Elion

Adonis Billing

by Cofounder

Claims Management

Details		About the Reviewer
Review Date	10/31/2023	Purchasing Team Implementation Team
Purchase Date	Q3'23	
Implementation Time	4 weeks	Product Oversight
Product Still in Use	Yes	
Purchase Amount	Percentage per claim, no monthly minimums,	Reviewer Organization
	no fixed cost	Virtual-First Provider
Intent to Renew	95%	
Review Source	Elion	Reviewer Tech Stack
		Healthie Medallion Tellescope
Product Rating		
Product Overall	4.5	Other Products Considered
Use Case Fit	5.0	Other Froducts considered
Ease of Use	N/A	Apero Candid Health Enter Health
API	N/A	Gentem Trucare Billing
Integrations	5 .0	
Support	5 .0	
Value	5 .0	

Summary

- Product Usage: The team mainly uses the Adonis for claims processing, with Adonis taking full control of the RCM process.
- Strengths: Adonis' RCM services require minimal involvement from the user's team, making them appear like an extension of the user's team; the alignment of incentives was also praised.
- Weaknesses: The absence of a medical coder for accurate representation of the user's care and flow with the right CPT codes was noted as a weakness; the late availability to the dashboard was also seen as a negative.
- Overall Judgment: The reviewer has been happy with Adonis, relishing the minimal involvement their team needs to have and praising the customer service and the strong connection the company tries to establish with its customers.

Review

So today we're chatting about Adonis and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

We are a virtual-first specialty practice, and I am the cofounder and CTO. I'm responsible for engineering and product.

What was the need that drove you to look for an RCM solution?

As a virtual-first specialty practice, our goal was to become in-network with payers so that our patients wouldn't have to pay out-of-pocket fees every time they needed to address their concerns. To start off, we got in-network with multiple payers in the two states we are currently operating in as a test market before expanding to other states across the US. Once we went live, we were able to bill insurance for the visits our patients scheduled. However, none of us on the team were experts in RCM (Revenue Cycle Management), so we decided to work with someone who had the necessary expertise. This decision prompted us to explore different options.

What were the key requirements you used to evaluate the RCM vendors?

We identified several essential features that were nonnegotiable for us. These included end-to-end billing services, on-demand support, and a dedicated team working closely with us to process our claims effectively. We needed the RCM to seamlessly integrate with Healthie, our EHR. The monthly minimum fee and the cost per claim, whether as a percentage or dollar amount, were also significant factors we considered while evaluating vendors.

Who were some of the vendors that you were looking at, and how did they compare to each other?

We evaluated several vendors, including Candid, Apero, Adonis, Enter, TruCare, and Gentem. We created a matrix based on the criteria we were looking for, and most of the vendors satisfied our requirements. The main difference we noticed was the monthly minimum fee charged by each vendor for using their software.

In terms of pricing, all the options had variable pricing structures. To evaluate the costs, we looked at the monthly minimum amount and price points for the number of claims submitted, ranging from 100 to 12,000 claims. Adonis was comparable to Candid in terms of monthly cost at 12,000 claims. However, as an early stage startup, it was important for us to conserve our runway, so we decided to go with Adonis, even though the cost was similar at scale.

We also considered other criteria. For example, Apero offered end-to-end billing services, but their pricing structure was tier-based and their support was on-demand, so we would have to book time with someone on their team, and someone would get assigned to the slot, rather than having someone dedicated to checking in with us. They also didn't have integration with Healthie, which would have required additional engineering effort. We preferred a turnkey solution.

Regarding TruCare, they had an interesting pricing structure based on revenue. The per-claim cost decreased as revenue increased, but even at \$1 million in revenue, their cost was higher than Adonis. They also had a monthly minimum. TruCare also offers credentialing and payer enrollment services, but since we were already working with Medallion for payer enrollment, we didn't need that bundled with RCM. We wanted a vendor that specialized in RCM alone.

