

Apero

by Operations

Claims Management

Electronic Health Record

Details

Review Date	07/06/2023
Purchase Date	Q3'22
Implementation Time	N/A
Product Still in Use	Yes
Purchase Amount	N/A
Intent to Renew	N/A
Review Source	Elion

Product Rating

Product Overall	<div></div> 5.0
Use Case Fit	<div></div> 5.0
Ease of Use	<div></div> 5.0
API	<div></div> 5.0
Integrations	<div></div> 5.0
Support	<div></div> 5.0
Value	<div></div> 5.0

About the Reviewer

Purchasing Team

Implementation Team

Product Oversight

Reviewer Organization

Diagnostic Center

Reviewer Tech Stack

N/A

Other Products Considered

Candid Health

Summary

- **Product Usage:** Apero was primarily used to power all backend aspects of our Revenue Cycle Management (RCM) process, from claim submission to reporting.
- **Strengths:** Apero excels in offering granular tracking and reporting on each individual claim throughout the RCM lifecycle.
- **Weaknesses:** While offering a robust solution, Apero could further improve its product by adding higher-level summary features or more visually appealing information displays.
- **Overall Judgment:** The company was satisfied with Apero due to its tech-forward approach, responsive customer service, and strategic partnership attitude.

Review

We're talking about Apero and its usage at your former company. Could you give a brief overview of the company and your role there?

The company is a distributed healthcare company offering diagnostics and telehealth consultations nationwide. I was part of the operations team there.

When did your company decide to purchase Apero and for how long did you use it in production?

We opted for Apero in the summer of 2022, so I saw it live in production for almost a year.

Could you describe how you utilized Apero? What were some of the workflows you went through with their suite?

We primarily used Apero to power all the backend of our Revenue Cycle Management (RCM) process. This included the submission of claims to payers and different clearing houses, follow-ups with payers for refusal or denial of claims, reconciliation with various lockboxes, and getting details and reporting at the client level for our billing and finance processes.

Many companies offer RCM workflow features. What made Apero special and how did it differentiate itself?

During the evaluation process, we assessed about 13 different companies. It was apparent that companies fell into one of two camps. On one hand, you have large, established companies that solve problems primarily using human labor. On the other, you have smaller, tech-forward companies using technology to solve the same problems. What tilted the balance towards the tech-forward companies for us was the level of detail and reporting we could get from Apero. Traditional players often provide high-level or summary reports while with Apero, we felt we could track each individual claim throughout the RCM lifecycle.

It sounds like the tech-enabled providers were a better fit because of their reporting and automation capabilities. How did you differentiate between the various tech-forward solutions?

The tech-forward solutions all seemed equally advanced. However, what set Apero apart was that we got to see and use the actual capabilities of the system during the demo. Every question our team had was not only answered in words but demonstrated live. Additionally, the responsiveness of the Apero team stood out. Even before we formalized the partnership, we were able to set up a shared Slack channel to ask questions and receive quick responses.

Who were some of the other tech-enabled providers you were considering?

We spoke with a number of providers, some of whom claimed to be tech-enabled, but didn't seem to be as tech-enabled as others, especially around integrations and tracking at the individual claim level. When I think about tech-enabled providers, I mainly consider Apero and Candid.

I'd be curious to understand the lifecycle of a claim for your organization, particularly how Apero would handle different use cases or systems.

The process can vary depending on the business line and specific product, but let's use an example. When a patient schedules a consultation, they create a profile on our website and input their insurance information. At this point, Apero

can conduct an eligibility check on that insurance. Once the appointment occurs and the service has been rendered, the information for that individual claim gets submitted to Aperio via API. They then take on the ability to submit the claim to the different payers. If we haven't been set up with a payer, Aperio can help with the necessary enrollment to submit claims electronically. They also submit the claim to a couple of clearinghouses they work with and track it to ensure it gets paid.

If a claim is denied on the payer side, how does Aperio assist?

Aperio helps with the follow-up. They try to understand the reason for denial and if it's due to an easy remediation, they fix it and resubmit the claim. For claims that are not collectible from the payer, they can also help mark it as such, leaving us with the option to pursue that money ourselves.

Did Aperio have the ability for you to customize claims processing rules?

