



Remote Patient Monitoring Vendor Selection Guide

A guide to help physicians and clinics understand what to consider when choosing an RPM Vendor Partner



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BACKGROUND

Starting Jan 1st, 2020, CMS updated the rules for RPM, allowing physicians and clinics to deploy RPM through “general supervision of clinical staff,” essentially allowing them to partner with third-party vendors to help deploy RPM at scale, but still be the ones billing Medicare for RPM.

WHAT DOES THAT MEAN FOR YOU?

It means you need to choose the right vendor to help manage all the hardware, software, clinical interaction, coding and billing aspects of RPM, so that you can deploy this clinically and financially rewarding program without disrupting your current practice workflow.



QUESTIONS YOU NEED TO ASK



CONTRACTING

› What sort of long-term contract or commitment must I agree to?

We don't force our clients into any commitment contracts because we are confident that we have the best solution in the market; quit anytime with zero cost, no minimum orders.



Some vendors may ask you to sign a 1+ year commitment and commit to ordering at least 100 or even 500 devices up front.

QUESTIONS YOU NEED TO ASK

DEVICES AND CONSUMABLES

› Who pays for the devices?

We provide the first device for each patient at no cost to the practice or the patient, and the majority of patients only need one device.



Many vendors may ask you to **incur a major capital expense and purchase a large number of devices up front.**

› Who pays for the device consumables (batteries, lancets for diabetics, diabetic test strips)?

Nsight pays for and supplies all consumables to patients because it's a key part of our patient compliance strategy.



Many vendors **don't offer or manage consumables**, leading to lower patient compliance.

› How and where are devices stored and shipped?

We manage all device storage, fulfillment, shipping, and returns. We never expect physicians to store devices in their office or have to spend time distributing devices to patients.



Some vendors require physicians to purchase and store a large number of devices in their office and manage the distribution of the devices to their patients.

› What sort of devices are available? Am I forced to use Bluetooth?

Although Bluetooth is great for non-critical technology, because of pairing, smartphone/tablet requirements, WiFi, accounts and password issues, we have found that the easiest and most reliable devices are those with built-in cellular chips that avoid all the complexity of Bluetooth and instead send their data wirelessly to our platform without any patient interaction. These devices cost us more money, but we believe in offering the easiest experience to our clients and their patients.



Many vendors **rely on outdated Bluetooth devices because they are inexpensive.** However, because patients will inevitably have issues with pairing, unpairing, logins, passwords, or WiFi connectivity, Bluetooth often leads to lower long-term compliance with RPM.

QUESTIONS YOU NEED TO ASK

EHR INTEGRATION

› Do you integrate with my EHR?

We integrate with more than 10 of the top practice-based EHRs and we're always adding more integrations. If you have any of the following, we already integrate with your EHR:

- ✓ Athenahealth
- ✓ ECW (eClinicalWorks)
- ✓ Greenway
- ✓ Practicefusion
- ✓ Nextgen
- ✓ eMDs
- ✓ Integrated Practice Solutions
- ✓ Dr Chrono
- ✓ Aprima
- ✓ Kareo
- ✓ Waiting Room Solutions

We will even build an EHR integration with some non-web based EHRs (Epic, Cerner).



Many vendors **don't integrate with any EHRs or if they claim they do, their integration isn't robust or real.** See the next question.

› What is your EHR integration capable of? Does it put vital sign data into the EHR in a way that's able to be queried and reported on?

Our EHR integrations allow you to:

- ✓ order RPM directly from the EHR
- ✓ review patient readings (like blood pressure) in the vital sign fields
- ✓ see trends and run reports, which is especially important for quality reporting
- ✓ generate automatic claims for RPM (only available with some EHRs)



Many vendors claim they integrate with EHRs but what they actually do is just upload a PDF or fax document into the patient chart. Since that data is not readable automatically by the EHR, this is not a true integration and also prevents the provider from running reports that are required for quality reporting.

› How much does EHR integration cost?

Zero. That's right.



Many vendors charge \$5,000 or more for EHR integration and that usually means they don't actually offer it.

QUESTIONS YOU NEED TO ASK

SOFTWARE PLATFORM

› Is there a platform or tool where I can log into to see all my RPM patients' vital sign data?

