March 26, 2020 – Telehealth Town Hall for Maine Healthcare Providers
Q & A and Key Medicare Updates

Please note that the landscape continues to change rapidly during the COVID-19 Public Health Emergency, particularly around telehealth policy, and while we have done our best to answer all questions with the most current information available as of April 2, 2020, there are some inconsistencies in interpretation of policy among federal agencies which make it difficult to answer some questions succinctly, and we are still awaiting explicit guidance from CMS on the recent expansion which allows FQHCs and RHCs to act as distant sites.

Join us for ongoing Telehealth Office Hours to stay on top of rapid changes and answer your burning questions! (Just click on the link at the designated time – no RSVP needed)

Tuesdays at 8am
https://zoom.us/j/869834403

Thursdays at 12pm
https://zoom.us/j/477247220

Major Additional Changes Made by CMS Since the Telehealth Town Hall:
On March 30, 2020 CMS announced another set of sweeping changes. Those changes may be found in this document: Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

A brief summary of a few of the most significant changes include:
- CMS will now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. This link takes you to the location of the zip file where you can find the full list of Covered Telehealth Services during the COVID-19 pandemic: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- The list of clinicians who can provide Virtual Check-Ins and E-Visits has been expanded, and these visit types can now be provided to both new and established patients. In addition, a **broad range of clinicians may now use telephone only** (without video) for certain CPT codes (98966-98968; 99441-99443)
- Frequency limitations have been removed for a number of telehealth service CPT codes.
- CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person

presence and also allowing hospitals to use other practitioners such as PAs and NPs to the fullest extent possible.
- CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions, and can be provided for patients with only one disease.
- CMS is loosening "Stark Law" (physician self-referral) law restrictions.
- CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health.
CMS also published this Interim Final Rule https://www.cms.gov/files/document/covid-final-ifc.pdf document providing more guidance on how to bill and code in response to the above changes.

The American College of Physicians (ACP) has also put out a very helpful Summary of the Interim Final Rule of the CARES Act, which provides key information specific to coding of telephone and telehealth services, level of selection for Office/Outpatient E/M provided via telehealth, policy changes around patient check-ins, supervision, home health, hospice and remote monitoring, as well as details regarding the Advanced Payment Program.

One of the most significant items to note is as follows:
- **CMS is instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person and to add the GT modifier**. This is being done to mitigate the problem of the professional fee being unbundled and removing the facility portion of the fee resulting in a lower reimbursement rate. However, in this document, they also say that they will continue to allow the 02 POS code while maintaining the facility payment rate for telehealth visits. Please keep in mind that the document specifically notes "This HHS-approved document will be submitted to the Office of the Federal Register (OFR) for publication and has not yet been placed on public display or published in the Federal Register. The document may vary slightly from the published document if minor editorial changes have been made during the OFR review process. The document published in the Federal Register is the official HHS-approved document.

In addition, the March 30 press release https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19 also made the following provision:
- Emergency departments of hospitals can use telehealth services to quickly assess patients to determine the most appropriate site of care, freeing emergency space for those that need it most. New rules ensure that patients can be screened at alternate treatment and testing sites which are not subject to the Emergency Medical Labor and Treatment Act (EMTALA) as long as the national emergency remains in force. This will allow hospitals, psychiatric hospitals, and critical access hospitals (CAHs) to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19.

We've referenced a number of key resources throughout the Q&A. We'll provide updates to stakeholders as they become available, and please feel free to reach out to us with any additional questions: netrc@mcdph.org

Question	Answer(s)
General Questions and Definitions	
If we have further specific questions where might we be able to email or ask them and receive answers specific to our type of providers?	Please contact the NETRC team with questions regarding specific provider and service types. Email: netrc@mcdph.org Webform: https://netrc.org/contact.php
Do we expect all Maine insurances will cover telehealth at this time; are they required to cover or mandated?	Yes, under existing Maine law, all commercial payers must cover telehealth services. Under state of emergency, they must cover at the same rates as in person.
What do you mean by "Originating site"?	The originating site is where the patient is located. This includes healthcare facilities, including skilled nursing and long-term care facilities, but also includes other non-healthcare locations, including the patient's home.
Is telehealth for phone and/or video visit?	While previously restricted to live audio/video by Medicare and many state Medicaid and private payer policies, telehealth has been expanded to include telephone (audio only) to help ensure access to care and reduce exposure for patients and providers, during the COVID-19 public health emergency. For Medicare: Providers can now provide certain services by telephone during the COVID-19 PHE, to both new and established patients (under enforcement discretion) via separate payment for CPT codes 98966-98968 and CPT codes 99441-99443.
What about text-only for people that can't communicate over phone, such as hearing impaired, deaf?	For MaineCare and Maine private payers, there is not currently a policy expansion which supports text-only communication. Many people who are hearing impaired or deaf have relay communication services (e.g. TTY) enabled at their homes. If they have an internet connection, services with a sign language interpreter can also be arranged, via a collaborative video connection. See the Maine Dept. of Labor Division of Deafness webpage on how to successfully communicate via TTY. For Medicare, technology based-communications, which are not defined as telehealth, can be provided via synchronous or asynchronous modality, including text. These include virtual check-ins (G2010, G2012), Online Digital Evaluation (E*Visit) – G2061-2063 and Online medical Evaluations – 99421-99423. See CCHP Fact Sheet for specific

Question	Answer(s)
	requirements - for instance, virtual check-ins are only available for established patients, must be initiated by the patient, and cannot result from, or lead to, and E/M service.
Are there any restrictions on geographic location of the provider? For example, can a provider work from home?	There are no geographic restrictions on provider location. If they are eligible to provide services via telehealth and have adequate technology, they can do so from their home.
Do you have any suggestions on how best to communicate with the elderly population during this time that may not have access to telehealth technology, but are hard of hearing so telephone does not work well?	Many people who are hearing impaired or deaf have relay communication services (e.g. TTY) in place. If they do, and you do not have access to TTY where you are located, you can use a Relay Service to connect with them. See the Maine Dept. of Labor Division of Deafness webpage on how to successfully communicate via TTY, including how to access relay services For those older adults who have a family member or caregiver staying with them, try scheduling phone consults/communications during times when the caregiver is available. For Medicare, technology based-communications, which are not defined as telehealth, can be provided via synchronous or asynchronous modality, including text. These include virtual check-ins (G2010, G2012), Online Digital Evaluation (E*Visit) – G2061-2063 and Online medical Evaluations – 99421-99423. See CCHP Fact Sheet for specific requirements - for instance, virtual check-ins are only available for established patients, must be initiated by the patient, and cannot result from, or lead to, and E/M service.
So are you saying the only way to help a patient would require some sort of face to face contact via telecommunication technology and if either party does not have this, then the patient cannot be treated/helped?	No - fortunately, both public (MaineCare and Medicare) and private payers have implemented emergency policy expansions which allow provision of services via telephone as necessary/appropriate. See the following documents for guidance: Federal 1135 Waiver and Interim Final Rule - Medicare MaineCare Guidance Relating to Telehealth and COVID-19 - MaineCare Maine Bureau of Insurance Emergency Order - Private Payers
Big problem is low income individuals not having access or able to afford devices or wifi, or having limited access to wifi or cellular). Any plans or resources to address this? It is especially an issue since there are limitations on telephone contracts. An ongoing problem in rural Maine, our most vulnerable population (low income disabled or elderly) are the least supported or may have no access.	T-mobile offers lifeline customers up to 5GB of LTE data for free as part of current voice only plans through May 13, 2020. As part of the HCBS waivers (Sections 18, 20, 21, and 29), members are eligible to receive up to $6000 a year in assistive technology and a $50 transmission fee.

Question	Answer(s)
My organization is only allowing telehealth if you as the provider are physically at the office. This seems to defeat the purpose of telehealth being able to be provided from one's home, when needed due to social distancing in offices. They want providers to only use a particular license for telehealth. Can you help me to understand this?	MaineCare and Medicare are permitting and encouraging widespread use of telehealth from the home of the member during the COVID-19 crisis. It is per the discretion of the organization/provider to determine whether they will allow at-home telehealth for their services.
It would be extremely beneficial if there could be a table explaining the CPT codes to use for telephone and telehealth services and what codes are acceptable for RHCs and FQHCs.	While there are too many codes to compile into one document, and policy change is occurring too quickly to maintain such a resource, the following are key tools in understanding current eligible services and codes: Recently expanded list of service codes covered by Medicare: Medicare Telehealth Codes MaineCare Benefits Manual and MaineCare Telehealth Rules Various Maine commercial payer policies: Aetna, Anthem, Beacon, Community Health Options, Cigna, Optum Per additional policy expansion under the emergency waiver, CMS released an updated Fact Sheet on March 30, stating that: During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. **Providers also can evaluate beneficiaries who have audio phones only.** Another excellent resource is the American Medical Association coding guidance on telehealth. Several examples for a wide variety of visits are described, including Covid-19 and non-Covid-19 related encounters. Includes both telehealth and telephone (audio only) scenarios. For FQHCs and RHCs – we encourage you to join the Maine Primary Care Association's Project ECHO for CHCs on **Tuesday, April 7 at 1pm**, for details on billing and coding specific to CHCs, including FQHCs and RHCs. Zoom link: https://echo.zoom.us/j/514069282
What are we doing to increase hospital beds and ventilators?	Maine DHHS is working collaboratively with hospitals and health systems around the state to monitor the demand and supply of hospital beds and ventilators needed to provide care for critically ill patients. Dr. Shah, Director of Maine CDC, provides daily updates on COVID-19 via press conference, including efforts by Maine DHHS and

