

COVID-19

TELEHEALTH TOOLKIT FOR MEDICAL PRACTICES



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CMA COVID-19 TELEHEALTH TOOLKIT FOR PHYSICIAN PRACTICES

Telehealth allows physicians to stay connected and provide care to patients without an in-person visit through the utilization of telecommunications. As physicians around the state are ramping up telehealth services so care can continue to be provided to those who need it during the COVID-19 public health emergency, CMA is compiling telehealth information from CMS and the major payors in the state. This toolkit includes payor guidance for billing and coding telehealth services, privacy and security concerns and flexibilities, and key considerations when implementing telehealth into your practice.

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NOTE: Materials, legal citations and all other information contained in this document are solely intended to be used for informational purposes only. Nothing herein is intended to be, and should not be interpreted as, legal advice. Furthermore, nothing herein is intended to create, and does not form, an attorney-client relationship between or among any parties. To the extent you need specific advice, you may wish to personally consult a qualified attorney.

NOTE: Substantive changes from our last update will be highlighted in orange.

Billing and Coding

Has there been any CPT guidance released related to telehealth?

Guidance from the American Medical Association (AMA) provides [special coding advice](#) during the COVID-19 public health emergency. One resource **outlines coding scenarios** designed to help health care professionals apply best coding practices. The scenarios include telehealth services, including telephonic visits, for all patients. Examples specifically related to COVID-19 testing include coding for when a patient: comes to the office for E/M visit and is tested for COVID-19 during the visit; receives a telehealth visit re: COVID-19 and is directed to come to physician office or physician's group practice site for testing; receives a virtual check-in/online visit re: COVID-19 (not related to E/M visit), and is directed to come to physician office for testing; receives a telephone visit, and more. There is also a quick-reference flowchart that outlines **CPT reporting for COVID-19 testing**.

AMA has also published a [quick guide](#) to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.

[VIEW CMA'S ARTICLE ON THE AMA QUICK GUIDE.](#)

AMA has also posted guidance to assist physicians on [telehealth workflow and patient care](#).

Documentation and Follow Up: Whichever modality of telehealth that your practice is using, it's important to ensure the documentation matches the requirements of the CPT code you are billing.

Also, be aware that, without a face-to-face encounter, it can be more difficult to track patients for follow up care. Physicians should consider adjusting practice workflows ahead of time to ensure that patients fill prescriptions, schedule follow up visits, etc. can occur.

What services will CMS allow for telehealth for Medicare patients?

The Centers for Medicare and Medicaid Services (CMS) has issued several temporary waivers and new rules to allow healthcare providers maximum flexibilities to respond to the COVID-19 crisis. On March 31, 2020, CMS [authorized additional telehealth flexibilities](#) stating it will pay for more than 80 additional services when furnished via telehealth and advised that CPT codes 99441-99443 (telephone services)

are permitted. At this time, the [guidance](#) from CMS is if the visit is done with audio-only (no video component), it must be billed as a telephone visit code (99441-99443) or as a virtual check in (G2012).

Reimbursement rates for telephone services (CPT 99441-99443) by locality can be found on the [Noridian website](#). The expansion of telehealth services is effective as of [March 1, 2020](#).

Additionally, on April 30, CMS announced it would increase payments for telephone visits to match payments for similar office and outpatient E/M codes. Payments will increase from about \$14-\$41 to about \$46-\$110 and are retroactive to March 1, 2020.

The U.S Health and Human Service Office for Civil Rights announced it will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. [VIEW CMA'S ARTICLE ON THE FEDERAL ANNOUNCEMENT.](#)

Governor Gavin Newsom on April 3, 2020, issued an [executive order](#) that relaxes certain state privacy and security laws for health care providers, so they can provide telehealth services without the risk of being penalized. This action is similar to the waiver issued on [March 17, 2020](#), by the U.S. Department of Health and Human Services regarding federal privacy and security laws.