Yes, I do recall from their demos that there was a lot of rule-making and customization that we could have done with our system, but we didn't use that feature.

Did you use any integrations with Aperio, like any electronic health record systems or other data management systems?

We integrated with them through their API for eligibility verification and processed claims and health information for them to submit. The integration was seamless even with our custom, homegrown system.

How was the process of working with their API? Was it robust and comprehensive?

Even though I'm not a product or tech person, I didn't notice any major hiccups. They were quick to respond to any issues that came up. Their documentation was impressive and their platform was user-friendly for our finance team to check the overall status of claim submission and average time to get paid.

Got it. On a similar note, I'd be curious to get your thoughts on the UI and its level of intuitiveness for different types of users. I imagine that you had finance users, and probably operations users too. How did their interactions with the product go?

Honestly, the interactions went fairly well. I feel strongly about it because I was able to compare the UI to that of at least six or seven other RCM vendors through demos. The navigation and ability to drill down at the claim level, doing cuts by payer or by specific CPT codes, seemed pretty intuitive and easy to navigate. It was easier than what I would have seen with some of the more traditional players.

The traditional players seem to have been built with the hospital or large health system use case in mind. While I understand how that could be helpful for the majority of healthcare, it doesn't fit well with emerging healthcare technology companies. Overall, it seemed like Aperio put a lot of emphasis on usability and made their system powerful for the more modern healthcare players.

Moving on to the procurement decision, I'd be curious to understand how you found the sales process overall with Aperio. Did you find that it was intuitive? Did it meet your expectations?

Apero's proposal was fairly streamlined, simple, and attractive from a pricing standpoint compared to others. That makes sense when you're a company that has 6000 employees and relies on that to process a lot of claims versus Aperio, which is leaner and uses more technology. They're able to be more cost effective.

Another thing that stood out a lot from the sales process was their willingness to provide customer references and let us actually talk to some of their current customers. That gave us a ton more confidence in the company. Even though it's nascent and fairly young, hearing from some of the people who were already using them was helpful. It seemed like a very open approach, giving us a better sense of the working dynamic and how it was going after the sales process was closed.

Definitely. How did you feel about the overall implementation and onboarding process?

I thought it was pretty well done. They had a checklist, which I'm sure applies similarly, regardless of who the customer is. But the team also took the time to tailor it to our specific situation. That was very helpful, especially in places where we already had some progress in terms of credentialing or enrollment with payers. We were able to provide those credentials and I thought that was a helpful way to get our cross-functional group to hit the ground running. That's why we were able to move that fast.

Do you recall the pricing structure and where things ended up with Aperio versus some of the other folks that you were looking at?

I really don't recall the specifics. All I can say is that I think their pricing was fairly competitive, especially compared to the larger players.

What did you like most about Aperio?

I think one aspect that impressed me the most was the visibility and precision of tracking things at the individual claim level. Initially, I assumed this would be standard, but after going through several demos with other vendors, I found that this wasn't always the case. The ability to know exactly where a claim stands at any given point and being able to access this information through their user interface was truly valuable.

What did you most dislike about the product?

There wasn't much I disliked about the product. Although Aperio might lack some of the bells and whistles, such as charts or visualizations, that other players have, they had more than enough for our needs. Any shortcomings seemed more due to the product's lifecycle stage and progress around the roadmap rather than inherent product flaws.

Do you remember any of those particularities like the features or bells and whistles that might have been missing that you were hoping for?

Compared to other vendors, Aperio might lack some of the higher-level summaries or visually appealing information displays. But unlike other vendors, Aperio provides live information on a dashboard that you can interact with, offering data granularity that allows us to conduct any data analysis we need.

Looking back, do you feel like you made the correct assessment at the time?

Absolutely. The main factor for me was their partnership approach. They didn't treat us as merely customers but as partners with whom they could grow and refine their product. This positive relationship made several members of the team strong proponents of Aperio.

Do you have any advice for someone who's selecting an RCM right now?

Talk to customers. Key information for decision-making often comes from discussing with existing customers. Understand their experiences with the platform, like how the RCM vendor responds to issues, their feature prioritization process, and their receptiveness to customer input. Remember, the team's approach to problem-solving is often more important than any pre-existing product features or bells and whistles.