




CORPORATE POLICY & PROCEDURE

	Policy Name: Telehealth/Telemedicine
Department: Provider Network	Policy Number: PN13
Version: 1	Creation Date: 1/21/2022
Revised Date:	Review Date:
Line of Business: <input type="checkbox"/> All <input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Newton Creek <input checked="" type="checkbox"/> Umpqua Health Network	
Signature:  Approved By: Michael A. von Arx, Chief Administrative Officer Date: 3/2/2022	

POLICY STATEMENT

Umpqua Health Alliance (UHA) is committed to supporting our members with delivery of services via telehealth by utilizing available resources to improve and provide alternative methods for members to receive physical health, behavioral, and oral health in accordance to Oregon Administrative Rule (OAR) 410-120-1990 and 410-141-3566.

PURPOSE

Telehealth encompasses different types of programs, services, and delivery mechanisms for medically appropriate services for covered physical, behavioral, and oral health conditions within an individual’s defined benefit plan. The purpose of this policy is to ensure providers are appropriately providing and billing telehealth services that are Health Insurance Portability and Accountability Act (HIPAA) compliant and in a manner that meets criteria outlined in OAR 410-120-1990.

RESPONSIBILITY

Provider Network
 Claims Administration
 IT

DEFINITIONS

Asynchronous: Not simultaneous or concurrent in time. For the purpose of this rule, asynchronous telecommunication technologies for telemedicine or telehealth services may include audio and video, audio, or member portal and may include transmission of data from remote monitoring. “Asynchronous” does not include voice messages, facsimile, electronic mail or text messages.

Audio Only: The use of audio technology, permitting real-time communication between a health care provider and a member for the purpose of diagnosis, consultation or treatment. “Audio only” does not include the delivery of health services that are customarily delivered by audio telephone technology and customarily not billed as separate services by a health care provider, such as the sharing of laboratory results.



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Internal Personnel: All Umpqua Health employees, providers, volunteers, and board members.

External personnel: Individual contracts, subcontracts, network providers, agents, first tier, downstream, and related entities, and their workforce.

Meaningful Access: Member-centered access reflecting the following statute / and standards:

- a. Pursuant to Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act and the corresponding Federal Regulation at 45 CFR Part 92 and The Americans with Disabilities Act (ADA), providers' telemedicine or telehealth shall accommodate the needs of individuals who have difficulty communicating due to a medical condition, who need accommodation due to a disability, advanced age or who have Limited English Proficiency (LEP) and including providing access to auxiliary aids and services as described in Federal Regulation at 45 CFR Part 92;
- b. National Culturally and Linguistically Appropriate Services (CLAS) Standards at <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>;
- c. Tribal based practice standards: <https://www.oregon.gov/OHA/HSD/AMH/Pages/EBP.aspx>.

Synchronous: An interaction between a provider and a member that occurs at the same time using an interactive technology. This may include audio only, video only, or audio and video and may include transmission of data from remote monitoring.

Telehealth: Includes telemedicine and also includes the use of electronic information and telecommunications technologies to support remote clinical healthcare, member and professional health-related education, public health, and health administration.

Telemedicine: The mode of delivering remote clinical health services using information and telecommunication technologies to provide consultation and education or to facilitate diagnosis, treatment, care management or self-management of a member's healthcare.

Trauma Informed Approach: An approach undertaken by providers and healthcare or human services programs, organizations, or systems in providing mental health and substance use disorders treatment wherein there is a recognition and understanding of the signs and symptoms of trauma in, and the intensity of such trauma on, individuals, families, and others involved within a program, organization, or system. It then considers those signs, symptoms, and their intensity and fully integrates that knowledge when implementing and providing potential paths for recovery from mental health or substance use disorders. The Trauma Informed Approach also means that providers and healthcare or human services programs, organizations, or systems can actively resist re-traumatization of the individuals being served within their respective entities.



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PROCEDURES

General

1. Information related to telehealth services may be transmitted via landlines and wireless communications, including the internet and telephone networks;
2. Services can be synchronous (using audio and video, video only or audio-only) or asynchronous (using audio and video, audio, or text-based media) and may include transmission of data from remote monitoring devices. Communications may be between providers, or between one or more providers and one or more patients, family members/caregivers/guardians.
3. UHA shall ensure that its members are offered a choice of how services are received, including services offered via telemedicine or telehealth modalities and in-person services, except where the Oregon Health Authority (OHA or Authority) issues explicit guidance during a declared state of emergency or if a facility has implemented its facility disaster plan.