IMPORTANT UPDATE ON BILLING FOR PROFESSIONAL SERVICES: According to Noridian, when billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the public health emergency, practices should bill with the place of service (POS) equal to what it would have been in the absence of a public health emergency, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. This is different than previous guidance to bill with a POS of 02. Claims billed with a POS of 02 will be paid at the facility rate.

[VIEW CMA'S ARTICLE ON THIS UPDATE.](#)

Can I bill for Medicare Annual Wellness visits provided using audio-only technology?

Yes. The current Medicare policy allows for the billing of Annual Wellness Visits (AWV) codes G0438-G0439 when delivered via telehealth provided that **all elements of the AWV** are provided. Additionally, for the duration of the public health emergency, the AWV may be administered using audio-only technology, if a video connection with the patient is not possible. If the patient can self-report elements of the AWV (i.e., height, weight, blood pressure, other measurements deemed appropriate based on medical and family history), those measurements may be included and recorded in the medical record as reported by the patient. CMS has advised that guidance for when the patient cannot self-report is currently under review, and CMS plans to issue guidance soon. For more information see the [CMS list of telehealth services during the public health emergency](#) (see column D under the AWV codes).

When billing for telehealth during the COVID-19 emergency, do I still have to document the patient history and/or physical exam in the medical record?

No. CMS will permit physicians to select the level of office/outpatient E/M visit (CPT codes 99201-99215) furnished via Medicare telehealth based on time or medical decision making. CMS has removed any requirements regarding documentation of history and/or physical exam in the medical record for such visits. For this purpose, “time” is defined as all the time associated with the E/M on the day of the encounter. The current typical times associated with office/outpatient E/M codes in CPT are what should be met for the purposes of level selection. CMS is maintaining the current definition of MDM.

FOR MORE INFORMATION, SEE CMS INTERIM FINAL RULE (PAGE 136).

I am due for Medicare revalidation soon. Do I have to respond to the request?

The Centers for Medicare and Medicaid Services (CMS) has temporarily suspended revalidations. Until further notice, no provider will be deactivated or have their payments pended for not responding to a previously sent revalidation request. Additionally, no new requests will be mailed to physicians who are due to revalidate. [VIEW CMA'S ARTICLE ON THIS ANNOUNCEMENT.](#)

CMS has also established toll-free hotlines for physicians and non-physician practitioners to enroll and receive temporary Medicare billing privileges. For more details see the [FAQ on provider enrollment](#).

Has there been an extension to the MIPS reporting deadline?

On December 1, 2020, the Centers for Medicare and Medicaid Services (CMS) announced an extension of the deadline to complete an “extreme and uncontrollable circumstances application” for 2020 to February 1, 2021. Reporting for 2020 measures is optional for all MIPS eligible clinicians. MIPS eligible clinicians who did not submit any MIPS data by March 31, 2021 @ 8 p.m. ET, qualified for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2022 MIPS payment year. Physicians do not need to take any additional action to qualify for the automatic extreme and uncontrollable circumstances policy.

However, if a MIPS eligible clinician submitted data for two or more MIPS performance categories, they will be scored and receive a 2022 MIPS payment adjustment based on their 2020 MIPS final score. Note: On May 20, 2021, The Centers for Medicare & Medicaid Services announced they will reweight the cost performance category for the Merit-based Incentive Payment System from 15% to 0% for the 2020 performance period — which affects 2022 payments — due to the impact of the COVID-19 public health emergency and redistribute the 15% prescribed weight to another performance category or categories.

For more information, see the [MIPS 2020 fact sheet](#) and visit the [QPP Resource Library](#).

2021 Performance Year Flexibilities

For the 2021 performance year CMS will be continuing to use the Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to submit an application requesting reweighting of one or more Merit-based Incentive Payment System (MIPS) performance categories due to the COVID-19 public health emergency.

[VIEW CMA'S ARTICLE ON THE MIPS EXTENSION.](#)

How should I bill for telehealth services under Medi-Cal fee-for-service?

