THE ROLE OF TELEMEDICINE DURING COVID-10

"We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities."

– Roger Severino, OCR Director

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

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DOCUMENTATION OF TELEMEDICINE TIPS

- **Documentation should support the type of service and level of service.**
- **Working With or Around your PM/EHR**
- **Stop and Start Times**
- **Verbal Consent and Acknowledgment By Patient that they understand the provider may be using a non-compliant communication method which may not be secure.**
- **Prompt completion of records. Recommendation is 48 hours. Some states and medical boards have their own regulations. More important to be timely with telehealth.**

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MGMA Best Practices

Documentation requirements

Documentation requirements for a telehealth service are the same as for a face-to-face encounter. The information of the visit, the history, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented. Best practice suggests that documentation should also include a statement that the service was provided through telehealth, both the location of the patient and the provider and the names and roles of any other persons participating in the telehealth service.

It is advisable to follow local Medicare Administrative Contractor (MAC) guidance for final instructions on billing and documentation requirements for telehealth services. Additionally, private payers may follow the guidelines set forth by Medicare or may have their own.

https://www.mgma.com/resources/financial-management/navigating-telehealth-billing-requirements

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AHIMA Telemedicine Documentation Guidelines

1. The telemedicine provider must assess the patient's need for telemedicine services/orders through an identification assessment process. **(Is a telemedicine service necessary or appropriate?)**

2. Once the need is confirmed a telemedicine appointment can be scheduled and executed**. (When will the telemedicine service happen and how?)**

3. The telemedicine provider is responsible for accurately documenting all required content during the telemedicine encounter.

4. The telemedicine provider completes the telemedicine encounter and will review telemedicine orders.

5. The telemedicine provider will incorporate telemedicine orders into the treatment plan.

6. Documentation of all steps and follow-up is required.

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More AHIMA Best Practices

At a minimum, AHIMA recommends that each telemedicine record contain the following:

- Patient name
- Identification number
- Date of service
- Referring physician
- Consulting physician
- Provider organization
- Provider location
- Patient location
- Telemedicine order
- Type of evaluation performed
- Informed consent, if appropriate.
- Evaluation results (In many telemedicine programs, the consulting physician/organization retains the original and a copy is sent to the referring physician/organization)
- Diagnosis/impression
- Recommendations for further treatment

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AHIMA BEST PRACTICES

RECORD CONTENT AND REIMBURSEMENT

Telemedicine records should be kept in the same manner as other health records. The specific documentation needs vary depending upon the level of telemedicine interaction. The organization using telemedicine information to make a decision on the patient's treatment must comply with all standards, including the need for assessment, informed consent, documentation of event (regardless of the media), and authentication of record entries.

AHIMA Citation

https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf

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OLD SCHOOL PAPER NOTE

TELEMEDICINE/TELEPHONIC NOTE

☐ **Claim Date** _____
☐ **Scanned to EHR by** ____

Date of Service:_____ **Provider Name:**_____

Patient Name: _____ **Start Time:** _____ **Stop Time:**_____

Account/Medical Record #_____ ☐ **Established Patient** ☐ **Verbal Consent**

Type of Service: ☐ **Audio/Visual Synchronous** ☐ **Audio/Visual Stored** ☐ **Audio Only**
☐ **Virtual Communication Service Only** ☐ **Phone Call Only**

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PURPOSE OF TELEMEDICINE/TELEHEALTH SERVICE:

☐ Possible Exposure to COVID-19 ☐ Symptoms of COVID-19 ☐ Other Respiratory S/S
☐ Other Acute Condition _____ ☐ Other Chronic Condition _____
☐ Other: _____ ☐ Care Management

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HISTORY OF PRESENT ILLNESS or Reason for Telemedicine/Telehealth Visit

Signs and Symptoms: ☐ Cough ☐ Fever _____ ☐ Body Aches ☐ Sinus Congestion
☐ Chest Congestion ☐ Fatigue/Malaise ☐ Nausea ☐ Diarrhea ☐ Headache ☐SOB
☐ Other Acute Signs/Symptoms: _____ ☐ **COVID Exposure**
ONSET/ Exposure Date: Family/Friends/Coworkers Sick: ☐ Yes ☐ No

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Status of Chronic Conditions as HPI

