Quick Start Guide to Telehealth
During the current public health emergency, March 2020

Introduction

Under normal circumstances, the development and implementation of telehealth is best accomplished through a thorough, deliberate planning process. However, due to the current public health emergency, health care providers are encouraged to utilize telehealth when possible in lieu of seeing patients in person.

This quick start guide is for health care providers who wish to implement simple web-based video to interact with their patients. It does not cover other types of telehealth, such as store-and-forward or remote patient monitoring, or the use of other telehealth technologies such as telemedicine carts or medical peripherals. All of these are excellent and often appropriate means of caring for patients, but are not covered here.

This document is intended for general education only. It is not clinical or legal advice.

Determine the need

Consider what you are trying to accomplish. This will help drive decisions for setting up and implementing telehealth.

It is up to health care providers to determine which of their patients and services are appropriate for telehealth. Will it be used for initial visits to determine if a patient should be seen in person and, if so, where? As a substitute for in-person visits? For follow-up? Will telehealth be utilized for scheduled patients or for urgent care? Is it the intent of the health care provider that patients initiate video visits or will health care providers send links to patients?

Technology

It is generally good to take a long view when selecting technology. However, during the current national public health emergency, the federal government has provided flexibility in the video

equipment that can be used and many vendors are offering free or reduced prices for the next few months in support of a quick ramp-up of telehealth services.

HIPAA. The federal Office of Civil Rights (OCR) has temporarily relaxed its standards during this national emergency to allow covered health care providers to use video technologies that do not fully comply with HIPAA rules. These include non-public facing "popular" video products such FaceTime or Skype. Health care providers choosing to use these products should inform patients that there may be privacy risks.

Health care providers seeking more privacy for patients should consider products that use encryption and tools such as passcodes to restrict the session, and vendors that will sign HIPAA Business Associates Agreements (BAAs) in connection with their video solutions.

Products types. Web-based video products used for telehealth generally fall into these categories:
- *Video only*. Typically quick to implement. Also works well for meetings, which may be useful when providers and staff are not working in a centralized location. Not always secure, some products are also available as HIPAA-compliant versions at a higher cost.
- *Telehealth-specific video*. Includes features such as virtual waiting rooms, the ability to share documents (ex. for consent forms) and the ability to handle payments.
- *Video embedded into the electronic health record*. Typically, it is a health care organization decision to implement this feature and may take time to bring up.

All of these are in use within healthcare. Each has pros and cons relating how quickly they can be turned up, how much they cost, and balancing flexibility vs. specificity of use.

Tech tips. While the promise of telehealth to the patient's home or phone is often realized and technologies have become more user-friendly, success is not always guaranteed. Successful video requires adequate bandwidth to the home/phone and within it, a device (phone, tablet, or laptop) with a camera and microphone, a person able to manage it, and a little patience.

While many homes have bandwidth and wireless plans, when parents and children are all home working and taking classes online, watching movies, gaming, etc., there can be a lot of competition for that bandwidth. Similarly, video running on a laptop with several windows running may also compete for adequate resources.

Tips for success:
- ✓ If possible, pre-test with patients. This is often best done by a front office staff or MA who functions as a super user.
- ✓ Check to see if both ends can see/hear
  - o Check to sure that audio and video aren't muted at one end

- o If the connection isn't great, limit what else is connected to bandwidth and close extra windows on the device.
- ✓ Help patients become comfortable with the experience. Keeping it simple and providing a little familiarity with the technology goes a long way.
- ✓ Have a back-up plan if the technology doesn't work. Can the call move to the phone or does the patient need to be seen in person? Decide in advance.
- ✓ Relax! Patients of all ages tend to enjoy the connection with their health care providers that telehealth provides.

Visit the National Telehealth Technology Assessment Resource Center (TTAC) for an excellent Clinician's Guide to Video Platforms and to tap into TTAC's technical expertise.