[Medi-Cal's telehealth policy](#) allows providers to bill DHCS as clinically appropriate for any covered Medi-Cal benefits or services using the appropriate procedure codes, either CPT or HCPCS. The codes must be billed using place of service, 02, telehealth, and the appropriate telehealth modifier must also be used:

- + Synchronous, interactive audio and telecommunication systems – modifier 95
- + Asynchronous store and forward telecommunications system – modifier GQ

DHCS defines synchronous telehealth as “two-way interactive audio-visual communication.” CMA has confirmed with DHCS that telephonic visits qualify as synchronous telehealth under this policy.

This guidance does not apply to FQHCs. See [Medi-Cal's telehealth policy](#) for information on telephonic visits with FQHCs, RHCs, and Tribal 638 clinics.

Are Medi-Cal managed care plans covering telehealth services?

On March 18, 2020, the Department of Health Care Services (DHCS) issued a [supplement to an All Plan Letter](#) (APL) that mirrors the DMHC's APL (see below). It requires Medi-Cal managed care plans to immediately begin reimbursing for telehealth services, **including telephonic visits**, at the same rate as those provided in-person, when medically appropriate. In essence, if the service is one that would otherwise have been provided in-person but is now being provided via telehealth the plans should reimburse as though it was provided in-person. This order applies to Medi-Cal managed care plans that have a Knox Keene license.

The Medi-Cal managed care plans are responsible for ensuring their delegated groups comply. County Organized Health Systems are also required to comply. **[VIEW CMA'S ARTICLE ON THIS APL SUPPLEMENT.](#)**

Are commercial plans in California reimbursing for telehealth services?

On March 18, 2020, the Department of Managed Health Care (DMHC) issued an All Plan Letter ([APL 20-009](#)) requiring plans to immediately begin reimbursing for telehealth services, including telephonic visits, at the same rate as those provided in-person, when medically appropriate. In essence, if the service is one that would otherwise have been provided in-person but is now being provided via telehealth the plans should reimburse as though it was provided in-person. This order applies to all health plans regulated by

the DMHC, which includes all HMOs and most of the Blue Cross and Blue Shield PPO products and DMHC has confirmed the plans are required to ensure their delegated entities comply.

The letter requires plans to comply immediately and is effective as of March 18, 2020.

DMHC has since clarified that plans should not be limiting use of telehealth to a plan's contracted third party vendor. The intent of the APL is to allow patients to continue to see their own physicians via telehealth, when medically appropriate.

Health plans were also instructed that they may not subject enrollees to cost-sharing greater than the same cost-sharing if the service were provided in person.

DMHC also reminded all regulated health plans through [APL 20-032](#) issued on September 4, 2020, that the telehealth parity requirements remain in effect for the duration of California's declared state of emergency or until further notice from DMHC, whichever is earlier. The APL also clarified that these requirements apply to delegated entities to the extent the health plan delegated the services impacted by the APL.

It's important to note that practices must ensure that their documentation matches the requirements of the CPT code they are billing and appropriate use of the place of service code, 02, telehealth.

[VIEW CMA'S ARTICLE ON THE DMHC APL.](#)

Additionally, on April 7, 2020, DMHC issued a follow-up [APL \(20-013\) and an FAQ](#) that provides specific billing guidance on billing for telehealth services. The guidance advises that practices should document the visit as if it had occurred in person and select the most appropriate CPT code, bill with place of service 02, telehealth, and use modifier 95 for synchronous telemedicine or GQ for asynchronous.

The APL and FAQ also clarify the following:

- + Health plans may not exclude coverage for certain types of services or categories of services simply because the services are rendered via telehealth, if the provider, in his/her professional judgment, determines the services can be effectively delivered via telehealth.
- + Plans are prohibited from placing limits on covered services simply because the services are provided via telehealth, if such limits would not apply if the services were provided in-person.
- + During the COVID-19 emergency, plans cannot require enrollees of DMHC regulated plans to use the plan's third-party telehealth vendor.
- + Plans cannot require the provider to be approved/credentialed specifically for telehealth if the plan would have otherwise covered the services if provided in person. However, this does not authorize out-of-network telehealth services.
- + Plans are prohibited from requiring providers to use particular platforms or modalities of telehealth as a condition of reimbursement.

