gpTRAC
Great Plains Telehealth
Resource & Assistance Center

Specialty Practice
Distant Site Requirements for Telehealth Services

Policy: It is the policy of [Organization name here] to ensure distant site requirements for telehealth services supports safe and quality health care services to qualified beneficiaries in a HIPAA-compliant environment.

Purpose: To explain the distant site requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.

Scope: This document is applicable for specialty practices, in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

Temporary PHE Guidance*

"CMS has issued temporary measures to make it easier for people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) to receive medical care through telehealth services during the COVID-19 Public Health Emergency.

Some of these changes allow providers to:

-Conduct telehealth with patients located in their homes and outside of designated rural areas

-Proactive remote care, even across state lines, through telehealth

-Deliver care to both established and new patients through telehealth

-Bill for telehealth services (both video and audio-only) as if they were provided in person"

For further reading: https://www.hhs.gov/coronavirus/telehealth/index.html

"Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk."

For further reading: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

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*Temporary guidance related to Public Health Emergency (PHE)

This document is provided by gpTRAC as a sample/template only. This should be edited in order to meet your organization's specific needs and requirements.

Procedures:

    I.   **Population and Services for a Virtual-Type Visit.**

        A. Providers are expected to use their clinical judgement to identify patients for telehealth services.

        B. Distant sites should integrate telehealth services alongside face-to-face clinical activities.

        C. Examination rooms used for virtual-type visits should be in close proximity to the clinical staff.

        D. For patients in need of emergency care, the same emergency procedures should apply that were in place prior to offering telehealth services.

        E. For patients in need of referrals, the same procedures apply that were in place prior to offering telehealth services.

        F. The Distant Site should identify the telehealth service(s) to be provided, such as Medicare telehealth visits, virtual check-ins, and e-visits.

    II. **Preparation to be Completed for a Telehealth Visit at the Distant Site.**

Temporary PHE Guidance*

"Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. Providers also can evaluate beneficiaries who have audio phones only. These temporary changes will ensure that patients have access to physicians and other providers while remaining safely at home."

"Providers can bill for telehealth visits at the same rate as in-person visits. Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth. New as well as established patients now may stay at home and have a telehealth visit with their provider."

"CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health."

"CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry."

"In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence."

For further reading: https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf

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A. Complete appropriate preparation prior to a virtual-type visit.
1. Scheduling the visit should follow "normal" clinic procedures as much as possible.
   a) For those visits requiring direct supervision (team-based or incident to visits), the supervising provider's schedule should reflect the telehealth visit.
2. Connectivity with the originating site, such as a stable internet and appropriate technology to participate in the visit, should be ensured. **(Refer to Specialty Practice Technology policy)**
3. The provider's schedule should allow extra time to complete office work and get to the telehealth site if the visit is in a different location.
4. The insurance/Medicare status for each patient must be checked.
5. Identify and consider how the patient will complete the intake questionnaires/consent required by provider/clinic. Various options may be considered.
   a) Mail the forms to the patient to complete in advance.
   b) The patient portal may be used for those patients who prefer this method of communication.
   c) Community health workers/home visits can be used to submit the forms in person.
   d) The forms can be emailed (encrypted) to the patient.
B. Complete appropriate preparation the day before a virtual-type visit.
1. Ensure that any intake questionnaires/consent has been obtained from the patient.
2. Collect local non-emergency numbers for fire, police, and patient contacts.
3. Ensure connectivity with the patient can be established by performing either a virtual test visit or a home visit set-up.
C. Complete appropriate actions the day of the virtual-type visit.
1. The originating site of the patient must be identified prior to the visit.
2. Register the patient for the visit into the EHR and select the appropriate templates for the visit.
3. Ensure all necessary technology is available and working. **(Refer to Specialty Practice Technology policy)**
4. Consider using an opening script when first connecting with the patient (resembles conversation when rooming a patient in the office).

5. Confirm the patient's identity and location at the outset of every encounter.
6. Ensure the patient is in a secure and appropriate setting.
    a) Agree to wait until the patient is appropriately situated before beginning the visit.
    b) If the setting is inappropriate or unable to be secured, ask to reschedule for a better time.
    c) For any insecure or inappropriate setting, perform a brief check-in and plan for follow-up.
7. Prepare to discuss consent for telehealth services with the patient.
    (Refer to Specialty Practice Consent policy)
8. Prepare the patient for the examination, as needed.
    a) Assess the patient's clothing and have the patient put on a gown, as needed.
    b) Position the patient for the best viewing of the patient and patient's condition.
    c) Perform the assessment specific to presenting problem.
9. If at any time during the visit the patient is in an emergency situation, action must be immediately taken.
    a) Work to transfer care to the appropriate onsite responders and/or caregivers.
    b) Maintain continuous contact with the patient until care is transferred to the appropriate onsite responders and/or caregivers.
    c) Document the event and the transfer of care.
    d) Create any mandated reports.
D. Complete appropriate actions following the virtual-type visit.
    1. Provide the patient with any discharge instructions.
    2. Refer the patient to the appropriate staff (video link or phone number) for check-out and follow-up.
        a) Ensure the patient receives any written discharge instructions and/or visit summary.
        b) Ask the patient how they would like to receive their discharge instructions and/or visit summary and explain to them the various options to receive the information.
            i. Mail may be used to send the discharge instructions and/or the visit summary to the patient.
            ii. The patient portal may be used to deliver the discharge instructions and/or visit summary for those patients who prefer this method.

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      iii. Community health workers/home visits may be used to provide the discharge instructions and/or visit summary.

      iv. The discharge instructions and/or visit summary can be emailed to the patient (encrypted).

  c) Document the disposition, any referrals, and plans in the medical record per normal procedure.

  d) Schedule any follow-up appointments or additional testing as needed.

III. Documentation Requirements
(Refer to Specialty Practice Documentation policy)

IV. Billing and Reimbursement
(Refer to Specialty Practice Billing policy)

V. Knowledge and Skills for Clinic Personnel
(Refer to Specialty Practice Knowledge and Skills policy)

VI. Patient Education and Support
(Refer to Specialty Practice Technology policy)