Legal & Regulatory Considerations

When beginning a telehealth program, there are several legal and regulatory issues to consider, which are outlined in an overview by the Center for Connected Health Policy. Here are a few that deserve special mention given current circumstances:

Informed consent. Some states and payers require consent, and it is good practice to obtain the patient's consent when conducting care via telehealth. When informed consent is obtained verbally via telehealth, document in the patient record. For ideas to include in a consent form, see this article published by the Southwest Telehealth Resource Center

Licensure. Health care providers must be licensed in the state where the patient is located when seen. However, some states are relaxing rules regarding licensure during the current public health emergency. The Federation of State Medical Boards are tracking adjustments by states; the full current list can be obtained here.

Medical malpractice. Most malpractice insurers cover telehealth but it is always prudent for a health care provider to verify coverage prior to beginning telehealth. When verifying, be sure to include the states in which telehealth will be provided.

HIPAA. While there has been some temporary loosening of the type of video products that can be used for telehealth, health care providers still need to be vigilant in protecting patients' privacy during encounters.

For in-depth information on legal and regulatory issues at the national and state level, visit the Center for Connected Health Policy (CCHP), the national telehealth resource center for technology.

Workflow

Prior to seeing patients via telehealth, think through the process. Who is responsible for scheduling and sending a link to the patient? Will the patient connect directly with the health care provider or will an MA or front office staff greet the patient first? There is no right or wrong way to do this, but it is good to have a plan. Also think through the visit process start to finish, then practice a few times. Have a co-worker role play as the patient, then walk through a full visit. You may find a few steps to tweak to make it flow better for you and your patients.

Before the visit.
What information is needed and how will that information be obtained?

Start of the visit.
- ✓ Introduce yourself and show a badge to verify who you are
- ✓ Ask the patient their name and verify their identity with a question or two
- ✓ Check to see that both ends can see and hear each other. Let the patient know that it is okay to interrupt if they can't hear.
- ✓ Consent the patient (and document)
- ✓ Communicate a back-up plan in the event the technology fails, just in case.

During the visit.
Keep it as much like in person as you can.
- ✓ Focus on the patient's health care needs.

But remember, you are on camera.
- ✓ The health care provider should make sure that your face is framed in the screen, that light is on your face. Avoid light coming from behind (close blinds) so you don't appear as a dark shadow. Your patient will appreciate it!

At the end of the visit.
- ✓ Ask the patient if they have questions.
- ✓ Be clear what the next steps are for both patient and provider.

Following the visit.
- ✓ Document! Include:
  - o Patient's location
  - o Provider's location
  - o That the encounter was conducted via telehealth
  - o Start and stop time
  - o That the patient consented (unless otherwise documented)
  - o Any other providers involved, including presenter
  - o A reason for using telehealth (medical or otherwise)
- ✓ Continuously evaluate and adjust the workflow as needed

Reimbursement

Reimbursement of services delivered via telehealth is complex and not necessarily consistent across Medicare, Medicaid and private payers. Consider this a general overview only and click on the links for more specific information.

Key terminology:
- **Originating site** – where the **patient** is located during the visit
- **Distant site** – where the **provider** is located, often refers to the provider

Medicare. Medicare fee-for-service reimburses both the distant site provider and the originating site. Reimbursement for telehealth services has been limited in a few ways: Originating sites must be in a rural area and are limited to specified types of health care facilities, distant site practitioners are limited to small list of provider types, and covered services are defined by a specific list of HCPCS/CPT codes. The MLN Booklet Telehealth Services is a detailed guide on Medicare Fee-for-Service reimbursement. Updated annually, most recently in March 2020. Medicare Advantage plans follow Medicare Fee-for-Service guidelines but have more flexibility.

With the declaration of COVID-29 as a public health emergency, the Centers for Medicare & Medicare Services (CMS) have expanded telehealth benefits to allow patients outside of rural areas and patients in their homes to receive telehealth services. Details are outlined in a CMS Fact Sheet and CMS FAQs

A little over a year ago, CMS added services utilizing Communication Technology Based Services which were not considered telehealth, so not subject to telehealth's limitations. CMS created codes for FQHCs and RHCs to bill for Virtual Check-ins, which are short visits by phone or video. Details are outlined in the link.

