312-A        |         | ANGELES            | Septicemia & Disseminated Infections                      | 8   | INPATIENT                 | YES          |             | STEP-DOWN      | NO           | DISCHARGE   |             | PROCEDURE      | 1              |
| Doe, John    | 12345678  | CCU/333-E    |         | MEDICARE           | GI Bleed, Anemia  | 2   | INPATIENT                 | YES          |             | ICU            | YES          |             |             |                |                |
| Doe, John    | 12345678  | 5E/519-B     |         | MEDICARE           | cellulitis of left foot                                   | 2   | INPATIENT                 | NO           | OBSERVATION | MED-SURGE      | YES          |             |             |                |                |
| Doe, Jane    | 12345678  | 5E/510-A     |         | MEDI-CAL           | Acute metabolic encephalopathy, DM                        | 46  | INPATIENT                 | YES          |             | MED-SURGE      | NO           | DISCHARGE   |             |                |                |
| Doe, John    | 12345678  | 5W / 509-B   |         | AXMINSTER          | GI bleed, HTN, UTI,                                       | 13  | INPATIENT                 | YES          |             | TELE           | NO           | DISCHARGE   |             | PLACEMENT      | 10             |
| Doe, Jane    | 12345678  | 5W/503-B     |         | MEDI-CAL           | Hyperglycemia, Nausea, vomiting                           | 1   | INPATIENT                 | NO           | OBSERVATION | TELE           | YES          |             |             | PROCEDURE      | 1              |
| Doe, Jane    | 12345678  | 540-B        |         | BELLA VISTA        | Abdominal pain, Diarrhea, CBD dilation                    | 6   | INPATIENT                 | YES          |             | MED-SURGE      | NO           | DISCHARGE   |             | PLACEMENT      | 2              |
| Doe, John    | 12345678  | P2/221-B     |         | PROMISE HEALTH     | Upper GIB , Gastritis                                     | 3   |                           |              |             |                |              |             |             |                |                |
| Doe, John    | 12345678  | 215-A        |         | REGAL              | Nonspecific Cerebrovascular Disorders                     | 14  | INPATIENT                 | YES          |             | TELE           | NO           | DISCHARGE   |             | PLACEMENT      | 3              |
| Doe, Jane    | 12345678  | 222-B        |         | ANGELES            | Alcohol Abuse & Dependence                                | 4   | INPATIENT                 | YES          |             | TELE           | NO           | DISCHARGE   |             | PLACEMENT      | 2              |
| Doe, Jane    | 12345678  | ICU / 332-C  |         | L.A. CARE/MEDI-CAL | PNA, AKI  | 48  | INPATIENT                 | YES          |             | ICU            | YES          |             |             |                |                |
| Doe, John    | 12345678  | CCU/333-C    |         | MEDICARE           | Pneumonia CAP vs Aspiration, Dysphagia, Colitis           | 4   | INPATIENT                 | YES          |             | ICU            | YES          |             |             | IMAGING        | 1              |
| Doe, John    | 12345678  | 311-A        |         | ANGELES            | Other Kidney Urinary Tract & Related Pcx                  | 8   | INPATIENT                 | YES          |             | STEP-DOWN      | NO           | DISCHARGE   |             | PLACEMENT      | 4              |
| Doe, John    | 12345678  | 5E/542-A     |         | L.A. CARE          | Large inguinal hernia                                     | 2   | INPATIENT                 | NO           | OBSERVATION | TELE           | YES          |             |             | PROCEDURE      | 1              |
| Doe, John    | 12345678  | P2/231-A     |         | BLUE CROSS         | Stage II pressure injury on BL buttocks, Dementia         | 4   | INPATIENT                 | YES          |             | TELE           | YES          |             |             |                |                |
| Doe, John    | 12345678  | P2/208-A     |         | AETNA              | Fever, UTI , Headache, Hypokalemia                        | 4   | INPATIENT                 | YES          |             | TELE           | YES          |             |             | IMAGING        | 1              |
| Doe, Jane    | 12345678  | 5E/541-A     |         | OPTUM              | UTI, Dementia, Acute Metabolic Encephalopathy             | 16  | INPATIENT                 | YES          |             | MED-SURGE      | NO           | DISCHARGE   |             | PLACEMENT      | 4              |
| Doe, Jane    | 12345678  | 5E / 512-B   |         | HEALTHCARE LA      | AKI, HTN, Sepsis  | 45  | INPATIENT                 | YES          |             | MED-SURGE      | NO           | DISCHARGE   |             | PLACEMENT      | 5              |
| Doe, Jane    | 12345678  | P2 / 217-A   |         | L.A. CARE          | Sepsis  | 12  | INPATIENT                 | YES          |             | TELE           | YES          |             |             |                |                |
| Doe, John    | 12345678  | 5W / 507-A   |         | UNITED HEALTHCARE  | NSTEMI, Left internal capsule lacuna stroke, chronic, HTN | 10  | INPATIENT                 | YES          |             | TELE           | NO           | DISCHARGE   |             | PLACEMENT      | 5              |
| Doe, John    | 12345678  | P2 / 235-A   |         | ALLIED PACIFIC     | DM  | 3   | INPATIENT                 | YES          |             | TELE           | YES          |             |             | CONSULTATION   | 1              |
| Doe, John    | 12345678  | P2/218-B     |         | CIGNA              | CVA   | 4   | INPATIENT                 | YES          |             | TELE           | NO           | DISCHARGE   |             | IMAGING        | 3              |
| Doe, John    | 12345678  | P3SD / 318-A |         | UNITED HEALTHCARE  | SOB   | 4   | INPATIENT                 | YES          |             | STEP-DOWN      | NO           | DISCHARGE   |             |                |                |