[VIEW CMA'S ARTICLE ON DMHC APL 20-013.](#)

Are PPOs and other plans regulated by CDI reimbursing for telehealth?

On March 30, 2020, the California Department of Insurance (CDI) **instructed** CDI-regulated health insurance companies to take immediate steps to provide increased telehealth access during the COVID-19 emergency.

Insurance carriers are required to reimburse providers at the same rate for telehealth services as they would for services provided in person. If the service is one that would otherwise have been provided in-person but is now being provided via telehealth, insurers should reimburse for that service as if it were provided in person, when clinically appropriate. Insurers must also reimburse a service provided telephonically at the same rate as services provided via video.

The announcement required insurers to comply immediately and is effective throughout the declared COVID-19 state of emergency.

Additionally, insurance companies were instructed that they may not subject enrollees to cost-sharing greater than it would be if the service were provided in person.

The CDI notice also clarified that insurers should not be limiting use of telehealth to an insurer's third party vendor. The notice states that insurers should allow **all** network providers to use all available and appropriate modes of telehealth delivery.

SEE CMA'S ARTICLE ON THE CDI ANNOUNCEMENT.

How are self-funded ERISA plans handling telehealth?

The telehealth requirements issued by the state and federal governments do not apply to self-funded ERISA plans. CMA continues to advocate for parity at the federal level to require self-funded ERISA plans to recognize and reimburse telehealth services, including telephonic visits, at the same rate as they would for in-person visits.

CMA has also learned that some self-funded plans are only covering telehealth if it is provided through the plan's third-party telehealth vendor. The cost sharing waivers also do not apply to ERISA plans. It is currently up to individual employers to decide whether they will waive cost sharing.

Are workers compensation carriers in California reimbursing for telehealth services?

On April 13, 2020, the California Division of Workers' Compensation (DWC) **announced** that it would cover telehealth services for injured workers. DWC is covering the same telehealth services as those being **allowed by the Centers for Medicare and Medicaid Services**. The order is effective for services provided on or after April 15, 2020, and will remain in place throughout the public health emergency.

According to the DWC order, providers should be reimbursed at same rate for telehealth services provided to injured worker as they would for the same services provided in person. When billing for these services, providers should list the same Place of Service that would have been used had the service been provided in person, along with modifier 95 to indicate that the service was provided via telehealth.

SEE CMA'S ARTICLE ON THE DWC ANNOUNCEMENT.

Additionally, on May 12, 2020, DWC [issued](#) a follow-up order advising that it was covering the same telehealth services as those being allowed by the Centers for Medicare and Medicaid Services effective for services provided on or after March 1, 2020, and will continue to do so throughout the public health emergency. The previous order applied to services on or after April 15, 2020.

Additional announcements from DWC on [October 27, 2020](#) and [April 21, 2021](#) adopted additional codes to the list of telehealth services incorporated by the Center for Medicare and Medicaid Services.

DWC is also temporarily adopting the CMS increased reimbursement rates for telephone E/M codes (CPT 99441-99443). The reimbursement rate increase is retroactive to March 1, 2020 and provides parity with office visit E/M codes. DWC advised carriers and claims administrators to adjust their payment systems accordingly and reconsider claims for services rendered on or after March 1, 2020 that require additional payment.

SEE CMA'S ARTICLE ON THE MAY 12 DWC ANNOUNCEMENT ON COVERING TELEHEALTH RETRO TO MARCH 1 AND INCREASING REIMBURSEMENT RATE FOR TELEPHONE VISITS.

Is TRICARE reimbursing for telehealth services?