Candid was another strong contender, but they introduced a monthly minimum fee while we were talking with them, so we decided to go with Adonis instead, since they met our requirements and had no monthly minimum fee.

How was the sales process with Adonis?

I completed a form on their website to indicate my interest in using their services. The CEO then emailed me and expressed their desire to learn more about our business and operations. I had an additional call with the team, and they initially provided a quote with a higher price per claim, which was a higher percentage than what we ultimately agreed upon. Additionally, there was a monthly minimum for their services. This was before they raised their Series A funding. After securing their Series A funding, they presented new pricing, eliminating the monthly minimum and instead opting for a per-claim cost. This change greatly influenced our decision and made it much easier to proceed.

Following this, the sales process consisted of conversations with the VP of Product and then the CEO. The CEO took the time to understand our business, and as a result, we formed a strong connection. Before we signed the contract, we also did a reference call with one of their customers. We received a great review which solidified our decision. Eventually, we discussed moving forward and proceeded to sign the contract.

What was the onboarding and setup process for Adonis like?

Initially, we had a call with their customer success person and the CEO. During the call, they walked us through a slide deck that outlined the lifecycle of the claim, responsibilities, team members, and timelines. It was very helpful. They also informed us of the setup timeline and when we would be able to file our first claim.

What are the features that you're using, what works well, and what doesn't work well?

The good thing about their services and product is that they take complete ownership of the RCM for us. They handle all the integration and necessary tasks with Healthie to get the claims processed. We just needed to let our current vendors know that Adonis had permission to do the integration, and then they handle it, keeping us updated throughout the integration process.

Although we haven't used the product directly yet and cannot access the dashboard, we were informed that access will be available in the next quarter. For now, all claims are going through Healthie and then submitted to the payer via the clearinghouse. Adonis provides us with a tracker to see what the claims look like, but we don't have visibility into specific claim statuses. Healthie's dashboard is currently our only source of information.

One cool add-on that Adonis is working on is their own clearinghouse, which means they won't have to rely on Change for claims. Although they're currently covering the per-claim fee charged by Change, this should still be a good change for us, since it means we won't have to pay it if fees do change in the future, and we will be more in the loop around clearinghouse actions.

Although I haven't used the actual product, I can speak to the quality of the services. The team I work with is diligent in ensuring we understand the claims we are dealing with, including CPT and ICD-10 codes. They have also helped us come up with a HIPAA-compliant process for exchanging patient information, making it easy for us to submit claims. So far, the services have been going well.

We haven't gone through the claim denial process yet. My understanding is that if a claim is rejected, Adonis will determine the reason and work on fixing it if it was their error. If it requires our involvement, we'll communicate through email or Healthie to address the issue.

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Adonis also offers a collections service. While we haven't implemented it yet, they will be able to handle collecting any amount due from the patient after the claim is processed. Currently, we ask patients to upload their insurance card information, which often includes a copay amount. If there is no copay amount indicated, Adonis can help us determine the appropriate copay for the patient.

How would you characterize the relative strengths and weaknesses of Adonis?

The services provided have been great, from my experience so far. One major strength is the minimal involvement required from our team. It feels like Adonis is an extension of our team. They take care of the RCM, and their incentives are aligned, which I think is a positive aspect.

In terms of weaknesses, as I've mentioned before, it would be beneficial to have a medical coder who can ensure that our care and flow are accurately represented with the correct CPT codes. Additionally, it would be helpful to have access to the dashboard earlier in the process. This way, we would have more visibility into the stage our claims are in, and it would be easier to address any rejections. Currently, we have to rely solely on communication from them for updates. However, based on my conversations with other RCMs, it seems like this is a common issue. Usually, claims get rejected, and after about a month, patterns start to emerge and we can identify what needs to be fixed. Once those issues are resolved, the claims are able to move forward.

Have you found Adonis to be relatively reliable with the claims that you've submitted to them?

