

Candid Health

by Director of Implementation








Claims Management

AI Denials Management

Details

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|----------------------|--|
| Review Date | 11/15/2023 |
| Purchase Date | Q3'23 |
| Implementation Time | 3-4 weeks |
| Product Still in Use | Yes |
| Purchase Amount | ~400K (% of total claims processes + API call utilization) |
| Intent to Renew | 99% |
| Review Source | Vendor |

Product Rating

| | | |
|-----------------|---|-----|
| Product Overall |  | 5.0 |
| Use Case Fit |  | 4.0 |
| Ease of Use |  | 4.5 |
| API |  | 4.5 |
| Integrations |  | 4.0 |
| Support |  | 4.0 |
| Value |  | 5.0 |

About the Reviewer

N/A

Reviewer Organization

Virtual-First Provider Metabolic Health

Reviewer Tech Stack

athenahealth Medallion

Other Products Considered

Change Healthcare

Summary

- **Product Usage:** Candid is mainly used for post-visit claims adjudication, including claim submission, payment posting, denial management, accounts receivable, and reporting.
- **Strengths:** The product offers a clear user interface, sufficient denial management functionality, responsive customer service and is more cost-effective compared to competitors.
- **Weaknesses:** The product lacks the ability to bulk edit claims and some configuration options are not available to end users but must be done by their engineering team.
- **Overall Judgment:** Despite minor areas for improvement, the product is a valuable, cost-effective solution to revenue cycle management, with excellent customer service and a straightforward user interface.

Review

So today we're chatting about Candid Health and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

Our company, founded in 2011, initially offered a pure platform software solution and has evolved over time. With the onset of the pandemic in 2020 and the shift in U.S. policies, we expanded to include telehealth services. In the recent 12-18 months, we've added to our offerings, providing full-spectrum care that encompasses the platform, the clinician, and medically tailored recommendations as needed. I serve as the head of government operations and implementation, focusing on strategies for state-based programs including Medicaid and Medicare, and launching new projects.

What business problem led you to search for a tool like Candid?

Our product mix transitioned from predominantly software license fees, or PMPM, to a combination of PMPM and fee-for-service claims. As claims started contributing more to revenue, managing the revenue cycle became increasingly challenging. We were using Athena for revenue cycle management, but it wasn't meeting our needs in terms of platform flexibility and support.

The primary issue we faced was the lack of reporting flexibility, as it took an excessive amount of time to request reporting changes. The resubmission process for claims was also very cumbersome, requiring each claim to be addressed individually, and Athena's user interface was not intuitive. Additionally, the price point was significantly higher than competitors, notably Candid.

In terms of revenue cycle management, the need for detailed reporting and the ability to quickly respond to new feature requests are critical for us. After we decided to move on from Athena, we came to value Candid's willingness to consider adding new solutions to their product roadmap and the pace at which they can implement these changes.

Did you evaluate other vendors, and how did they compare to Candid?

We evaluated Change Healthcare, but our discussions with them were limited, as we had engaged with Candid early in the process. We were impressed by Candid and had relationships that would support a successful implementation. Our conversations with other providers didn't progress beyond initial presentations.

What stood out specifically about Candid?

Their transparency about their current capabilities and limitations and what they could potentially develop in the near future. This level of honesty was highly valuable, especially considering our past experiences. We recognize the growth stage of newer companies, and they helped us understand our present position with them and the direction their company was going. Their primary advantage was their speed and agility in addressing short-term challenges to meet our immediate business needs. And their pricing was very fair, compared to what we were paying.

Were there any features or capabilities that your team valued but weren't yet available with Candid?

Our previous RCM solution required updates to claims to be done one by one. This process is faster with Candid than it was with Athena, due to the better user experience, but Candid doesn't have the ability to bulk edit claims. However,

they were already developing this feature before we mentioned it, so they knew the product gap, and it's on their roadmap.

We were also looking for integrations for roster management. It's essential for digital health companies like ours to manage a diverse team of healthcare professionals concerning licensing and credentialing. While this was not included in Candid's core platform initially, they are planning to release an integration with Medallion, a reputable platform in the healthcare space known for managing professional credentials. Since we already utilize Medallion, we're eagerly anticipating this integration. Candid is clearly proactive about understanding and meeting the fundamental product needs of digital health companies.

How was the sales, onboarding, and implementation experience with Candid?

The company demonstrated a high level of organization and adaptability to our pace of work. They were accommodating, especially when our progress was slower due to other priorities. Their flexibility was evident in the way they tailored their team to fit our needs, providing customer success managers even on weekends and giving us access to their lead engineers when we encountered a minor technical issue with their API.

However, their onboarding and implementation process has room for improvement in helping clients understand the trade-offs of switching from an existing revenue cycle management platform to theirs. Although their knowledge of the revenue cycle management process is robust, they could benefit from a deeper understanding of the specific challenges that clients like us—lacking expertise in revenue cycle management—might not anticipate. Enhancing their ability to forecast potential issues in business operations could be a significant advantage in convincing more cautious potential clients who don't feel the immediate need to switch platforms. For those not experiencing the same urgency as we did, a clear explanation of the benefits and drawbacks of transitioning could be crucial.

How does Candid fit into your workflow?

