Telehealth Overview

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Overview

1. Thank you!
2. Standing Regulations
3. Changes during COVID
4. Telehealth Tips and Resources
General Telehealth Guidance

Review licensure requirements for telehealth. Different licensure board have different requirements, so this is especially important if you have a multispecialty practice

Ensure you are following appropriate legal and ethical guidelines for the practice of telehealth.

For clinicians supervising trainees under a board agreement - contact your licensing board to ensure telehealth is an approved modality for supervision

Review relevant information from payor sources
What is Telehealth in KY Medicaid?

(a) Means the delivery of health care-related services by a Medicaid provider who is a health care provider licensed in Kentucky to a Medicaid recipient through a face-to-face encounter with access to real-time interactive audio and video technology or store and forward services that are provided via asynchronous technologies as the standard practice of care where images are sent to a specialist for evaluation. The requirement for a face-to-face encounter shall be satisfied with the use of asynchronous telecommunications technologies in which the health care provider has access to the Medicaid recipient's medical history prior to the telehealth encounter;

(b) Shall not include the delivery of services through electronic mail, text chat, facsimile, or standard audio-only telephone call; and

(c) Shall be delivered over a secure communications connection that complies with the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. secs. 1320d to 1320d-9

- KRS 205: 510(15) Definitions for medical assistance law
907 KAR 3:170. Telehealth service coverage and reimbursement

• The regulation update went into effect 12/6/2019
• Key Changes:
  – **Eligible Providers**: a Medicaid provider who is currently enrolled as a Medicaid provider and participating as a Medicaid provider and operating within the scope of the provider’s professional license and *within the providers scope of practice*
  – **Place of Service**: “anywhere the patient is located at the time a telehealth service is provided”
    • Billed using POS 02 on the 1500 claims for to denote a telehealth services
Synchronous vs Asynchronous Telehealth

- Synchronous: telehealth service that simulates a face-to-face encounter via real-time interactive audio and video technology between telehealth care provider and a Medicaid recipient
- Asynchronous (store and forward): telehealth service in which a high quality digital data transfer to a provider occurs
A store and forward service shall be permissible if the primary purpose of the asynchronous interaction involves high quality digital data transfer, such as digital image transfers. An asynchronous telehealth service within the following specialties or instances of care that meets the criteria established in this section shall be reimbursable as a store and forward telehealth service:

- Radiology
- Cardiology
- Oncology
- Obstetrics and gynecology
- Ophthalmology and optometry, including a retinal exam
- Dentistry
- Nephrology
- Infectious disease
- Dermatology
- Orthopedics
- Wound care consultation
- A store and forward telehealth service in which a clear digital image is integral and necessary to make a diagnosis or continue a course of treatment
- A speech language pathology service that involves the analysis of a digital image, video, or sound file, such as for a speech language pathology diagnosis or consultation

* DMS will review services quarterly for inclusion on the asynchronous list
Telehealth Documentation

• Within forty-eight (48) hours of the reconciliation of the record of the telehealth service, a provider shall document within the patient’s medical record that a service was provided via telehealth.

• A health care provider shall have the capability of generating a hard copy of a medical record of a telehealth service.

• Medical record keeping for telehealth has the same requirements as all other medical record keeping as defined by 907 KAR 1:672 and 45 C.F.R. 164.530(j).
Telehealth During the National State of Emergency for Covid-19

*Please note: The rules and regulations are under continual flux at the moment and could change.*

- Temporary codes added for brief communication between providers and established patients:
  - G2012: for telephone conversations between provider and patient
  - G2010: for remote evaluation, such as via email, of recorded video or images transmitted by a patient
  - Note: For services that are longer than 5-10 minutes, bill the appropriate CPT code instead

- The Office of Civil Rights (OCR) and the Department of Health and Human Services (HHS) has issued notice that providers may use can use any non-public facing remote communication product that is available to communicate with patients. The provider must make it clear that the communication may not be HIPAA secure. ([https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html))
Telehealth During the National State of Emergency for Covid-19

Please note: The rules and regulations are under continual flux at the moment and could change.

