

# COVID-19 Webinar Chat Q&A

March 19, 2020

1. How has Medicare regulations changed as a result of Covid-19 outbreak?

The CMS regs have seen a lot of change - two resources:

- A. CMS.gov
- B. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshs.pdf?utm\\_source=Telehealth+Enthusiasts&utm\\_campaign=33c8baa213-EMAIL\\_CAMPAIGN\\_2020\\_03\\_24\\_07\\_01&utm\\_medium=email&utm\\_term=0\\_ae00b0e89a-33c8baa213-353241079](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshs.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=33c8baa213-EMAIL_CAMPAIGN_2020_03_24_07_01&utm_medium=email&utm_term=0_ae00b0e89a-33c8baa213-353241079)

2. What barriers still exist in bringing medical practices into the telemedicine realm?

The speakers covered this topic (go to [webinar recording here](#)), but this info might prove to be helpful.

- A. **Clinical adoption** - The users have a number of concerns that invoke reluctance to embrace telehealth
    - a. Learning curve - Since many have had to work with EHR and other platforms that are not user-friendly, those clinicians will assume telehealth is another program that they have to dedicate time and energy to figure out. With our platform, we integrate to meet the clinicians' needs using their own workflow
    - b. Multiple passwords - Given security/HIPAA concerns, healthcare workers are dealing with password-protected platforms - each program has its own and tends to change periodically. Using telehealth often means having yet another password to contend with. Yet, with our solutions, we reduce the number of passwords used - the clinician enters our platform through their existing EHR, and we connect/integrate their various programs (PACS, other EHR systems, etc.), resulting in far fewer passwords.
  - B. **Licensure** - Thankfully, during COVID-19 crisis, 25 states have relaxed regs regarding practice across state lines, but it is likely that those regulations will be enforced again post-crisis. That means that clinicians have to go through time consuming and costly licensure processes to practice in each state.
  - C. **Hardware costs** - Many of our competitors require healthcare networks and clinics to purchase new equipment - this is very costly. As a result, many believe that this is required by all telehealth software companies, and this is not the case with us. We encourage our clients to use their own hardware, thus maximizing the ROI on those spends.
  - D. **Current telehealth solutions in place, but lacking** - Some healthcare providers already have a telehealth solution in place, and their decision makers are reluctant to spend more for telehealth. Yet, most telehealth solutions have limited capabilities. We integrate with all open platforms (even those of competitors!) filling in the gaps and making the telehealth encounter for both the clinician and the patient a more user-friendly experience.
3. Rural community hospital owned physician clinic with multiple levels of providers. How can they get up and running quickly. Thank you.

You might start with a "rapid response" technology - called "TeleHealth Triage" - that we're offering. This service can be activated within days (rather than weeks) to provide a rapid video visit leveraging the patient's own device.

# COVID-19 Webinar Chat Q&A

March 19, 2020

We also recommend having a conversation to determine your needs and our overview of what might be helpful. Based on that info, we'll quickly provide you with options and timelines. Our team would detail those options with you and guide you with how best to proceed.

4. Can ATA help provide or lobby for freestanding testing stations where clinicians can send patients without having them come to a clinic to get a sample collected. This could be a huge help in preventing and controlling community spread, not to mention protecting healthcare workers  
VitelNet: Please note that such "drive through" test clinics are being stood up in some states by the state government and we agree, this is an important piece to the containment strategy for this crisis.

ATA: We agree with VitelNet, for specific conversations regarding these topics or issues, please reach out to Kevin Harper, Director of Public Policy at [kharper@americantelemed.org](mailto:kharper@americantelemed.org)

5. Are there some EHRs that VitelNet won't work with?

*Already responded:* We integrate with any EHR platform that supports open standards or offers an open API for third parties. Feel free to email me directly at [shilger@vitelnet.com](mailto:shilger@vitelnet.com) to see how we might help you and your team.