At the beginning, we needed to give Adonis access to the payer portals and send them the payer contracts. That way, they knew the specific multiples we had negotiated with the payers. Adonis uses this information to bill insurance, multiplying it by the Medicare multiple agreed upon with the payers.

So far, we haven't had any claims rejected, so we haven't gone through that process yet. However, we have established a procedure where, if a claim does get rejected, Adonis will send us information on why it was rejected. They will attempt to fix the issue on their end first, without involving us. But they will inform us of the reason for rejection and keep us updated.

In terms of services, we have a weekly check-in to review our progress for the past week, including the current overall status of claims, where we stand with specific claims, and the claims Adonis is currently working on.

How was the overall integration process?

We use Tellescope as our CRM, so all the information is stored there. We have APIs set up to push information from Tellescope to Healthie. When we want to send information to Adonis, we provide them with a Healthie ID for the specific patient we want them to look at or submit a claim for. Adonis pulls the records from Healthie, and submits them via Change. We didn't directly participate in this integration, so I don't have the full details here. I'm not sure if they are doing it manually or using APIs. We can see the claims being submitted in Healthie, so as long as everything is working, that's our final touch point.

We have two types of patients: cash-pay and insurance. For insurance patients, we have an asynchronous visit with our specialist to evaluate their case. After that, we have a synchronous video call with our nurse practitioner, so we need to submit separate claims for these two touch points. To keep track of all our patients, we maintain a spreadsheet where we enter their information. Tellescope transmits all the patient information to Healthie, so we know that Adonis can access it from there. We also keep a separate spreadsheet of patients eligible for billing by Adonis. They check this spreadsheet daily to see if any new patients have been added, and then they add those claims accordingly.

How do you feel about the account management and support teams with Adonis?

It's been a great experience working with both the support and account management teams. They've been amazing to work with and are always trying to find new ways to understand our business. They bring in the right expertise to make sure we bill for all applicable codes.

Looking back, do you feel like you made the correct assessment in going with Adonis?

I think so, yeah. We prioritize results, so if they can help us submit and process claims – our accounts receivable typically takes around 45 days – in a shorter time frame, that would be fantastic. They assure us that they can handle that. Their team has been strong in dealing with various tasks, such as setting up payer portals, extracting necessary information, understanding the workings of the clearinghouse, claim submission, and understanding forms. These responsibilities would be quite burdensome for us on our own, as we're a small company and we're all stretched thin. Therefore, having someone take over this significant and crucial area is a relief. We are confident in working with them, especially with their regular check-ins. Based on our experiences so far, it seems like Adonis was a good choice for us.

Do you see any major areas for growth for Adonis?

I know they're already working on this, but having a clearinghouse within Adonis would be beneficial. Their team also advises us on the best timing for claim submissions, which is helpful. It's my understanding that RCM is a service-oriented industry where APIs transfer data between systems. It isn't highly innovative, but having a dashboard to track claims status would be great. And the inclusion of human interaction in healthcare services is important. In my opinion, tech-enabled services strike a good balance for success in the healthcare sector.

One additional improvement I would like to see is having a medical coding person as part of the team, as it could increase the number of claims submitted and maximize reimbursements. This person could review the claims, including the standard CPT codes used by Adonis, and suggest additional codes that could potentially be billed for. None of us are experts in medical coding or billing, so we plan to work with an external coding person to assist with this in the future.

Do you have any advice for people who are selecting an RCM product right now?

If a person with a technical background is responsible for the decision to purchase the product, they may be biased toward companies that are technologically advanced. While this is important, it's equally important to consider the ongoing maintenance and support required. Having a vendor that offers the right services is crucial, even if they don't have the latest and greatest tech. This is not implying that Adonis does not have great tech. I think without human assistance, technology alone won't be useful. Therefore, it's essential to ensure that the services provided by the vendors are of high quality.