

Telehealth Quick Start Guide

Humana®

GHHL3WHEN

Table of contents

- Telehealth 101.....3**
 - Telehealth definition 3
 - How providers can deliver health services virtually 3
 - Patient eligibility 4
 - Humana’s claims policy for telehealth..... 4
 - Patient consent 4
 - Provider requirements 4
 - Patient technology requirements 5
 - Business associate agreement and HIPAA..... 5
 - Services available via telehealth..... 6
 - Telehealth physical exam tips 6

- Workflow.....7**
 - Physical space needs 7
 - Alternative telehealth options for patients 7
 - Patient interactions..... 8
 - Telehealth visit workflow best practices 8



Section 1: Telehealth 101



What is telehealth?

Telehealth is the means to deliver healthcare services to a patient at a different physical location than the health professional using electronic information or telecommunications technologies consistent with applicable state and federal law. Telehealth services include telemedicine services and are also known as virtual visits.

Whether or not a virtual health service is considered telehealth varies by plan and policy.

Please refer to [Humana's Telehealth and Other Virtual Services during the COVID-19](#)

[PHE policy](#) for further information.

Note: When the policy link is clicked, it will automatically download the policy. Due to the file size, this may take a moment to open on your computer.



How can providers deliver health services virtually?

There are several ways to deliver health services virtually:

- **Live Video:** “real-time” or synchronous, two-way, face-to-face interaction between a patient and a provider using audiovisual communications technology
 - **Example:** Provider and patient use audiovisual technology, like Doxy.me, to conduct a general wellness visit.
- **Audio-Only:** “real-time” or synchronous audio-only communication between provider, patient, caregivers and/or interpreters
 - **Example:** A caregiver dials into visit or a provider and patient conduct their psychotherapy session over the phone.
- **Store-and-forward:** asynchronous remote evaluation of recorded video and/or images submitted by an established patient
 - **Example:** Provider reviews picture(s) a patient sent of their rash.
- **E-visits:** asynchronous, non-face-to-face patient-initiated communications with a provider through a secure online patient portal
 - **Example:** Patient with pink eye logs into their patient portal and completes a symptom questionnaire; then a provider reviews their answers and recommends a treatment plan electronically.
- **Remote patient monitoring:** Use of connected electronic tools to record personal health and medical data from a patient in one location for review by a provider in a different location, usually asynchronously
 - **Examples:** Patient uses a pacemaker, weight, blood pressure or blood sugar monitoring device to track and share data with their provider.

- **Mobile Health (mHealth):** healthcare and public health information provided via mobile devices, such as cell phones and tablets, enabling patients to review their personal health data from home; assists in communicating patient health status and any changes; often includes use of dedicated apps
 - **Examples:** Patients receive general education information, targeted texts, and notifications about disease outbreaks.
- **Case-based teleconferencing:** a method of providing holistic, coordinated, and integrated services across providers; usually interdisciplinary, with one or multiple internal and external providers and, if possible and appropriate, the client and family members/close supports
 - **Example:** Identify or clarify issues regarding a patient’s status, needs and goals. Enhance case coordination along the continuum of care, including institutional and community-based social and support services.

Whether or not a virtual health service is considered telehealth varies by plan and policy. Please refer to [Humana’s Telehealth and Other Virtual Services during the COVID-19 PHE policy](#) for further information.

Which patients can use telehealth?

Most patients are eligible during the public health emergency. Patients are no longer required to have an established relationship with the telehealth provider in order to have a telehealth visit.

What is Humana’s claims policy for telehealth?

Please refer to [Humana’s Telehealth and Other Virtual Services During the COVID-19 PHE policy](#) for Humana’s billing expectations and reimbursement by plan type. Note: When the policy link is clicked, it will automatically download the policy. Due to the file size, this may take a moment to open on your computer.

For answers to frequently asked questions, including risk adjustment, view [Humana’s telehealth policy FAQs](#).

What do I need to know about patient consent?

- Most states require that a patient affirmatively consent to a telehealth visit.
- For further information on federal and state consent requirements, visit <https://www.cchpca.org/topic/consent-requirements-professional-requirements/>
 - A reminder: When a patient lives out of state and you are offering a telehealth visit, the patient should be notified if you are not licensed to practice in that state and obtain consent. It is also recommended that this be documented in the EHR.

