

The Payer's Playbook for Telehealth Provider Data Management



Telehealth offers more than convenience in connecting patients with providers. COVID-19's effect of restricting physical contact also showcased telehealth as a high-quality, efficient, and cost-saving means of initial, or total, care for non-emergent conditions. Moreover, data shows an overwhelmingly positive reception of remote care by patients and providers. As your health plan or managed care organization remaps its approach to telehealth based on experience in 2020, ensure that provider-credentialing related preparations go hand in hand with decisions about coverage, care efficacy, and member engagement.

Address the following considerations when strategizing about telehealth provider services expansion.

Ensure network adequacy

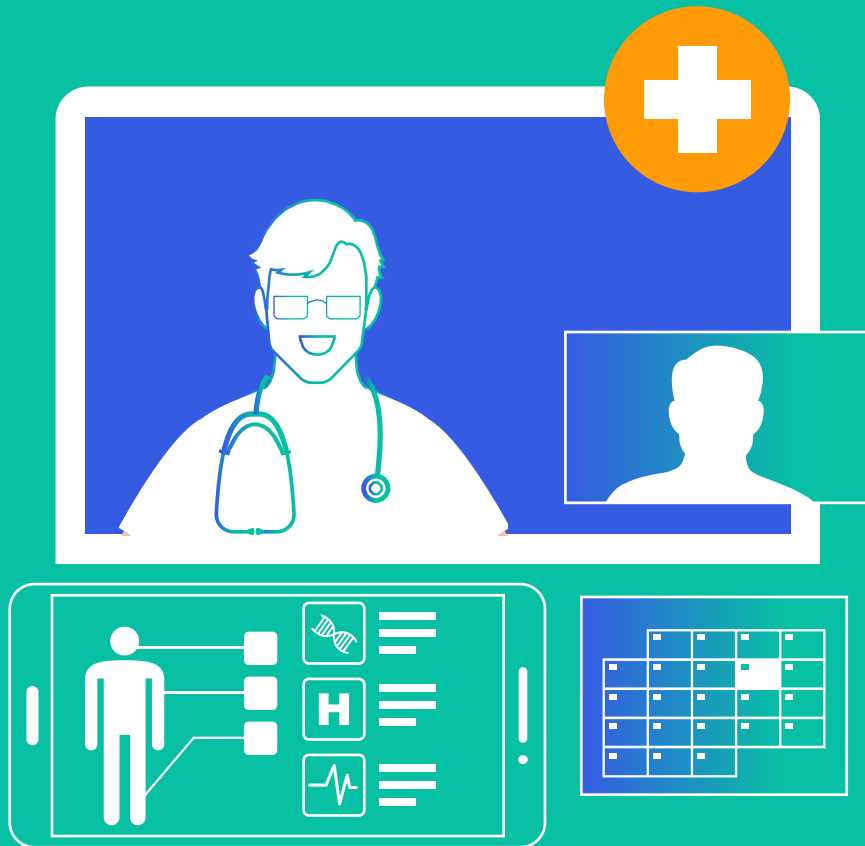
Prepare to onboard more telehealth providers to meet the growing need. The Center for Medicare & Medicaid Services' (CMS') temporary provisions during COVID-19 allowed specialty telehealth provider services to count toward meeting Medicare Advantage network adequacy standards. The flexibility was intended to encourage health plans to enhance benefits, give beneficiaries access to telehealth technology, and increase plan choices for beneficiaries located in rural areas. At least some of CMS' temporary allowances appear likely to become permanent, affecting specialties from dermatology to psychiatry, cardiology, ophthalmology, primary care, and gynecology—as well more nonphysicians. A workflow solution designed for the provider lifecycle manages network adequacy, credentialing, contracting, quality improvement, and compliance.





