

ASK BLOOM®

Every Decision Has a Business Case Hiding in Plain Sight

Admit the patient, or send them home?
Book the infusion bay? Renegotiate the
network contract? None of these sound
like financial decisions — but every one
needs a business case.

ASK BLOOM® finds that business case
wherever it's hiding — and unlike a new
hire or a new consultant, **it never forgets
where it left off.**



Finding It Quickly Is the Hard Part

There are usually two ways to go looking: ask your own team, or call in outside help.
Each comes with its own catch.



YOUR OWN TEAM

Bandwidth & disconnected systems

Finance, strategy, and analytics teams know the business better than anyone. What slows them down is capacity and infrastructure — they're already fielding hundreds of requests, and the systems they pull from (EHRs, ERPs, claims platforms, contract tools) were never built to talk to each other. Answering one cross-functional question means stitching that data together by hand, and by the time it's stitched, the moment to act has often passed.



A CONSULTANT

Starting over every time

Outside expertise is real, and it helps. But the engagement model resets with every project: each one starts by relearning your data, your systems, and your operations from the ground up — time and cost the question doesn't have. Once the deliverable is complete, that knowledge leaves with the consultant, and the next question starts the ramp-up all over again.

THE SOLUTION

One Engine. Every Business Case.

ASK BLOOM is Bloom's AI-powered advisory service, running on the same enterprise intelligence engine behind every Bloom solution across the reimbursement lifecycle — for payers and providers alike.



Ask a question. Get an answer that already knows your enterprise — no new software, no restarting the buying process.



Augmented Intelligence

Not ChatGPT with your logo. A Bloom expert sits inside every question with you.



Hundreds of Use Cases

A library of financial, AI, and analytic models, curated across hundreds of cases.



No New Software

Nothing to deploy, no data project to stand up. Just ask.



Ask Anytime

Each new question is a conversation — by email, text, or in a meeting. No RFP.



Grounded in Real Data

Built on your actual reimbursement, financial, operational, and clinical data.



Gets Smarter, Never Restarts

Every question makes Bloom smarter — the next answer comes faster and sharper.



More Than a Report

Not a document you file away — a live dashboard you keep coming back to.



Both Sides of the Table

Certified coders, clinicians, and finance experts from the payer and provider sides.

ASK BLOOM in Action

Here's that same lens at work on five real questions from across a healthcare organization — some of them nowhere near a spreadsheet.

01



PROVIDER CARE MANAGEMENT

Admission Status & Denials

“ We've got InterQual and MCG built right into our EMR — so why are we still getting denials saying a patient shouldn't have been admitted?

• THE ASK BLOOM APPROACH

Bloom cross-referenced the EMR's **InterQual** and **MCG** determinations against real claims and denial data — tracing every admission back to whether the payer agreed.

• THE RESULT

For the first time, the system could see how many **InterQual-guided admissions** were still being denied — and put a dollar figure on that gap.

02



PROVIDER CFO

Revenue Integrity

“ How much money did we leave on the table in our Medicare line of business — and why?

• THE ASK BLOOM APPROACH

Bloom trained a claims-scoring model on **10M+ Medicare claims**, then applied it to three years of the health system's own billing history alongside comparable claims nationwide. Three machine-learning models, backed by a rules engine, flagged the claims most likely to be under-coded — and a certified coder reviewed every one before it counted.

• THE RESULT

14,908

claims reviewed

280

under-reimbursed

\$4M recovered — 2.1% of claims reviewed

~\$100M opportunity at full \$5B revenue scale

03



PROVIDER CEO / COO

Clinical Staffing

“ Which hiring request should I approve — which role leads to more revenue, and which to better patient care?

• THE ASK BLOOM APPROACH

Bloom scores every open requisition against comparable roles by workload, service line, location, patient volume, and revenue — so competing hiring requests can be ranked side by side instead of argued case by case.

• THE RESULT

FROM

Whoever made the strongest case in the budget meeting



TO

Ranked by the numbers — like any other investment

04 PAYER / RISK-BEARING PROVIDER CFO Network Cost

“ Which of my 98 PCP groups, 100+ specialty groups, and 1,500 physicians are costing us more — and how can we help them optimize? ”

• THE ASK BLOOM APPROACH

Bloom built a cost-benchmarking model that compares every provider group against its peers automatically — drawing on **3M+ records** across professional and institutional claims, risk-adjustment scores, capitation payments, and prior authorizations, spanning Medi-Cal and Medicare Advantage contracts covering **~150,000 lives**.

• THE RESULT — THREE TARGETED FIXES

Coach groups whose costs were driven by behavior

\$3M contract renegotiation with one large group

\$500K/qtr shift toward lower-cost radiology referrals

05 PAYER / PROVIDER CXO Patient & Member Engagement

“ How do we run an effective campaign to engage our hypertensive patients — flyers or texts, English or Spanish? ”

• THE ASK BLOOM APPROACH

Bloom's engagement model draws on medical history, social factors, and each patient's — or member's — documented communication preferences, setting the channel and the language before the campaign launches, not after the results come in.

• THE RESULT

FROM

A best guess from the care-management team



TO

Outreach the data says this population will act on

Outcomes



Faster answers to executive questions



Lower cost than repeat consulting



Enterprise context in every response



Intelligence that compounds over time



No new platform, no implementation delay



Ask a Question. Get an Answer.

[Contact Us Today →](#)

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