Question	Answer(s)
	partners to secure additional beds, and procure additional equipment, including ventilators. Archived recordings of Maine CDC press events are available here.
MaineCare (Medicaid) Specific	
Have we submitted our 1135 waiver? We are not an approved State on CMS as of today. Should we be concerned?	Maine DHHS is finalizing its general 1135 waiver for submission, and anticipates a quick turnaround from CMS on this, per other states' experience to date. Maine DHHS is are also working on a more in-depth waiver which addresses key additional items, with the expectation that this one will take longer for CMS to review/approve.
After MaineCare relaxed the telehealth requirements, do we still need to provide the MaineCare educational materials to the patients prior to providing telehealth?	Per MaineCare Guidance document, the Department is waiving the requirement under Ch. 1, Section 4, Telehealth, Sec. 4.06-7, requiring advance written notice/consent prior to services. Verbal consent is required and providers should document it in the patient file.
For non-English speaking populations, does helping folks understand email and online resources through an interpreter or by a provider who speaks their language to help manage symptoms considered billable service by MaineCare?	MaineCare benefits include coverage for oral foreign language interpretation services "when these services are necessary to communicate effectively with the members regarding health needs. Interpreter services can only be covered in conjunction with another covered MaineCare service." Given that description, this benefit would support billing for oral foreign language interpretation services delivered in conjunction with a provider telehealth visit or call. If a clinician is communicating online such as through secure email, directly with a patient in their language or getting help with someone who can interpret the information, this can be billed as an e-visit. Patients must generate the inquiry and emails can occur up to a 7-day period. Physicians and practitioners use CPT codes - 99421 (5-10 min); 99422 (11-20 min); and 99423 (21 + min). Clinicians who do not bill E&M visits (e.g. physical and occupational therapists, speech pathologists, psychologists) can use HCPCS codes G2061 (5–10 min); G2062 (11–20 min); G2063 (21 + min). See CMS info here. A team member helping an individual learn how to use the portal, through an interpreter, is not an encounter and is not billable.
MaineCare opened up telephone check-ins using procedure codes 99441-99443. Those codes are specifically for clinical staff that can bill E & M codes. Will MaineCare also open	Yes, there is a plan for MaineCare to open up the Telephone E&M codes (98966-98968) that will allow non-physician providers to bill these codes. Details on use of these additional codes will be coming from MaineCare soon.

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codes 98966-98968 for those clinicians that do not bill E & M codes, like psychologists and LCSWs?	
Will all telehealth visits be covered by MaineCare, including Behavioral Health visits, assuming providers accept and work with Medicaid benefits?	Yes, MaineCare covers Behavioral Health visits delivered via telehealth, per MaineCare Telehealth Rules (See Section 4.01-2).
Will MaineCare cover occupational, speech and physical therapy codes-the 9700 series and 92507 for speech? If so the GT modifier is not currently accepted according to billing instructions. How do we proceed?	Per current MaineCare Benefits Manual, the 9700 series (Eval and Re-Eval) and 92507 are eligible services, so should therefore also be eligible for telehealth billing. These should be covered services per Telehealth Rules, however participants are saying that the billing instructions do not allow GT modifier. Can this be addressed? **OMS Policy thinks this is allowable – we need to verify though – please stay tuned for follow up information/confirmation.**
I am an out of state provider (Prescribing Psychologist NM with DEA) I live in Maine and want to offer services. I can't get Board Of Examiners of Psychologist to call me to confirm if I can practice under current conditions. I contacted MaineCare but could not get a definite answer.	While an Executive Order from Gov. Mills issued on March 20, 2020 allowed for emergency issuance of a Maine license for out-of-state physicians, physician assistants, and nurses, the order was limited to those provider types. Psychologists and other health care professionals will still need to apply and possibly request expedited action from their relevant professional board.
Does MaineCare require reporting of coding modifier GT and place of service "02" for Telehealth when the service is performed via telephone (audio only?) MBM Section 4 advises not to use modifier GT for telephone services.	MaineCare does not use the "place of service" (POS) coding modifier for telehealth. They require the GT modifier. Per the MaineCare Telehealth and Covid-19 Fact Sheet, services can be delivered via telephone (audio only) and in this case, the GT modifier should be utilized. Please note that provision of services via telephone is only allowed under certain circumstances (e.g. lack of patient access to internet, inadequate patient data plan, patient lack of videoconferencing software, etc. see page 2), and providers should make every attempt to provide telehealth via live audio/video whenever possible. There is a distinction between telehealth services, which can in some cases be delivered via telephone, and "Telephone Only Evaluation and Management" (E/M) services, which do not fall under the definition of telehealth. The GT modifier should NOT be used for these E/M services - see page 4 in the Fact Sheet for specifics.
If prior authorization is needed for face to face, we need a prior authorization for telehealth, do we do one waiver or have to ask for this per individual in Atrezzo.	The recent changes to MaineCare telehealth rules generally do not remove requirements for prior authorization if the service previously required MaineCare prior authorization; that said, MaineCare has made some adjustments to prior authorization requirements

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	for a small number of services that are directly involved in acute care services for patients affected by COVID-19.
MaineCare requires that my company's medical device be trialed with the patient in an initial in-person visit. Would this requirement be waived to allow for telemedicine based prescription? How can I verify what is now required to prescribe our medical device under new parameters?	Per current Maine Telehealth Rules (Section 4.05), "Services covered under other MaineCare Sections but specifically excluded from Telehealth coverage include, but are not limited to the following: 1. Medical Equipment, Supplies, Orthotics and Prosthetics provided by DME (Durable Medical Equipment) suppliers and pharmacies under Chapter II, Section 60 of the MCBM, "Medical Supplies and Durable Medical Equipment" This restriction was not removed by any of the emergency orders to date, however per MaineCare Telehealth Guidance document, you may be able to submit for selective waiver of the comparable quality requirement - See Selective Waiver of Comparable Quality Requirements within the guidance document for details on when the comparable quality requirement may be waived, subject to Department approval.
Medicare Specific	
I attended 2 Medicare teleconferences and they have advised that they will not be requiring any modifiers for providers in Maine. However, your grid that you started with states they are requiring 95. For Medicare, when do we use POS 02 vs. 95	Medicare telehealth services are generally billed as if the service had been furnished in-person. Per most recent guidance from Medicare (3/31/2020), via the Interim Final Rule on CARES Act, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to **report the place of service (POS) code that would have been reported had the service been furnished in person**. In line with this **CMS is also approving the use of the CPT telehealth modifier, modifier 95, be applied to claim lines that describe services furnished via telehealth**. This will allow CMS to make appropriate payment for services furnished via Medicare telehealth which, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person. See helpful resource from the ACP: Summary of Interim Final Rule
Next phase of telehealth may be for providers working from their own homes. When preparing for this, we found that Medicare does not seem to allow for Physician Assistants to be credentialed with their home as a location. Will this be waived?	We are not aware of this restriction within Medicare. That said, per most recent guidance from CMS, providers do NOT need to list the home as their location.

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Is ophthalmology covered with telehealth by Medicare?	Guidelines for ophthalmology services are similar to those described by CMS for other specialties. As with any virtual service, physical examinations using telehealth have limitations and should be used when clinically appropriate. More information is found on The American Academy of Ophthalmology website and here.
Can Medicare Annual Wellness visits be done by telehealth? Can RNs who used to do Medicare visits in office do them by telehealth?	Yes, Medicare Annual Wellness visits can be done via telehealth. See pages 9-10 (G0438 and G0439) of Medicare Learning Network Telehealth Fact Sheet: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf Updated CMS information is here.
Billing/Coding	
Can you talk more to fee schedules specific to an available posted list of codes and bill rates specific for services delivered?	Current list of telehealth services covered by Medicare available here; this has been significantly expanded per emergency waiver under COVID-19, and now includes 80 additional services as compared to original eligible services (e.g. PT/OT/Speech, etc.) For MaineCare and Maine commercial payers, there is parity for nearly all services provided via telehealth, with just a few exceptions (e.g. ambulance) - see MaineCare Telehealth Rules for more details. See current MaineCare Benefits Manual for eligible member services and codes. Check Provider Manuals for individual carriers, for details regarding current telehealth/telemedicine policy, including covered services and any exceptions. Examples: Aetna, Anthem, Beacon, Community Health Options, Cigna, Optum
I'd like to have you walk us through individual cases with documentation and coding. It's especially difficult for me in geriatrics.	Please contact the NETRC team to discuss specific use cases, billing and coding, etc. Email: netrc@mcdph.org Online form: https://www.netrc.org/contact.php
For behavioral health, face to face needs to be 16 minutes or more. If doing telehealth visits that are <16 minutes by a social worker, can they still bill it?	According to policy (public and private payers) the service should be comparable to in-person visits. Recommend following typical visit protocol/workflow, including the 16 minute minimum requirement.
What would my place of service be for telehealth?	Medicare typically uses Place of Service (POS) 02 for telehealth. Per most recent guidance via the Interim Final Rule on CARES Act, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to **report the place of service**