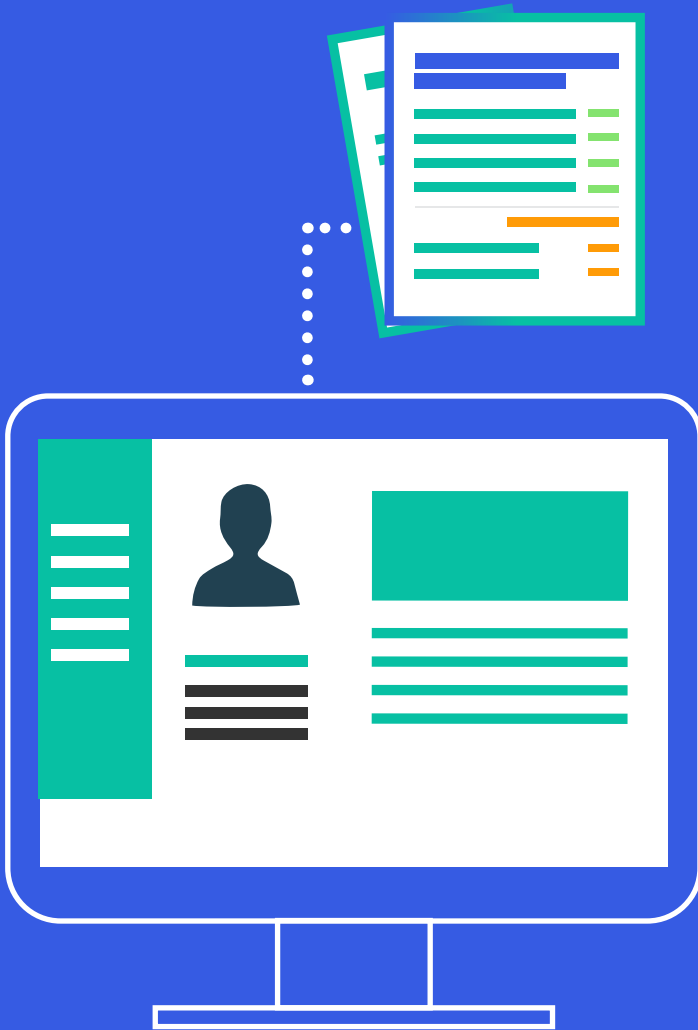
Support group practices in expanding telehealth

Independent, non-hospital-employed, community based: There's still a percentage of primary care, behavioral, and other providers delivering care outside the sphere of large health systems. Payers can aid independent practices in their networks by helping them make the leap to a telehealth-first setup for the provision of many services. The support doesn't necessarily need to be financial. For example, Maryland's CareFirst Blue Cross Blue Shield created time-limited, free access to a telehealth platform for independent providers during the pandemic. Leveling the technological playing field for telehealth access and delivery will benefit payers, MCOs, providers, and patients toward lower total per capita healthcare costs.



