Candid Health

by Finance Lead

Claims Management   AI Denials Management

Details

Review Date	11/09/2023
Purchase Date	Q4'22
Implementation Time	3 months
Product Still in Use	Yes
Purchase Amount	N/A
Intent to Renew	100%
Review Source	Vendor

Product Rating

Product Overall		4.0
Use Case Fit		4.5
Ease of Use		4.0
API		N/A
Integrations		N/A
Support		5.0
Value		4.5

About the Reviewer

Purchasing Team   User

Implementation Team   Product Oversight

Reviewer Organization

Virtual-First Provider   Behavioral Health

Reviewer Tech Stack

Change Healthcare

Other Products Considered

Athenahealth   Availity Essentials

Optum Claims Management   Trizetto

Waystar

Summary

- **Product Usage: The product is used for back-end revenue cycle processes, from claim submission to payer and patient payment reconciliation.**
- **Strengths: The product is flexible, accepts APIs, and works with a variety of claim formats.**
- **Weaknesses: The product is a startup, meaning they are still building and developing certain features that established products already have.**
- **Overall Judgment: The reviewer deemed their choice of Candid Health to be the right one as it provides flexibility and partnership that other mature products might not offer.**

Today we're talking about Candid Health and how it's used in your organization. Before we delve into that, could you briefly describe your company and your role there?

We're a telemedicine platform that offers evidence-based mental health treatments through video visits, unlimited messaging with providers, and ongoing customer support. We operate in both the therapy and medication delivery space, using precision psychiatry and clinically proven therapy approaches. We offer continuous care monitoring and accept both cash pay and insurance-based payments. I oversee financial operations and revenue management.

What prompted you to look for a product like Candid Health, and what are some of the requirements that you had in mind when looking for the product?

The main driver was our transition from a cash-pay subscription-based platform to working with payers and insurance companies. In terms of requirements, we wanted to find a partner who could provide a strong partnership in the field of telemedicine and behavioral health. We discovered that there aren't many RCM options that are scaled to work with, and specifically designed for, organizations like ours. We were looking for competitive pricing and a partner who could help tailor their RCM products to fit our organization's needs.

Which other vendors did you consider while evaluating different RCM options?

We looked at Availity, Optum, Athena, Waystar, and TriZetto.

And how did they compare to Candid Health?

I think some of them stacked up well, but several of them weren't priced competitively for us. Behavioral health is relatively straightforward if you consider the number of codes we bill, and several providers were a better fit for larger organizations like hospitals or clinic groups with more complex coding needs. We eliminated several options right away because they weren't well suited to our type of organization. However, there were a couple, like TriZetto, that we were interested in testing due to their wide range of options.

How did the vendors' pricing models compare?

Most of the pricing models were volume-driven; most vendors followed a similar fee schedule structure. Some vendors were fixed in their pricing regardless of volume, while others offered volume discounts. Candid Health's ability to offer competitive pricing for higher volume kept them in the running during our evaluation. In the end, they provided the most competitive pricing, although it may turn out to be fixed rather than volume-discounted.

How did you find the sales process with Candid Health?

Their sales process was very unique. They showed a genuine interest in our organization, actively seeking to understand our goals and how they could support our evolving needs. As a startup, we highly value partnering with companies that are willing to partner with the organizations they work with, potentially even offering white-label and custom-building solutions. Candid Health's approach felt more genuine and less scripted compared to other vendors. They're a younger organization, too, and their exploration of how they could partner with us was reflective of that.

What was the onboarding and implementation process like?

Like any revenue cycle product, we had to onboard all of our providers, upload our contracts, and create our fee schedules. The overall onboarding process took about 90 days. They were probably moving at a faster pace than us, but as a scaling startup with limited staff, we had some bandwidth and capability constraints. We needed to provide a lot of data and details, which slowed the process.

What were your thoughts on the quality of Candid Health's team and the overall process?

Their onboarding team was absolutely amazing. Honestly, it was one of the best onboarding and implementation experiences I've ever had, and I've gone through nearly two dozen implementations on different platforms. I thoroughly enjoyed working with them. They were very supportive, quick to answer questions, and quick to help us resolve any issues. They've put together a great support team.

How are you using Candid Health? What do your workflows look like, which features do you use, and how well do they work for your organization?

We primarily use Candid Health for our back-end revenue cycle processes. That's obviously not their sole capability – that's just where they fit into our organization. On the front end, our in-house EMR process handles eligibility authorizations and other tasks. Once a consultation is completed, the claim is sent to Candid Health for back-end revenue cycle management. This includes sending the claim to payers, receiving claim remittances, adjudicating claims based on contract terms, collecting deductible copay payments, managing patient balances, and reconciling payments. They have an in-house team that handles first-pass claim work, and for anything that can't be completed on their side, they task our revenue cycle staff with resolving outstanding items.

How would you describe the breakdown between what is handled by Candid Health versus your in-house resources? In an ideal world, what would your operational staff need to look like in order to work effectively with Candid Health?

