

Elion

Buyer Review Transcript

Product Reviewed	Candid
Integrations Reviewed	Elation, Stripe
Other Products Mentioned	Athena, Customer.io, Medallion, Canvas
Date	July 27, 2023
Expert Role	Head of Product
Specialty	Virtual Weight Loss Clinic
Payment Model	Fee-for-Service

Today, we're talking about Candid and how it's being used at your company. Before that, could you give a brief overview of your company and your role there?

We are a national telehealth-based weight loss clinic. We serve patients virtually all across the United States. I'm head of product at the company and I've been here for two and a half years.

Can you tell me a little bit about your experience with Candid's products? How long have you been using it for and what do you use it for?

We've been using Candid for about a year and a half. Prior to Candid, we were using a brick-and-mortar or mom-and-pop shop to manage our revenue cycle management (RCM). It was fine as we were getting up and running but we outgrew their capabilities very quickly. They weren't going to be able to scale with us as we moved into more states and as we introduced more complexity into our model. For example, we started to explore remote patient monitoring (RPM)-based billing. That sort of new thing was not in our old vendor's wheelhouse. That was the forcing function that made us look for our next option.

We didn't want to bring RCM in-house, so we were looking for a vendor that both had expert knowledge in the industry and was primed for scaling with us. It was important that they understood what it meant to be a venture-backed healthcare company. A lot of folks in the space don't understand what that means and how that relates to scale. That was one of the reasons Candid stood out to us initially. They understood how things would accelerate for us and how the marketplace was quickly developing as far as billing with RPM and telehealth went.

We did take a look at a few different options on the market. But Candid really stood out to us – they understood our venture-backed nature. Additionally, their expert knowledge was immense.

Also, they're a tech-focused company as well. That showed in the ways that they wanted to scale on their end – not just using brute force to move through things. There was clear alignment on the path that both of our companies wanted to take, moving forward.

We recognized that they were an early-stage company as well. RCM is a painful thing to set up and move partners with, so that was one of our biggest concerns going in. We've been a customer of theirs for about a year and a half, so we joined really early on in their company lifecycle. The positives, however, assuaged a lot of our concerns, so they are handling all of our RCM now. They provide expert knowledge and we run all of our billing through them. We do our own direct user-facing billing support, so if patients have questions, we're able to answer those. But for all intents and purposes, Candid is our RCM partner. We've been thrilled with them so far.

Could you talk about the complexity of your billing needs? Is there a lot of variety in the codes you're billing or is it fairly consistent across visits?

The codes themselves are pretty straightforward because we're in the specialty medical weight loss space. I'd say it probably doesn't hit more than ten codes total, even including RPM. Where the complexity comes in here is on the licensing and credentialing front, working across states. A provider could be located in Illinois, licensed and credentialed to work out of another state, but because of the health plan the patient is on, we might be able to bill out of a third state. That's where a lot of the complexity comes into play. We want to be able to map all these inter-state relationships out. They have been able to get us squared away on codes real quickly, in terms of applying the right modifiers on them for different states and different payers.

The challenge there is to map information from your provider network management tool into the RCM process to make sure that you're submitting claims with the right providers, facility locations, etc. Is that right?

Yes - to identify who to bill in which state, because it's not always cut and dry. 80% of it is really straightforward. 20% of it has some exceptions, and those exceptions are fairly complex. Candid didn't have the tools built in to support that complexity initially. They dove in deep with us to understand the problem and to support us with it. In that sense, they've been a great partner. They're understanding problems we're facing so they can build out and support other partners they have who might face similar issues.

Candid positions their rules engine as a point of differentiation. Was the ability to manage multi-state billing enabled by their rules engine? How did you apply it?

The rules engine comes into play here as well as on the RPM side of things. We've got some additional rules that we built out specifically with them to really improve our RPM billing, because there are some unique codes that you can get for asynchronous time spent with patients. You want to be able to manage that and have an audit trail. So their rules engine has been incredibly powerful for us.

People mean different things when they talk about RCM, and RCM is obviously a long process end-to-end. I'd love to understand where you use Candid in your operations. Do you use them for front-end processes, with intake or eligibility verification, or prior authorizations?

Not right now, but I'm 90% confident we will be integrating with their eligibility features. The only reason we're not doing it right now is because it's fully API based. We use Elation for our EMR and that has the UI-based version of eligibility verification, so we've got something that works for now. But we fully intend to take advantage of their eligibility API to streamline our onboarding process.

Do you do all your coding in-house or do you work with Candid for that?

Because our coding is fairly straightforward, we do all of it in-house.

If I'm understanding correctly, your work with Candid is as follows: you submit codes to them and they generate claims, applying their rules engine. They then submit those claims to the clearinghouse and do claims management on the back-end, dealing with denials and rejections.

