

AGS Health Wins Back ApolloMD with Near-Perfect Quality, Exceptional Productivity for A/R and Coding

CASE STUDY

ApolloMD Atlanta, GA.

Backed by a network of national resources, ApolloMD offers scalable multispecialty solutions for hospitals and health systems through a unique structure focused on exceptional clinical operations and enhanced patient care. Emphasizing quality, efficiency, communication, and patient experience, Atlanta-based ApolloMD works with partner facilities to implement best practices and process improvement. It provides leadership development and support to its clinical teams utilizing comprehensive quality improvement and patient safety initiatives – a collaborative approach that optimizes operational backing, department/clinician alignment and clinical quality, enhancing the patient experience.

ApolloMD initially engaged AGS Health to manage key A/R functions, then brought it back after briefly switching to another vendor that could not match AGS's quality. The strategic relationship was subsequently expanded to include anesthesia and emergency department (ED) coding.

Founded in 1983, ApolloMD is privately held and owned by its physicians and advanced practice clinicians (APCs).

Provides emergency medicine, hospital medicine, anesthesia, and radiology services.

One of the nation's most successful clinical outsourcing firms, treating millions of patients each year.

CHALLENGES

- Replacement A/R vendor did not deliver expected levels of revenue and resolution.
- Existing outsourced coding provider struggled with poor communications, missed documentation opportunities, and coding accuracy.
- Required a cost-effective outsourced coding and A/R services partner capable of delivering high-quality services.
- Physicians were struggling to adjust documentation practices to accommodate the significant changes to E/M coding guidelines in 2023, which impacted coding and ultimately reimbursement levels.

Outcomes

- Maintains A/R work queue aging within 7 days of the influx date.
- External quality consistently exceeds 96% for A/R functions.
- Processing 600,000 ED and 40,000 anesthesia claims annually with consistently high levels of coding accuracy and quality.
- Contributes to significant documentation improvement, leading to fewer claim denials and timely billing.
- RVUs for both emergency and hospital medicine have improved under AGS Health coding.



Winning Over with Quality

Despite satisfaction with AGS Health's A/R services, ApolloMD switched to a lower-cost option, only to discover that drops in both quality and productivity outstripped any savings.



Driving Documentation Improvements

Weekly meetings with the AGS Health team to review documentation deficiencies that impact coding allow ApolloMD leadership to target physician education.



Revenue Improvements

AGS Health's focus on documentation and coding quality has improved RVUs at multiple ApolloMD practices, reduced claim denials, and increased reimbursement rates.

Focus on Quality and Efficiency

ApolloMD first engaged AGS Health to support A/R follow-up functions, in particular addressing denials and unresolved cases, identifying additional revenue opportunities, and solutions for permanent fixes to claim logic issues, insurance updates, etc. Despite outstanding results, the decision was made to replace AGS with one affiliated with ApolloMD's new EHR software. It was a short-lived separation. Within just a few months, ApolloMD was back with AGS Health after its replacement failed to meet quality expectations. Since then, the relationship has expanded to include anesthesia and ED coding, and AGS Health continues to deliver exceptional results.



"I have absolutely zero compliance concerns with AGS Health – and compliance is paramount when we're talking about coding and documentation. Secondly, from a value standpoint, the cost is excellent and behind that, the quality is very, very good."

MICHAEL LIPSCOMB, MD

CHIEF QUALITY OFFICER & REGIONAL PRESIDENT APOLLOMD