Our current use case centers on post-visit claims adjudication. Once our clinicians complete patient visits and document them in our EMR, we use basic ETL processes to transfer data into Candid. Subsequent processes, including claim submission, payment posting, denial management, accounts receivable, and reporting, are handled by Candid.

To what degree are these workflows automated?

Our claim submissions are over 95% automated, only requiring manual intervention when the rules engine detects an anomaly. This level of automation aligns with our expectations, as the industry demands high accuracy in data submission to avoid denials. Payment posting and the initial stage of denial management are also automated. However, resolving flagged issues requires human input, which is also a standard practice in the sector. We're hoping Candid will have future enhancements like bulk editing to aid in automation of that process.

Reporting functionality is automated both within and potentially outside the platform, though we haven't integrated the latter into our systems yet. The platform isn't opaque, but it provides accessible APIs and allows easy data export through CSV files. Overall, we are satisfied with the current automation and look forward to the anticipated improvements in denial management and correction workflows.

What do you see as some of the strengths and weaknesses of Candid?

Candid's strengths include an automated feedback and alerting system, user-friendly communication tools, and sufficient functionality for denial management, such as easy tagging and filterable queues. The platform's user

interface is straightforward and accessible, allowing users, even those not proficient with technology but familiar with revenue cycle management RCM, to adopt the software readily.

However, there are areas for improvement. Currently, a weakness is the inability to categorize and understand the reasons for claim denials in bulk. Users must individually click through claims, impeding efficient denial resolution. A bulk editing feature would provide the ability to group, analyze, and address denials en masse.

Additionally, some configuration options are unavailable to end users and must be managed by Candid's engineering team. While this could be intentional, meant to prevent new users from inadvertently causing issues, it also restricts more advanced organizations from tailoring the system to their specific needs. Allowing greater user configuration could empower experienced customers to better optimize their experience with the platform.

Is that configuration restriction related to the rules engine?

The claim submission workflow is restricted. Users can't toggle claim submission on and off at the account level. Instead, this process requires intervention from Candid's engineering team. Importing our contractual rates is another task that we can't perform independently; it requires us to submit a structured spreadsheet to their team to update on the back end, which they typically complete within 24 hours. There could be improvements in the product to allow more control for experienced users to make detailed decisions that affect the onboarding process and the ongoing submission of claims. While the system is operational, certain actions still necessitate direct engagement with their team, which may be by design or a feature not yet implemented.

Do you manage billing and coding internally, or is there a function in Candid that handles that?

Candid doesn't do any coding. They operate with point-and-click GUIs for post-submission reporting to analyze data once it's submitted. For data input, processing is done upstream and then integrated via APIs. Candid's primary focus is on claim submission, adjudication, and denial correction workflows, along with the subsequent reporting. But I think, as Candid scales, they are likely to expand into other areas, such as Medallion roster management.

Has the Candid platform been reliable and stable?

Yes. We haven't experienced any issues with downtime.

How has the integration process been?

We're utilizing APIs to submit tens of thousands of claims per month, and the data schema meets our baseline needs effectively. The documentation provided is straightforward; our engineering team finds it easy to follow, and the consistency between staging and production instances has been impressive, as many tech companies struggle with maintaining staging environments at the same level as production.

We encountered a situation where an API change was necessary due to our data model, and they implemented the update within 72-96 hours, demonstrating their agility and customer-focused approach.

Although I don't have tactical advice for others building on top of Candid at this stage, I've been satisfied with the performance so far. Our next steps involve exploring the reporting capabilities for better integration with our AWS Redshift-based ETL platform to leverage the data created during the adjudication process.

Are there any pre-built Candid integrations that you're leveraging today?

Candid has a pre-built integration with the Change Healthcare clearinghouse. That type of integration is essential for RCM companies to submit claims, and it facilitates the identification of problematic claims before submission. The integration is accessible via an API; when we submit to Candid, it connects with the Change Healthcare API, allowing the values to be returned within the platform. We can then analyze these values for patterns and trends using either the front-end reporting tools or the back-end systems. I understand that Candid is planning to integrate with the reporting API next, and eventually with Medallion.

How has your experience been with their support and account management teams?

Our company is small, and my impression is that they are too, with a highly competent team. Their account managers are incredibly responsive. While they may not have a lot of capacity for regular meetings due to their size, they are always prepared to adjust their schedules for urgent priorities. The only downsides are typical of a small, growing team: bandwidth and availability issues.

Looking back, do you think you made the correct assessment moving forward with Candid?

Yes.

Do you see any areas for growth for Candid?

I think there's growth potential in the preauthorization and eligibility benefits verification area. Currently, their strength lies in handling these processes post appointment, which is effective, but if they could extend their services to handle preauthorization and eligibility verification before appointments, it would significantly enhance revenue cycle management for healthcare organizations. This proactive approach would reduce the occurrence of bad debt by identifying issues before they become problematic.

Do you have any general advice for buyers who might be making a decision for a similar solution?

If you're looking for combined EHR and RCM functionality, this solution might not match the capabilities of established players like Athenahealth. However, for companies who are focused on optimizing revenue cycle management and open to a collaborative, iterative development process, Candid can work for you. They're quicker and more cost-effective compared to most of their competitors.