Privacy and Security Standards (OAR 410-120-1990)

1. Prior to the delivery of services via a telehealth modality, a patient oral, recorded, or written consent to receive services using a telehealth delivery method in the language that the patient understands must be obtained and documented by Providers annually. Consent must be updated at least annually thereafter.
 - a. For limited English proficient (LEP) and deaf and hard of hearing patients and their families, providers must use qualified and certified health care interpreters when obtaining patient consent (MS5 - Requests for Interpreter or Alternative Format).
2. Provision of birth control information and services shall be provided to an individual regardless of age without consent of parent or legal guardian, consistent with Oregon Revised Statutes (ORS) 109.640.
3. Provision of any other medical or dental diagnosis and treatment shall be provided to an individual 15 years of age or older without consent of parent or legal guardian, consistent with ORS 109.640.
4. Services provided using a telehealth platform shall comply with Health Insurance Portability and Accountability Act (HIPAA), and with the Authority’s Privacy and Confidentiality Rules (Chapter 943 Division 14) except as noted in section State of Emergency below.
5. The member may be located in the community, or in a health care setting.
6. OHP enrolled providers may be located in any location where patient privacy and confidentiality can be ensured.



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7. Persons providing interpretive services and supports shall be in a location where member privacy and confidentiality can be ensured.

Provider Requirements

1. A provider needs to be enrolled with the Authority as an Oregon Health Plan (OHP) provider, per OAR 410-120-1260.
 - a. OHP enrolled providers may provide such services to new patients whenever they judge it to be medically appropriate.
2. Providers performing or rendering covered physical health services hold a current and valid license without restriction from a State licensing board where the provider is located. Services via telehealth are provided within their respective certification or licensing board’s scope of practice and comply with telehealth requirements including, but not limited to:
 - a. Documenting member and provider agreement of consent to receive services.
 - b. Allowed physical locations of provider and member.
 - c. Establishing or maintaining an appropriate provider-member relationship.
 - d. Correct coding standards using the most appropriate current procedural terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.
3. Have authority to provide physical health telemedicine services for eligible Oregon Medicaid beneficiaries.
4. Providers are prohibited from excluding or otherwise limiting UHA members to using exclusively telehealth services, excepted where the Authority has implemented under section State of Emergency below.
5. Providers must collaborate with members to identify methods for delivering health care services which best meets the needs of the member and considers the member’s choice and readiness for the method of service selected.
6. Providers billing for covered telehealth services are responsible for:
 - a. Complying with HIPAA and the Authority’s Privacy and Confidentiality Rules and security protections for the patient in connection with the telehealth communication and related records requirements (OAR chapter 943 division 14 and 120, OAR 410-120-1360 and 1380, 42 CFR Part 2, if applicable, and ORS 646A.600 to 646A.628 (Oregon Consumer Identity Theft Protection Act) except as noted in section State of Emergency below.
 - b. Obtaining and maintaining technology used in telehealth communication that is compliant with privacy and security standards in HIPAA and the Authority’s Privacy and Confidentiality Rules described in (6)(a) except as noted in section State of Emergency below;



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- c. Develop and maintain policies and procedures to prevent a breach in privacy or exposure of member health information or records (whether oral or recorded in any form or medium) to unauthorized persons and timely breach reporting as described in OAR 943-014-0440;
- d. Maintaining clinical and financial documentation related to telehealth services as required in OAR 410-120-1360 and any program specific rules in OAR Ch 309 and Ch 410;
- e. Complying with all Federal and State statutes as required in OAR 410-120-1380.

Patient Choice and Accommodations

1. Providers shall provide meaningful access to telemedicine/telehealth services by completing capacity assessment of members in the use of specific approved method of telemedicine or telehealth assessing patients' capacities to use specific approved methods of telehealth delivery that comply with accessibility standards including alternate formats (MS5 - Requests for Interpreter or Alternative Format), and provides the optimal quality of care for the member given considerations of member access to necessary devices, access to a private and safe location, adequate internet, digital literacy, cultural appropriateness of telemedicine or telehealth services, and other considerations of member readiness to use telemedicine or telehealth.
2. Providers will ensure access to health care services for LEP and deaf and hard of hearing patients and their families through the use of qualified and certified health care interpreters to provide meaningful language access services as described in OAR 333-002-0040.
3. The provider's telehealth services will be culturally and linguistically appropriate as described in the relevant standards:
 - a. National Culturally and Linguistically Appropriate Services (CLAS) Standards.
 - b. Tribal based practice standards.
 - c. Services shall be provided using a trauma informed approach.

Coverage and Billing Requirements

1. Coverage for physical health telemedicine services include:
 - a. Telemedicine (synchronous audio/video visits).
 - i. Telemedicine patient visits using a synchronous (live two-way interactive) video and audio transmission resulting in real time communication between a licensed health care provider and the recipient are covered when billed services comply with the guideline notes set forth by the Health Evidence Review Commission (HERC) and correct coding standards.
 - b. Patient to Clinician services (electronic/telephonic).



