

How to find and vet the perfect telehealth specialty service provider for your organization

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Why create this resource?

Finding telehealth specialty service providers is not as difficult as it has been in the past.

The challenge is to find specialty service providers that will meet the unique needs and requirements of your clinic organization.

Each provider and clinic organization will have similarities and differences in practice and business models as they pertain to providing healthcare via telemedicine.

Before contracting with any specialty service provider group, we invite clinics to consider adding the questions listed in this presentation to their existing process for vetting potential partners.


Note: If you need assistance, your regional Telehealth Resource Center (www.telehealthresourcecenter.org) can assist you in locating a list of providers.



1. What specialties are available through this provider group?

Why ask this question?

- Some specialty provider groups offer one specialty only (such as Behavioral Health) and others offer a wide variety of specialties (including Behavioral Health). Some clinics prefer the “one stop shop” for all their specialty needs, simplifying the contracting, credentialing, referral process and workflow, and other clinics prefer to shop around and find the best price for each specialty.



2. Does the specialist or specialty provider group contract with your payer(s), bill you by the hour or blocks of time scheduled, by the number of patients seen, or some other scenario?

Why ask this question?

- There are several billing models used by specialists and specialty provider groups, and it's important to discuss these and establish a model that's mutually beneficial in advance. These items will help determine the financial model that best fits your program.
- Note: Before you negotiate, you should know how many referrals you think you will have for each specialty and how soon you will be able start.

Please see the chart at the end of this document for the pros and cons of each billing model.



3. What are the specialty service provider's rates for live video and store and forward? Are they the same for adult and pediatric specialties?

Why ask this question?

- Depending on the specialty services needed, as well as volume and modality for each specialty, rates will vary. Rates for store and forward specialties will typically be lower than live video specialties, and new patient appointments may be more expensive than follow-up appointments.
- Also, rates may vary according to the volume of patient referrals you anticipate sending to the specialty group.
- Keep in mind if a specialty group bills by the hour, it is important to know the time required for new and follow-up patients (see the next question).
- If the specialty group bills by the completed encounter, the rates may be higher than the hourly rate.

Please refer to the specialty contracting model pros and cons chart at the end of this document.




4. What is the expected timeframe that specialists will require for new and follow-up patients?

Why ask this question?

- Timeframes vary for each specialty and also the specialist providing the service. Most specialists require 40 minutes with new patients and 20 minutes for follow-up patients. This is crucial to know when the billing model is to pay by the hour as you will need to structure your appointment schedule strategy to ensure you can financially afford the specialist's time.



Quiz!



When paying a specialty service provider by the hour, when is the \$250/hr specialist less expensive than the \$200/hr specialist?



Quiz!

When paying a specialty service provider by the hour, when is the \$250/hr specialist less expensive than the \$200/hr specialist?

Answer: When the \$250/hr specialist can fit more patient visits into each hour.

Provider A: \$250/hr

Initial 40, and f/u 20 = 60 min = \$250 for 2 visits

Provider B: \$200/hr

Initial 60, and f/u 30 = 90 min = \$300 for 2 visits



Specialty Service Provider Partnerships

CTRC Sample Telehealth Sustainability Worksheet

This worksheet is provided as a basic tool to assist in business model development and is based on the model of purchasing a 4 hour block of time

Instructions: Insert your data in to the blue cells. All remaining cells will be automatically populated based on the information entered.

Appointment type:	time (min)	# of visits	total hours
Initial	40	4	2.67
Established	20	4	1.33
Total number of visits per block of time purchased		8	4.00

Patient Volume	8
Specialist hourly rate	\$ 225.00
Specialty cost per block of time reserved	\$ 900.00
Clinic collection rate per encounter (PPS rate)	\$ 165.00
Amount clinic collects if 100% billable	\$ 1,320.00
Average No Show rate for clinic (or specialty)	15%
Clinic collection minus No Show rate	\$ 1,122.00
Clinic uninsured rate	10%
Adjusted clinic collection minus No Show rate	\$ 1,009.80
Staffing and overhead per hour	\$ 20.00
Staffing and overhead per block of time purchased	\$ 80.00
Variance	\$ 29.80

Note: This calculation does not include sliding fee collection

For more information or assistance with this spreadsheet, please contact the CTRC at www.caltrc.org

Specialty Service Provider Relationships:

