Telehealth Policy and Procedure Starter

Use this policy and procedure template as a starting place as you build your organization's written policies and procedures when offering telehealth visits; customize and expand as needed. Contact the Northwest Regional Telehealth Resource Center with questions and/or ideas and improvements for this telehealth tool.

Policy

Our policy at [ABC Clinic] is to provide telehealth as an option for health care service delivery to enhance access in ways that are convenient, safe, and equitable for our patients.

Terminology

Telehealth. For purposes of this policy and procedure, by telehealth we mean the discrete set of codes[1] promulgated by the Centers of Medicare & Medicaid Services (CMS) that can either be provided in-person or by using an interactive audio and video telecommunications system that permits real-time communication between the clinician at the distant site and the beneficiary at the originating site.
Distant site. We are the distant site when we deliver telehealth services to patients at a different location, including their home.
Originating site. This is the site where the patient is and may be when:

- We deliver telehealth services to a patient at a different location, including their home – either of which would be the originating site, or
- A clinician/specialist at a different location delivers telehealth services to a patient at our clinic, making our clinic the originating site.

Procedures

Scheduling as Originating Site

When one of our patients is scheduled to receive telehealth services at our location from a clinician/specialist, we will provide a private space with camera, microphone and headset for the patient to engage in the telehealth visit. The patient will be advised to arrive 30 minutes prior to the appointment to set up and test the equipment. The patient will be offered a knowledgeable staff member to accompany the visit to ensure a smooth telehealth experience. Prior to the visit, we will ensure that:

- The clinician/specialist has been e-faxed or otherwise provided with the medical records needed for the visit while adhering to the HIPAA Privacy rule governing "minimum necessary" when providing records/information.
- Both our staff and the clinician/specialist are clear on their roles and responsibilities, especially around consent, documentation and payment.

- A referral order has been entered so we can close the loop and ensure that our ordering clinician has signed the referral notes/results.

[Insert process for billing as an originating site, if appropriate – Q3014 – who will do it and how]

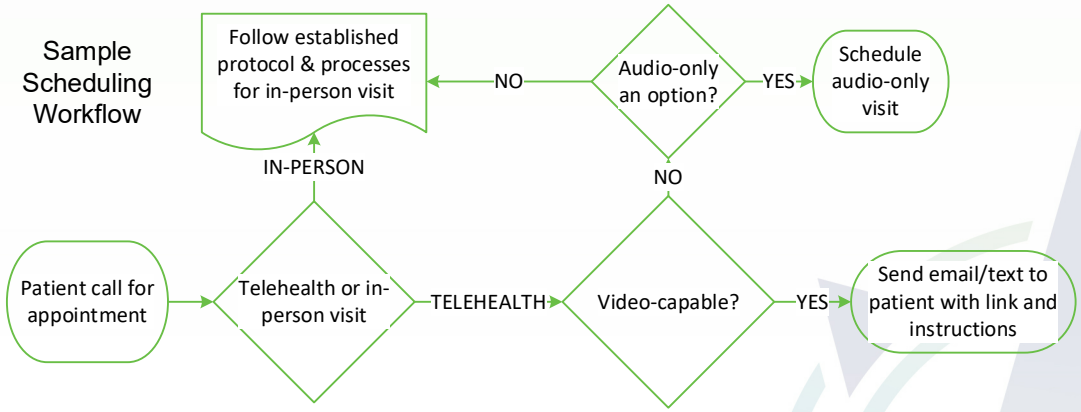
Scheduling as Distant Site

When a patient calls to schedule an appointment they will be offered an in-person or telehealth visit. If the patient chooses telehealth, reception staff will administer the questionnaire to establish whether the reason for the visit and/or chief complaint is appropriate and will deliver the standard script indicating that the telehealth appointment is made based on information provided in the questionnaire and that if conditions change the patient may need to be seen in person or seek urgent/emergent care. Reception staff will also provide additional scripting to ensure patients are clear on the expectations (i.e., must have a quiet place to take the telehealth visit, no multitasking) and the cost requirements as patients are often surprised that the cost/reimbursement for a telehealth visit is the same as an in-person visit. If patient is a minor, follow guidance in our P&P governing when minors seek health care services.