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	(POS) code that would have been reported had the service been furnished in person. In line with this **CMS is also approving the use of the CPT telehealth modifier, modifier 95, be applied to claim lines that describe services furnished via telehealth**
Will the GT modifier be accepted for all?	The GT modifier is required for MaineCare. For MaineCare, you use the normal billing codes and add the GT modifier for services delivered via telehealth. Most large commercial payers require the 95 modifier, although some still use GT. Medicare typically requires POS 02, with exception to CAHs. Per most recent guidance via the Interim Final Rule on CARES Act, CMS is instructing physicians and practitioners who bill for Medicare telehealth services to **report the place of service (POS) code that would have been reported had the service been furnished in person**. In line with this **CMS is also approving the use of the CPT telehealth modifier, modifier 95, be applied to claim lines that describe services furnished via telehealth** As of January 1, 2018, distant site practitioners billing telehealth services under the CAH Optional Payment Method II must submit institutional claims using the GT modifier. POS 11 can be used for virtual check-ins or online visits via patient portal (not defined as telehealth under Medicare) - see the AMA's Special Coding Advice During COVID-19 document for details (slides 12-13) Payment parity is in place for Medicare, MaineCare and Private Payers per emergency waiver/order, so will be paid at the same rate.
Private payers have been stating to use 95 modifier but your slides say to use GT ??	
What is the difference b/w GT 95 and POS 95 modifier?	
I continue to use POS 11 for office and not 02 for private payers?	
I thought the GT modifier was only necessary for Critical Access Hospital 's (CAH)	
Does the GT modifier affect reimbursement rates?	
So those new CPT codes are specific to the services described, but for everything else we just use our normal billing codes and add the GT modifier?	
If we provide services at an out-patient practice at a hospital that provides Psychology, Social Work, Psychiatry, OT/PT/SP services, can we charge regular face to face charges adding the modifier for all services we are doing over the phone or via video?	Yes, that is correct. Per MaineCare Telehealth Guidance and CMS Guidance for Medicare, telephone (audio only) should be used only in those cases where video is not accessible to the patient.
What are the situations when we can bill the remote and distant site codes?	You can bill the Originating site fee (patient site) when the patient is on-site at your facility, and is receiving services from a provider located at another site.

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	You can bill the distant site fee (profession/provider site) when you are providing services via telehealth to a patient at another site (home, clinic, hospital, SNF, LTC, etc.)
Would it be correct to set up charges for the 3 different types of telehealth which have 3 different cpt/hcpcs code sets? Assuming these are the correct categories: 1. Call G2012 or 99441-99443 2. Video Acceptable E/M with modifier GT or 95 place of service 02 [are the acceptable E/Ms limited to Medicare list or index P of CPT manual]? 3. EMR 99421-99423	An excellent resource is the American Medical Association coding guidance on telehealth. Several examples for a wide variety of visits are described, including Covid-19 and non-Covid-19 related encounters. Includes both telehealth and telephone (audio only) scenarios.
Should a CAH method II hospital bill a G202 on the UB form?	Unable to determine a definitive answer to this question based on the information given. The CPT G202 is not referenced as a current CPT code. CPT G0202 refers to "Screening mammography, bilateral" which does not seem to apply to telemedicine visit. The UB form doesn't have a place of service field. It is used to bill for provider services through the hospital (or other facility). So the hospital is assumed to be the place of service. Billing with the UB-04 still requires using the GT modifier. Medicare requires use of the GT modifier for CAH Optional Payment Method II on institutional claims. See Medicare Telehealth Services Fact Sheet, page 11
Can a residential care facility, PNMI Level III or IV, bill for being an originating site?	Yes, for MaineCare these types of sites can bill a facility fee (originating site fee) as the site where the patient is located. Maine commercial payers do not allow billing of facility fees. For Medicare, while either rural or urban sites are now eligible originating sites per emergency waiver, only rural originating sites can bill a facility fee.
Can originating fees be charged within an agency if the call is, for example between an agency residence and the same agency's mental health provider?	Historically, payers do not pay both the originating site and provider site fees when the two are within the same organization, rather would pay the provider fee, which is the larger of the two. We have not seen any change to this under the emergency waivers.
Can we use the brief telephonic codes for portal messages, assessments and recommendations?	Yes, "e-visits" with *new* or *established* patients using secure email via patient portals can be billed. Patients must generate the inquiry and emails can occur up to a 7-day period. Physicians and practitioners use CPT codes - 99421 (5-10 min); 99422 (11-20 min); and 99423 (21 + min). Clinicians who do not bill E&M visits (e.g. physical and occupational

Question	Answer(s)
	therapists, speech pathologists, psychologists) can use HCPCS codes G2061 (5–10 min); G2062 (11–20 min); G2063 (21 + min). See CMS info here.
Telephone/Audio-only	
Can psychotherapy be billed by an LCSW under 99441-99443 if patient does not have telecommunication capability but can do telephone?	Yes, clinical psychologists and clinical social workers are among eligible providers for telehealth under Medicare, and per recent expansions to the emergency waiver, new CMS Guidance states: During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. **Providers also can evaluate beneficiaries who have audio phones only.** For MaineCare and Maine commercial payers, telephone (audio only) is allowed when live audio/video is not accessible to the patient.
We have been told that telephone calls cannot be billed as an initial visit. Any changes to that?	Per emergency orders enacted under COVID-19, telephone (audio only) can be used for initial visits when live audio/video is not available. This is true for MaineCare, Maine commercial payers, and now Medicare, which released additional policy expansions on March 30. See guidance in latest CMS Fact Sheet. The ACP has also put out a very helpful Summary of the Interim Final Rule of the CARES Act which outlines coding for telephone and telehealth services.
I need to clarify if using the telephone but billing for "telehealth" is acceptable if the patient cannot get the video to work, but the intention was a telehealth visit, so they are forced to switch to the telephone VS those patients that do not have telehealth capabilities period.	Yes, if you are providing an eligible service, and originally planned to do so via video however the patient was not able to access and you switched to telephone, you would bill a telehealth visit and use the modifier. Note: Many videoconferencing platforms have capacity to allow audio only participants, which would allow you to stay on the same call, vs. worrying about logistics of setting up a new call, should the patient have technical difficulties with video.
Could we provide telehealth in a group setting by an LCSW? What if some of the participants do not have video access, but could participate via audio-only?	Yes, Clinical Social Workers are included in the list of Medicare eligible providers, and under emergency waiver, Medicare is allowing group psychotherapy sessions - see updated list of eligible services. MaineCare and Maine commercial payers also allow for group therapy by licensed behavioral health providers, including LCSWs.

Question	Answer(s)
	For those participants who do not have access to video, it would be appropriate for them to participate by audio only, per emergency waiver/order.
We are a pediatricians office, we will be doing phone only (audio) no video. Just want to clarify that for all insurances; Mainecare and private, we will be billing 99441,99442, 99443 with no modifier?	It depends on the scope of the visit. Per MaineCare Telehealth Guidance: In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service. "Telephone Evaluation & Management" services are not considered to be "telehealth visits," but instead are intended to be used by providers to conduct a brief medical discussion via telephone with an existing patient to evaluate new complaints, symptoms, or issues that can be appropriately managed through a phone conversation. Examples might include evaluation of an existing patient's new symptom or complaint and providing recommendations for treatment that do not require an urgent visit. Relevant CPT codes are: • 99441: Telephone evaluation and management service; 5-10 minutes of medical discussion • 99442: 11-20 minutes of medical discussion • 99443: 21-30 minutes of medical discussion.
Can you explain if E&M codes are allowed when "telephone only" is used? The AMA put out slides that indicates it may be possible. There seems to be confusion if Medicare is covering "telephone only" codes.	Yes, E&M codes are allowed when telephone (audio only) is used. The AMA slides you reference are helpful in presenting specific scenarios and coding, and can be found here. See slides 12-13 for non-COVID-19 related scenarios. The ACP has also put out a very helpful Summary of the Interim Final Rule of the CARES Act which outlines coding for telephone and telehealth services. Per additional policy expansion under the emergency waiver, CMS released an updated Fact Sheet on March 30, stating that: During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. **Providers also can evaluate beneficiaries who have audio phones only.**
Please clarify if behavioral health providers…LCSW for example… (not prescribing) can use telephone/audio only. For Medicare.	Yes, LCSWs are included in the expanded list of eligible providers for Medicare, and are therefore able to bill for telehealth services, including live video, or audio only. (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill

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	or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838). See CCHP Telehealth Policy in the Time of COVID-19 Fact Sheet for more info.
What CPT/modifier codes should we use for E/M that are done by audio when video is not available?	An excellent resource is the American Medical Association coding guidance on telehealth. Several examples for a wide variety of visits are described, including Covid-19 and non-Covid-19 related encounters. Includes both telehealth and telephone (audio only) scenarios.
Sorry for being dense--but is Medicare reimbursing for telephone-only visits that are essentially replacing a regular office visit? I don't understand the "eConsult" term	Yes, per most recent policy expansion (March 30) under emergency waiver, Medicare is allowing for telephone (audio only) visits, in place of an office visit, when video is not available. eConsults (interprofessional internet consultations) are provider to provider consultations, and are not defined as telehealth (99446-99449, 99451-99451). Other technology based services include virtual check-ins, remote monitoring, and online digital evaluation. See CCHP Fact Sheet for more specific information.
I have some people who for various reasons (usually marital discord) cannot meet in the home, or have shared networks. What I probably will need to do is only use audio with them, correct?	Yes, you will want to avoid using shared networks, or public places for these sessions. If clients do not have access to the internet within a private location (home or other), then phone (audio only) would be a reasonable alternative. If your clients do have access to the internet in their respective locations, and can meet via video on one of the platforms we've described (Zoom, Skype, FaceTime) with the appropriate level of privacy (e.g. private room), that would be preferable.
Do the rules allow for telephone/audio visits under section 21 and 29 for folks with IDD who are isolated in their homes and not supported in a group home setting? With the Sandata in effect and providing in home supports for Section 29 is currently not an option, we currently are calling in to check on individuals regularly but are not actually making visits. Will this be covered?	Yes, the rules apply to MaineCare Section 21 and 29 services. Per MaineCare Telehealth Guidance: In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service. There can be many reasons Interactive Telehealth Services may not be available, including but not limited to: • The member does not have an internet connection. • The member does not have a cellular data plan sufficient to support the use of cellular internet. • The member does not have an ability to connect to interactive video chat software. • The member cannot be transported to an originating site where Interactive Telehealth Services are available and any of the above barriers are present.