Advantages and Disadvantages of the Most Common Contracting Models

Model	Advantage	Disadvantage
Originating site purchases blocks of time from distant site	<u>Originating Site:</u> Guaranteed access to specialist	<u>Originating Site:</u> Risk assumed for no-show patients
	<u>Distant Site:</u> Guaranteed payment for time reserved	
Originating site pays per patient seen	<u>Originating Site:</u> No pressure to fill blocks of time	<u>Originating Site:</u> Possible excessive wait time for appointment
		<u>Distant Site:</u> Difficult to forecast volume to plan for coverage. AND Assume risk for no-show patients
Originating site pays the delta between distant site's cost and collections	<u>Originating Site:</u> Only pays a portion of the specialty visit cost	<u>Distant Site:</u> Assumes the administrative cost & burden of billing patient insurance & balance billing originating site
Health Plan contracts directly with specialty service provider	<u>Originating Site:</u> Most sustainable model as the originating site no longer has to pay for specialty care	<u>Originating Site:</u> <ul style="list-style-type: none"> Initial start-up delays in as health plans are slow to contract with new providers. Limited to those providers offered through the health plan
	<u>Distant Site:</u> Contracting with a health plan allows the specialty group to expand access to multiple sites, thereby increasing service volume	
On-demand, 24/7 coverage (hospital ED, ICU & In-patient)	<u>Originating Site:</u> Guaranteed access and coverage when needed	<u>Originating Site:</u> May pay for time that's not utilized
	<u>Distant Site:</u> Guaranteed payment for time reserved	<u>Distant Site:</u> May provide more services than originally estimated



5. Does the specialty group have a Credentialing policy or preference?

Why ask this question?

- By proxy or full credentialing will make a difference in how fast you can bring a specialist on-board and should be established in advance. If you are billing on behalf of the specialty provider, you will need to bring them into your four walls and will need to credential them at your site.
- Some specialty service providers will only utilize credentialing by proxy, while others will accept your wishes for full credentialing. In addition, the specialty providers will need to be credentialed with the patient's health plan. Some providers are already credentialed with health plans covering your site.
- For more information on CMS guidelines for credentialing by proxy, please visit <http://caltrc.org/knowledge-center/best-practices/sample-forms/>
- Malpractice insurance should also be covered in this conversation.



6. Will the specialist/specialty group provide a bio of the specialist?

Why ask this question?


- It's very reassuring to you and your patients to see the level of education, training, and the affiliations/board certification of the specialist.



7. Does the specialty provider group have referral guidelines for each specialty?

Why ask this question?

- Referral guidelines are an important communication tool that specifies the time required for new and follow-up patients, as well as if/when a provider should be in the room during the consult, and finally, the information that is needed prior to the consult (labs, chart notes, etc.). This will be helpful so that you know the exact requirements as they may vary from specialist and specialty. Also tests can be costly (and at times, unavailable) for a portion of your patient population.



8. Does the specialist expect an MA, RN, NP, PA, or MD in the room with the patient during the encounter, and for how much time?

Why ask this question?

- Some specialists will have a preference and may not be willing to let you determine who presents the patient. Some specialties, like Behavioral Health, don't require a provider in the room during the consult. Agree in advance how much time they will require staff to be in the room. This is important to know for staffing, scheduling, billing and budgeting purposes.
- For example, if an FQHC site is billing on behalf of the specialist, the FQHC can only submit one bill per patient per day (not one bill for the PCP and another for the specialist). In this case, the specialty service provider that doesn't require a PCP to be present during the consult would be economically preferable.



9. Does the specialist provide “direct patient care” or offer “consultation only”?

Why ask this question?

- Direct patient care implies the specialty provider will make a diagnosis and treatment plan and will prescribe medication independent from the primary care provider.
- With the consultation only model, the specialist will send treatment recommendations to the primary care provider, who will be responsible for prescribing medication.
- This would be important to know since you want to discuss this with your providers to see if they feel comfortable prescribing for a patient after only reviewing the specialists notes and recommendations.




10. How will medication refills be handled?



Why ask this question?


- It's important to discuss who will be responsible and how will prior authorizations be handled. For example, if the provider operates in your EHR and is using e-script, you will want someone to handle these refill requests and prior authorizations just as you would for any of your providers in-person.



11. Will you be able to utilize the same specialist that has already seen the patient, or does it just depend on availability?

Why ask this question?

- Maintaining your relationship with the same specialist helps you feel confident of what to expect and also assures continuity of care as it pertains to diagnosis and medication prescribing. Having the patient be comfortable and have formed a relationship with the same specialist, is crucial for trust and compliance with treatment recommendations.



12. What is the turnaround time on charts being returned, and how will they be sent?

Why ask this question?

- You should set an expectation upfront with the specialist and hold them accountable to timely completion and transmission of all consult notes after the completed visit.
 - This is not only important for the maintenance of provider to provider communication for continuity of patient care, but for billing purposes as well.
- Some specialty service providers require the originating site to access their EHR to pull down chart notes for each patient (more work for the referring site) and others will agree to document directly into your EHR (more work for the specialty site).



13. What is the policy on patient no shows or cancellations?

Why ask this question?

- Each specialist may have a different policy and it's important to know upfront if you are able to cancel or reschedule patients, and what the financial responsibility is.
 - For example, if you are paying the specialist by the completed encounter, their tolerance for no-show patients will be lower than if you are paying them by the hour reserved.
- It's also important for you to set expectations for the specialist canceling due to other commitments (how far in advance, notification via phone/text/email, etc.).



14. Is the referring site allowed or expected to overbook patients?

Why ask this question?

- Knowing there are often no-shows with patient appointments, most specialists will allow and/or expect you to overbook patients. It's important to establish what you mutually agree will work and will not disrupt the practice and the Telehealth clinic.
- You should also discuss how payment is structured. Some specialists that charge by the hour, may charge you for the full hour regardless if you have patients no-show and some may allow you to have the primary care provider step in and get a second opinion on other patient cases.



