

SOLUTIONS OVERVIEW

BOLDER
Healthcare Solutions

A **Cognizant** Company

bolderhealthcare.com

Bolder Healthcare Solutions is a purpose-built revenue cycle management company architected to support organizations to achieve operational efficiency, compliance and optimal earned reimbursement. Bolder empowers and organizes our subject matter experts for increased focus on solution specialization, accountability, and customer performance. We support revenue integrity ensuring compliance, coding accuracy and appropriate charge capture, to provide best-in-class revenue cycle management resources yielding maximum cash collections for our clients.



COLLECTIONS SOLUTIONS

Bad Debt Collections

Collect more cash on delinquent accounts while empathetically cooperating with patients. Our combination of people and proprietary technologies reduces bad debt by establishing payment plans, identifying billable insurance, identifying potential financial assistance, and other collection practices.

Self-Pay

Proprietary technology melds with proven work processes to improve patient experiences that drive superior results in recovering revenue through efficiently handling claims and supporting self-pay patients who may be eligible for financial assistance.



REVENUE CYCLE SOLUTIONS

Hospital RCM

Our Hospital RCM service provides expertise, human capital and proprietary technology to improve the revenue cycle; whether through short-term projects to get staff back on track, system conversions, or long-term engagements to improve the revenue cycle process.

Physician RCM

Our Physician RCM service provides customized outsourced solution for large multi-specialty practices. We develop design, establish and manage client-owned practices for physician, ASCs, and hospitals. Our full-spectrum approach encompasses a complete outsourced solution to a narrow focus on specific aspects of the revenue cycle, allowing us to become an integrated part of our clients' organizations.

System Conversions

Use of claim scrubbing technology that integrates between payers and our systems, and assists our seasoned teams in aligning work efforts on accounts with the highest propensity to pay. Our representatives focus work efforts through billing, follow-up, appeals, and denials resolution to insure client initiatives and receivable goals are being met.

Specialty RCMS

Our physician billing service simplifies the complexity of billing and revenue cycle management processes by either utilizing our robust SaaS platform CONNECT or utilizing your organization's in-house platform with our dedicated, knowledgeable billing professionals.



THIRD-PARTY LIABILITY SOLUTIONS

Third-Party Liability

Identify more claims, secure proper reimbursement and maximize opportunity with a partner that has unparalleled experience in third party liability. Our proprietary, decision tree technology is customized to meet your organization's unique needs. Our experienced team can help evaluate payment opportunities, route accounts to the proper payer quicker, and secure the highest recovery on your accident claims.

Workers Compensation

Manage the entire lifecycle of a claim, from registration to reimbursement. Beginning with identifying proper payers and culminating with appealing any underpayments, our team of clinical experts uses data-driven analytics and proprietary technology to make sure your organization achieves maximum recovery.



OUTREACH SOLUTIONS

Eligibility Solutions

Offers full transparency and a controlled, enrollment environment. Support uninsured patients through identification and coverage of eligible state and federal program financial assistance, promoting the best chance for the highest levels of patient cooperation, care and satisfaction. Available in an on-site and off-site model.

Claims Denials

Manage the entire lifecycle of your organization's technical and clinical claims with clinical expertise and accuracy. Claims are accepted at any time in the process and are processed with complete staffing or as a supplement to existing staff, relieving organizations of lengthy process loops and inefficient administrative tasks.



MEDICAL CODING AND CLINICAL DOCUMENTATION

Coding Audits for Providers

Customizable coding audit services for all patient types and physicians to gain an ongoing or snapshot understanding of how your organization's coders and doctors are handling the entire spectrum of coding and documentation. We also provide precise coding and documentation education (with CEUs) based on our findings to take advantage of the opportunities we discover in the audit.

Contract Coding for Providers

Coding is provided by experienced AHIMA-credentialed coders for all patient types and physicians who work on an as-needed basis to reduce DNFB (discharged, not final billed) in an accurate and compliant way, improving revenue and cash flow. All coders are regularly peer reviewed and supported by an infrastructure assuring efficiency and productivity.

Chargemaster Services

Provides your organization with a dedicated team of chargemaster consultants who can work with the chargemaster to ensure compliance, increased revenue and cash flow. Chargemasters can be reviewed, maintained or outsourced. We also provide alternatives to across-the-board price increases with our Strategic Pricing Analysis.

Clinical Documentation Improvement

Utilizing qualified clinicians for an assessment of existing CDI programs, staff augmentation and the start-up of new programs allows us the ability to reduce compliance risks and audit vulnerability, as well as maximize reimbursement opportunities. The combination of people, processes, and technology provide insight into quality of care and real-time outcomes. As we work toward a true Value-Based model, CDI is becoming more focused on the needs of facilities in both the inpatient and outpatient setting.