

# 20 Questions to ask a specialty service provider prior to signing the contract

Finding telehealth specialty service providers is not as difficult as it has been in the past. The challenge is to find those 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 following questions to their existing process for vetting potential partners.

What specialties are available through this provider group?

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.

Does the provider group contract with your payer(s), bill you by the hour or block of time or patient seen, etc?

There are several billing models used by 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.

What are the rates for live video and store & forward? Are they the same for adult and pediatric?

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.**



What is the expected time frame that specialists will require for new and follow-up patients?

Time frames 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.**

Does the specialty group have a Credentialing policy or preference?

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.**

Will the specialty group provide a bio of the specialist?

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

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

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.

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?

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.

Does the specialist provide "direct patient care" or offer "consultation only"?

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.**

How will medication refills be handled?

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.**

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

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.

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

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).

What is the policy on patient no shows or cancellations?

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 will be. **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.).

Is the referring site allowed or expected to overbook patients?

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.

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

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.**

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

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.

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

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.

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

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, 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).

What type of correspondence is acceptable between the referring and specialty sites?

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

What is the onboarding process for new clinics?

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.



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