Reception staff will ask ""Do you have a smartphone, tablet, or desktop computer with camera and internet?" If patients have one of the three, they are considered "video-capable". Reception staff will note video capability [insert how this will be documented, ideally as structured data – consider as a social determinant of health]

Patient will be sent appointment confirmation by email or text, depending on patient preference, with date/time of appointment with link for telehealth visit and instructions for connecting and an offer for a "test" telehealth visit.

[Insert specific process for appointment type, time, etc. for telehealth appointments.]



Before Visit

- Within three business days of the telehealth visit, the patient will receive an appointment reminder per their preferences – call, email, text or portal message.
- The medical assistant (MA)/nurse on the patient's care team will identify all current preventive and chronic gaps in care to discuss with patient prior to meeting with the clinician. The MA/nurse will also identify any outstanding orders or referrals to discuss with the patient and/or clinician to determine the status – pending, need to cancel, waiting for referral notes/results, etc.

Day of Visit

All clinic participants on the call will clearly introduce themselves to the patient and wear or otherwise display their first and last names and credentials.

MA/nurse will:

- Confirm the patient's identity – picture on file, name, date of birth, etc.
- Conduct intake, including the portions usually performed by reception staff for in-person visits
- Advise the patient how to make their copay
- Discuss back up plan for if the audio or video fails or the technology otherwise is not working for the patient or the care team, including a number to call the patient or for the patient to call the clinic
- Confirm and document the patient's physical location in case emergency or other services need to be called to assist the patient in the event of serious signs or symptoms.
- Obtain consent for the telehealth visit, depending on patient's primary insurance:
    - Medicare → Medicare requires beneficiary consent — verbal or written — for telehealth and other virtual services as well as notification of any applicable cost sharing, including potential deductible and coinsurance amounts. Consent must be documented in the patient's medical record.
    - Medicaid → [Consent for each state Medicaid is different. Check for and insert the consent requirements for your state by accessing the Center for Connected Health Policy Current State Laws & Reimbursement Policies]
    - Commercial and other insurers → [Check their website. If no consent is noted, consider obtaining the state-required telehealth consent]
- Act as scribe for clinician [if this is something your clinic supports]
- Perform check-out for the patient at the conclusion of the visit as per our procedure for in-person visits, including asking the patient if they have any additional questions about their treatment plan and scheduling any follow-up or other visits.

Clinician/care team will:

- Document as per requirements for the given type of visit (e.g., evaluation and management/office visit)
- Enter the appropriate billing code with modifiers, etc., depending on insurer (this may be the responsibility of billers/coders)

After Visit

MA/nurse will:

- Provide visit notes/summary to patient per patient's preference (mail, email, portal, etc.)
- Communicate with patient's preferred pharmacy for any prescriptions not transmitted electronically
- Follow up on all orders/referrals, etc.
- Ensure patient is clear on co-payment/deductible amounts and how to pay
- Send telehealth follow-up survey to patient per their preferences
- Administer the follow-up survey to clinic staff that participated during the telehealth visit, during our designated survey periods (e.g., first week of each calendar quarter for all telehealth visits)

HIPAA Privacy

- Patients will be advised to use headset/ear buds and must identify for the clinician and care team any other individuals that are present.
- Clinical team must be in a private space (e.g., exam room or office) or wear headset/ear buds to ensure conversations are private.

HIPAA Security

All efforts have been made to ensure the security of patient's protected health information (PHI) through use of HIPAA-compliant devices and telehealth platforms for both the patient and clinical staff. We have signed business associate agreements with all telehealth platform vendors or others that may create, receive, maintain or transmit electronic protected health information (ePHI) as part of our telehealth processes to ensure HIPAA compliancy. All other contingencies have been made; the Security Officer has reviewed our policies and procedures to ensure that we are HIPAA-compliant and have mitigated any risks, including updating the security risk analysis with any changes resulting from the use of telehealth.