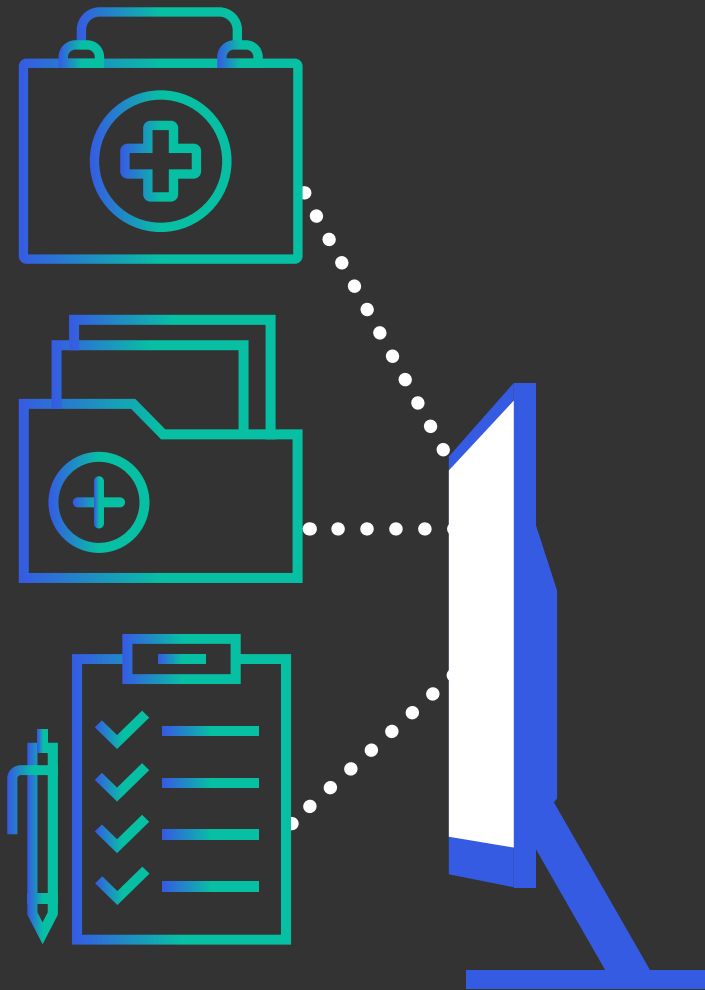
Apply population health strategies

Social determinants of health differ greatly among geographies and patient populations, as COVID-19 underscored. Deciding where to allocate resources, fill care gaps, and create outreach campaigns depends on a given population's access to education, housing, and transportation, for example. Telehealth growth strategies might include large-scale actions, such as partnering with communities and telecom companies to supply higher-quality bandwidth. Or, they might be small initiatives, such as working with practices in your network to shift to online telehealth appointment booking and moving to use of modern digital methods such as texting for communication and care follow-up.



Increase productivity with automation

Credentialing more telemedicine providers doesn't necessarily mean adding staff. First, give providers greater control to submit applications, upload supporting documentation, and attest to information. Emphasizing self-service eliminates a portion of the resources needed for follow-up on missing information, and enables workflow customization for clinicians based on role, location(s), or other criteria. Second, save staff resources for the critical analysis and decision stages of credentialing. Cloud software as a service (SaaS) includes productivity-boosting tools such as batch processing, web crawlers, and form-automation. Third, consider outsourcing primary source verification or enrollment during the peak of telehealth onboarding. Expedited licensure services in particular can show rapid return on investment.

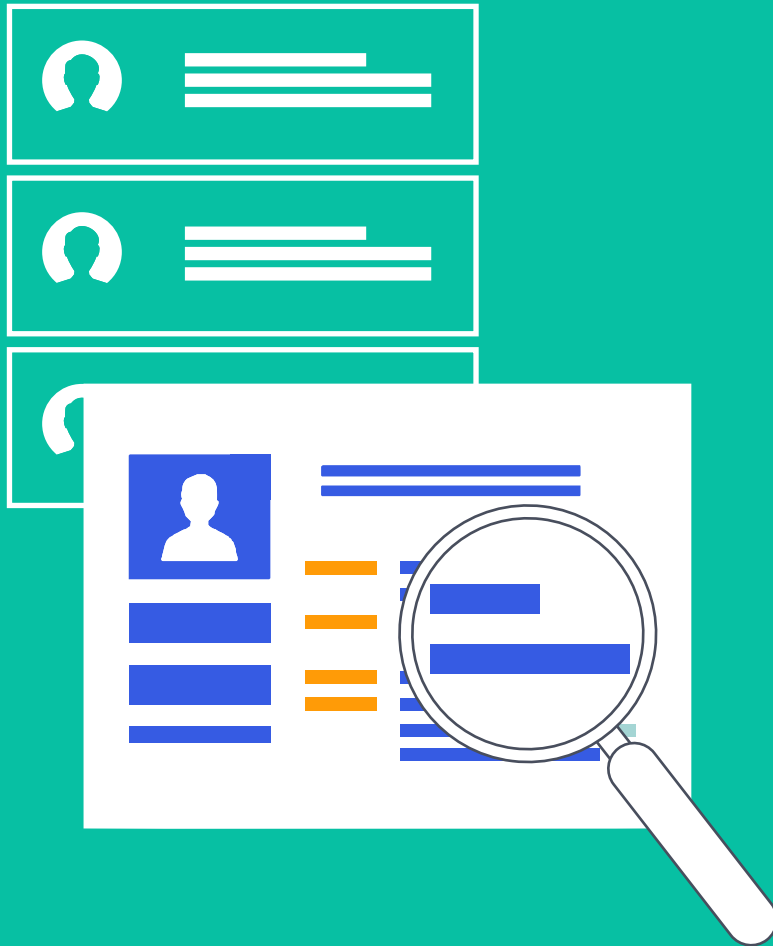


Watch states' telehealth reform

Health plans are experts at navigating federal and state regulations, but shifting terrain around telehealth coverage makes compliance complex. Regulations at the state level are a patchwork, and the landscape at the federal level is still forming following COVID-19. CMS' May 2020 decision to make permanent changes to some Coronavirus-era telehealth flexibilities supports payers' ability to make some policy changes now, and remain in compliance long term. However, watch these key areas for changes in states' positions on telehealth:

- cross-state licensing
- prescribing
- defining the patient-physician relationship
- written informed consent

Each presents hard to navigate state licensing requirements and the potential for missed timelines that create provider customer service issues.