Yes. One example of how they used the rules engine is with RPM. With RPM, you build some codes over a period of time – for example, you received so many physiological measure readings over a month. The date of service gets kind of wonky on that, so you just have the date of service on the last day of the month. But if you have an RPM date of service that collides with a visit date of service, then one of them is going to get shut down and blocked. They identified this issue for us and then we were able to work with the rules engine to offset the date of service, if we knew that there was an appointment on the same day.

We would have been completely unaware about the money that we were losing, without their insights. They helped us solve the problem immediately. We did like a band-aid fix on our end, and then we got a long-term fix using the rules engine on their end. The rules engine came into play, but their support services also made sure we weren't hung out to dry along the way.

Presuming they're managing the denials, it sounds like they saw them getting denied, dug into why, and noticed the issue that you described. They were then able to apply the rules engine to prevent that on the front end, when claims are getting submitted. Is that how it worked out?

They were the ones who identified the issue and then tracked down the root cause of it so that we could actually start getting all those claims. In this case, we had to make the change on our end because date of service isn't something your RCM partner should change.

Do you manage patient billing yourselves or do they help with that?

We process all of that through Stripe. We manage the actual collections but we get the trigger for the amounts and invoices out of Candid – these come out of Candid into our system, where we collect, and then we feed the collections back into Candid through Stripe.

Is there anything else you use them for that we haven't yet covered?

On managing denials and tracking what's going on there, I can't reinforce enough how proactive their services side of things has been. They identify when denials are happening and get down to the root cause of it, talking to other customers to understand if they've seen something similar. They really do the legwork to make sure you're successful at billing. They have got the tech chops and the services chops. It's rare to see both of those come together. We've worked with a few different folks on their account management side of things and it's not that we lucked out with a single person who was good at what they do. They've shown a pattern of excellence.

How did you factor that duality into your procurement process? Were you looking for a vendor that had a solid track record on the software as well as the services sides?

We were looking more for a software vendor initially. We had thought we could hire in-house if we needed an individual specialist to work with the vendor. We lucked out and found strong software and services in one place, but we were prioritizing the software side of things because of the issues we were running into with complexity and scaling. That was our first priority. We figured we had enough healthcare experience internally and could muddle along until we had to hire some more expertise on RCM. Candid hit two birds with one stone for us.

Who else did you evaluate in the procurement process?

We looked at Athena as well. There were a few other smaller shops that we were looking at that would have been more like boutique services.

What led you to go with Candid over Athena or some of the boutique solutions?

As we spoke with them and vetted them, we saw that their tech was already very capable. There wasn't duct tape and bubble gum that held it together. We could see the care and craftsmanship in it, which was important to us.

We wanted partners in our RCM vendor because we knew that the solution that they had on day one was not going to be the solution that was going to work for us on day 20. So, we wanted to make sure that somebody could grow with us on that front. That was the biggest thing that stood out for us about Candid.

Are there any areas where things either aren't going as well as you would want or you see room for improvement?

I don't have any major things to call out. There have been a couple of minor issues that they've had to send out announcements about, but those issues would come up in any system. They have been very proactive with their messaging, telling folks right away, and being transparent about what the issue is. None of those issues impacted us very directly, so I haven't had to crawl out of a whole lot of problems because of them. But their communication when things are potentially going south has been really strong, which is what I value most in those times. They also are quick to resolve issues, which is very important.

In general, they seem very self-aware of any issues they have and try to address them. In the past, they've identified and prioritized gaps in functionality, and told us how they got prioritized on their product roadmap. For example, why something might not come out next quarter and has been pushed out three quarters. I haven't had any issues with their reasoning for those decisions, usually.

If I think about all of our vendors, they've been the best vendor we've had in terms of value we've derived from them. They're up there with Customer.io for us, and we use that for all of our patient-facing messaging.

Shifting gears, what has the integration process looked like for the integrations you've had to build with Candid?

With the integration with Elation, there have been some issues on the Elation side – for example, instances where they're matching against a specific string rather than a unique identifier, which can be problematic in code. But that's not on the Candid side of things. While we were doing that integration, Candid had an Elation integration specialist who had done this a bunch already. That person jumped on the team and was more of a tech enabler – they worked with us until we signed off on the integration. There were some hiccups in it, but that was because of the nature of getting the data from Elation to Candid. They took on the onus of solving that problem and were great partners.

Stripe is the other integration we have. Previously, you could only integrate Candid with one Stripe account, and you had to manage some other way if you had multiple Stripe accounts. We have multiple because different states have different requirements. That was our pain point; it wasn't the highest priority for them, but they just released an update that allowed you to support multiple Stripe account integration. It took me all of seven and a half minutes to get five accounts integrated with Candid. Their support documentation was very clear – they just pointed me to the support documentation, and I didn't have any questions after that. They do a really good job with supporting you asynchronously in that way.

