



DILIGENCE CHECKLIST

Vetting Telehealth Partners

This checklist represents a compilation of key questions and considerations to help you vet prospective telehealth addiction treatment vendors. We hope this list sparks meaningful dialogue as you explore the legal, clinical, technological, and equity-related dimensions of a virtual addiction treatment partnership.

LEGAL AND REGULATORY COMPLIANCE STRATEGY

Clinical Operations

- How is your program staffed?
- In which states are your DATA-2000 practitioners licensed to practice medicine?
- In which states are your prescribing clinicians registered with the DEA to prescribe controlled substances?
- How will your model be implemented to comply with the regulatory environments of our key geographic coverage areas?
- What steps do you take to ensure X-DEA waiver compliance and staffing for waiver capacity?
- How does your operational model address federal and local requirements regarding physical examinations?
- What accreditations do you hold or have pending applications to obtain?

Multi-Market Growth

- What are your multi-state growth plans and projected timeline?
- Are you contracted with other public or private health plans? In which states?
- What experience do you have executing large-scale payer implementations? Who are your referenceable customers?

- What is your plan to address future policy changes without disruption to care?
- Who do you regularly consult, internally and externally, for legal, regulatory, and healthcare policy advisory?
- What data can you provide about your company's capital base and source(s) of financing to execute on your operational plans in a compliant manner?

CLINICAL QUALITY AND PROGRAM EFFICACY

Holistic, Coordinated Care

- What types of roles compose your care teams (clinical and non-clinical patient services)?
- How do you support services delivery across the continuum of care: i.e., coordination with primary care and other medical providers, mental health practitioners, other specialists, inpatient facilities, etc.?
- What resources do you make available to patients facing non-clinical issues related to their SUD?
- Do you work directly with community-based organizations, criminal justice, social support groups, or other ancillary services providers?
- Are patients regularly referred to you by other providers?

CLINICAL QUALITY AND PROGRAM EFFICACY

Holistic, Coordinated Care (continued)

- How do you share information or collaborate on care plans with external providers and/or other individuals a patient has deemed important to their recovery?
- How do you support patients with polysubstance use (opioids, alcohol, methamphetamine, kratom, etc.) and remain current on the substances most prevalent in the populations/communities you serve?
- How do you support patients with co-occurring mental health conditions (e.g. depression, PTSD, anxiety, bipolar disorder) given their significant prevalence in this population?
- How do patients typically pay for your services? Are you contracted with other insurance providers? What resources do you offer patients to understand treatment options and affordability?

Program Guidelines

- Provide documentation on your philosophical approach to SUD treatment, services provided, and clinical practice guidelines. What team members assist in creating, reviewing, and continually evaluating these protocols?
- How are care decisions made and what is considered? (e.g., patient goals & preferences, industry guidelines, medical literature, systematic data collection and internal analyses, independent clinical decision-making?)
- Are your providers full-time employees or contracted? How regularly do they collaborate with each other and engage in continuous company-wide training & education, Quality Assurance efforts (supervision, chart reviews, etc.)?
- What communication channels are available to patients who need time-sensitive support or after-hours care? Can members contact their care team readily and easily?
- Have you engaged in any research studies, independent publications or peer-reviewed articles?

Principles of Care

- How do you make use of your platform to foster relationships with participants?
- What is your approach to monitoring and adjusting treatment plans to adapt to a member's level of engagement, acuity, or adherence?
- Does your program emphasize abstinence-only principles or abstinence as the primary end point?
- Does your program mandate counseling and/or mutual support groups (e.g. AA, NA) for all patients or instead follow SAMHSA guidance in facilitating it only for interested patients?
- Describe your DATA 2000 required process for referring interested patients to counseling.
- Do you have protocols for tapering off of buprenorphine and under what circumstances would you do this? How would you counsel a member interested in discontinuing buprenorphine?
- Are you registered with the prescription drug monitoring program (PDMP) in all states in which you operate? What is your protocol for checking the PDMP and how do you support a member identified as getting medication from multiple pharmacies?
- What steps do you take to ensure there are no unexpected disruptions in medication prescriptions for any reason? (missed visits, insurance/pharmacy issues, patient financial hardship, office closures, etc.)

Outcomes and Quality Measures

- What is the average time from initial visit to a participant receiving their first prescription?
- What is your 12-month retention rate and how do you work with members to determine length of treatment?
- What is your policy to monitor buprenorphine adherence in a way that is non-punitive? What data can you show regarding medication adherence?
- How do you track patient progress in the context of their functional and clinical health outcomes and stated goals for recovery?

TECHNOLOGY PLATFORM, PRIVACY, AND SECURITY

- What components do you use in delivering services (two-way video, secure text messaging, audio-based, synchronous or asynchronous communications, etc.)?
- Was your telehealth platform developed internally or does it rely on technology licensed from other vendors?
 - If built from other vendors and video-based, do you rely on software intended for large, corporate meetings (e.g. Zoom) or is it built with small, secure sessions in mind?
 - Do you have BAAs in place with all third party vendors?
 - Is your platform HIPAA- and HITECH-compliant, notwithstanding any temporary federal enforcement waivers?
- Does your telehealth platform rely on both provider and patient taking actions to make each communication or video session secure, or does your software build security in automatically and remove the possibility of user error?
- Does your telehealth platform use a single application for all communication, video, messaging, calendaring, meeting reminders, etc., or are you reliant on multiple applications required for the patient interface?
- Does your platform comply with the modality requirements of our key coverage areas and markets (e.g., video, texting, phone-based, etc.)?
- How do your information security policies and processes ensure privacy, security and confidentiality of your patients' medical records?
- How do you monitor up time? What are your business continuity contingency plans?
- How frequently do you modify your platform to incorporate new features and security updates?
- How are your operational processes structured to comply with 42 CFR Part 2?
 - How are you collecting documents requiring patient consent, including release of information (ROI) agreements in compliance with Part 2?
- What external audits have you completed or are in process of completing?

ADDRESSING HEALTH EQUITY, DIVERSITY, AND INCLUSION

- What steps have you taken to ensure your program is broadly accessible, inclusive, and meets needs for diverse populations?
- Do you serve patients who are low-income / Medicaid beneficiaries? What percent of your total panel?
- Do you serve patients in rural communities? What percent of your total panel?
- Do you have any programs or tailored support for special populations (e.g., racial, ethnic, language, LGBTQ+)?
- How do you meet the perinatal and contraceptive needs of patients as this is often a vulnerable group of people?
- How are you addressing barriers related to digital literacy? What do the demographics of your population imply about who is accessing your program (e.g., age, income level, race, gender identity, zip code, etc.)?
- How do you support patients with insufficient data/bandwidth or inability to access WiFi to connect to video visits?

Boulder

Boulder Care delivers evidence-based virtual care for addiction treatment, grounded in harm reduction and unconditional support. Participants securely access a dedicated Care Team 24/7, including Clinicians for expert medical care and medication management, Care Advocates for care coordination and navigation, and Peer Coaches with their own lived experience of recovery. By championing low-threshold, person-centered care, Boulder helps achieve better health outcomes, patient satisfaction, and long-term retention in care — while reducing costs through innovative value-based payment arrangements. Millions of people nationwide have access to Boulder through partnerships with leading health plans and employers.

To learn more, visit us at www.boulder.care or contact us at partners@boulder.care.