Medicaid. "50 states, 50 plans!" States have the flexibility to determine their own Medicaid plan. Some are similar to Medicare. Many cover both urban and rural patients. A growing number of states cover patients in their homes. Some Medicaid plans will pay an originating site fee when the patient is seen from a health care facility. The Center for Connected Health Policy (CCHP) has a searchable database, Current State Laws & Reimbursement Policies, which outlines each state's Medicaid fee-for-service policies in detail with links to source documents and is updated every six months.

Most states also have Medicaid Managed Care Organizations (MCOs) which follow their states' Medicaid guidelines but may offer more flexibility. Contact patients' MCOs to verify their telehealth policies.

During the current public health emergency, some states are adding flexibility to their Medicaid plans to facilitate telehealth. CCHP is tracking each state for updates, which can be found on their website at COVID-19 Related State Actions.

Private payers. The only way to know a private payer's policies on telehealth reimbursement is to verify through the payer, either via a phone call or sometimes as published on their websites. Given the current public health emergency, more payers are making their policies public.

A growing number of states have passed telehealth parity legislation. This generally means that if a payer covers a service delivered in person and that service can be delivered via telehealth, the payer is mandated to cover the service when delivered via telehealth. A small number of states have passed telehealth payment parity legislation, where reimbursement is the same whether the service is delivered in person or via telehealth, but this is rare. Information on private payer laws as of October 2019 can be found on CCHP's website under Current State Laws & Reimbursement Policies.

Please note that some payers reimburse for telehealth but only when the visit is conducted using their own telehealth platform (and limited to the health care providers associated with that platform). When checking on a payer's reimbursement policy, verify that the patient's health care providers are eligible for telehealth reimbursement. It is also important to learn which HCPCS/CPT codes the payer will reimburse.

Billing and coding for telehealth visits. In general, telehealth visits are billed using the same HCPCS or CPT code as if the care were delivered in person, although there are exceptions. In addition, to indicate that the visit was conducted via telehealth, all payers require the use of a modifier, either GT or occasionally 95, and/or the use of place of service (POS) code, 02. Each payer is different. To have claims accepted, the appropriate modifier or code must be used for each payer.

A note about FQHCs and RHCs. As this is being written, FQHCs and RHCs are limited by Medicare to functioning as originating sites only and cannot be reimbursed as the distant site provider. (*If/when the rule changes, this document will be updated with the appropriate links*.) Some, but not all, state Medicaid programs and private payers will reimburse FQHCs and RHCs when serving as the distant site provider.

As mentioned above, CMS does allow FQHCs and RHCs to deliver and be reimbursed for Communication Technology Based Services such as Virtual Check-ins, which are short visits conducted via phone or video. CMS created specific codes for FQHCs and RHCs to bill for Virtual Check-ins. Details are outlined in this MLN Booklet Communication Technology Based Services.

A few tips & resources

- This Quick Start Guide will help health care providers get started, but plan long term.
- Changes to regulations are happening frequently. Please check with the links.
- Be aware that relaxing of regulations may end with the end of the public health emergency.

Northwest Regional Telehealth Resource Center

NRTRC COVID-19 and Telehealth Resources a comprehensive guide of resources and current and changing regulations.

NRTRC TAO Virtual Conference, April 15-17, 2020. Join live to participate in sessions on Telehealth 101, Policy Updates, Telehealth Technology Showcase, and examples of creative telehealth implementations.

Center for Connected Health Policy

CCHP is the national telehealth resource center for policy.

National Telehealth Technology Assessment Resource Center

TTAC is the national telehealth resource center for technology.

National Consortium of Telehealth Resource Centers

NCTRC is a consortium of the 12 regional and 2 national telehealth resource centers with many shared resources including webinars and telehealth fact sheets.

Finally, thank you to colleagues at the Center for Connected Health Policy, the National Telehealth Technology Assessment Resource Center (TTAC), the National Consortium of Telehealth Resource Centers, and NRTRC Telehealth 101 content development partners: Cindy Roleff, Catherine Britain, Cara Towle, Jen Erickson, DO, and Tammy Arndt. Their expertise and material have been invaluable in compiling this document. Any errors are mine. – Deb LaMarche, NRTRC, March 22, 2020