6. Is it possible to do a demo of ViTel Net before purchasing?

*Already responded:* You can request information from them directly at their site <https://vitelnet.com/>

Add: Absolutely. ViTel Net is happy to provide remote, in-person (post-COVID), or extend invitations to ViTel Net's "Experience Center" for demonstrations.

7. We are a small housecall practice, providing physician visits to assisted living facilities. Now, we have suspended visits for next 2 weeks. Can we use telemedicine visits for continuity of care. If so, what billing codes do we use. We generally use 99334-99337. Please advise.

Yes, we have an environment stood up that we could add your practice to that would enable rapid connection with patients using personal devices. We encourage you to get the latest reimbursement info at:

- [AHIP.org](http://AHIP.org)
- [CMS.gov](http://CMS.gov)

8. Are you doing anything with pharmacists/pharmacy retail?

We have a community care kiosk module that is designed for retail pharmacies. In context of COVID-19, this approach is less attractive as the push is to keep patients at home and quarantined as opposed to going to common community locations. Having said that, it is a great and convenient way of accessing care in a post-COVID pandemic environment, particularly for rural communities where access and bandwidth to the home may be an issue.

9. Will the rural HPSA originating site be waived due to the current situation to make telehealth available to all patients? Everything I am reading is saying that on rural areas are payable through Medicare right now or is that not correct?

The regulations are changing rapidly. For the latest info, we encourage you to get the latest info at:

- [AHIP.org](http://AHIP.org)

# COVID-19 Webinar Chat Q&A

March 19, 2020

- [CMS.gov](https://www.cms.gov)

10. How are you obtaining patient informed consent

Yes, we can include informed consent with click through acceptance for patients on initial use and we log acceptance as record for compliance.

11. Hi, Dr. Deborah Jeffries, Global Director of Healthcare for Tryten:, I have been supporting/in the telehealth industry for a number of years. Q: Can you have guests comment more on the training requirements and how those of us that are more familiar with video solutions can help others come up to speed if they dont have experience with video, and telehealth?

Training needs vary on the telehealth solution you are using. Our goal is to minimize the need for training. For those that choose to integrate with their EHR, they can initiate workflow the same way they do for in-person visits. With regard to the video component, we have made it an embedded feature that the clinician can drive with a click of a button, so there really isn't much required (not like the old days of purpose built codecs with complex dial strings, etc.)

12. We need to keep patients out of the Emergency Rooms for non-emergencies. Before the crisis, about 4% of patients in the ER have oral health issues. How can The TeleDentists best let the community know that we are available?

We encourage you to communicate this message with your patients directly.

13. What was the website for updated billing guidelines and coverage referred to by Dr. Tuckson?

[AHIP.org](https://www.ahip.org)

14. Regarding EMTALA, can telehealth be used as medical screening exam in the Emergency Department?

Yes. Contact us to discuss further.

15. "Will NP's and PA's be allowed to work across state lines?"

The CMS regs have seen a lot of change - two resources:

C. [CMS.gov](https://www.cms.gov)

D. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshd.pdf?utm\\_source=Telehealth+Enthusiasts&utm\\_campaign=33c8baa213-EMAIL\\_CAMPAIGN\\_2020\\_03\\_24\\_07\\_01&utm\\_medium=email&utm\\_term=0\\_ae00b0e89a-33c8baa213-353241079](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshd.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=33c8baa213-EMAIL_CAMPAIGN_2020_03_24_07_01&utm_medium=email&utm_term=0_ae00b0e89a-33c8baa213-353241079)

16. Can a telephone consultation be billed and if so are there rules to what can be discussed?"

Billing varies by insurer. We encourage you to review [AHIP.org](https://www.ahip.org), as well as [CMS.gov](https://www.cms.gov).

17. We are a mobile company making visits/house calls in assisted living and memory care communities. In trying to limit in person visits currently, we have had home care companies ask if our telehealth visits would cover as a face to face visit per CMS guidelines for home care orders?

