

Post COVID-19 Revenue Analysis

How APS Can Maximize Your Revenue

THE APS DIFFERENCE

During this pandemic many providers have seen a significant reduction in their revenue. It is paramount to take stock and identify any inefficiencies that may be adversely affecting your net revenue. **Is your billing service ready to handle the emerging landscape?**

- **Claims Submission** – Claims are coded and filed within 24 hours of receipt of a clean claim. APS boasts over 97% clean claim rate. To accomplish these you need:
 - Experienced certified coding staff to code correctly and efficiently
 - Accurate demographics at the time of receipt of the report
 - An IT system that can communicate with practices, hospitals, and payers
- **Post Claims Submission Management** – There is money in denials, and they should be addressed in a timely manner. Our dedicated team of experienced professionals efficiently captures all revenue that your practice is due.
- **Robust Reporting Capability** in order to:
 - Identify claims denial reasons, for example missing prior authorization
 - Identify Payer trends
- **Keep abreast of changing healthcare initiatives and compliance requirements.** The landscape is changing almost daily during the Covid-19 pandemic. However, it is imperative to stay informed regarding rules and regulations, all while continuing to meet existing program requirements such as MIPS, Appropriate Use Criteria, etc. APS will keep you up-to-date.
- **It is costly, yet unavoidable, to cover staff for these tasks.** Use the [APS calculator tool](#) to assess your current costs compared to your current revenue.
- **Interested in the money you could save using APS?** Send us an inquiry [here](#).