What are the requirements to implement telehealth into my practice?

- State laws and regulations determine which providers may perform telehealth in that state. For further information on federal and state provider requirements, visit <https://www.cchpca.org/topic/provider-type-covid-19/>

- As a general matter, any provider participating in telehealth must be licensed to practice in the state where the patient is located. However, on March 18, 2020, it was announced that HHS would issue a regulation to permit doctors to practice across state lines. Given that regulations are quickly changing, it is recommended that if a provider is seeing a patient who lives out of state, that they notify the patient if they are not licensed to practice in the state where the patient is located.



What technology will my patients need?

- For “audio-only” visits, a patient will need to have access to a phone, tablet, laptop or desktop with either an internet connection or cellular service.
- For “audio and video” visits, a patient will need to have access to a phone, tablet, laptop or desktop with a camera.
- If the patient feels uncomfortable, it may be advisable to ask the patient to invite a family member or friend to the visit to assist them if needed.
- It may be advisable to have patients gather and/or purchase a home scale, blood pressure cuff and/or glucose monitor as appropriate.



Do I need a Business Associate Agreement (BAA)? What do I need to know about HIPAA?

- On March 17, 2020, the Office of Civil Rights (OCR) within the Department of Health and Human Services (HHS) **announced** that it will not conduct enforcement action or impose penalties against providers who, in good faith, provide telehealth services during the COVID-19 nationwide public health emergency.
- Therefore, during the public health emergency, providers can use commercially available audio and/or video communication technology to provide telehealth visits to patients.
 - If your selected telehealth platform records the telehealth visit, that recording must be treated as PHI.
 - The platform that you choose cannot be public facing.
 - This is limited relief from federal privacy regulations during this time of a national health emergency only.
- After the public health emergency, HIPAA rules generally require covered entities and business associates to enter into contracts ensuring the business associates will appropriately safeguard protected health information. This contract is a way to clarify and limit the permissible uses and disclosures of protected health information by the business associate.
 - For guidance on BAAs, including sample BAA provisions, visit [Health & Human Service’s HIPAA](#) site.



What services are available for telehealth?

A service available via telehealth must:

- be medically appropriate to be furnished via telecommunications-based technology
- be coverable by the patient's plan
- satisfy all applicable coding requirements

Individual plans may have different services available via telehealth. Please refer to [Humana's telehealth reimbursement policy](#) for more information.



Telehealth physical exam tips

General recommendations:

- Physical exams via telehealth may be a new and uncomfortable experience for the patient. Physicians should maintain constant communication during the visit.
- A physical exam may be limited to visual inspection and available medical equipment in the patient's possession.
- If available, a medical chaperone with a sex of the patient's choice, should be offered to the patient. The patient may also recruit their own chaperone. Do not assume that the patient is comfortable with a physical exam. Ask the patient if they approve of all parties that are on the call being present during the physical exam portion of the call.
- Remember to verbally communicate with the patient.
- Before the exam: Prepare the patient for what they should expect.
- During the exam: Carefully guide the patient through physical exam steps. Extra time will be required to talk the patient through the techniques.
- After the exam: Recap the exam and verbalize any findings to confirm these observations with the patient.
- Genitourinary exam: Conduct in privacy, provide reassurance; recommend an office visit if the patient/provider is uncomfortable.
- If unable or difficult to examine core component of physical, recommend an in-person exam.

Section 2: Workflow



Do I need to designate a physical space for telehealth visits?

- The patient's and provider's location should both be considered the "patient examination" room. Before the visit, advise the patient to find a private place to give the patient sufficient time to find a suitable location. Additionally, the provider should ensure privacy in terms of their location so that no one can overhear the visit.
- The provider and patient should be sure to place the video at the same elevation of their eyes with their faces clearly visible.
- The provider and patient should ideally find a location with good lighting.



Is there additional support to meet virtual care, urgent, after-hours and behavioral health needs?

Patients generally prefer to see their own provider, however Humana also contracts with national telehealth vendors to help you meet excess and after-hours demand virtually.