Yes, and the 3 year relationship requirement has been eliminated. The CMS regs have seen a lot of change - two resources:

- o [CMS.gov](https://www.cms.gov)

# COVID-19 Webinar Chat Q&A

March 19, 2020

- [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf?utm\\_source=Telehealth+Enthusiasts&utm\\_campaign=33c8baa213-EMAIL\\_CAMPAIGN\\_2020\\_03\\_24\\_07\\_01&utm\\_medium=email&utm\\_term=0\\_ae00b0e89a-33c8baa213-353241079](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=33c8baa213-EMAIL_CAMPAIGN_2020_03_24_07_01&utm_medium=email&utm_term=0_ae00b0e89a-33c8baa213-353241079)

18. How is this platform being deployed for inpatient services in the hospitals that are short staffed with Hospitalists

Health systems use our referral consult module for telehospitalist to gain access to third party physician services organizations, either ones they have sourced themselves or through our preferred provider network. The solution typically involves a cart at the point of care and the remote consulting hospitalist connects from a personal device through a web browser. Medical examination peripherals are pre-integrated and make comprehensive remote exams easy and effective.

19. What interoperability platform/strategy ViTelNet is using for integration with EHRs?

ViTel Net supports the HL7 v2 and HL7 FHIR standard protocols to interface with standards based EHRs. Please check out our website - this [page](#) may be particularly useful.

20. Is the recording going to be available? There is so much important information here that it might take several views, including sharing with others. Thanks for an amazing webinar. Kudos to both ViTel Net and ATA!

Thank you. The recording of this webinar can be viewed [here](#). And the PowerPoint is available for download [here](#).

21. I am seeing conflicting information regarding licensing across state lines as it applies to telemedicine. Can any of the speakers address this?

The speakers did address this briefly, and varying state licensure requirements definitely exist. Yet, this pandemic is bringing about much needed change - and it's happening rapidly. For the latest update, we encourage you to check out:

- <https://www.cchpca.org/search?keyword=licensure>
- At time of response, 50% of states have relaxed in-state licensure requirements for telehealth to help address physician shortages where the crisis is at its worst

22. Did I hear from Dr Tuckson that telemedicine visits replacing in-person during this crisis can be billed at the same \$ amount as an in-person visit to Medicare

Yes. Along with a waiving the 3-year requirement of a provider - patient relationship. And under the Ryan Height Act a provider can issue prescriptions via a audio/video telehealth encounter. We encourage you to get the latest info at:

- [AHIP.org](http://AHIP.org)
- [CMS.gov](http://CMS.gov)

23. any advice for psychotherapists?

Yes! Many in the field of Behavioral Health have embraced telehealth, finding that it is an optimal solution - this healthcare sector has one of the highest penetration rates.

We encourage you to read our [blog](#) on this topic, which has helpful references to studies and articles. To learn more about our TeleBehavioral Health solution, go [here](#).

# COVID-19 Webinar Chat Q&A

March 19, 2020

24. Karen also does a great job of incorporating nursing services including the end users and the in home care providers/ in facility care bedside care providers.

[Dr. Rheuban is truly remarkable.](#)

25. is the collection of consent, electronically captured?

[Yes.](#)

26. Where are we in the crisis mode now. Many hospitals are focused on immediate diagnosis. How soon can we expect transition to telehealth

[Many organizations have been utilizing TeleHealth/TeleMedicine technology for years. Others have been slowly begun to adopt the technology, as telehealth and the ability to bill for care at a distance is becoming standard practice. The COVID-19 crisis has catapulted the technology to the forefront in the healthcare community, local and national news.](#)

[Anecdotally, our clients are calling us to thank us for getting their telehealth platform established and running smoothly. And, new clients are clamoring for solutions to help them triage incoming patient calls about COVID-19. As a result, we just rolled out \[Telehealth Triage\]\(#\) that can be installed in 24 hours.](#)