Question	Answer(s)
	The only Section 21 and 29 services that are restricted under current MaineCare Telehealth Rules **are Assistive Technology services** provided under the following Sections of the MaineCare Benefits Manual are **Non-Covered Services/Limitations:** - Chapter II, Section 21, "Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder"; - Chapter II, Section 29, "Support Services for Adults with Intellectual Disabilities or Autistic Disorder"
Telehealth is not an option for us at this time. We are providing telephonic visits especially with our BHHO and behavioral health and nursing clients; otherwise, there are no visits due to social distancing at this time. Will this be acceptable during the pandemic.	Per MaineCare Telehealth Guidance: In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service. There can be many reasons Interactive Telehealth Services may not be available, including but not limited to: • The member does not have an internet connection. • The member does not have a cellular data plan sufficient to support the use of cellular internet. • The member does not have an ability to connect to interactive video chat software. • The member cannot be transported to an originating site where Interactive Telehealth Services are available and any of the above barriers are present. It is not acceptable for providers to conduct telehealth via telephone due to their own personal preference or lack of effort or attempt to utilize interactive options. Also, please note that delivery of Telehealth Services via telephone in the above limited circumstances should be distinguished from Telephone-only Evaluation and Management Services, as outlined below.
That is very confusing because the rules have been relaxed via facetime and skype but many hospital systems have asked providers not to utilize them and there are limited portals or licensed encrypted terminals available … so the phone is really the only option.	CMS now allows video-conferencing such as Skype, however if you are employed or contract with a system, it is important to seek their guidance on this. Individuals who can be helpful include medical or nursing directors, information officers or other leaders. If they are not aware of the new rules, an excellent resource is the American Medical Association coding guidance on telehealth.
To be clear, phone calls are to be with the check in codes, not as telehealth with e/m codes?	It depends on the scope of the visit. Per MaineCare Telehealth Guidance:

Question	Answer(s)
	In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service. "Telephone Evaluation & Management" services are not considered to be "telehealth visits," but instead are intended to be used by providers to conduct a brief medical discussion via telephone with an existing patient to evaluate new complaints, symptoms, or issues that can be appropriately managed through a phone conversation. Examples might include evaluation of an existing patient's new symptom or complaint and providing recommendations for treatment that do not require an urgent visit. Relevant CPT codes are: • 99441: Telephone evaluation and management service; 5-10 minutes of medical discussion • 99442: 11-20 minutes of medical discussion • 99443: 21-30 minutes of medical discussion.
If patient declines the visual aspect of telehealth and therefore it is performed by phone only, can that still be telehealth, or does it qualify only for a telephone service?	It depends on the scope of the visit. Per MaineCare Telehealth Guidance: In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service. "Telephone Evaluation & Management" services are not considered to be "telehealth visits," but instead are intended to be used by providers to conduct a brief medical discussion via telephone with an existing patient to evaluate new complaints, symptoms, or issues that can be appropriately managed through a phone conversation. Examples might include evaluation of an existing patient's new symptom or complaint and providing recommendations for treatment that do not require an urgent visit. Relevant CPT codes are: • 99441: Telephone evaluation and management service; 5-10 minutes of medical discussion • 99442: 11-20 minutes of medical discussion • 99443: 21-30 minutes of medical discussion.
Specific Provider and/or Service Types	
Can Nurse Practitioners (NPs) get paid for doing telephone calls. We are a practice of 4 independent NPs.	For MaineCare and Maine Commercial Payers: **Yes** – per MaineCare Guidance Relating to Telehealth and COVID-19, "In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver telehealth if Interactive Telehealth Services are

Question	Answer(s)
	unavailable, and if Telephonic Service is medically appropriate for the underlying covered service."
Please address telehealth as it pertains to pediatrics, including well visits. Will payers cover well child visits done through telemedicine, either with no exam or an exam done at another time?	The expectation is that telehealth services will be delivered in a way that is comparable to in-person services, including various components of well visits, such as height, weight, blood pressure, etc. That said, we are in a state of emergency, and if the provider feels it is appropriate/beneficial to complete components of the visit via telehealth now, and follow up with physical exam components at a later date, that would be acceptable. See new resources from the American Academy of Pediatrics: AAP Guidance: Telehealth Payer Policy in Response to COVID-19, which outlines policy changes aiming to alleviate barriers to telehealth care. They also provide a webinar on telehealth and guidance on structuring your practice during the pandemic. And the CDC offers recommendations on maintaining children's immunizations and well-child visits during the pandemic. HealthyChildren.org has new articles with advice on formula shortages and information for families of children with special health care needs.
Please offer guidance regarding Annual Wellness Visits as a TeleHealth option. Are wellness checks included in covered services and billed as a preventative service? Would MaineCare/Medicare reimburse for Annual Wellness Visits conducted via Telehealth? Are there any special documentation requirements?	Wellness visits are included under Medicare eligible telehealth services (G0438 and G0439), and are also eligible services under MaineCare and Maine commercial payer telehealth policies. Wellness visits completed via telehealth should be documented with the appropriate billing codes, and modifiers (Usual POS and 95 modifier for Medicare, GT for MaineCare and 95 or GT for commercial payers). You should also document that consent was provided verbally by the patient. Here are some thoughts on the types of things you can document even without peripheral devices: http://www.telemedmag.com/article/telemedicine-physical-better-think/
Are there any restrictions for telehealth services conducted in a group setting?	Group treatment, counseling, and education (e.g. diabetes) via telehealth are supported under current policy. As with in-person group sessions, you need to ensure that there are ground rules set regarding privacy, thoughtful participation, respectful treatment of all participants, etc.

Question	Answer(s)
	Best practice would be to obtain verbal consent with each individual participant via phone before the group session. Some of the challenges unique to telehealth include the potential for technical difficulties, which might be compounded with multiple connections from multiple sites. Be sure you know how to troubleshoot these (for example, if there are a lot of participants, turning off video and going audio only), and have a backup plan for participants to join via audio only. Background noise can also be an issue, and noise from one site can distract people at the others, so talk with your participants ahead of time about videoconferencing etiquette, etc.
Can home infusion providers provide telehealth nursing visits and will you reimburse us for those visits?	MaineCare is in the process of checking with their clinical team to determine whether this is considered clinically appropriate for telehealth.
Any limitations on using Telehealth for initial assessments? I have been doing telehealth for nearly a year while using a bluetooth stethoscope for the exam. With us moving to the patient's house for televisits, what is the expectation of telehealth physical assessment?	The expectation is that telehealth services will be delivered in a way that is comparable to in-person services, including various components of initial assessments, such as height, weight, blood pressure, etc. That said, we are in a state of emergency, and if the provider feels it is appropriate/beneficial to complete components of the visit via telehealth now, and follow up with physical exam components at a later date, that would be acceptable. Here are some thoughts on the types of things you can document even without peripheral devices: http://www.telemedmag.com/article/telemedicine-physical-better-think/ See Q&A below for initial visits/assessments involving prescribing of controlled substances, such as for Opioid Use Disorder/MAT.
Can Intensive Outpatient Services (IOP) be done by telehealth?	As of March 20, 2020, Maine DHHS has waived the comparable quality requirement for the provision of group therapy, including through Intensive Outpatient Services (IOP) within Section 65, Behavioral Health Services and Section 93, Opioid Health Homes (OHH) Services. Members must still meet the minimum number of hours of IOP and OHH therapy per week, through a combination of interactive 1:1 and group telehealth. See MaineCare Guidance document for more info.
Can a practitioner with a DATA 2000 waiver, and working outside the context of an OTP, treat new and existing	Yes, if a practitioner has a DATA 2000 waiver, the practitioner may prescribe buprenorphine under the practitioner's DATA 2000 waiver while complying with all

Question	Answer(s)
patients with buprenorphine via telehealth (including use of telephone, if needed) Can providers do the initial visit for MAT using telehealth (audio/visual)? Heard about the MAT, but what about urine drug testing. Is that still required or waived during this time?	applicable standards of care. In such a case, the patient will count against the practitioner's patient limit. Yes, on March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Accordingly, as of March 16, 2020, and continuing for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: • The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice; • The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and • The practitioner is acting in accordance with applicable Federal and State laws. See SAMHSA FAQ for more information. We are not aware that the requirement for urine drug testing has been waived at the federal or state level, however MaineCare is considering selective waiver of the comparable quality requirement during the COVID-19 public health emergency, on a case by case basis. Providers should contact them to discuss. We are hearing that in some cases, urine drug testing kits are being sent to the patient home, and samples are being sent back to the affiliated lab for analysis.
Can you refer us to some specific guidelines that address which in-person visits to defer or complete via telehealth at this time? We are seeing wide variation across physician practices in my community. In our primary care practice we are only seeing certain well-child visits in newborn/toddler period that require vaccines and growth monitoring, and prenatal visits - which are spaced at longer intervals than usual - and visits that must be done in person and can't be	We are not aware of any explicit guidelines which address prioritization of in-person vs. telehealth visits at this time. See the NETRC Webliography – Clinical Telehealth Guidelines, Standards and Policies for a compilations of peer reviewed resources for specific telehealth use cases. See new resources from the American Academy of Pediatrics: AAP Guidance: Telehealth Payer Policy in Response to COVID-19, which outlines policy changes aiming to alleviate