Have you built on top of their platform, using their API? How has that been?

Nothing yet. Eligibility will be the next big different use case that isn't direct to RCM and has more to do with onboarding. So we haven't crossed that bridge yet, but I expect we will in the near future.

We're actually using their exports endpoint so that we can invoice our patients for their patient responsibility. This is an area where they're adding functionality over time, and don't have endpoints for patient responsibility specifically.

How do you sync Candid with Medallion, your provider management system?

We manually load our credentialing and licensing data. I don't believe there's a direct integration between Medallion and Candid.

Are there any features you've chosen to not use?

Not particularly. I don't go into the reporting UI much, but our billing support person uses it extensively to troubleshoot different issues. They've set that up as a work queue, so if there are issues that need to be resolved, it's structured like an inbox for the person working on them. They're creating workflows like that to support our user-facing person as well, and they've been investing more into improving that experience over the last six to eight weeks. We've seen some marked improvements there.

How have you found their reporting functionality and features, overall?

The reporting has been pretty good. I like that it's very snappy. When you go in and try to adjust different parameters to dive into reports and see different things, it's snappy and responsive. Their having a strong tech team and understanding of the underlying technology helps with features like that. They've taken good care to make sure they know that that's really important. It's important because if it feels like reporting is broken, it feels like your whole experience is broken. I actually haven't had to export too many times from it. That's a sign of a pretty good reporting UI, because I haven't had to export the data to go work with it in a different tool.

What does their ongoing support and engagement look like?

We do a weekly check-in with our account manager. We discuss everything from issues that we've identified on our end to those they've identified on their end that we need to get addressed right away. This is more for action items and new business. I don't jump into any quarterly reviews with them; our operations lead manages more of that directly. We also have a shared Slack channel, where they respond within 24 hours at most (usually, it's within a couple of hours).

What was the setup and implementation process like, once you had contracted with them?

I want to say it took a month to migrate to Candid – we had to get everything off our old RCM vendor, which was still brick-and-mortar, and manage knowledge transfer.

And would you say that it was a smooth process?

Yes, it was very smooth.

On the pricing front, I'd be curious to hear how they structure that, as well as your view on the level of value relative to what else you've seen in the market.

We pay a percentage of claims. I will say we signed very early, so their pricing has probably changed since then.

It was actually really competitive. When we were looking at Candid and Athena, we also considered an EMR move and looked into Canvas (including as an RCM option). Canvas couldn't handle the complexity that Candid could at the time. Pricing-wise, these options came in around the same range from the perspective of percentage of claims. So it came down to what the actual service offering looked like, what the technology underlying looked like, how much they could support our use cases from day one, and how much they could commit to the roadmap to supporting us in the future.

At a high level, what do you like most about the product?

Candid takes an incredibly arcane concept and part of healthcare and makes it understandable. They try to break it down and make it as understandable as possible. I remember one of the first things they did was walk us through the lifecycle of a claim. It was the care they showed in that they wanted us to understand everything that was going on and all the complexity they were handling. So when things go awry, you can understand a bit of the nuts and bolts on their end.

Is there anything you wish could be improved or that you dislike?

I'd maybe like some more support for auxiliary team members who are involved in RCM but not directly. For example, here's a 101 for your providers, who are probably hearing about Candid in meetings and know there's an RCM tool but nothing more. A lot of practitioners have no idea of what's going on there. So something like that, for people who aren't on the ops or product teams and aren't using the tool day-to-day.

Assuming you'll be using them for the foreseeable future, is there anything that could cause you to go back to market or look elsewhere, as your business grows in scale and complexity?

As I see more appetite for capitated agreements and value-based care, I'm not exactly sure how that's going to fit in there. There are so many different versions of capitated agreements coming through now, especially as I look at the employer space and self-insured employers. That would be one thing that might force us to move.

Finally, do you have any advice for folks who are going through evaluation of a vendor or vendors in this space for the first time?

One of the biggest things is to not let a vendor speak down to you and say that the tool is too complex. Don't let them say, "That's why we're here and it's so complex – let us handle the complexity. You don't need to understand it at all." That, to me, is a huge red flag. They're supposed to be experts in this industry, and I firmly believe in the old adage that if you can't explain it to a five year old, you don't really understand it yourself. The vendor is the expert and has built a whole business on this thing. They should have done the due diligence to find a way to get their value proposition out to somebody who doesn't have this deep understanding of the technology or space. Go out there and don't leave until you feel like you really understand it. Talk to someone who's in a completely different industry and try to explain it to them. If you can't explain to them what makes a vendor stand out or what service they're offering, go back to the vendor and have them explain it again. And if they can't, then I don't think they're the right partner for you.