# COMPLIANCE

# Security

## HIPAA Seal of Compliance Certificate

*MGear Software LLC*

*By utilizing Compliancy Group's Achieve, Illustrate, Maintain (AIM) methodology, this organization has completed the implementation of its HIPAA compliance program and has been presented the HIPAA Seal of Compliance as means of verification.*

*2023 - 2024*

*Compliancy Group*

Authorized By



*Marc Haskelson*

President & CEO

# Certificate of Liability Insurance

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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
**11-14-2023**

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**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| LINE | TYPE OF INSURANCE   | INSURANCE CLASSIFICATION | POLICY NUMBER            | ISSUE DATE (MM/DD/YYYY) | EXPIRES DATE (MM/DD/YYYY) | LIMITS   |
|------|---|--------------------------|--------------------------|-------------------------|---------------------------|--|
| 1    | COMMERCIAL GENERAL LIABILITY  |                          |                          |                         |                           | EACH OCCURRENCE \$   |
|      | <input type="checkbox"/> CLASS-A/BAE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> THIS <input type="checkbox"/> LOC<br><input type="checkbox"/> COBURE  |                          |                          |                         |                           | DAMAGE TO REAL PROPERTY \$<br>PERSONAL AND ADJ. LIABILITY \$<br>MEDICAL EXPENSE \$<br>PRODUCTS - COMP/EXP AND \$<br>VOLUNTARY ASSUMED LIABILITY \$ |
| 2    | AUTOMOBILE LIABILITY  |                          |                          |                         |                           | BODILY INJURY (Per person) \$  |
|      | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED<br><input type="checkbox"/> AUTO-ONLY <input type="checkbox"/> AUTO-ONLY<br><input type="checkbox"/> AUTO-ONLY <input type="checkbox"/> AUTO-ONLY<br><input type="checkbox"/> AUTO-ONLY <input type="checkbox"/> AUTO-ONLY |                          |                          |                         |                           | BODILY INJURY (Per accident) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>UNINSURED MOTORIST \$                   |
| 3    | UMBRELLA/LIAB   |                          |                          |                         |                           | EACH OCCURRENCE \$   |
|      | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> NO <input type="checkbox"/> RETENTIONS  |                          |                          |                         |                           | AGGREGATE \$<br>PER OCCURRENCE \$<br>PER ACCIDENT \$<br>PER EMPLOYEE \$<br>PER POLICY \$   |
| 4    | WORKERS COMPENSATION AND EMPLOYERS LIABILITY  |                          |                          |                         |                           | PER OCCURRENCE \$  |
|      | <input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br><small>IF YES, DESCRIBE IN DESCRIPTION OF OPERATIONS below</small>   |                          |                          |                         |                           | AGGREGATE \$<br>SECURITY BREACH NOTED \$   |
| A    | Cyber   |                          | C-4YA3-183262-CYBER-2023 | 11-15-2023              | 11-15-2024                | Per Occurrence \$1,000,000<br>Aggregate \$1,000,000<br>Security Breach Noted \$1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 333, Additional Remarks Schedule, may be attached if more space is required)

This certificate was generated automatically by the insured through the Coverdash self service portal.

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| <b>CERTIFICATE HOLDER</b><br><br>Insured's Use | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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# 100 Case Audit

- 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

# 100 Case Audit

## TARGET AREAS

- Medical Necessity (Inpatient/Observation in ER and concurrent)
- Level of Care validation
- 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



## Contact Information

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