Question	Answer(s)
deferred, ie- I&D of skin abscess etc. Otherwise encouraging patients to do telemedicine unless they want/need to come in.	barriers to telehealth care. They also provide a webinar on telehealth and guidance on structuring your practice during the pandemic. And the CDC offers recommendations on maintaining children's immunizations and well-child visits during the pandemic.
We cover section 28 services. Do Behavioral Health Providers for section 28 need to use specific telehealth software to connect with their client, or can they use FaceTime, Skype, or something similar?	The current flexibility in HIPAA requirements (per federal 1135 waiver) applies to all disciplines, including Behavioral Health Providers. That said, all providers should exercise caution in respect to ensuring that they are in a private location for telehealth visits/consults, and are not using public access apps, like FaceBook Live, TikTok, etc. While a public access wifi connection could be used in a pinch, with a non-public facing app, like FaceTime or Skype, use of public computers would not be appropriate. See OCR Guidance for more detail.
In regards to intakes for new clients for Behavioral Health services (ie: BHH, Adult CI, FFT, etc.), if the intake, including Psychosocial Assessment is conducted via phone, can a provisional diagnosis be designated/used for eligibility until a safe in person contact can be made.?	Under current emergency waivers/rules for Medicare and MaineCare, many face-to-face visits can be completed via telehealth, including initial and follow up consults for BH services. This includes telephone (audio only) for those patients who do not have access to interactive audio/video.
For clients that are currently receiving RN visits in their home, can we provide these visits per telehealth for the ones we can't get to? Under Long Term Care programs, Chapter 101, Section 19, 63 and 96? Can you provide telehealth visits for clients that are currently under PHN, Medical Waiver and Adult with Disabilities? Will this all apply to section 96 services as well? Can Private Duty Nursing use telehealth?	Under current MaineCare Telehealth Rules, services under MaineCare **Sections 19, 21, 29 and 63** are eligible to be provided via telehealth, as long as the provider is an individual or entity licensed or **certified** under the laws of the state of Maine to provide medical, behavioral health, and related services to MaineCare Members. Health Care Providers must be enrolled as MaineCare Providers in order to be reimbursed for services. **Section 96** services are not eligible to be provided via telehealth. **4.05 NON-COVERED SERVICES AND LIMITATIONS** 1. Personal care aide (PCA) services provided under Chapter II, Section 96 of the MCBM, “Private Duty Nursing and Personal Care Services”

Question	Answer(s)
Will telehealth services be allowable for intermittent home support services covered under the section 21 & 29 HCBS waivers? Are Certified Direct Support Professionals (DSP) able to use telehealth to provide services?	Yes, the only Section 21 and 29 services that are restricted under current MaineCare Telehealth Rules are Assistive Technology services provided under the following Sections of the MaineCare Benefits Manual are **Non-Covered Services/Limitations:** - Chapter II, Section 21, "Home and Community Benefits for Members with Intellectual Disabilities or Autistic Disorder"; Chapter II, Section 29, "Support Services for Adults with Intellectual Disabilities or Autistic Disorder" Per MaineCare Telehealth Rules, Health Care Providers are defined as follows: 4.01-2 **Health Care Provider:** Individual or entity licensed or **certified** under the laws of the state of Maine to provide medical, behavioral health, and related services to MaineCare Members. Health Care Providers must be enrolled as MaineCare Providers in order to be reimbursed for services. If a DSP is certified and enrolled as a MaineCare Provider, they may provide services via telehealth.
Can we as healthcare providers, teleconsult patients from home? Physicians and Mid-levels? As a PA, I have been doing Teleconsults (video consults) from my office all week. Can I do this from home? Can providers bill visits if they are at their home when doing the visit? (I understand facility fee can't be billed). Are Organizations required to include the provider's home address on the EOB? The CMS FAQ required providers to update their Medicare enrollment with a home address.	Yes, Physicians, and Advance Practice Professionals may provide telehealth services from their home, as long as there is adequate technology, bandwidth, privacy, etc. If the home is not the usual location for providing telehealth services, providers should still list the clinic as the provider location. **Most recent guidance from CMS (March 30) also states that providers do NOT need to list their home as the provider site.** With that said, we are hearing from some providers that their **organization will not allow** them to provide telehealth services from home, so be sure to check in on your organizational policies as well.
Are Urgent Cares able to assist patients?	Yes, in fact many direct to consumer telehealth platforms offer urgent care services (e.g. sore throat, rash, headache, etc.). Just be sure providers are working within scope, and providing services that are appropriate for telehealth.

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	For Medicare, there are restrictions on the types of providers and services which are eligible for telehealth, so be sure you are familiar with those in respect to Medicare patients. (See MLN Telehealth Fact Sheet for specific list of eligible providers and services)
Assuming Physician Assistants (PAs) are eligible to use telehealth? What about PA's providing telehealth and getting reimbursed. We are not sure it is in the scope of practice from the state and due to the supervising requirement?	Yes, PAs are eligible, both for Medicare and per Maine state law. Per Governor Mills' Executive Order, D. Mandatory supervision or collaborative practice requirements for otherwise qualified physician assistants and advanced practice registered nurses who are assisting or will assist in the health care response to COVID-19 are suspended during the public health emergency.
Are we able to provide telehealth services to Long Term Care and Skilled Nursing Facility patients in nursing facilities?	Yes, According to Executive Order 16FY 19/20, "An Order Suspending Provisions of Certain Healthcare Professional Licensing Statutes and Rules in Order to Facilitate the Treatment and Containment of COVID-19, Section F, https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/EO-16.pdf All physicians, physician assistants and nurses licensed in Maine or authorized to perform services pursuant to this emergency order shall be allowed to perform health care services through the use of all modes of telemedicine or telehealth, including video and audio, audio-only, or other electronic media to treat the residents of Maine for all medically necessary services. The enforcement of state patient privacy and confidentiality laws to the contrary are hereby suspended for the purposes of responding to the COVID-19 emergency. See the CMS FAQ document below for Medicare information. https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
For clarification: Will Licensed Clinical Professional Counselors be able to provide MH services in the changes made? MaineCare, Medicare?	Yes, under Medicare, licensed clinical social workers and clinical psychologists are eligible to provide telehealth services. Under MaineCare and Maine commercial payers, any licensed healthcare professional is eligible to use telehealth to provide covered member services, within their scope of practice. See the current MaineCare Benefits Manual for covered services.

Question	Answer(s)
What is the telehealth opportunity for outpatient cardiac rehab (phase 2?). Are they eligible?	Medicare: Unfortunately, outpatient cardiac rehab (Phase 2) is not included in the currently expanded list of telehealth eligible services under Medicare. The only code currently included is Intensive Behavioral Counseling for CVD - G0446. MaineCare benefits do not generally provide coverage for Phase 2 Cardiac Rehab
Can Residents in a Residency Program provider telehealth? Do the visits require a teaching physician be part of the visit? Any rules re: resident continuity clinics and telehealth? How will residents precept? Do existing modifiers (GC, GE) apply?	Yes, per Dennis Smith – Maine BOLIM: Physicians who are in Maine residency programs as residents or fellows have a Temporary Educational Certificate. That - in conjunction with the Governor's Executive Order - allows residents and fellows with Temporary Educational Certificates to practice telemedicine. Per participant feedback: I'm a fellow: the board has authorized training licenses to provide telehealth. I can provide the email.
Are optometrists eligible for payment of telehealth services? How is Optometry affected by the new rules?	Optometrists are not included on the expanded list of eligible service providers on the current Medicare list, so are not able to receive payment for services to Medicare patients at this time. MaineCare does include Vision Services (see Section 75 of MaineCare Benefits Manual), including those provided by Optometrists, therefore those services which are eligible (75.03-1 and 75.03-2) and appropriate for delivery via telehealth, can be billed. Similarly, Maine commercial payers do not restrict the types of eligible providers - as long as they are working in scope and providing services eligible under the plan, they can be performed via telehealth.
I was on a webinar yesterday that PT's, OT's, SLT's are eligible for E/M. This seems to contradict what Danielle is saying. Clarification? Your grid shows that PT and OT's are "eligible providers". Can you clarify if this also rolls out to Speech Language Pathologists? Will Physical Therapy, Occupational Therapy, and Speech Therapy be covered by Medicare, MaineCare, and Private	Per most recent expansions under emergency waivers (March 30, 2020), several service types, including PT, OT and Speech are now eligible under Medicare. See the updated list of services and codes here. That said, we are told that although the list of services was expanded, the list of eligible provider types was unfortunately not, and therefore Physical Therapists, Occupational Therapists and Speech Therapists are still not eligible providers under Medicare. The codes can be used by physicians or other eligible Medicare providers at this time. MaineCare and commercial payers in Maine cover PT, OT and Speech providers and services. See the current MaineCare Benefits Manual for specific OT, PT and Speech services covered.