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- i. Patient to clinician services using electronic and telephone communications are covered when billed services comply with HERC guideline notes and correct coding standards.
 - c. Clinician to Clinician Consultations (electronic/telephonic).
 - i. Clinician to clinician consultations using electronic and telephone communications are covered when billed services comply with HERC guideline notes.
2. For purposes of physical health services, the Authority/UHA shall provide coverage for telemedicine services to the same extent that the services would be covered if the member were provided services in person subject to the requirements outlined in the Prioritized List and associated guideline notes.
3. UHA will only pay for telehealth services meeting all of the following requirements:
 - a. Services provided shall be medically and clinically appropriate for covered conditions within the Health Evidence Review Commission’s (HERC) prioritized list and in compliance with relevant guideline notes.
 - b. UHA shall provide reimbursement for telemedicine or telehealth services at the same reimbursement rate as if it were provided in person.
 - c. Dependent on individual certification or licensing board’s scope of practice standards, telemedicine or telehealth delivered services for covered conditions are covered for establishing a member-provider relationship, and when an established relationship exists between a provider and a member as defined by a patient who has received in person professional services from the physician or other qualified health care professional within the same practice within the past three (3) years.
 - d. UHA agrees to reimburse Certified and Qualified Health Care Interpreters (HCIs) for interpretation services provided via telemedicine or telehealth at the same rate as if interpretation services were provided in-person, per OARs 410-141-3515(12) and 410-141-3860(12);
 - i. This requirement does not supersede UHA’s direct agreement(s) with providers, including but not limited to:
 1. Alternative payment methodologies, quality and performance measures or Value Based Payment methods described in the CCO Contract.
 2. However, nothing in OAR 4110-141-3566 or within UHA’s direct agreement(s) with providers referenced herein supersedes any Federal or State requirements with regard to the provision and coverage of health care interpreter services.
 - e. When allowed by individual certification or licensing boards’ scope of practice standards, telehealth delivered services for covered conditions are covered:



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- i. When an established relationship exists between a provider and patient as defined by a patient who has received in-person professional services from the physician or other qualified health care professional within the same practice within the past three years; and
 - ii. For establishing a patient-provider relationship.
- f. All physical, behavioral and oral telehealth services except School Based Health Services (SBHS) shall include Place of Service code 02;
- g. All claim types except dental services, UHA will ensure encounter submissions for telehealth and telemedicine delivered services covered using synchronous audio and video include modifiers GT or 95 and can be billed with either telephone codes (e.g. 99441) or regular in-person codes. For all telehealth services including dental, UHA shall ensure that encounter submissions include Place of Service code 02;
- h. When provision of the same service via synchronous audio and video is not available or feasible (e.g. the member declines to enable video, or necessary consents cannot reasonably be obtained with appropriate documentation in member's medical record) the claim should not include any modifiers but should continue billing Place of Service as 02.
- 4. Unless authorized in OAR 410-120-1200 Exclusions, other types of telecommunications are not covered, such as telephone calls without medical decision making, images transmitted via facsimile machines and electronic mail.
- 5. During an outbreak or epidemic, the Authority/UHA shall provide coverage and reimbursement of patient to clinician telephonic and electronic services for established patients using the Division's maximum allowable rate setting methodology:
 - a. Relative Value Unit (RVU) weight-based rates for Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes assigned an RVU weight are calculated on the current year's published value multiplied by a state-wide factor.
 - b. The Division may reimburse telephonic and electronic services to the same extent that the services would be covered if they were provided in person consistent with HERC guideline notes.

Training

- 1. Internal and external personal are provided HIPAA training upon boarding and annually thereafter (CO6 – Compliance Training).

State of Emergency



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1. In the event of a declared emergency or changes in Federal requirements. The Authority may adopt flexibilities to remove administrative barriers and support telehealth delivered services.
 - a. The Authority will follow guidance from the US Department of Health and Human Services (HHS) Office for Civil Rights (OCR) which may allow enforcement discretion related to privacy or security requirements.
 - b. The Authority may expand network capacity through remote care and telehealth services provided across state lines;
 - c. Should the Authority exercise options under a State of Emergency, UHA’s obligations for Network Adequacy requirements as described in OAR 410-141-3515 remain in full effect.
 - d. The Authority may expand access to telehealth services for new patients.
 - e. The Authority may expand the definition of an establish patient-provider relationship beyond the standard of an in-person encounter every three (3) years.
2. During the Coronavirus (COVID-19) outbreak state of emergency initiated under governor Kate Brown’s executive order 20-03 and any subsequent executive order extending the state of emergency, the Division will follow guidance from the US Department of Health and Human Services (HHS) Office for Civil Rights (OCR), and the Authority will apply the same flexibilities on HIPAA compliance as HHS OCR in its Notification of Enforcement Discretion regarding Sub-bullet one COVID-19 and its Guidance on Telemedicine Remote Communications issued on March 17, 2020.

Providers billing for covered physical health telemedicine services shall:

 - a. Comply with HIPAA and the Authority’s Confidentiality and Privacy Rules and security protections for the patient in connection with the telemedicine communication and related records;
 - b. Obtain and maintain technology used in the telemedicine communication that is compliant with privacy and security standards in HIPAA and the Authority’s Privacy and Confidentiality Rules set forth in OAR 943 division 14;
 - c. Ensure policies and procedures are in place to prevent a breach in privacy or exposure of patient health information or records (whether oral or recorded in any form or medium) to unauthorized individuals;
 - d. Comply with the relevant HERC guideline note for telemedicine, teleconsultation and electronic/telephonic services. Refer to the current prioritized list and guidelines at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>;
 - e. Maintain clinical and financial documentation related to telemedicine services as required in OAR 410-120-1360.



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Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number