abc
APPLE BILLING AND CREDENTIALING LLC

Service Comparison with Others

Medical Billing & Credentialing Services

Apple Billing and Credentialing service comparison with others

Services	ABC	Others
EDI Enrollments	Yes	No
EFT implementation	Yes	No
In-network payer list	Yes	No
Calling patient for missing information such as address change, insurance change etc	Yes	No
New system setup	Yes	No
In & Out patient's demographic added by accessing facility portals	Yes	No
Claims submitted in 8 hours of creation	Yes	No
No response claims after 30 days trigger automatic "No Payment" appeal	Yes	No
Payments posted on the same day of deposit	Yes	No
Follow-up starts on the 30th day from claim submission	Yes	No
Paper EOB's posted within 8 hours	Yes	No
Payer and clearing house rejections are rectified everyday	Yes	May be
Workers compensation claims submitted with medical records at initial submission	Yes	No
Denied claims appeal for bundling, no pre-authorization & pre-cert (extenuating circumstances), timely filing limit, Medically necessity etc.	Yes	May be
Claims denied due to Coordination of benefits are resolved by conferencing the patient and the insurance	Yes	No
Outbound call reminders to patients with high balance	Yes	No
Immediate patient statement submission after insurance payment	Yes	Yes
Patient address validation before patient statement sent	Yes	No
Patient call us directly for billing questions	Yes	No
Uninsured patient check for retroactive Medicaid	Yes	No
All systems	Yes	No
Direct request of patient face sheets to the facilities	Yes	No
Inpatients Dx's are checked in the hospital portal for high specificity	Yes	No
Handwritten Dx's & CPTs are analyzed for accurate coding	Yes	No
All office procedure's precert required are verified before the claims are submitted	Yes	May be

Services	ABC	Others
All charges are reconciled with hospital portal and the super bills received before claim submission	Yes	No
Precert are obtained directly from hospitals	Yes	No
Medical records are directly downloaded from hospital portal to mail then to payers	Yes	No
Medical records are uploaded to payer portals	Yes	May be
Medical records to attorneys are mailed after the payment is collected	Yes	May be
835 files downloaded from Payspan, PNC, Zelis, Echo, Redcard, JP Morgan, Optum, USAA, Aetna continental etc	Yes	May be
Tracing clearing house missing ERA's	Yes	No
Sequestration and MIPS penalty are tracked separately	Yes	May be
Medical records analyzed for correct CPT's to avoid payer down coding	Yes	No
Payee address corrections	Yes	No
Checks cashing detail verified	Yes	Yes
Uncashed checks and checks sent to incorrect address's are rectified	Yes	May be
Fee schedule update every year	Yes	No
Refund requests are analyzed and paid	Yes	May be
ERA and bank deposit reconciliation	Yes	No
Contracted fee schedule check and comparison	Yes	No
Prioritizing denials and evaluating them to appeal	Yes	May be
Verbal Appeals	Yes	Yes
Alerts created to avoid yearly visit exceeded, out of state plans etc	Yes	No
Follow-up on disability, accident, DFACs, workers compensation etc	Yes	Yes
Maintain insurance portal access for claim status and follow-up	Yes	No
Weekly separate account receivable report for primary and secondary	Yes	May be
No write-off without practice consent	Yes	Yes
Practice analysis for increased revenue	Yes	No
Practice support request in 4 hours	Yes	No

Services	ABC	Others
Monthly reversal report	Yes	May be
Manual claim scrubbing	Yes	May be
Weekly reminders for missing charges and incomplete notes	Yes	May be
No-show claims are created and statements sent on the same day	Yes	No
Direct file download from Drop box, Google Drive, PMS, FTP, Email and Fax	Yes	No