Question	Answer(s)
insurances? Can the services be delivered by hospital outpatient/facility rather than individual provider? Are there concerns around EMTALA (care for all) given that CMS is not allowing telehealth for outpatient PT/OT that we can still offer this platform for our patients who have commercial insurances and/or MaineCare? There's not an acceptable modifier for outpatient physical, occupational or speech therapy in the billing manual currently?	Attendees have stated that there's not an acceptable modifier in the billing manual currently for PT/OT/Speech - is this something that can be addressed? (also referenced on Pg6); **Telehealth guidance is not necessarily built into each individual policy. OMS Policy thinks this is allowable – we need to verify though – please stay tuned for follow up information/confirmation.** EMTALA question is no longer an issue given recent expansion of policy to cover these services.
What would be the barriers for a hospital to authorize pediatric PT, OT and SLP services to provide video based services at this time? Also, what is being used to define "during COVID-19" for the decreased regulations?	Key challenges for authorizing a new telehealth service within a hospital would depend on current internal and external resources. For example, do you already have licensed providers available who are willing to provide services via telehealth? What technology do you have in place? How will you train providers on telehealth workflows? Reimbursement for PT, OT and Speech services is now allowable under recent Medicare policy expansions, however they did not simultaneously expand the list of eligible providers, only opening up these codes for physicians and other eligible providers. These services and providers are also covered by MaineCare and Maine commercial payers. "During COVID-19" will be the timeframe for which the emergency waivers and orders are in place.
Do these rules changes cover Section 65 and 28 in schools? Will you be providing specific guidance around section 65 services for schools providers?	Yes, MaineCare Sections 28 and 65 are covered under these rule changes. Neither of these sections is among the "Non-Covered Services/Limitations" identified in the MaineCare Telehealth Rules, so as long as the service is feasible and appropriate to provide telehealth, and there is adequate technology in the home, services may be provided via telehealth. There are currently no guidelines exclusively set around delivery of Section 65 services via telehealth. That said, the NETRC has worked with other school-based telehealth programs, including a school-based telepsychiatry program in Massachusetts, and we would be happy to share relevant resources if interested. Email: netrc@mcdph.org

Question	Answer(s)
Can Telehealth be used to check in on kids who are in the section 96 program, that may not be wanting Nurses to visit their homes during this time?	According to Gov Mills' Executive Order 16FY 19/20, "An Order Suspending Provisions of Certain Healthcare Professional Licensing Statutes and Rules in Order to Facilitate the Treatment and Containment of COVID-19, Section F: All physicians, physician assistants and nurses licensed in Maine or authorized to perform services pursuant to this emergency order shall be allowed to perform health care services through the use of all modes of telemedicine or telehealth, including video and audio, audio-only, or other electronic media to treat the residents of Maine for all medically necessary services. The enforcement of state patient privacy and confidentiality laws to the contrary are hereby suspended for the purposes of responding to the COVID-19 emergency.
Will Occupational Therapy Assistants be reimbursed for these services?	Yes, for MaineCare, OTAs are listed as Qualified Professional Staff under Section 68.09-1 of the MaineCare Benefits Manual. They can provide and bill for services under their scope of practice for MaineCare eligible services. Similarly for Maine commercial payers, as long as the provider, including OTAs is providing an eligible service under their scope of practice, they can do so via telehealth. OTAs are not eligible providers per current Medicare policy.
Can hospice face to face visits be done via Telehealth by clinicians? (Ie allowable by Medicare)	Yes, per latest CMS Guidance: During the emergency period, Hospice providers can also provide services to a Medicare patient receiving routine home care through telehealth, if it is feasible and appropriate to do so. See Hospice Flexibility Fact Sheet.
Palliative care consultations: can we bill for new referral for telemedicine consult if we have never had face to face? I understand f/u we are able to, those established. Not sure if we can for new consults.	Yes, under federal and state emergency waivers/rules, both initial and follow up consults are allowed, as long as it is feasible and appropriate to provide services remotely.
I am hoping we will hear about Behavioral Health Providers (BHPs) providing tele-health under Day Treatment. Can they do it? Children's Behavioral Health Day Treatment: What electronic flexibility is there with BHPs providing services to their student clients other than virtual, face-to-face meetings? Can children's targeted case management be provided to clients via Telehealth?	Per MaineCare Telehealth Guidance document, the significant majority of medically necessary MaineCare-covered service may be delivered via interactive telehealth services without approval by the Department, if the following criteria are met: 1. Member is otherwise eligible for the covered service as described in the appropriate section of the MaineCare Benefits Manual 2. Covered service delivered by interactive telehealth services is of comparable quality to what it be if it were delivered in person.*

Question	Answer(s)
	*See Selective Waiver of Comparable Quality Requirements within the guidance document for details on when the comparable quality requirement may be waived, subject to Department approval. For BH services to student clients other than virtual, there is an allowance for telephone (audio only) when live audio/video is not available to the patient/client. See details in guidance document referenced above.
For Section 28 services does the telehealth allow for BHPs to provide remote services in addition to supervisors/opens/treatment planning, etc.? Could you talk about section 28 services and restrictions for in home services provided by Behavioral Health Professionals utilizing telehealth services. Under Section 28 Specialized, approved activities of a behavior analyst include parent training, and functional assessment. Presumably these could be conducted via telehealth? Any emergency provision for developing behavior support plans as well?	Per MaineCare Telehealth Guidance document, the significant majority of medically necessary MaineCare-covered service may be delivered via interactive telehealth services without approval by the Department, if the following criteria are met: 1. Member is otherwise eligible for the covered service as described in the appropriate section of the MaineCare Benefits Manual 2. Covered service delivered by interactive telehealth services is of comparable quality to what it be if it were delivered in person.* *See Selective Waiver of Comparable Quality Requirements within the guidance document for details on when the comparable quality requirement may be waived, subject to Department approval.
If using FaceTime or Skype for section 28 services, can we use electronic signatures on the documentation? I assume there should be an EVV entry for any services provided, correct?	Yes, electronic signatures are acceptable.
Will EVV (Electronic Verification) still be required for each telehealth service delivery? If so, will this simply be noting a GPS exception for the visit?	**EVV has been postponed until 1/1/2021.**
Can the initiation visits for CCM codes be done via tele-health?	Yes, per current emergency waivers/rules, telehealth can be used to conduct both initial and follow-up visits, as long as the service is feasible and appropriate to provide remotely.
What about Section 102 services?	Yes, Section 102 is not among those services which are listed as “Non-Covered Services” under the current MaineCare Telehealth Rules, so per MaineCare Telehealth Guidance document, medically necessary MaineCare-covered service may be delivered via

Question	Answer(s)
	interactive telehealth services without approval by the Department, if the following criteria are met: 1. Member is otherwise eligible for the covered service as described in the appropriate section of the MaineCare Benefits Manual 2. Covered service delivered by interactive telehealth services is of comparable quality to what it be if it were delivered in person.
State of Maine Workers Comp fee schedule has not been updated to pay for telehealth. This fee schedule is set by state Dept of Labor. We cannot see workers comp patients via telemedicine.	We are checking with the Department of Labor to see if there are efforts to address this current restriction.
FQHC/RHC Specific	
FQHC Health Centers: 1. Virtual Communication (Triage), do we bill FFS (99441-99443 & 948 or FQHC using G0071 on a UB. 2. Telehealth-add GT modifier to the service line and not the T code. 3. For when appropriate	Per expanded emergency waivers and guidance announced on March 27, we will attempt to answer all of the FQHC/RHC questions here as comprehensively as we can in the moment. Please note that policy continues to change rapidly, and we are still awaiting explicit guidance from CMS regarding how and what FQHCs and RHCs can bill for telehealth services. MaineCare and Maine commercial payers: Allow FQHCs and RHCs to serve as originating and/or distant sites, per existing rules. The Maine Primary Care Association is leading a weekly Project ECHO for Community Health Centers, and their next session – **April 7 at 1pm**, will be focused on coding and billing for CHCs, including FQHCs and RHCs. We encourage you to participate! Zoom link: https://echo.zoom.us/j/514069282 Medicare: Under HR 748, Federally Qualified Heath Centers (FQHCs) and Rural Health Clinics (RHCs) will be allowed to act as distant site providers for reimbursable telehealth services under Medicare. This is in effect during the emergency declaration. Several items to note: • Costs associated with telehealth delivered service will not be used to determine the payment amount for PPS/AIR.
When billing Mainecare as an FQHC do we bill codes 99446-99448 under our t-code or separate as in fee for service?	
Is MaineCare allowing RHC and FQHC providers to provide telehealth services as a distant site provider? We are an FQHC and want to make sure we are included in all of the policy changes, too. Can you please verify that? Is telehealth at an FQHC reimbursed by Medicare? Regarding RHC and FQHC, have regulations changed for the provider to be at a distant site as well? Or are we required to still be in the office?	
Will FQHCs who receive a PPS rate vs the FFS rate be compensated with their PPS rate? Do we use E&M codes as	

Question	Answer(s)
well as the telehealth codes 99441, 99442, 99443? Does the modifier go on the telehealth code?	• The Secretary shall develop a special payment methodology to decide the amount of reimbursement the FQHC/RHC will receive when acting as the distant site provider in Medicare. This methodology will be based upon "payment rates that are similar to the national average payment rates for comparable telehealth services under the physician fee schedule." • Until CMS issues more explicit guidance, it is not clear if they can act as the distant and originating site simultaneously and if they will be able to bill for both in one interaction. • At this time, CMS has not issued specific guidance on how it will implement these FQHC/RHC changes. • FQHCs and RHCs can utilize some of the technology-enabled services to treat patients such as the virtual check-in and some of the chronic care management codes, but not others like eConsult. • Virtual check-ins (G0071) can now be used for both new and existing patients (previously restricted to existing patients). • As an interim rule, they are allowing FQHCs/RHCs to use online digital E/M codes for an established patient (99421-99423). Click here for the rule. • For these technology-enabled codes, FQHCs and RHCs will receive a fee-for-service rate, not the PPS. • FQHCs and RHCs are also allowed to provide home nursing visits. Guidance here.
Do FQHC/CHC providers have to update their Medicare enrollment address, with the provider's home address even though the FQHC/CHC are not a professional service biller?	
Can providers in an RHC provide telehealth services to its Medicare population?	
What would our reimbursement be if an RHC site is the distant site, would it be our RHC rate?	
Can FQHC providers bill Medicare patients for telehealth visits?	
There is confusion between virtual communication, online E/M visits and telehealth. An FAQ will FQHC specific billing guidelines would be appreciated.	
How do the Medicare waivers impact FQHC/CHCs ability to provide telehealth services? The lack of information makes it seem like an oversight and that FQHC/CHCs should really be providing telehealth services for its community until HRSA issues otherwise.	
So do you have any recommendation/alternative for an RHC to see Medicare patients remotely?	
What language is in the stimulus for FQHCs?	
Prescribing and DEA	
Prescribing of Controlled Substances - DEA website indicates first episode with a DEA Registered Practitioner must still be a visual (in person or video-audio as a result of the Public Health Emergency). Is there anything that would preempt this allowing for a telephone prescription for a Practitioner's first becoming involved with a patient and does medication being a refill (previously prescribed by a different Practitioner) make a difference in regards to the "visual" requirement?	Per most recent DEA and SAMHSA guidance - DEA notes that practitioners have further flexibility during the nationwide public health emergency to prescribe buprenorphine to new and existing patients with OUD **via telephone** by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the patient in person or via telemedicine. This additional flexibility under which authorized practitioners may prescribe buprenorphine to new patients on the basis of a telephone evaluation is in effect from March 31, 2020, until the public health emergency declared by the Secretary ends, unless DEA specifies an earlier date.

