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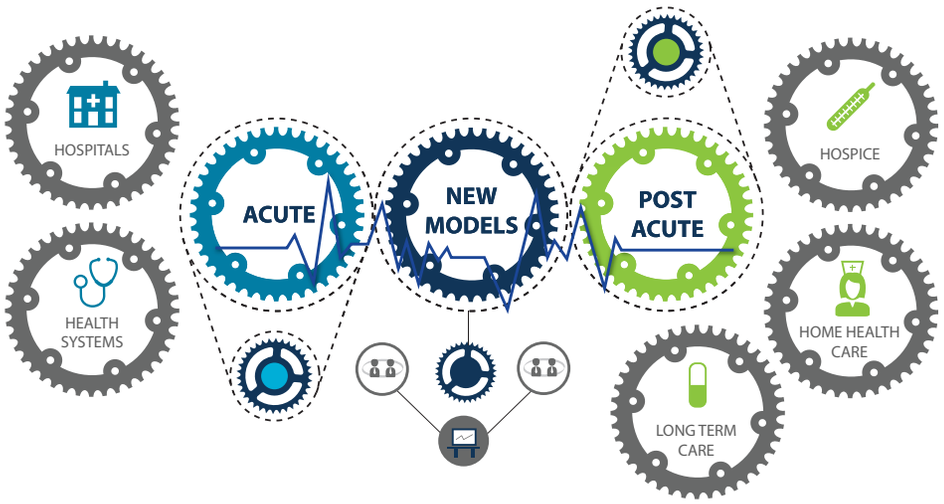
3,800+
CLIENTS NATIONWIDE

45+
YEARS IN HEALTH CARE

350+
SUBJECT MATTER EXPERTS

Innovative solutions for financial, operational, and clinical challenges *across the continuum of care.*



Our expertise is **guaranteed**. Our solutions ***empower***.

OUR SERVICES

With a client base that spans the continuum of care, our insight into both acute and post acute operations will *position your organization to thrive* under new models.

CARE MANAGEMENT SUPPORT | **BUNDLED PAYMENT SOLUTIONS**

DENIALS & APPEALS | **CLINICAL COMPLIANCE** | **INTERIM MANAGEMENT**

REVENUE CYCLE IMPROVEMENT

BILLING SERVICES | **EPISODE MANAGEMENT** | **REVENUE RECOVERY**

OASIS ACCURACY | **CODING SERVICES**

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INSIDE STORY

Utilization management program recovers $1.8M in additional revenue in 90 days

Client Profile:

One of the largest health care systems in the Mid-West, with nine hospitals and a provider network of over 3,000 physicians.

The hospital system incurred an average of nearly $500,000 per month in denials, and an unusually high observation rate (29%).

McBee deployed a team of UR clinicians and consultants for six months to address the critical utilization gaps.

$1.8M
-in-
RECOVERED REVENUE

CHALLENGE

The Utilization Review (UR) function in the emergency department (ED) serves as a critical component to ensure whether a patient is placed as inpatient or observation. Establishing the UR team to manage patient status at the point of admission is imperative to minimizing denials. Too often, hospitals waste resources by overlooking the need for staffing nurses that are trained and dedicated to UR, leading patients to be incorrectly placed and ultimately denied for those claims.

This health system merged with another major health system and resulted in a nine-hospital system, subsequently leading to inconsistent processes, systems, expectations, goals, staffing, and key performance indicators (KPIs).

After the merger, the health system incurred an average of almost $500,000 per month in denials and an unusually high observation rate (29%). The utilization management (UM) process was not effective because the staff available were not proficient in UR and care management guidelines, and there were staff shortages. As a result of these challenges, there were disparate processes and results across departments.

SOLUTION

McBee deployed a team of UR nurses and consultants for six months to address the critical utilization gaps. During this time, McBee provided:

1. Departmental assessments to identify staff competency, process consistency, and UR tools

2. A team of clinical and operational consultants to fill the gaps in ED coverage and support leadership for those teams

3. Staff training on effective UM process, care management guidelines, effective interaction with physicians, and the importance of UM on the revenue cycle

4. Real-time coaching for the physicians on the quality and completeness of documentation and fostering significantly better understanding of criteria

5. KPI refinement through:
-Reviewing current KPIs
-Determining weaknesses
-Updating and revising KPIs
-Monitoring and tracking
-Reporting

6. Redeployment of the health system's staff and managers into the field after intensive training

7. Ongoing oversight and review of documentation and processes

RESULTS

By implementing improved processes, physician and staff education, tailored operations strategies and increased admission reviews, this engagement slashed observation rates by a third. As a result of working with UR staff to achieve correct patient status assignments, the health system experienced a $1.8M revenue improvement in the first three months of the engagement. Denials were reduced by over $300,000 per month by placing patients in the proper status. In addition to a more than 9:1 return on investment, McBee improved compliance, closed leadership gaps, and streamlined management responsibilities.

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