Commercial members:

- Doctor On Demand®:
<https://www.doctorondemand.com/humana>

Medicare members:

- MDLIVE® urgent care and PCP needs:
https://members.mdlive.com/humanamedicare/landing_home
- Array® for behavioral health needs:
<http://www.arraybc.com/>

* Note: Array will not be available in AK, HI, ID, ME, ND, RI, SD, VT & WY until sometime in Q1 2022, until then please refer patients to MDLIVE.

Military beneficiaries:

- Doctor On Demand for urgent care and behavioral health needs:
<https://doctorondemand.com/humanamilitary>

* Note: Doctor on Demand is currently only available for nonactive duty TRICARE beneficiaries.
- Telemynd® for behavioral health needs:
<https://telemynd.com/humanamilitary>



Interacting with patients during a telehealth visit

- **Lighting:** It is ideal to have a light shining in front of you from the direction of the screen, rather than from behind, pointing at the screen. For example, the provider should speak to a patient facing a window or in front of a light source directed on their face rather than having the window or light at their back.

- **Conversation pauses:** Conversation can feel more awkward or less natural on video calls. To facilitate effective communication and comprehension, the provider should still allow pauses in the conversation to give the patient time to gather their thoughts and respond.
- **Sound quality:** Video calls can have issues with sound quality. Be sure to confirm that patients understand or have understood the information the provider wishes to communicate. For example, reviewing the treatment plan to confirm understanding.

Telehealth visit workflow best practices

Pre-visit

Scheduling the visit

- Create a telehealth visit type in the EMR.
 - Adding a new visit type makes it easier to manage telehealth versus in-person visits, as there are different administrative steps associated with each type.
 1. Include patient's preferred contact information in each telehealth visit.
 2. Confirm accurate email/cell phone information.
- Designate blocks of time for telehealth visits (full days/blocks of the day)
 - This makes it easier to manage and streamline the administrative steps associated with telehealth visits and minimizes mental overhead caused by switching from in-person visits to telehealth visits.
 1. Additionally, this enables the provider to catch up on notes while waiting on the patient to join the virtual visit.





