

20 QUESTIONS

to ask a specialty service provider *prior to* signing the contract



Finding telehealth specialty service providers isn't as difficult as it used to be. The real challenge is finding those that can meet the unique requirements of your clinic organization. Each practice and business model is different when it comes to providing care via telehealth. So before signing a contract, consider asking your potential partner the following key questions.



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1

What specialties are available through this provider group?

Some specialty provider groups offer only one specialty (i.e., behavioral health), while others offer a wide variety (i.e., behavioral health + dermatology + ENT). Certain clinics prefer the “one-stop shop” approach for all their specialty needs—which simplifies contracting, credentialing, workflows, and the referral process. Other clinics prefer to shop around and find the best price for each individual specialty.

2

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

There are several billing models used by specialty provider groups. It's important to discuss these, and establish a model that's mutually beneficial in advance. These conversations help determine the financial model that best suits your program. **Note: Before you negotiate, you should clearly estimate 1) how many referrals you think you'll have for each specialty, and 2) how soon you'll be able to start.**

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

Rates vary, depending upon the specialty services you need—and the volume and modality for each specialty. Rates for store-and-forward specialties are typically lower than those for live video specialties. New patient appointments may be more expensive than follow-up appointments. Rates can also vary according to the volume of patient referrals you anticipate sending to the specialty group. **If a specialty group bills by the hour, it's important to know the time required for new and follow-up patients (see next question). If the specialty group bills by completed encounter, rates may be higher than the hourly rate.**

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

Timeframes vary for each specialty, and also for the specialist providing service. Most specialists require 40 minutes with new patients, and 20 minutes with follow-up patients. **This is crucial to know up-front when the billing model involves paying by the hour. You'll need to structure your appointment scheduling strategy to ensure you can financially afford the specialist's time.**

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Does the specialty group have a credentialing policy or preference?

Full or by proxy credentialing makes a difference in how fast you can bring a specialist on-board—so agree on this in advance. If you're billing on behalf of the specialty provider, you'll need to bring them into your four walls. You'll also need to credential them at your site. **Some specialty service providers will only use credentialing by proxy, while others will accept your preference for full credentialing. Remember, specialty providers also need to be credentialed with the patient's health plan.**

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Will the specialty group provide a bio of the specialist?

It's often very reassuring for you and your patients to read about a specialist's training, level of education, board certifications, and/or professional affiliations.

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

Referral guidelines are an important communication tool. They specify the time required for new and follow-up patients; if/when a provider should be in the room during the consult; and information needed prior to the consult (labs, chart notes, etc.). **These guidelines help you understand exact requirements, which may vary by specialist and specialty.** Remember, tests can be costly—and at times, unavailable—for a portion of your patient population.

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

Some specialists have a preference, and may not be willing to let you determine who presents the patient. Certain specialties, like behavioral health, don't require a provider in the room during the consult. Agree in advance how much time staff is required 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, it would be economically preferable if the specialty service provider didn't require a PCP to be present during the consult.

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

Direct patient care implies that 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 then be responsible for prescribing medication. **It's important to know this up-front, so you can discuss it with your providers. Determine whether they feel comfortable prescribing for a patient, after reviewing only the specialist's notes and recommendations.**

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How will medication refills be handled?

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

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Will you be able to use the same specialist who has already seen the patient—or does it depend upon availability?

Maintaining your relationship with the same specialist gives you confidence about what to expect. It also ensures diagnostic and medication prescribing continuity. Patient comfort is key, and it frequently stems from having formed a relationship with the same specialist over time. Consistency builds trust, which helps foster compliance with treatment recommendations.

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

Set an expectation up-front with the specialist—and hold him/her accountable for timely completion and transmission of consult notes after the concluded visit. **This helps foster vital provider-to-provider communication, for continuity of patient care. It's also important for billing purposes.** Some specialty service providers require the originating site to access their EHR, and pull down chart notes for each patient (more work for the referring site). Other providers will agree to document directly into your EHR (more work for the specialty site).

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What is the policy on patient no-shows or cancellations?

Each specialist may have a different policy. It's important to know up-front if you're able to cancel or reschedule patients, and what the financial responsibility will be. **If you're paying the specialist by completed encounter, their tolerance for no-show patients will be lower than if you're paying by reserved hour.** It's also critical to set expectations for situations where the specialist must cancel due to other commitments. Discuss the appropriate amount of advance notice, and your preferred means of notification (phone/text/email, etc.).

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Is the referring site allowed or expected to overbook patients?

Most specialists understand the reality of patient no-shows. As a result, many will allow or even expect you to overbook patient appointments. **It's important to establish mutual agreement in advance, so as not to disrupt the flow of the practice or the telehealth clinic.** You should also discuss how payment is structured. Some specialists who charge by the hour may bill you for a full hour, regardless of a patient no-show. Other specialists may allow the primary care provider to step in and get a second opinion on certain patient cases.

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

Here's an especially crucial series of questions to ask: What procedure does the specialty service provider follow if video conferencing equipment should disconnect during a patient session? How many reconnection attempts should you make? Should you call the specialty service provider's office? Will they contact your coordinator? What is the process for finishing the appointment or rescheduling, should reconnection attempts prove unsuccessful? **All specialty service provider groups should have a clear and specific policy for technology failures.**

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

Most primary care clinic sites have some level of technical support staff available. However, few clinics have staff that are able to troubleshoot telehealth video/peripheral equipment, or broadband connectivity issues involving video transmission. Some specialty provider groups offer a basic level of technical support or troubleshooting assistance, just to make sure services are provided as scheduled. Inquire about this in advance.

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

Sometimes there's a need to speak to the specialist without the patient present. Ask in advance if that's acceptable, and if it would incur an associated cost.

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How will staff communicate with the specialist during a visit, if they are not present in the room with the patient?

Address what type of communication (text/email/phone) is expected at any time during a patient consult if 1) the staff has a question, or 2) the specialist needs staff to step into the room. **Understanding this in advance helps the coordinator maintain a smooth-flowing clinic.** Remember, clinic coordinators aren't always issued cell phones—and sometimes, the telehealth equipment room isn't near a station with a desk phone or computer. This can make email or telephone communication challenging.

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

Discuss whether calls, emails, text messages, or flags in patient charts are acceptable. Also ask if you should communicate in these preferred ways directly, or only through a third-party (i.e., scheduler, coordinator, or receptionist).

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What is the onboarding process for new clinics?

Specialty service provider groups may furnish training on patient presentation techniques, referral process, equipment usage, video meet-and-greet sessions with specialists/referring providers, and more. Some of these sessions may be offered at no cost to you, while others may incur a nominal fee. Discuss these parameters in advance to take full advantage.



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