5 essential considerations for every telehealth program.

Telehealth can be a valuable option for patient care. Not only is it popular – preferred for its convenience by 69% of Americans¹ – it can be cost-effective as well.

How Americans value the convenience of telehealth.
Among commercially insured individuals: 69% said they used telehealth because it is more convenient than an in-person appointment.

1. Licensing and credentialing for telehealth
   
   Federal and state laws require providers delivering care to be licensed in the state from which they’re delivering care (the “distant site”) and the state where the patient is located (the “originating site”).

   Fortunately, most states have cross-state licensing, which include telehealth-specific exceptions that allow providers to offer care in a different state if certain conditions are met.

   To deliver telehealth services, a provider must be credentialed for and have privileges at the facility they will be working for, regardless of whether they’re physically on-site. This can be done by a traditional in-house credentialing process or through credentialing by proxy. This is true for both rural and urban locations.

2. Telehealth reimbursements
   
   Reimbursement rates for telehealth services vary by payor and may differ if you’re receiving payment from a private payor, Medicare, or a state Medicaid plan.

   Some reimbursements may be subject to locale parity laws. There are two types of pay parity:
   - Payment parity, where visits are reimbursed at the same payment rate or amount as if care had been delivered in person.
   - Service (or coverage) parity, where parity requires the same services be covered for telehealth as they would be if delivered in person.

   Parity laws vary by state and are subject to change. For the most up-to-date information, visit www.cchpca.org.

3. Billing for telehealth
   
   The billing process for telehealth claims varies by payor. Many states have active legislative efforts to reevaluate telehealth reimbursement policies, both for private payors and CMS services.

   - Medicare. With this expansion of telehealth care in 2020, Medicare patients were able to receive virtual treatment for a wider range of services from more types of providers. As of January 2023, congress passed a two-year extension for telehealth reimbursements for Medicare patients. This extension is in effect until the end of 2024.

   - Medicaid. Medicaid has both coverage and payment parity laws in place in all 50 states and the District of Columbia.

   - Private insurance. Each private insurer has its own process for billing for telehealth, but most states have laws in place that require private payors to reimburse for telemedicine visits as well as in-person care.

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4. Telehealth technology

Many healthcare facilities use the telehealth capability built into their electronic health record (EHR) system. However, other HIPAA compliant technologies can be used for telehealth visits as well. Ask the following key questions before implementing a telehealth technology provider:

- Is your technology HIPAA compliant?
- Can visits be scheduled through the platform?
- Does it require patients to download and install an app?
- Can patients complete any necessary forms through the platform?
- Can patients upload photos or attachments through the platform?
- How does it integrate into your EHR?

For tips on telehealth technology implementation, see the Health Resources and Services Administration’s guide: Getting started with telehealth (https://telehealth.hhs.gov/providers/getting-started).

5. Locum tenens and telehealth

Many physicians are interested in working telehealth shifts as locums.²

**Physician interest in telehealth locum tenens**

Percent of physicians who are very interested or extremely interested in:

- Taking extra shifts via telehealth: 37%
- Being on call/available on demand for telehealth visits: 33%
- Full-time telehealth-only locum tenens assignments: 30%
- Full-time hybrid locum tenens assignments (on-site and virtual): 20%

CHG Healthcare staffs over 125 physician specialties in both hybrid and full telehealth environments in all 50 states and multiple international locations. CHG can stand up an entire staffing pool or supplement an existing physician group, and all providers are screened and credentialed to meet quality requirements.

Interested in learning more about staffing your telehealth program with locum tenens providers? Call CHG at 866.588.5996 or email ecs.contact@chghealthcare.com to learn more.

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