

Policy and Procedure Template for
Telemedicine and Virtual Patient Communication Services COVID-19

**TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION SERVICES (VPC)
COVID-19 (Updated 4/20/2020)
Policy and Procedure Template
XX Health Department**

NAME OF POLICY/PROCEDURE: Policy and Procedure for Telemedicine and VPC Services COVID-19	PROGRAM:	MANUAL/LOCATION:
	EFFECTIVE DATE: XXXX 1, 2020	REVISION/REVIEW DATE: Reviewed XXXX
	SUPERCEDES:	DISTRIBUTED TO: XX HD staff

APPROVAL SIGNATURES:

**MY SIGNATURE BELOW INDICATES THAT I HAVE REVIEWED AND APPROVED THIS
POLICY/PROCEDURE.**

MEDICAL DIRECTOR

DATE

DIRECTOR OF NURSING

DATE

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The purpose of this policy is service structure and not medical care. It is a “How to provide telemedicine and VPC services for patients with Medicaid during COVID-19.” The information and links in this template are current as of April 20, 2020. Please review the Business Rules that accompany the email containing this policy. All changes are in RED.

PURPOSE

To ensure adherence to all applicable laws, rules, and regulations while ensuring patient access and reducing barriers to healthcare and/or medical management services using **telemedicine and VPC services** considering the current COVID-19 pandemic. By implementing these procedures, XX Health Department (HD) will provide **telemedicine and VPC services** to patients with Medicaid regardless of where the patient or provider is located. **Telemedicine and VPC services** are provided to better enable the delivery of remote care to patients. This current policy reflects NC DHHS recommendations per COVID-19 pandemic.

POLICY:

XX HD will promote a quality **telemedicine and VPC service** for the patient and provider according to the NC Division of Health Benefits (DHB) **SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes.**

This is a temporary DHB modification.

<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>

DEFINITIONS:

The policy definitions include Telehealth and Virtual Patient Communication.

Telehealth: Telehealth is the use of two-way real-time interactive audio and video to provide care and services when participants are in different physical locations. There are three (3) types of telehealth referenced within the policy, which is cited in **Special Bulletin COVID-19 #34** above and defined as:

1. **Telemedicine:** Telemedicine is the use of two-way real-time interactive audio and video to provide and support health care when participants are in different physical locations.
2. **Telepsychiatry:** Telepsychiatry is the use of two-way real-time interactive audio and video to provide and support psychiatric care when participants are in different physical locations.
3. **Teletherapy** is the use of two-way real-time, interactive audio and video to provide and support specialized outpatient therapy care when participants are in different locations.

Virtual Patient Communication: Virtual Patient Communication (**VPC**) is the use of technologies other than video to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation. **(This paragraph moved out from under Telehealth and is its own entity)**

Originating Site - The site where the patient is located.

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Distant Site – The site where the provider is located. Providers must ensure that patient privacy is protected (e.g., taking calls from private, secure spaces, using headsets).

RESPONSIBLE STAFF:

All Advanced Practice Practitioners and/or Physicians. Responsibilities may include use of Interpreters, Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Medical Office Assistants, Information Technology (IT) staff, administrative and ancillary staff.

PROCEDURE:

1. Scope of Service

- A. Services - The following services will be available using **telemedicine and Virtual Patient Communication** as defined above.
 - 1. **Services via telemedicine and VPC** will not deviate from standards of care applicable to in-person assessment, diagnosis, and treatment plan.
 - 2. The **telemedicine and VPC services** by the Physician or Advanced Practice Practitioner (APP) may be an adjunct to periodic in-person contact or it may be the only contact by the Physician or APP.
 - 3. Telephonic visits (audio only) can only be provided to established patients.
- B. Contraindications for Use of **Telemedicine and VPC Services** - The Physician or APP should request an in-person visit if any of the following occur:
 - 1. the patient's condition does not lend itself to a **telemedicine and VPC** visit as deemed by the provider
 - 2. lack of equipment needed to complete the visit
 - 3. equipment failure
 - 4. inadequate visual or sound quality

2. Environmental Security

- A. The privacy and confidentiality of the **telemedicine and VPC services** will be maintained by ensuring the locations of the patient and providers are secure. The services will be provided in a controlled environment (closed doors) where there is a reasonable expectation of absence from intrusion by individuals not involved in the patient's direct care.
- B. Signage will be posted (i.e. such as “Telemedicine Exam in Progress Do Not Enter”) where **telemedicine and VPC services** are provided.
- C. Whenever possible, the presence of non-clinical staff during medical service will be avoided.
- D. The physical environments of the distant site provider should ensure that the patient's protected health information remains confidential.

3. Patient Health Information, Privacy, Confidentiality and Security

- A. Guidance from Office of Civil Rights, *OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency FAQ's* <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>
 - 1. “OCR expects health care providers will ordinarily conduct telehealth in private settings, such as a doctor in a clinic or office connecting to a

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patient who is at home or at another clinic. Providers should always use private locations and patients should not receive telehealth services in public or semi-public settings, absent patient consent or exigent circumstances. A parent or legal guardian may be physically located in the patient site during a telehealth service with a child.”