Yes. While TRICARE did cover medically and psychologically necessary telemedicine services conducted via audio/visual platforms prior to the COVID-19 pandemic, it [announced](#) that it would begin temporarily allowing reimbursement for audio-only visits. CMA has confirmed with TRICARE that audio-only services can be billed using CPT codes 99441-99443. Reimbursement for these services is based on the Champus Maximum Allowable Charge, referred to as the [CMAC, fee schedule](#).

When conducting telehealth for TRICARE patients, whether using audio/visual or audio only, physicians are required to document the reason for that decision in the chart notes. For recurring care, the rationale for choosing audio-only or audio /visual should be documented only at the initiation of remote care, or upon any change in modality ([Federal Register Doc. 2020-10005](#)).

Additionally, TRICARE is waiving patient cost-sharing for covered telehealth services from a military provider or TRICARE network provider. The waiver applies to all covered in-network telehealth services, not just services related to COVID-19 provided on or after May 12, 2020. Beneficiaries who seek telehealth from non-network providers are liable for their regular copayment or cost-share. TRICARE Prime beneficiaries who seek care from specialists without an approved referral when required are subject to Point of Service fees.

Is TRICARE waiving cost-sharing for COVID-19 screening and testing?

Retroactive to March 18, 2020, TRICARE will waive copayments/cost-shares for COVID-19 testing and related services, and office visits, urgent care or emergency room visits (to include telemedicine) during which tests are ordered or administered. COVID-19 diagnostic tests must meet Families First Coronavirus Response Act (FFCRA) criteria in order to be eligible for the cost-share and copayment waivers.

Providers are expected to refund cost-sharing amounts to beneficiaries as appropriate.

For more information, see the [TRICARE COVID-19 Public Safety Alert](#) page that includes an FAQ.

Can I bill telehealth services for new patients?

Yes. CMS has clarified in its [guidance](#) that physicians can provide the expanded list of telehealth services during the emergency to new or established Medicare patients.

Additionally, regulatory guidance from the DMHC, DHCS and CDI collectively indicates that during the state of emergency plans must reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is medically appropriate and is the same regardless of the modality of delivery. CMA believes this would include new patient visits.

DWC has adopted Medicare's telehealth policy during the emergency, which includes new patient visits.

What should I do if a payor denied or underpaid my claim for telehealth services?

CMA recommends practices confirm they are billing for telehealth according to the regulator guidelines for that product (see above links to regulator guidelines). Additionally, physician practices may appeal in writing. If your practice is experiencing issues with a particular payor, CMA members can contact CMA's Center for Economic Services for assistance at (888) 401-5911 or economicsservices@cmadocs.org.

CMA has received several calls from physician practices concerned that commercial health plans are not reimbursing audio only services billed with CPT codes 99441-99443, Telephone Services, at the same rate as in-person services. Physician practices are encouraged to review the regulator guidance on submitting telehealth claims subject to the payment parity requirement. With the exception of Medicare, the guidance generally instructs practices to bill for telehealth services, including audio only, as though the service was performed in the office with the appropriate in-office Evaluation and Management (E/M) code and appropriate modifier rather than billing with the Telephone Services CPT codes. The guidance does not require payors to reimburse the Telephone Services CPT codes at the same payment amount as in office E/M codes.

Privacy and Security

Did the federal government waive its enforcement of HIPAA for telehealth services?

Yes, the HHS Office for Civil Rights (OCR) announced it will waive HIPAA penalties for good faith use of audio or video communication technology to provide telehealth to patients during the COVID-19 public health emergency. The intent of this approach is to allow health care providers to use popular applications that allow for remote communication that might not be secure, including Apple FaceTime, Zoom, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide health care services without risk of penalty for noncompliance. Physicians are encouraged to notify patients that these third-party applications potentially introduce privacy risks and record in the medical record the patient's consent to use these technologies. Physicians should enable all available encryption and privacy modes when using such applications. Under this waiver, however, Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing should not be used in the provision of telehealth. (For more information regarding the HIPAA waiver, [click here](#).)