15. What is the emergency backup policy or plan for technology failures?

Why ask this question?

- This is an important question to ask. What is the procedure that the specialty service provider follows should the video conferencing software disconnect during a session? How many attempts to reconnect should you make? Should you call the specialty service providers office? Will they contact your coordinator? What is the process for finishing the appointment or rescheduling the patient should you not be able to reconnect? All specialty service provider groups should have a policy for technology failure.



16. What level of technical support will the specialty provider group provide?

Why ask this question?

- While most primary care clinic sites have some level of technical support staff available, very few clinics have staff that are able to troubleshoot telemedicine video and peripheral equipment and/or broadband connectivity for video transmission. Some specialty provider groups provide a basic level of technical support or troubleshooting assistance in order to make sure services are provided as scheduled.



17. Can the referring site provider call or videoconference the specialist before or after the consult?



Why ask this question?

- Sometimes there may be a need to speak to the specialist without the patient present. You should ask if that's acceptable and if there is a cost associated.



18. How will staff communicate with the specialists during the visits, if they are not present in the room with the patient?

Why ask this question?

- Address what type of communication (text, email, and phone) is expected when either the staff has a question, or if the specialist needs the staff to step in the room at any time during the consult.
- This information is useful in order to provide the coordinator the proper tools for a smooth flowing clinic. Oftentimes clinic coordinators are not issued cell phones (for text), or the room where the telemedicine equipment is located isn't near a station that's equipped with a desk phone or computer (for email and phone call communication).



19. What type of correspondence is acceptable between the referring site and the specialist?

Why ask this question?

- Discuss if calls, emails, text messages, or flags in patient's charts are acceptable. And can these items be communicated directly or only through a third party (such as a scheduler, coordinator, or receptionist)?



20. What is the onboarding process for new clinics?

Why ask this question?

- Specialty service provider groups may provide some, if not all, of the following: training on patient presentation techniques, training on the referral process, training on equipment usage, and video meet and greet sessions with the specialists and referring providers, etc. Some or all of these may be of no cost to you, while others may come with a small charge.




The Recap: Your Top 20

1. Specialties Available
2. Payment Model
3. Rates
4. Appointment times
5. Credentialing policy
6. Specialist bio / qualifications
7. Established referral guidelines
8. Staffing requirements
9. Direct patient care or consultation only
10. Medication refills
11. Specialist continuity
12. Turn around time for chart notes
13. Cancellation/no show policy
14. Patient double-booking
15. Back up plan for tech failure
16. Technical support available
17. Non-consult communication policy
18. Method of communication during consult
19. Post-consult correspondence policy
20. Onboarding process

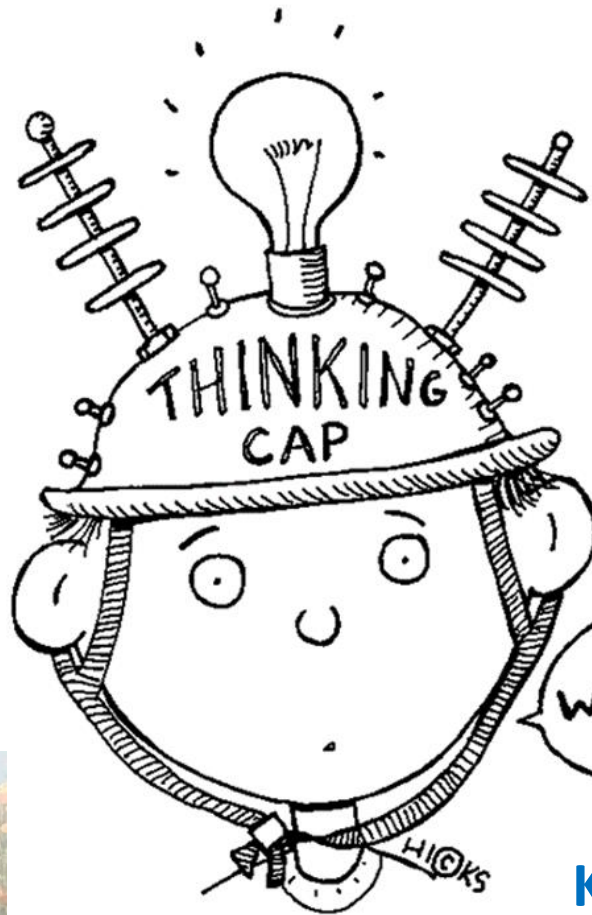


Resources Available on www.caltrc.org



Needs Assessment
Staff Roles and Job Descriptions
Considerations in Developing Partner Relationships:
Top 20 Questions to ask a Specialty Group
Sample Telehealth Sustainability Worksheet
Contracting Model Pros and Cons
Credentialing Guidelines
Billing Guidelines
Sample Referral Guidelines
Patient Consent
Clinical and Operational Workflow
Overcoming Integration Barriers
How to Develop a Telehealth Marketing Plan
Access to Free Telehealth Implementation Workshops
Online Telehealth Coordinator Curriculum
More!

We're here for you!



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