Our operational staff is probably slightly larger than a mature organization might need, purely due to our need for scalability. As we're scaling, we're onboarding a significant number of providers every month. That creates some complexities with payers who may not have physicians appropriately loaded in their systems. This can result in denials for non-par (non-participating) status, which Candid Health cannot handle. That means we need in-house staff to manage payer-related issues and contract issues that Candid Health can't handle for us as we expand nationwide across all 50 states. A rapidly scaling organization like ours needs a larger operational staff compared to a practice with more stable patient volumes and slower scaling that isn't operating nationwide and continuously signing new contracts.

Could you provide a high-level overview of what your workflows look like?

At a high level, based on the remittance codes received from payers, tasks are assigned either to Candid Health or to our organization. The workflow is fairly automated in that sense; certain remittance codes trigger tasks for Candid Health, while the majority of the codes are assigned to our team. Candid has a robust rule set that scrubs claims and captures many of the issues, so our first-pass resolution rate is above 90%. Most of the tasks that are returned to us are returned because we're scaling so quickly and dealing with updates to our provider roster, payer contracts, etc.

What does the product look like, and how does your team interact with it?

When a task is received, it's assigned to our staff based on payers. Our staff then work on those tasks in the associated task list. Our credentialing team is also assigned tasks that are related to non-par providers or other issues, allowing us to reach out to payers and address any provider-related issues that may arise.

Considering the scope of the product, would you recommend Candid for both large-scale operations like yours, as well as lower-scale operations with fewer internal staff and billers?

Yes, definitely. Candid Health has a really solid product that can work well for organizations of any size. It's not so much about the size but more about the volume and scaling needs. So, even if you have a smaller operation with fewer staff and billers, you can still make use of Candid Health. Their customized rules platform allows you to create rules around your organization, your different payers, and the specific coding issues that might arise. This helps a lot with coding and fixing any issues that might come up. Instead of relying solely on rules-based scrubbing or autocorrect, you have the flexibility to customize and correct things yourself. So, yes, I'd say any organization, regardless of size, could use Candid Health.

What are the strengths and weaknesses of the Candid Health product?

Well, in terms of strengths, Candid Health has the advantage of accepting APIs, making it easy to push information to them. They're also quite flexible when it comes to accepting different formatting for claims. As someone who uses a homegrown EMR, I can personally attest to this. Some of the weaknesses relate to their being a startup; they're still in the process of establishing themselves and are relatively new compared to other RCM products. This does allow them to adjust quickly, which can be an advantage, but it also means that they're still building and developing features that more mature products may already have.

However, for organizations like ours, Candid Health's ongoing development is actually attractive because they're open to customer feedback and actively work on addressing their customers' needs. Where more mature products may have limitations in terms of specific reporting functions or KPI metrics, Candid Health is proactive in building features based on its customers' requirements. While there may be limitations due to its startup status, Candid is very proactive and dedicated to continuously improving and evolving its product.

Is the platform generally reliable and bug-free, or do you encounter occasional issues?

I would say that the product is fairly reliable. I don't tend to have many issues, although there are rare occasions where it may not load on the first attempt. A simple refresh usually resolves the issue, so I'm not sure if it's something on their end or on my end. It refreshes and loads quickly, so I'm inclined to think it's on my end. Like any cloud-based software, there have been times when it's been down, but I don't find that unusual, given my experience with cloud-based products in general.

How do you feel about the account management and support teams at Candid Health?

They have been great. Currently, we have weekly meetings with our account manager. They were even flexible enough to meet with us bi-weekly for a period of time when we were dealing with more internal issues. We have an ongoing weekly implementation and account management meeting as we develop our products and search for best practices. The support from the team has been exceptional.

In hindsight, do you believe that your team made the right decision in choosing Candid Health?

While there might have been certain advantages to choosing a different product, overall, I'm glad we went with them because they have been able to customize features for us in a relatively short timeframe, which might not have been possible with a more established product. More mature revenue cycle companies often have longer response times, and it can be challenging to tailor their products. Given our experience with Candid Health and how they've managed our relationship, I wouldn't have wanted to make a different choice and partnership.

Are there any specific areas for growth that you'd like to highlight for the Candid Health team?

I believe there's room for growth and improvement in the area of patient payment and reconciliation processes. Some of the challenges may be specific to our organization, but having more flexibility in this aspect would be beneficial.

Do you have any advice for people figuring out their RCM tech stack?

For every organization, it's important to find the right fit. Some prioritize pricing, while others want a more established product. However, that limits the degree to which you can establish a partnership. If your organization doesn't need to establish a partnership and can use a product as it stands without customization, you'll have a lot more options to choose from. It's essential to identify your specific needs. For us, that partnership was key to our selection process. We eliminated several products because they didn't offer the partnership that we were looking for. Discovering what's most important to your organization is always key; having clarity regarding your requirements makes it easy to eliminate products that don't meet your criteria.