Ensure directory accuracy

Keeping provider directories up to date has long been a challenge, as networks change, and providers switch organizations, roles, or clinical focus. However, inaccurate in-network directories aren't just a disservice to patients who, for example, mistakenly purchase a plan that doesn't include a provider, or get hit with surprise bills for services from a provider they thought was in-network. Consider too, that regulators, accreditors, and purchasers also rely on directory information to be accurate.

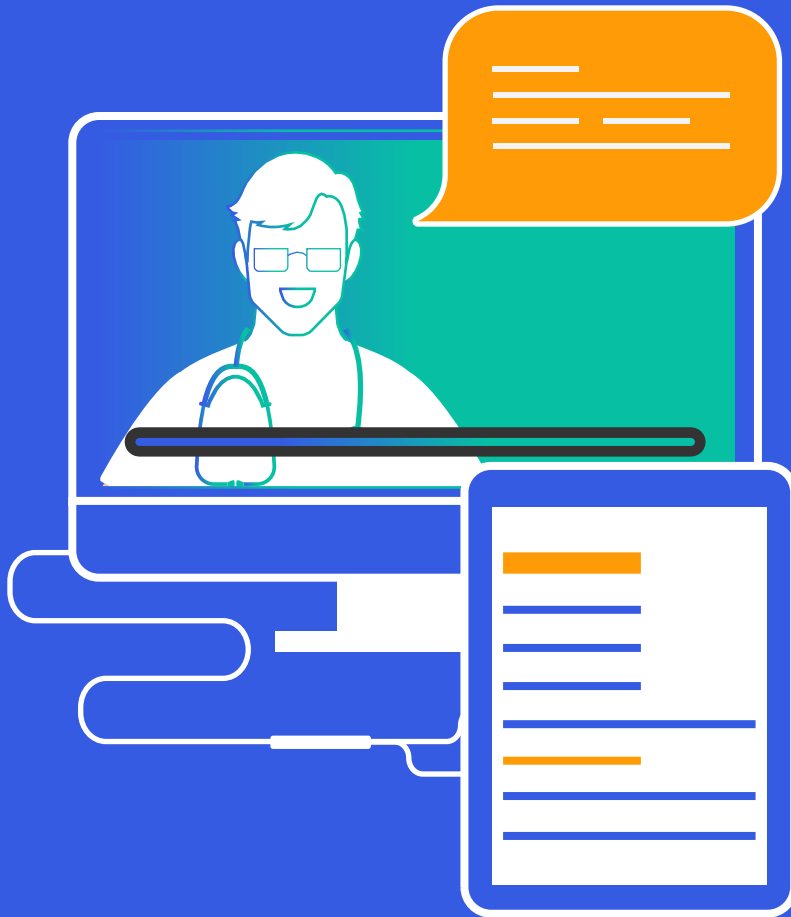
Monitor telehealth quality

Offering telehealth wasn't new to most provider organizations pre-pandemic. But telehealth's fast expansion to new populations, by more clinicians, leaves healthcare organizations struggling with quality measurement decisions: What indicators to measure for what specialties, how to collect the data, and what benchmarks to use in creating quality targets for the medium. As a result, SaaS solutions capable of tracking data for OPPE, FPPE, and peer review ensure that providers receive timely and constructive feedback leading to high-quality care and practitioner performance improvement.

Train providers in telehealth use

Healthcare organizations must determine and communicate the parameters for a telehealth visit so providers maximize its effectiveness. One example decision point: Should each specialty have its own standardized guideline for virtual visits? Train providers on how best to communicate to patients what to expect during the virtual visit: How to prepare, what to do during the visit, and what follow-up will look like. Such training and communication can be documented in a provider data management platform with an integrated status dashboard.

Telehealth is transforming care delivery before our eyes. Now's the time to decide whether your provider data management solution is up to the task of ushering in the future of healthcare.



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