Status of Chronic Conditions: **1.** _____ ☐ Stable ☐ Worse ☐ Better
2._____ ☐ Stable ☐ Worse ☐ Better **3.** _____ ☐Stable ☐ Worse ☐ Better

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☐ **Problem List Reviewed** ☐ **Medications Reviewed** ☐**Allergies**_____

Review of Systems: Experiencing Any Other Complaints Unrelated to HPI? ☐ Yes ☐ No

If yes, which body system and complaint: _____

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Observation/Visualization:

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Assessment and Plan

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Assessment: **Plan:**

1._____

2._____

3._____

☐ Self-Quarantine ☐ To see in clinic ☐ Refer to:_____ ☐ Record Sent
☐ Rx Refilled:_____
Pharmacy Name/Phone_____ ☐ Electronically ☐ Called In
☐ Patient Education Given _____ ☐ Follow-up _____

Signature: _____ Date/Time:_____

310-F Telemedicine Paper Note/InQdocs

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Tracking Services/Claims on Hold

Page_____of_____

COVID-19 PATIENT SERVICE LOG CLINIC NAME:

Patient Information				Type of Service						Action, Result, Outcome or Treatment						
#	Date	Patient Initials	Acct or MR #	Phone Prescreening by staff	Clinic Encounter	Virtual Comm Service By Provider	Telemed Encounter Approved by Payer	Housecall by Provider	Seen in Other Setting	Flu Swap	COVID swap	Referred for testing	Referred to other facility or agency	Quarantine /Isolate Self	Inpatient Admint	Other

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HIPAA & TELEMEDICINE DURING COVID-19

- **The OCR will exercise discretion in enforcement of violations when a provider has acted in good faith to provide telemedicine during the emergency.**

- **A covered health care provide may use audio or video communication technology to provide telehealth to patients during the emergency can use audio/video applications. (Examples: Facetime, Skype, Messenger) that would normally not be compliant as long as they are not public facing**
- **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**

- **Applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.**

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HIPAA & TELEDICINE DURING COVID-19

- **Health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, 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.**

- **Some vendors provide HIPAA-compliant video communication products and that will enter into a HIPAA BAA with providers.**

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HIPAA & TELEMEDICINE DURING COVID-19

HIPAA COMPLIANT/NEED BAA

Skype for Business / Microsoft Teams

Updox

VSee

Zoom for Healthcare

Doxy.me

Google G Suite Hangouts Meet

Cisco Webex Meetings / Webex Teams

Amazon Chime

GoToMeeting

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OTHER HIPAA CONCERNS

- **Retraining staff on HIPAA privacy and security basics.**
  - **Need to Know Rule**
  - **Which Disclosures are allowed in emergencies**
    - ***Public Health Agencies***
    - ***Other Healthcare Provider for Continuity of Care***
    - ***For Immediate Harm of Others/Law Enforcement***
- **Security of Computers and Connections when employees are working from home. Firewalls, virus projection, encryption.**
- **Privacy of PHI when working remotely. Unauthorized access by others.**

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EMERGENCY PLAN ACTIVATION

- All of you are in the middle of an on-going emergency plan activation that is not going to be defined as any one point in time.
- Many of our facilities did not foresee a pandemic as one of our internal or community risks. Or if we did, we didn't have the detail needed in our plan.
- Keep up with what you do and why you do it. You are more than likely going to have Plan A, Plan B, Plan C…….
- Make a living document that you can update as the situation progresses and will give you details needed for your after-action report and to revise your EPP based on lessons learned from this event.

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INQDOCS

We at InQuiseek Consulting are making COVID-related INQDOCS library items available to safety net providers who are outside our family of subscribers. To request these items or to make suggestions about what you need as tools, templates, practice aids, please email:

Name

Facility Name

Type of Facility

Location

Send to:

pharper@inquiseek.com

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Patty Harper is CEO of InQuiseek, LLC, a business and healthcare consulting company based in Louisiana. She has over 21 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration (cum laude) from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA's ICD-10 Academy and has been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough the Compliance Certification Board. Patty is a frequent speaker and contributor for national, state and regional and rural healthcare associations on these and other reimbursement-related topics. She has held memberships regional, state and national organizations throughout her healthcare career including NARHC, NRHA, AHIMA, MGMA, and HFMA. Patty currently serves on the Board of NARHC and LRHA.