Does the federal HIPAA waiver apply to all health care services or only to COVID-19 related services?

The waiver 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. For example, physicians in the exercise of their professional judgement may request to examine a patient exhibiting COVID-19 symptoms, using a video chat application connecting the provider's or patient's phone or desktop computer to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation. Likewise, a physicians may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, specialty consultation or psychological evaluation, or other conditions.

Have California privacy laws been waived?

Penalties pursuant to many California laws have been suspended to accommodate greater use of telehealth consistent with the HIPAA waivers, though the laws themselves remain in place. The California Department of Public Health waived nearly all licensing requirements under Division 2, Chapter 2 of the Health and Safety Code (which includes sections 1280.15 and 1280.18) until June 30, 2020, which may be extended as needed. Subsequently, in an Executive Order on April 3, 2020, the Governor suspended: administrative fines, civil penalties, and private rights of action under the California Medical Information Act (CMIA) contained in Civil Code sections 56.35 and 56.36 for disclosures made during the good faith provisions of telehealth services; civil penalties contained in Civil Code sections 1798.29 and 1798.82 and related causes of action related to the timely notification to

patients of security breaches that occur during the good faith provision of telehealth services; administrative penalties contained in Health and Safety Code sections 1280.15 and 1280.17 and related causes of action related to the unauthorized access or disclosures that occur during the good faith provision of telehealth services; and criminal penalties contained in Welfare and Institutions Code section 14100.2(h) and related causes of action related to the release of information regarding Medi-Cal beneficiaries during the good faith provision of telehealth services.

What are the relevant California privacy laws?

The California Medical Information Act (CMIA), Health & Safety code section 1280.15, 1280.18, and Civil Code 1798.82 each obligate health care providers to prevent unlawful or unauthorized access to and disclosure of patients' medical information and safeguard patients' medical information – penalties for failure to do so during the good faith provision of telehealth services were suspended in the Governor's April 3, 2020, Executive Order. However, providers must still comply with notification requirements in Health and Safety Code section 1280.18, but the time period for such notifications was extended from 15 days to 60 days. Penalties have not been suspended for the provision of any services that are not telehealth.

Are patients required to consent to telehealth services under California law?

In his April 3 Executive Order, the Governor suspended the requirement to obtain and document a patient's verbal or written consent to telehealth services. (Business and Professions Code 2290.5)

What do I have to do if I discover a breach or suspected breach of patient data?

In his April 3 Executive Order, the Governor suspended penalties and causes of action contained in Civil Code 1798.82 with regard to inadvertent, unauthorized access or disclosure that occurs during the good faith provision of telehealth services and extended deadlines for notifications pursuant to Health and Safety Code section 1280.15, which now must be made within 60 days (extended from 15 days). No suspensions have been issued with regard to breaches or suspected breaches of patient data not related to the good faith provision of telehealth services. For detailed information regarding data breaches and notification requirements. See CMA's health law library document #4006, "[Security Breach of Health Information](#)."

Implementing Telehealth

What are the key requirements for implementing telehealth into my practice?

Telehealth is a mode of remote care delivery using electronic information and communication technologies. There are various requirements any practice should keep in mind when electing to conduct telehealth.