Question	Answer(s)
	This provision (telephone/audio only) is ONLY for patients requiring initiation of buprenorphine. All other instances are still subject to the live audio/video requirement.
As retired PCPs are being called in, we may not have active DEA license to Rx, and also are now uninsured. Any advice on what we can do about these issues to contribute to the cause?	While Governor Mills' March 20 Executive Order includes provisions for physicians, PAs and nurses who have retired within the last two years, and are in good standing, to have their licenses immediately reactivated upon request, the reactivation of DEA licensure and/or malpractice insurance is outside the jurisdiction of the ME BOLIM. Would encourage you to check in with local health systems and organizations who are likely looking for additional providers to assist, and see if they are able to help with expedited DEA licensure and/or insurance. The MHA has reached out to Medical Mutual to ask if the will publicly release guidance on how coverage could be accessed. They are considering it – stay tuned. Per Dennis Smith at ME BOLIM: All licensees of the Board of Licensure in Medicine are required by federal law to obtain a federal DEA registration in order to prescribe controlled substances. So that issue is beyond the jurisdiction of the Board. Second, Maine law does not require that licensees carry medical malpractice insurance. So – again – this is beyond the jurisdiction of the Board. However, licensees do have some immunity for participating in voluntary activities pursuant to 24 M.R.S. § 2904.
TeleDentistry	
Since LD2146 regarding the use of telehealth in dentistry is on hold so to speak is there anything in place for an emergency version of that to enact for screening services?	Teledentistry is NOT currently allowed in Maine, although it is under discussion. Per COVID-19: A Message from the Board of Dental Practice on March 25, 2020: Use of "teledentistry" as an alternative delivery of patient care: the current Dental Practice Act does not authorize licensees to engage in teledentistry. There is proposed legislation in the Maine State Legislature (LD 2146) authorizing such use, but the bill has been carried over to any Special Session of the 129th Legislature. See link to status of LD 2146: Status of LD 2146
FQHCs need guidance on teledental during the crisis	
Will MaineCare allow telehealth for dental?	
	Clarification: Regarding teledentistry, this is not a Board restriction. The rules and regulations specifically state that unless authorized in statute, it can't be done. This is a legislative timing issue, not a board edict.
Licensure, Malpractice	

Question	Answer(s)
Lisa Letourneau - Did you say the state of Maine is expediting the process to get a state professional license, and is that for all boards (e.g., Speech Pathology)?	Yes, under Governor Mills' March 20 Executive Order - a physician, physician assistant or nurse who is licensed in good standing in another state and who has had no disciplinary or adverse action in the the past ten years, and who seeks immediate licensure to assist in the healthcare response to COVID-19, shall forthwith be issued an emergency Maine license that shall remain valid during the state of emergency. All physicians, PAs and nurses licensed under this provision may provide health care services in-person in ME or across state lines into Maine using telemedicine. License application fees for these emergency licenses will be waived. The Order also includes provisions for physicians, PAs and nurses who have retired within the last two years, and are in good standing, to have their licenses immediately reactivated upon request, with licensure application fees waived. The Order applies to the Board of Medicine, Board of Osteopathy and Board of Nursing, and impacts physicians, physician assistants and nurses.
Can we care for patients who have moved out of the state due to COVID 19 without licensing issues? Can members outside of Maine during covid19 still receive service?	This will depend on the state the patient is located in, however there are many states (like Maine) which are allowing emergency licensure or waiving the licensure requirement. The FSMB is tracking this via emergency declarations, and the most up to date list is here: https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf
If a Maine citizen is temporarily out of state, can outpatient behavioral health service be provided via Telehealth? Are you aware of leniency on the part of all states regarding the requirement that clinicians be licensed in the state the client is physically sitting in at the time of session? Is this a licensing issue, or a payer issue?	This will depend on the state the patient resides in, however the FSMB is tracking this via emergency declarations, and the most up to date list is here: https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf For Medicare, the Secretary issued a 1135 Waiver for "requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state." Notice here.
We have a referral of a client that is in another country visiting and has not been able to return due to travel restrictions and Covid-19 response in the country she is visiting. Can we serve? How do we find out telehealth rules in a different country?	Telehealth policies in other countries are very diverse, however few are as comprehensive/complicated as those here in the U.S. We are not familiar with these international policies given our U.S. based funding, but would be happy to connect you with someone who works in the international telehealth space if you'd like to email us with more info (e.g. which payer is involved, which country is the patient in, etc.): netrc@mcdph.org

Question	Answer(s)
Maine Mutual has said they will not cover malpractice when the provider is working in a state where they are not licensed. Can you address this?	While coverage is ultimately up to the carrier, perhaps checking in with the Maine BOLIM would be helpful in respect to facilitating a broader discussion with state-wide carriers, and subsequent potential change in specific carrier's stances.
Can I work and bill from a Maine organization with a Maine license if I am physically located in NH at the time of the telehealth visit?	Yes, you are licensed in the state where the patient is located (ME), so you can provide services and bill.
I have not seen guidance regarding higher education facilities providing mental and medical health to students. These are not fee for service based services but rather are a part of the students comprehensive fees paid each semester. Can Maine licensed clinicians (LCPC/LMFT/LCSW), provide telemed services to our students near (in Maine) and far (those outside the state). We are providing services only to our university's registered students. I spoke with the Licensing Board who stated that because they do not regulate telemedicine there are no rules prohibiting the service by Maine licensed clinicians to students who may presently be in another state due to COVID-19. I believe the answer is yes because the service is provided by the clinician and the clinician is in Maine on our campus therefore the student is entering the HIPAA compliant telemedicine portal "office space" which is in Maine. What are your thoughts? I am licensed in Maine and provide services to boarding schools. Many of the students are distance learning from home and have been unable to establish services in their home state. Can I provide telehealth to other states and prescribe across state lines?	Yes, your Maine licensed clinicians can provide telehealth visits to students in Maine, as they would if they were on campus, using a videoconferencing platform, or via phone if video is not available. Per emergency waiver, the platform doesn't have to be HIPAA compliant (although a good idea if possible), however you cannot use public facing applications, such as FaceBook Live, TikTok, etc. See OCR Guidance for additional detail. As for students who are currently located in other states - a growing number of states are enacting emergency waivers on licensure requirements (provider must be licensed in the state where the patient is located), and you can identify if that is the case in the states your students are located in, via the FSMB website.
As mental Health therapists have there been any changes/ ease made to being allowed to work with clients using telehealth across state lines?	Yes, Medicare and Medicaid requirements to be licensed in the patient state have been temporarily waived if they are enrolled in Medicare, have a valid license in the state which relates to Medicare enrollment, in furnishing services in the state where there emergency is occurring, and not excluded from practicing in that state or any other state that is part of the emergency. State requirements still apply.

Question	Answer(s)
	Many states are enacting emergency waivers on the licensure requirement as well (provider must be licensed in state where patient is located), or providing emergency licensure, for both medical and mental health providers. The FSMB is tracking this by state, and the information is available here.
Consent and Documentation	
In what context are referring to verbal "consent" being ok? is this consent for tx or consent for disclosure of info. or both? When it says "Patient consent is required, however verbal consent is acceptable (i.e. written consent not required)" does that mean consent for telehealth or for all documents that a service might use (service consent, release of information, treatment plans) When using telehealth, how do we proceed with documents that might need client's signatures? Are we able to write verbal consent on the document at the time, then get the signature at a later time when things go back to normal?	Yes, during the COVID-19 public health emergency, verbal consent is currently acceptable for treatment, disclosure and for telehealth services. Verbal consent should be documented by the provider in the patient file. There is **one exception to the waiver of written consent**, per March 20 MaineCare Guidance: Under Sections 17, 28 and 65 - Verbal approval of **assessments or treatment/service plans** is not an acceptable form of approval under MaineCare policy, with exception to servicing members who are homeless and have no other means of obtaining written approval. Signature must be attained when that becomes possible. Contact the NETRC (netrc@mcdph.org) for sample consent forms. Consent forms can also be uploaded and shared in some technology platforms.
How do you go about informing patients that they are going to be billed for the telehealth visit? Do you need to get patient consent for billing or just telehealth?	You need to inform patients of any charges they will be billed for the telehealth visit (e.g. co-pays, out-of-pockets) much like you would for in-person visits. You do not need to obtain separate consent for billing. The OIG is providing flexibility to reduce or waive fees, and some health plans are also doing so.
Is verbal consent required each time?	This will depend on the care case as to exact length of time the consent is valid, but the timeframes should be consistent with in-person services of the same type. If consent is typically annual, go with that. If it is typically every three months, go with that.
Is a new consent required to begin telehealth services?	If you have not previously provided telehealth services to a patient, then Yes, it is prudent to get a new consent, given the new modality of care. That consent can be verbal.