2. “If telehealth cannot be provided in a private setting, covered health care providers should continue to implement reasonable HIPAA safeguards to limit incidental uses or disclosures of protected health information (PHI). Such reasonable precautions could include using lowered voices, not using speakerphone, or recommending that the patient move to a reasonable distance from others when discussing PHI.”
- B. Responsible staff of **telemedicine and VPC services** must follow the agency’s policy and procedures on confidentiality and HIPAA.
- C. All staff must follow the agency’s policy and procedure on release of information.
- D. Applications – Covered **VPC services** will be used by XX HD.
1. Telephone conversations (audio only)
 2. Virtual portal communications (e.g., secure messaging)
 3. Store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).
 4. Video chat applications shall comply with information outlined below from *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency*:
“Under this notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.”
Retrieved April 2, 2020 from <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- E. Informed Consent
1. XX HD will follow agency’s policy on informed consent to include minor’s consent laws.

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2. Informed consent for **telemedicine and VPC services** will be obtained from the patient and/or patient's legal guardian prior to the service and documented in the EHR.
3. The patient and/or patient's legal guardian will be made aware of the potential risks and consequences as well as the likely benefits of the **telemedicine and VPC services** and will be given the option of not participating. Patients and/or patient's legal guardian will be informed that services will not be withheld if the **telemedicine and VPC services** encounter is refused, although such care will depend on availability of alternative resources.

4. Required Documentation

All documentation of **telemedicine and VPC services** will be documented in accordance with applicable standards, guidelines, by-laws, rules and regulations.

- A. All patient health information and services provided through **telemedicine and VPC** will be documented in the EHR per agency policy and procedures.
- B. Informed consent for **telemedicine and VPC services** will be obtained from the patient and/or patient's legal guardian prior to the service and documented in the EHR per programmatic requirements.
- C. The Physician or APP will document each visit with the patient including: the date of service, start and stop time, additional people who participated in the visit at either site and the location of the patient with enough detail to satisfy an audit.
- D. Provider notes will contain all components required in order to support the medical care provided and services billed per the XX HD policies and procedures.
- E. If there is lack of equipment or equipment failure that prevents adequate diagnosis or treatment, a provider note should be written in the EHR to document lack of equipment or equipment failure and a follow-up in-person visit should be scheduled with the provider. If the provider cannot make an in-person visit on that day and the patient has an urgent problem the patient should be referred to their primary care provider or other provider of choice.
- F. The provider should note the **type of telehealth or VPC services** used to deliver the service rendered.
- G. The provider will document and assign appropriate codes for reimbursement of services.
- H. Providers shall ensure the availability for appropriate follow-up care and maintain a complete health record that is available to all other rendering providers.

5. Training

- A. All staff members involved in services will have training on approved technology used for **telemedicine and VPC services**. Training will be provided by XX HD (i.e. the XX HD Information Technology [IT] department).
- B. Training must be provided initially and annually per agency workforce training policy and procedures.

6. Equipment for Telemedicine and VPC services

- A. XX HD is only responsible for their equipment and connectivity.

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- B. XX HD IT support will be provided for **telemedicine and VPC services** and will be compliant with the agency IT policy, procedures and standards.
- C. XX HD will work to deliver clear audio/visuals to allow for optimal communication and assessment of each patient served.

7. Quality Assurance and Quality Improvements

Quality Assurance (QA) and/or Quality Improvements (QI) related to **telemedicine and VPC services** are covered in the agency's QA/QI policy and procedures.

8. Scheduling Appointments

- A. Scheduling appointments for **telemedicine and VPC services** will be managed the same as in-person appointments.
- B. Scheduled appointments should reflect whether service is delivered by **telemedicine and VPC** or in-person.

9. Billing and Reimbursement

- A. **Telemedicine and VPC services** will be billed per Program Guidelines and Insurance reimbursement guidelines.
- B. Providers shall comply with the, *NC Tracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DHB's clinical coverage policies and other relevant documents for specific coverage and reimbursement for Medicaid and NCHC.
- C. **Telemedicine and VPC services** under the COVID-19 Pandemic shall be billed using the guidance documents located at: "For Local Health Departments" website under "COVID-19"
<https://ncpublichealth.info/lhd/index.htm>

Legal Authority:

- A. HIPAA Health Insurance Portability and Accountability Act of 1996
- B. G.S. 90-171.20 (7) & (8) – Nursing Practice Act
https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_90/article_9a.html
- C. North Carolina General Statutes 90-21.5 and 90-21.4 Minor's Consent Law
- D. 45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule
- E. NC General Statute 143-518. Confidentiality of patient information.
- F. 42 CFR Part 2 - Confidentiality of Substance Use Disorder Patient Records

Referenced Agency Policies and Procedures

- A. XX HD Policy on Policies
- B. XX HD QA/QI Policies
- C. XX HD HIPAA Privacy and Security Policy
- D. XX HD Eligibility and Fee Policies/Procedures
- E. XX HD Confidentiality Policy/Procedure
- F. XX HD Informed Consent
- G. XX HD EHR Documentation Policy

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- H. XX HD IT Policy
- I. XX HD Workforce Development Policy
- J. (If applicable, add any program policies and procedures delivered by telemedicine and VPC.)

References

- A. HIPAA Privacy and Security Act, 1996
- B. NC Health Check Program Guide
- C. NC Tracks Provider Claims and Billing Assistance Guide
- D. NC Division of Medical Assistance Telemedicine and Telepsychiatry Policy, Amended 1/1/2018
- E. SPECIAL BULLETIN COVID-19 #2: General Guidance and Policy Modifications
SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications –
Definitions, Eligible Providers, Services and Codes.
<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>
- F. CCNC – See COVID-19 tab
<https://www.communitycarenc.org/>
- G. Telemedicine Clinical Coverage Policy
https://files.nc.gov/ncdma/documents/files/1-H_3.pdf