Nsight has a proprietary HIPAA-compliant SOC2-certified platform called Evelyn. Evelyn is a web-based solution in which providers and their clinical team members can log in to see all their patient's RPM data, monitor compliance, see and add clinical notes, review billing data, and more.



Many vendors do not have a fully-integrated HIPAA-compliant software solution that connects devices to clinicians.

› Since RPM coding and billing is based on time-based codes, how do you track time spent each month with each patient?

Our platform automatically tracks all time spent by our clinical team and your clinical team (while logged in to our platform) reviewing data and interacting with patients. Phone calls to patients are made through our online platform and are automatically recorded, timestamped and transcribed for the medical record. This automated recording greatly reduces the work required for RPM and makes compliance easy and safe. All comments made within Evelyn accumulate time and leave a documented and time stamped audit trail.



Most vendors require manual tracking of time spent, creating both more work and audit risk.

› Does the software solution provide an audit trail in case of Medicare audit and what does that audit trail look like?

All monitoring, comments, and phone calls made to patients through the Nsight platform are automatically time stamped and recorded and become a permanent part of the audit record. This audit record is stored in the Nsight platform as part of the patient's medical record and is also integrated with the patient's medical record in the ordering provider's EHR. This audit record includes the actual recorded audio files of the phone calls with patients and transcripts of those calls. We believe we have the best audit record in the industry.



Many vendors have minimal to no audit trail or their audit trail might be manually produced, creating the opportunity for human error and additional risk to the practice.

QUESTIONS YOU NEED TO ASK

CLINICAL MONITORING SUPPORT

› Does the vendor offer any clinical monitoring support or is the clinic expected to monitor all vital sign data 24/7/365?

We offer a nationwide English-and-Spanish-speaking team of nurses and MAs who provide first-line clinical monitoring of all vital sign data being captured by patients 24/7/365. When a patient's biometric data exceeds a critical threshold (see below), our team will call the patient using our platform, on a recorded line, and make a clinical assessment. Our nurse will determine if the case needs to be escalated to the physician and if so, make contact with the physician. This sort of screening can help significantly reduce the burden of "noise" so that ordering physicians can deploy RPM with less stress and headache.



Many vendors do not offer any sort of clinical monitoring, leaving the clinic to have to respond to every single abnormal vital sign reading, even overnight.

› Do you offer custom vital sign thresholds, custom for the practice and custom for each patient?

We offer physicians the ability to set both custom default thresholds for each vital sign (such as blood pressure, heart rate, or glucose), as well as custom thresholds for individual patients, because we're not all the same!



Some vendors are not able to offer the level of customization that physicians should expect.

RPM BILLING SUPPORT

› Do you help me generate claims every month for RPM and if so, how?

Each month, we provide clinics with a detailed billing spreadsheet that includes everything the clinic needs to generate accurate claims, including the applicable RPM codes, the correct Date Of Service, and the number of units of each code. Depending on which EHR the practice uses, with some EHRs we can even generate those claims automatically for the practice, at no additional cost.

Getting the Date Of Service accurate can be tricky because 99454 is an every-30-day code, whereas 99457 and 99458 are calendar month codes. We help our practices by figuring this all out for them.



Many vendors don't offer billing support, or if they do, it doesn't necessarily integrate with their EHR or they don't offer automatic claim generation at all.

QUESTIONS YOU NEED TO ASK

PATIENT ENGAGEMENT & COMPLIANCE

› Who trains the patients on how to use the device?

We ship devices to patients using tracking numbers and once the device has arrived, we call the patient to onboard them onto the program. We help them take their first measurement and make sure that their data is flowing appropriately into our platform.



Some vendors require the clinic staff to train patients on device usage.

› How do you keep patients engaged and compliant?

We have a robust Patient Adherence program that includes the following:

- ✓ We pay for all the consumables (for some patients this is a big deal);
- ✓ When we call patients, we try to call with the same clinical team member if possible, in order to develop comfort and rapport;
- ✓ We enroll patients into our Bingo game in which patients can win prizes by participating in taking daily measurements;
- ✓ We use automated SMS reminders.



If patients stop participating after just one or two months, your program will fail.

