

Site Requirements for Telehealth Services

- Policy:** It is the policy of [Organization name here] to ensure site requirements for telehealth services supports safe and quality health care services to qualified beneficiaries in a HIPAA-compliant environment.
- Purpose:** To explain the site requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.
- Scope:** This document is applicable for critical access hospitals (CAH), 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**

-Determination of the PHE renewal

For further reading: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-07Jan2021.aspx>

“Medicare can pay for many types of office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence. Additionally, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.”

-Clinicians are allowed to provide telehealth services, to include: emergency department visits, initial and subsequent observation, initial hospital care and hospital discharge day management, initial nursing facility visits, critical care services, intensive care services, therapy services.

“CMS is waiving the enforcement of section 1867(a) of the Social Security Act (the Emergency Medical Treatment and Active Labor Act, or EMTALA). This will allow hospitals, psychiatric hospitals, and CAHs to screen patients at a location offsite from the hospital’s campus to prevent the spread of COVID-19, so long as it is not inconsistent with the state emergency preparedness or pandemic plan.”

For further reading: <https://www.cms.gov/files/document/omh-rural-crosswalk.pdf>

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

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.

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*Temporary guidance related to Public Health Emergency (PHE)

*Temporary PHE Guidance**

“As part of the CMS Hospital Without Walls initiative, hospitals can provide hospital services in other healthcare facilities and sites that would not otherwise be considered to be part of a healthcare facility (such facilities would be re-enrolled as hospitals); or can set up temporary expansion sites to help address the urgent need to increase capacity to care for patients.”

“Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients. These services were previously limited to established patients. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits, virtual check-ins, and remote evaluations. A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients.”

“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.”

“The following services no longer have limitations on the number of times they can be provided by Medicare telehealth:

- A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days...*
- Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation.”*

“CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care or quarantine, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the state’s emergency preparedness or pandemic plan.”

“CMS is waiving the provisions related to telemedicine for hospitals and CAHs at 42 CFR 482.12(a)(8)-(9) and 42 CFR 485.616(c), making it easier for telemedicine services to be furnished to the hospital’s patients through an agreement with an offsite hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care.”

For further reading: <https://www.cms.gov/files/document/omh-rural-crosswalk.pdf>

For further reading: For further reading: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Site Requirements for Telehealth Services

Procedures:

I. Population and Services for a Virtual-Type Consult with Outside Clinicians.

- A. The CAH usually serves as the originating site for patients who are receiving clinical expertise from outside of the hospital.
- B. The CAH should integrate telehealth services alongside face-to-face clinical activities.
- C. In the CAH if a space other than the patient's assigned room/bed is used for the examination/consultation during the virtual-type consult, it should be in close proximity to the nursing and/or medical 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 a consult, the same procedures apply to telehealth services that apply to in-person services, such as ordering procedures, credentialing of the consultant, etc.

II. Preparation to be Completed for a Telehealth Consult at the Site.

- A. Complete appropriate preparation prior to a virtual-type consultation.
 1. Scheduling the consultation should follow "normal" procedures as much as possible.
 2. Ideally, the inpatient provider and consultant will plan for the most appropriate platform and workflow based on the type of consultation to be performed (phone, video visit or e-consult).
 3. Connectivity with the distant site, such as a stable internet and appropriate technology (mobile unit, peripherals, etc.) to participate in the consultation, should be ensured. **(Refer to CAH Technology policy)**
- B. Complete appropriate preparation the day before a virtual-type consultation.
 1. The patient should receive a reminder of the consultation. The patient should be encouraged to write down any questions for the provider. The patient should be told to be prepared for the consultation at least 15 minutes prior to the appointment time in order to establish connection with the distant site.
 2. To ensure the patient is prepared for the consult, a reminder for the hospital staff should be set up per normal procedure. A live trial run should be conducted as need is determined.

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- C. Complete appropriate actions the day of the virtual-type consultation.
1. Confirm the patient's identity at the outset of every encounter.
 2. Inform the patient that any consent to treat was signed when they were admitted to the hospital and this consent will apply to telehealth services.
(Refer to CAH Consent policy)
 3. The patient must be prepared for the consultation.
 - a) If the consultation is not being conducted in the patient's assigned room, bring the patient to the identified telehealth space (take vital signs, review medication list, document intake information in the EMR, etc).
 - b) Ensure all necessary technology is available and working. **(Refer to CAH Technology policy)**
 - c) Prepare the patient for the examination, as needed.
 - i. Assess the patient's clothing and have the patient put on a gown, as needed.
 - ii. Position the patient for the best viewing of the patient and patient's condition.
 - iii. Perform the assessment specific to presenting problem.
 - d) Have staff stay with the patient during the consultation, or until all information has been communicated to the distant site provider and the staff has been dismissed.
 - e) Provide the patient with a means to call for assistance (call light, bell, etc.) or remain with the patient as needed or requested.
- D. Complete appropriate actions following the virtual-type consultation.
1. Staff should facilitate any ordering process and follow-up as indicated by the distant site.

III. Critical Access Hospital Distant Site Practitioners.

*Temporary PHE Guidance**

-For the beneficiary location for telehealth services, "Medicare can pay for many types of office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence. Additionally, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs."

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"Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients. These services were previously limited to established patients. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits, virtual check-ins, and remote evaluations. A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients."

"CMS is waiving the requirements of section 1834(m)(4)(E) of the Social Security Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services."

For further reading: <https://www.cms.gov/files/document/omh-rural-crosswalk.pdf>

A. Practitioners at the distant site who may provide telehealth services and furnish and receive payment for covered telehealth services **(subject to state law)**:

1. Physicians
2. Nurse practitioners (NPs)
3. Physician assistants (PAs)
4. Nurse-midwives
5. Clinical nurse specialists (CNSs)
6. Certified registered nurse anesthetists
7. Clinical psychologists (CPs)
8. Clinical social workers (CSWs)
9. Registered dietitians or nutrition professionals

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>

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- B. When the distant site physician or other practitioner is located in an Optional Payment Method CAH and reassigns their billing, Medicare pays 80 percent of the PFS for telehealth services.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CritAccessHospfctsht.pdf>

- C. Distant site considerations for the telehealth consult.
1. For those visits requiring direct supervision (team-based or incident to visits), the supervising provider's schedule should reflect the telehealth consult.
 2. For the CAH acting as the distant site, ensure connectivity with the patient can be established by performing either a virtual test visit.
 - 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.
 - d) Prepare to discuss consent for telehealth services with the patient.
(Refer to CAH Consent policy)

IV. Documentation Requirements

(Refer to CAH Documentation policy)

V. Billing and Reimbursement

(Refer to CAH Reimbursement policy)

VI. Knowledge and Skills for Clinic Personnel

(Refer to CAH Knowledge and Skills policy)

VII. Patient Education and Support

(Refer to CAH Technology policy)