Question	Answer(s)
Are telehealth documentation requirements similar to a face to face visit, minus the physical exam?	Telehealth documentation is quite similar to a face to face visit. Depending on the EHR used it may be best to template the encounter to include the end and start time of the visit, and the method of connection. For example: live video, phone, live video attempted resorted to phone.
Are platforms like DocuSign acceptable to get signatures on behavioral health documents (e.g. treatment plans, comp assessments)?	Yes, Docusign is acceptable to obtain signatures on behavioral health documents.
Do you have a sample MaineCare compliant ITV written consent form that we could email to the patient prior to the telehealth appointment? How do we get copies of the sample consent forms mentioned?	You can email the NETRC team to request samples – netrc@mcdph.org Per MaineCare Consent Requirements, the information should be presented in a format and manner that is understable to the Member, and include the following: • Description of the telehealth services and what to expect; • Explanation that the use of telehealth for this service is voluntary and that the member is able to refuse the telehealth visit at any time without affecting the right to future care or treatment or loss or withdrawal of MaineCare benefit; • Explanation that MaineCare will pay for transportation to a distant appointment if needed; • Explanation that the Member will have access to all information resulting from the telehealth service provided by law; • The dissemination, storage or retention of an identifiable Member image or other information shall comply with federal and state laws and regulations requiring confidentiality. • Informed of all parties who will be present at the receiving and originating site and have the right to exclude anyone from either site; and • Member has the right to object to videotaping or other recording of consult.”
HIPAA/Privacy/Security	
Our current telehealth tool is not meeting the needs of group sessions due to technical limitations, but we would be able to launch another web-based platform rather expeditiously. They have relevant documentation describing their HIPAA compliance, but as of yet, I do not have a signed Business Associate Agreement from them. Would we be able to use it in the absence of a signed BAA?	Yes, under the current Emergency Declaration, HIPAA restrictions have been relaxed, (see OCR Guidance) however would encourage you to ensure that the BAA is put in place as soon as possible, as things are likely to go back to baseline in respect to HIPAA, post COVID-19, and emergency waivers and orders are lifted.

Question	Answer(s)
Can I have documents sent to my home via fax without a BAA?	The OCR guidance doesn't specifically address information sent via fax, however if you were to ensure that the fax is located in a secure location that cannot be accessed by others not involved in patient care, what you describe seems like it may fit within the "good faith" provision – see excerpt below: "Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency." Note: If the organization sending you a fax already has a BAA with your healthcare organization, you may be covered as an employee.
For telehealth formats (not sure if that is right term?), does HIPAA have specific requirements for a web format to have in order for it to be used for telehealth purposes? How do we know if a format (Zoom/Skype/Etc?) has been approved by HIPAA standards?	Under the current Emergency Declaration, HIPAA restrictions have been relaxed, (see OCR Guidance), and HHS has stated that non-HIPAA compliant solutions, including Skype and FaceTime (non-public facing) are ok to use during COVID-19. That said, would encourage you to look at HIPAA compliant solutions now, given that things are likely to go back to baseline in respect to HIPAA, post COVID-19, and emergency waivers and orders are lifted. Here's a Telehealth Vendor Resource Guide developed by the Adirondack Health Institute which covers key considerations and potential technology options.
What about using WhatsApp? for telehealth. Our immigrant patients are most comfortable with this platform. Is WhatsApp acceptable during this period of time for telehealth?	WhatsApp does have video capability. That said, it is owned by Facebook, so is public facing. OCR does not consider this an ideal platform.
Facebook Live is not ok. What about establishing a private Facebook group, by invite only, that can video chat with a group? Is this also the same for creating a private Facebook group for private group video conference that is invite only?	Because OCR Guidance has explicitly stated that FaceBook is not okay, since it is a public facing platform and at higher risk for malicious activity (hacking), we do not recommend its use for healthcare or mental health services.

Question	Answer(s)
Do you have guidance on how to obtain a BAA from large organizations like Apple (FaceTime) and Facebook for Video Messenger?	A BAA, Business Associate Agreement, is an agreement between a healthcare organization and a third party vendor to establish an agreement that PHI will be protected while using the vendor's tools/applications. Apple, FaceTime, Facebook Messenger are not generally in the medicine business so it is unlikely they offer or have BAA's. While Apple is getting more involved in healthcare it is application specific so the BAA would likely be with the owner of the application and not Apple.
If physicians want to do telehealth video with their personal devices, are they able to block their phone number?	On either your traditional landline or mobile smartphone, dial ***67** followed by the number you want to call. When using ***67**, the person you're calling sees a message such as "blocked" or "private number" when their phone rings. ***67 does** not **work** when you call toll-free numbers or emergency numbers including 911. There may be vendors that can provide a video platform that can be used on a desktop or cell phone that calls are routed through a call center so the number that appears after the call is complete is not a personal phone number. There are also instruction on how to change FaceTime's caller ID to your work email or any other email - reach out to the NETRC (netrc@mcdph.org)
Is there really a reason I cannot use my home zoom account? this would be so much better than telephone and I could bill higher for it and help my organization financially. Is Zoom considered appropriate by Medicare?	Under the current Emergency Declaration, HIPAA restrictions have been relaxed, (see OCR Guidance) and Zoom has been listed as an appropriate platform/solution. That said, we would encourage you to identify a HIPAA compliant option for use post COVID-19, as things are likely to go back to baseline when emergency waivers and orders are lifted.
Technology	
Is there a way to access technology to boost internet connections in rural parts of Maine where the current resource doesn't support interactive telehealth platforms? We are having to do telephonic in HCT in these rural areas-it is not as effective and is limiting the service that we can provide through HCT and Outpatient Services.	Healthcare, education and employers are all challenged by areas in Maine with poor to no connectivity, both broadband and cellular. Any intended video telehealth visit can occur by phone and be billed, when the resident does not have adequate connectivity. Some web conferencing platforms work better or worse, in lower internet speeds (we're all waiting to hear which work better!) Some telecommunication companies are offering low cost or temporary free services, it depends on the company and area. Maine based resources include the ConnectME Authority (Maine's broadband agency), and the National Digital Equity Center. Be sure to ask the patient if another family member or partner has a smartphone that can be borrowed for a telehealth visit (but only if there is no risk of sharing).

Question	Answer(s)
	There are several efforts underway through ConnectME and others to build broadband coverage in the state. The USDA Distance Learning and Telemedicine Grant Program funds telehealth equipment and software, and currently has an open RFP, however the deadline is quickly approaching - April 10, 2020. **The USDA has just announced a second, emergency round of funding to assist stakeholders who cannot make the April deadline. Because many applicants will not be able to finish their applications due to the COVID-19 virus, the agency believes that sufficient funding will be available for Window 2. The agency also reserves the right to increase funding utilizing the application queue under this FOA should additional appropriations become available for the same purposes. **2nd APPLICATION WINDOW: April 14 - July 13, 2020**
I have secured resources, however patients sometimes do not. Please advise.	Assuming you are referencing patient capability to secure wi-fi and/or technology? That's part of where the telephonic capabilities may need to come in for the short term, if they do not have internet connectivity, or devices such as smartphones or tablets. You might also consider working with local healthcare organizations on securing funding for distribution of needed technology among their service area residents. See below for USDA Distance Learning and Telemedicine grant opportunities. When you say "telehealth calls" are you referring to a phone call? If phone calls are being blocked in any way, the phone carrier should be contacted. The state would be interested to know if this is happening with phone calls. If the "call" means sending an email link to a patient, and ending up in the spam folder - it becomes more difficult. If a health system is emailing a telehealth link to a patient, and it is going to their spam folder, it is difficult to know if the problem is the internet, the device, or the email software.
Can the State assist with some of the anti-spam filters that have been put in place by large communication vendors like	This is a good idea, but is beyond the scope of our technical assistance capacity.

Question	Answer(s)
Verizon or US Cellular? Provider telehealth calls are being misidentified as spam callers.	
Are you going to provide funding to purchase telehealth equipment for clients such as trac phones or tablets?	DHHS does not currently have funding to support the purchase of telehealth equipment, however we are hearing from some community-based programs that they are providing trac phones and other devices for their clients, through various funding sources, and/or in partnership with other partners, like Agencies on Aging, which are receiving additional funds through the CARES Act. The USDA Distance Learning and Telemedicine Grant Program funds telehealth equipment and software, and currently has an open RFP, however the first deadline is quickly approaching - April 10, 2020. **The USDA has just announced a second, emergency round of funding to assist stakeholders who cannot make the April deadline. Because many applicants will not be able to finish their applications due to the COVID-19 virus, the agency believes that sufficient funding will be available for Window 2. The agency also reserves the right to increase funding utilizing the application queue under this FOA should additional appropriations become available for the same purposes. **2nd APPLICATION WINDOW**: **April 14 - July 13, 2020** Also - the FCC announced a program that **may** help address this. https://docs.fcc.gov/public/attachments/DOC-363381A1.pdf "...the Program would help eligible health care providers purchase telecommunications, broadband connectivity, and devices necessary for providing telehealth services. These services would directly help COVID-19 patients and provide care to patients with other conditions who might risk contracting the coronavirus when visiting a healthcare provider—while reducing practitioners' potential exposure to the virus."