

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Credentialing Requirements for Services Provided Through A Telehealth Platform

SUBJECT: Credentialing Telehealth Service Providers

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

To insure that services provided to Chorus Community Health Plans (CCHP) members by telehealth providers receive the same quality of services that would be provided in a face-to-face contact, that the originating and the distant sites meet established standards, that there are adequate protections for Protected Health information that comply with HIPAA regulations, and that the member is informed and consents to receive services by telemedicine.

POLICY:

Telehealth services must meet all Forward Health requirements for certification by ForwardHealth and the requirements established by CCHP. Services provided via telehealth must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter where both the rendering practitioner and the member are in the same physical location. Both the distant and the originating sites must have the requisite equipment and staffing necessary to provide telehealth services

Practitioners cannot provided telehealth services to CCHP members until a site visit of the originating site is conducted.

Supersedes:
Effective: 12/21/2017
Reviewed:
Revised: 7/19/2019
Developed by: Manager of Clinical Quality Improvement

DEFINITIONS:

- **Telehealth services:** Services provided remotely using a combination of interactive video, audio, and externally acquired images through a networking environment between a CCHP member and a participating practitioner. Telehealth services are provided in “real time.”
- **Originating Site:** The site where the patient (member) is physically located when receiving telehealth services.
- **Distant Site:** The location at which the practitioner providing telehealth services is located.

PROCEDURE:

1. Services must be provided by a CCHP network practitioner within the practitioner’s scope of practice
 - a. Eligible Distant Site Practitioners
 - Physicians
 - Psychiatrists
 - Nurse Practitioners
 - Physician Assistants
 - Nurse Midwives
 - Clinical Psychologists
 - Clinical Social Workers
 - Audiologists
 - Professionals providing services in mental health or substance abuse program certified by the Division of Quality Assurance
2. Services must be provided to a member at an approved “originating site” within an eligible location
 - a. Authorized Originating Sites
 - Office of a physician or practitioner
 - Hospitals
 - Federally Qualified Health centers
 - Skilled Nursing Facilities
 - Community Mental Health Centers
 - Emergency Department
 - Local health department
 - b. Not Eligible Originating Sites
 - Member’s home
 - Independent renal dialysis facilities
 - Any site not specifically listed under Authorized Originating Sites
3. Services must be provided using a real-time telecommunications system
4. The system must be interactive
5. The patient must be present and participating (i.e., not “store and forward”—see Noncovered Services below).
6. Meets coding eligibility criteria, conditions of payment, and billing methodology requirements

Noncovered Services:

The following are not covered as telehealth services:

1. Telephone conversations

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2. Written electronic communications such as e-mails and text messages
3. Store and forward services (transmission of medical information to be reviewed by a practitioner at a later time)
4. Services that are not covered when delivered face-to-face

Orientation and Training:

All practitioners using telehealth for service provision shall receive orientation and on-going training from their facility on the use of telehealth equipment, the clinical application of telehealth, safety and security during telehealth visits, privacy and confidentiality, back-up procedures if there is equipment failure and patient preparation for telehealth.

Requirements:

1. ForwardHealth:

Medicaid covered services provided by telehealth are reimbursed provided:

- a. The agency is a certified program under one of the following program standards: WIS Admin. Code DHS 34, 35, 36, 40, 61, 63, or 75 (except for the provision of opioid treatment under DHS 75.15). Persons providing mental health or substance abuse services via telehealth must be a staff member of one of these certified programs.
- b. The certified program also is certified for telehealth by the Division of Quality Assurance.

2. Documentation:

All services provided via telehealth must be thoroughly documented in the member's medical record in the same manner as services provided face-to-face. Documentation for originating sites must support the member's presence in order to submit a claim for the originating site facility.

3. Member Consent:

Practitioners must obtain patient consent to receive their treatment and care via telehealth. Other available treatment or care cannot be denied in the event that the patient refuses consent for telehealth services. Patients shall be informed about the provision of services provided through telehealth: the success rate of telehealth services, how telehealth sessions are conducted, and the extent to which the program is able to provide treatment service face-to-face versus via telehealth. This information shall be provided in language that can be easily understood by the member especially in the discussion of technical issues such as encryption or technical failure. The organization shall have an on-going method for measuring patient satisfaction with telehealth visits and evaluating the results.

4. HIPAA Compliance:

Practitioners providing telehealth services should have policies and procedures that demonstrate compliance with HIPAA regulations and requirements.

Practitioners providing telehealth services shall ensure that workspaces are secure, private, reasonably soundproof, and have a lockable door to prevent unexpected entry. Privacy shall be ensured so that practitioner/patient discussion cannot be overheard by others outside the room where the service is provided.

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Organizations that provide telehealth services shall conduct an assessment of the potential risks and vulnerabilities to the confidentiality of Protected Health Information, its integrity, and availability. The assessment will determine the reasonable and appropriate security measures for the conditions under which telehealth services are provided.

Policies and procedures should be adopted that address the steps to be taken in the event of a technology breakdown, causing a disruption of the session.

Site Visit:

1. Site visits will be conducted every three (3) years for providers rendering telehealth services.
2. A staff member of CCHP's Credentialing Department will contact the originating site to arrange a site visit. The originating site will be asked to provide:
 - a. Telehealth Policy
 - b. HIPPA Policy
3. The originating site will be provided with a copy of the audit tool used for the site visit.
4. CCHP credentialing staff will review policies submitted using the Telehealth Credentialing Application Site Assessment audit tool prior to the site visit.
5. A Behavioral Health Utilization Case Manager and Credentialing Staff member will conduct the site visit using the Telehealth Credentialing Application Site Assessment audit tool.
6. The threshold for successful completed of the site visit is 98%. A score less than 98% must be addressed by a Corrective Action Plan.
 - a. The originating site will have 60 days to complete implementation of the corrective action plan, unless otherwise indicated by the Credentialing Committee.
 - b. Failure to achieve a passing score or fulfill the Corrective Action Plan will result in denial of telehealth services.
 - c. More frequent site visits may also be scheduled at the discretion of CCHP.
7. The results of the site visit are reported to the Credentialing Committee. The Committee can make additional requests/recommendations for the originating site.