

Rural Health Clinic/Federally Qualified Health Center Documentation Requirements for Telehealth Services



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

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

Scope: This document is applicable for rural health clinics and federally qualified health centers (RHC/FQHC), 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 is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously Medicare only covered them under certain circumstances.”

Documentation should include that telehealth was used to provide care during COVID-19.

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

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

*Temporary guidance related to Public Health Emergency (PHE)

Procedures:

I. Minimal Documentation Requirements for a Virtual-Type Visit.

- A. Documentation will be at the same level that would ordinarily be provided if the services furnished via telehealth were conducted in person.
- B. Telehealth-specific documentation for a virtual-type visit must be included.

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.

The development of this toolkit is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30357. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

1. It must be documented that the encounter was conducted via telehealth.
2. The patient identity must be verified (name, date of birth).
3. The method of telehealth used must be documented (phone call, secure two-way interactive video connection).
4. Document the provider's physical location (clinic [other], home, other) to include:
 - a) The state the provider is located in.
 - b) If the provider is at home during the visit, document, "Provider home, via secure clinic portal."
5. The patient's physical location (clinic [name], home, other) must be documented, to include the state.
6. The patient consent must be included in the documentation.
(Link to RHC/FQHC Consent policy)
7. Document the start and stop times spent conducting the telehealth visit.
8. Identify any additional clinical participants and their roles.
9. Any vital sign information captured should annotate if it was obtained through patient reporting, visualized by the provider or other clinical staff on the patient's equipment, or if it was obtained through remote physiological monitoring.

II. Actions for an Emergency Situation During a Virtual-Type Visit.
(Refer to RHC/FQHC Distant Site policy)

Tips:

- *Ensure any paper documentation is scanned and entered into the patient's EMR.*
- *Create a text phrase in the EMR noting the visit was conducted by telehealth or create a telehealth visit template where the text is embedded. Use Smart text, if available.*