Telehealth FAQs

As of April 14, 2020

1. **What is Telehealth?**

Both terms telehealth and telemedicine get used interchangeably, however *telehealth* is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. **Due to COVID-19 many payers, both public and private, have adjusted many rules related to the type of telehealth services covered (audio/video and telephone) and payment, prior authorization, cost sharing, and enrollment.** (See Question 7 for details.)

Telemedicine is defined as the delivery of a health care service using electronic communications, information technology, or other electronic or technological means (audio/visual) to bridge the gap between a health care practitioner located at one site, and a patient who is located at a different, remote site, either with or without the assistance of an intervening health care provider.

The practice of telehealth largely breaks down into these solutions:

- **Asynchronous telecommunication:** Information is stored and forwarded to be reviewed later by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Asynchronous telecommunication is also referred to as store-and-forward telehealth or non-interactive telecommunication.

- **Synchronous or Interactive audio and video telecommunication:** Information is communicated in real-time with the use of interactive audio and video communications equipment. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.

- **Remote Patient Monitoring** Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations. This type of service allows a provider to continue to track healthcare data for a patient once released to home or a care facility, reducing readmission rates.
2. **Can I see new patients via telehealth?**

Yes. To establish a patient-physician relationship using telehealth, an in-person “face-to-face” visit was previously a required component. However, in response to the 2019 Novel Coronavirus (COVID-19) pandemic, The Board of Registration in Medicine (BORIM) issued an interim order stating “the practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine. The standard of care applicable to the physician is the same whether the patient is seen in-person or through telemedicine.” CMS along with many commercial and state health plans announced a temporary regulatory waiver to allow more flexibility by offering telehealth services to new and established patients.

3. **What technology can I use for telehealth?**

The MMS created a list of telemedicine platforms available for use in response to the COVID-19 Pandemic. Some are stand-alone while others have integrations with various electronic health record (EHR) vendors, in addition to other video conferencing platforms. Federal waivers have allowed for non–HIPAA compliant options (see Question 5). Please note, the MMS has not vetted these companies but wanted to provide information for physicians seeking to implement telemedicine into their practices.

4. **How can I evaluate telehealth vendors?**

When evaluating telehealth vendors, consider the following six key variables:

- **Business** – organizational overview and potential ROI
- **Information Technology** – ability to integrate with current IT equipment and workflow, cost/timeline, and necessary data elements
- **Security** – HIPAA Compliance, liability, and process for managing potential breaches
- **Usability** – user experience of technology for patients and care team members, reliability of technology to work as intended and when needed, and the ability to track relevant metrics as needed
- **Customer Service** – level of support before, during, and after implementation, including training, project management, patient education resources, and degree of technical support available to patients
- **Clinical Validation** – cases, success stories, published peer-reviewed research, documented outcomes
5. **How do I know if my telehealth software/platform is HIPAA compliant?**

The software/platform vendor is required to have a [Business Associate Agreement (BAA)](#). To remain HIPAA compliant and protect a member’s PHI, this BAA must outline methods used by the vendor to ensure the protection of data and provisions for regular auditing of the data’s security. However, due to Covid-19 a change was made regarding the Health Insurance Portability and Accountability Act (HIPAA) that states “effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.”

Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. To learn more on HIPAA Privacy and Disclosures in Emergency Situations [click here](#).

6. **Is there a guide for key telehealth implementations tips and processes?**

Yes, The AMA Telehealth Implementation Playbook was designed to support physicians and care teams adopting telehealth services and empower patients and the broader community to experience the benefits of virtual care. The Playbook includes key topic areas such as designing the workflow, preparing the care team, partnering with the patients, evaluating the process, and scaling. [Click here](#) to download.

7. **Will I be reimbursed for providing telehealth services?**

Yes, but telemedicine payment policies vary by payer. Insured commercial health plans and the GIC are required to allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth (including video/audio and telephone). The rates of payment to in-network providers for services delivered via telehealth are not to be lower than the rates of payment established by the Carrier for services delivered via traditional (i.e., in-person) methods and/or consistent with the payer’s contract with the provider. State health plans will notify providers of instructions necessary to facilitate billing for such telehealth services. In addition, Medicare and MassHealth also reimburse for telehealth services.

The MMS has [developed a quick reference guide](#) to help you navigate telemedicine payment by payer. **Please always check with the health plans for updated information. Policies are changing daily.**
8. **What are the requirements for documenting a telemedicine visit?**

Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body as well as any applicable regulatory and billing provisions. Providers must include a notation in the medical record that indicates that the service was provided via telehealth and confirm patient identity (e.g., name, date of birth or other identifying information as needed). If a service code is time-based, evidence of time must be documented. Best practices suggest to include:

- A statement that the service was provided using telemedicine or telephone consult;
- The location of the patient;
- The location of the provider; and
- The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.

CMS is now allowing, on an interim basis, practitioners to select a level of service for office/outpatient visits performed via telehealth based on medical decision making (MDM) or total time spent during the day and is removing any requirements regarding documentation of history and/or a physical exam in the medical record. Refer to page 136 in Medicare and Medicaid Programs; Policy and Regulatory Revisions.

MassHealth Providers need to review the documentation guidelines listed in Appendix A All Provider Bulletin 289, 291.

9. **Can I prescribe a medication when caring for a patient via telemedicine?**

Yes, it is possible to prescribe a medication when caring for a patient via telemedicine. Many of the same considerations apply as when prescribing for a person for whom you are providing in-person care. For example, a prescription must be issued in the usual course of a physician’s professional practice, and within a patient-physician relationship that is for maintaining the patient’s well-being. In addition, the physician must conform to certain minimum standards of patient care, such as taking an adequate medical history, doing a physical and/or mental status examination and documenting the findings. More information can be found here.

10. **Do I need to consult my malpractice insurance when providing care via telemedicine?**

Physicians should check with their malpractice insurer to ensure their policy covers providing care via telemedicine. Further, physicians may seek advice from counsel to best understand potential liability as
telemedicine may poses unique medical malpractice risks.

11. Can I provide telemedicine services across state lines?
In response to COVID-19, state medical boards have begun implementing emergency waivers to practitioner licensure requirements. Practitioners intending to offer telehealth services across state lines should consult state waivers to assure compliance with state requirements, additionally physicians who wish to furnish services across state lines need to check with malpractice insurer to ensure if their policies cover providing care via telemedicine for out-of-state patients. Lastly, a quick check with your attorney may also be in order.

12. Where can I find resources to help me implement telehealth?
The MMS website “telehealth and virtual care” section offers many resources to help providers implement and sustain telehealth programs. Additionally, the MMS Department of Practice Solutions and Medical Economics’ dedicated team is here to help you and can be reached at: pprc@mms.org, or by calling (800) 322-2303, ext. 7702.

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Reference:
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