- + **STATE REQUIREMENTS** – Each state has their own unique requirements. In California, physicians using telehealth must be licensed to practice medicine in California. More information can be found on the [Medical Board of California's website](#). In the face of COVID-19, expedited authorizations of out-of-state medical personnel are being conducted. More information can be found on [EMSA's site](#).
- + **PATIENT CONSENT AND DOCUMENTATION** – California law requires that a physician initiating the use of telehealth inform the beneficiary, obtain consent to the telehealth encounter, and maintain documentation. If a physician or their practice has a general consent protocol that references telehealth as a modality of practice, this would satisfy the consent requirement. However, in his [April 3, 2020, executive order](#), Gov. Newsom suspended the requirements contained in Business and Professions Code section 2290.5 to obtain and document a patient's verbal or written consent to telehealth services.
- + **REIMBURSEMENT** – In the past, reimbursement for telehealth was tricky. In the face of COVID-19, however, the laws and commercial payor policies are quickly being amended, waived, or not enforced on both the federal- and state-level to make reimbursement easier and on parity with face-to-face visits. However, practices **must** still ensure that the documentation matches the code in which they are billing.
- + **PRIVACY AND SECURITY COMPLIANCE** – Due to COVID-19, the federal government is offering temporarily relief from federal regulations around HIPAA compliance. California has also relaxed certain state privacy and security laws for health care providers, so they can provide telehealth services without the risk of being penalized.

What should my practice consider when selecting a telehealth solution?

When selecting a telehealth solution that makes sense for you and your practice, you may want to consider the following criteria.

1. **PHYSICIAN AND OFFICE STAFF EXPERIENCE** – Consider the barriers to physician and staff use. A solution that ties into or permits continued use of your EHR, has a scheduling option and a waiting room, offers consent and intake forms, allows for billing at the time of service, includes training modules, and offers patient engagement materials (such as flyers and email templates), are all

important considerations. Additionally, consider whether the platform allows for staff to have access, so they can assist with scheduling, responding to messages, and billing.

- 2. PATIENT EXPERIENCE** - Consider the barriers to patient use. The more platforms a telehealth solutions operates on – mobile, desktop browsers, etc. – the more options your patients will have. Additionally, a solution that offers a simple link via email or text might be easier for some patients than one requiring app downloads.
- 3. TECH REQUIREMENTS** – Getting a telehealth solution up-and-running can be time consuming. In the midst of COVID-19, selecting a solution that can be implemented quickly and securely, understood easily, and utilized for your own patients and with your current payer contracts is important. Consider the equipment required to operate the platform, upload/download speeds needed, whether the platform offers technical support, and what practice modalities the platform offers (such as chat, secure email, and videoconferencing over web and mobile)
- 4. COMPLIANCE** – As mentioned above, during COVID-19 the federal and state privacy and security and consent rules have been temporarily waived. However, the best long-standing solution should be HIPAA compliant and, if possible, include a workflow to obtain consent.
- 5. COST** – If telehealth is new to your practice, cost will be an important consideration. Most solutions have month-to-month commitments, allowing you flexibility based on your needs.

What are my practice's telehealth platform options?

There are a few different ways a practice can incorporate a telehealth solution into its daily workflow. The following are the two main telehealth solution options:

- 1. EHR-INTEGRATED SOLUTIONS.** Your existing electronic health record (EHR) platform may support one or more third-party telehealth applications, allowing remote visits that integrate directly with your EHR platform.
- 2. STANDALONE SOLUTIONS.** Standalone solutions strictly facilitate remote patient communications, allowing you to use your existing EHR system for scheduling, documentation and billing. Standalone solutions can provide the telehealth technologies directly to physicians to see their own patients or provide the telehealth technologies through a medical group to help manage overflow.

During the COVID-19 outbreak, the non-enforcement of federal and state privacy standards allows for the temporary use of non-public facing remote connections, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype.

Where can I get more information about implementing telehealth in my practice?

CMA produced a 12-part on-demand, webinar series – Telehealth for Small and Medium Sized Practices – covering all aspects of implementing telehealth in a medical practice – selecting a platform, reimbursement rules and patient interactions. The webinar series is accessible to all providers and has an emphasis on the use of telehealth in Medi-Cal. For more information visit cmadocs.org/telehealth-webinars.

Also see CMA's Online Telehealth Resource Center, available at cmadocs.org/telehealth/resources, which brings together telehealth resources from many organizations – CMA, AMA, specialty societies, and others – in one place. The Telehealth Resource Center is searchable by topic and available free to all interested parties.