Preparing for the visit

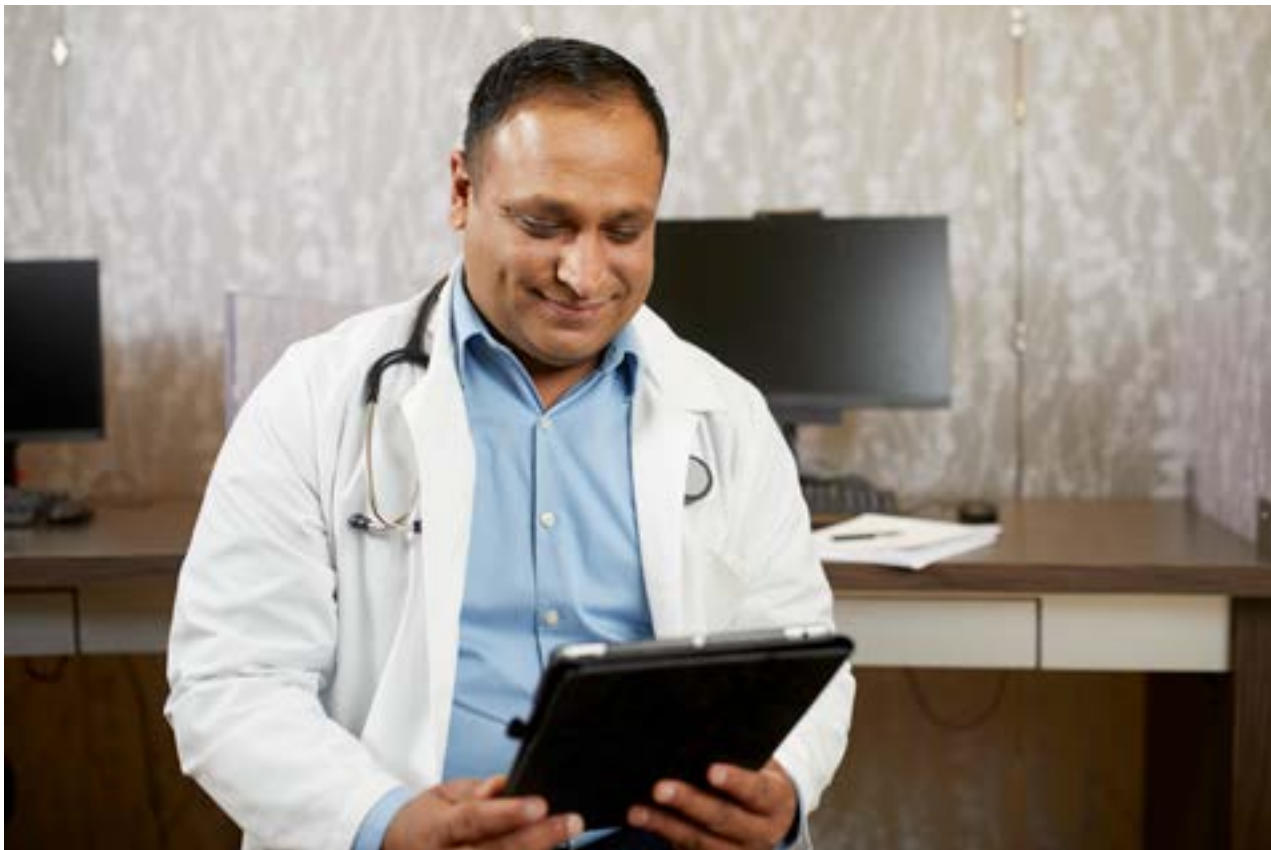
- Engage office and clinical staff to help prepare the patient for the visit. Implement a process for staff to call patients before the visit to walk them through the process and what to expect.
 - Send the patient collateral via email/text/patient portal to outline how the telehealth visit will work.
 - Send the patient a video to outline the telehealth visit process.
- Staff to complete “readiness checklist” with the patient before the visit.
 - Does the patient have adequate broadband/cellular service?
 - Does the patient have video functionality?
 - Does the patient have a private place to conduct the visit?
 - Does the patient know how to log into the visit?



During the visit

Check in

- If possible, ask the staff or medical assistant to call the patient about 10 minutes before the appointment:
 1. Ensure the patient is able to log in (has the appropriate technology/connectivity and understands how to log in).
 2. Allow the staff to “check in” the patient as if the patient were at the front desk in person.





Clinical visit

- Ensure that the clinical visit takes place in a private location, similar to the clinical visit as if the patient were in the office.
- Provider to ensure that the video is pointed toward their face and that the lighting is good (if possible, do not be backlit).
- Provider to verify the reason for the visit, update visit notes, review medications and review next steps.
- Provider to document notes in EMR:
 1. Technology was explained.
 2. Risk, benefits and practical alternatives to a telehealth visit were discussed.
 3. Provider informed the patient that anyone from the practice who will be in the room during the telehealth visit will be disclosed to them and they have the right to ask them to leave.
 4. Provider or staff sent the patient a copy of the telehealth consent form and that the same form was uploaded to the patient's record in the EMR.
 5. If the patient is in a different state, the provider has documented licensing limitations in that state if applicable.
- Provider to validate that the patient understands next steps and issues discussed.
 1. Reminder: With telehealth visits, there can be audio issues and it is advised to double-check that the patient understands what you have discussed. Some providers have utilized backup solutions (such as FaceTime or WhatsApp) for when there are technical difficulties.
- Provider to transfer the patient to the front desk for any additional scheduling needs or follow-ups.



After the visit

Administrative next steps

- Front desk to schedule any follow-up appointments and assist with any needed administrative follow-ups.

Clinical next steps

- Provider to add the telehealth visit summary and any documents needed to the patient's chart.
- Billing/coding staff to verify the proper modifiers/POS. Please refer to [Humana's Telehealth and Other Virtual Services During the COVID-19 PHE policy](#) for Humana's billing expectations and reimbursement by plan type. Note: When the policy link is clicked, it will automatically download the policy. Due to the file size, this may take a moment to open on your computer.

Humana®