• Restrictions on behavioral health services are being lifted and the following services can now be rendered via telehealth: Peer support services, IOP, group outpatient therapy, service planning, partial hospitalization, TCM, mobile crisis services, ABA and CCSS

• If a service could have been provided via telehealth, but the individual or provider does not have the capability to deliver or participate in the service via telehealth, the service may be delivered via telephone as a “telecommunication or other electronically mediated health service”

• E-signatures for consents and release of information are acceptable
Telehealth During the National State of Emergency for Covid-19

CFHS Resource Page: https://chfs.ky.gov/agencies/ohda/Pages/telehealth.aspx


March 23 Telehealth Guidance from DMS https://chfs.ky.gov/agencies/dms/Documents/ProviderTelehealthFAQs.pdf

Telehealth Tips and Resources
OFFICE & TECHNOLOGY CHECKLIST FOR
TELEPSYCHOLOGICAL SERVICES (APA)

Screen your patient(s) to determine whether video-conferencing services are appropriate for them.

Consider patient’s clinical & cognitive status – can the patient effectively participate? Does the patient have technology resources for a video-conference – e.g. webcam or smartphone?

Consider patient’s comfort in using technology – can they login and effectively use the technology?

Does the patient have physical space for a private telepsychology session?

Is parent/guardian permission required? If so, obtain it.

Consider patient safety (e.g., suicidality) and health concerns (e.g. viral risk; mobility; immune function), community risk, and psychologist health when deciding to do tele-sessions instead of in-person.
OFFICE & TECHNOLOGY CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES (APA)

Technology

Is your technology platform consistent with HIPAA-compliant practices?

Do you have a Business Associate Agreement (BAA) for that technology vendor?

Do you and the patient have adequate internet connectivity for videoconferencing?

Did you discuss with the patient how to login and use the technology?

Are you using a password-protected, secure internet connection, not public or unsecured WiFi? What about your patient?

Did you check that your anti-virus/malware is up-to-date to prevent being hacked? What about your patient?
(Home?) Office Set-up

Is the location private? Is it reasonably quiet?

Make sure the room is well lit. Example: a window in front of you might cast a shadow or create low visibility.

To improve eye contact, position your camera so that it’s easy to look at the camera and the patient on screen.

Consider removing distractions in the background.

Check the picture and audio quality. Can you see and hear each other? Make sure nobody is muted.

As much as possible, both people should maintain good eye contact and speak clearly.
OFFICE & TECHNOLOGY CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES (APA)

Pre-session

Clinician should be competent to deliver tele-health services. Consider taking the “Telepsychology Best Practice 101” online CE course. Review APA’s Telepsychology Practice Guidelines.

Discuss the potential risks/benefits of telehealth sessions with the patient(s).

Get a signed informed consent from your patient(s) or patient’s legal representative. If the psychologist or patient is quarantined, informed consent must be signed electronically; consider DocHub or DocuSign.

Do you have a back-up plan in case of technical difficulties? In case of a crisis situation?

What contact information do you have? Do you know the local resources (e.g. ER) where the patient is?

Did you discuss how this session will be billed? Will the patient be billed if late/no-show? In the case of minors, determine where the adult will be at that location.
OFFICE & TECHNOLOGY CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES (APA)

Beginning of virtual session

Verify the patient’s identity, if needed.

Confirm patient’s location and a phone number where the patient can be reached.

Review importance of privacy at your location and patient’s location. All individuals present for the virtual visit must be within view of the camera so the clinician is aware of who is participating.

Confirm that nobody will record the session without permission.

Turn off all apps and notifications on your computer or smartphone. Ask patient to do the same.

Conduct the session mostly like you would an in-person session. Be yourself.
Telehealth Regulations

Telehealth services must comply with services covered by Medicaid. Chapter 15 covers Behavioral Health Services

https://apps.legislature.ky.gov/law/kar/TITLE907.HTM

Telehealth guidelines are found here


Other Resources

Ken Pope
https://kspope.com/telepsychology.php

National Center for PTSD:
https://www ptsd va gov/professional/treat/care/toolkits/rural/leveragingtelehealthservices.asp

American Psychological Association
www.apa.org

American Psychiatric Association Toolkit
https://www psychiatry org/psychiatrists/practice/telepsychiatry/toolkit

American Telemed Association
https://www.americantelemed.org/
INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES (From APA)

Prior to starting video-conferencing services, we discussed and agreed to the following:

There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).

We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.

You need to use a webcam or smartphone during the session.

It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

It is important to use a secure internet connection rather than public/free Wi-Fi.
INFORMED CONSENT CHECKLIST FOR
TELEPSYCHOLOGICAL SERVICES (From APA Cont’d)

It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.

We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

As your clinician, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
Q&A