

Telehealth in Hospice and Palliative Care: Best Practices for Administrators

During the early days of the COVID-19 pandemic, most hospice and palliative care providers pivoted quickly to short-term telehealth solutions in order to continue to serve patients during an unprecedented time of change. However, due to the unplanned transformation of the healthcare system, this technology has become part of the “new normal.” For many hospice and palliative care providers, both the need and the capacity for telehealth services have never been greater.

This document serves as a guide to best practices for administrators and managers as they develop, implement, and maintain telehealth programs. A companion document, *Telehealth in Hospice and Palliative Care: Best Practices for Clinicians*, should be used as a resource for direct patient care staff who will be completing telehealth visits. This resource can be used during onboarding and orientation, supervised visits, and as a teaching tool for continuous learning. The clinician guide includes space for agencies to add their own custom information such as IT support phone numbers, specific telehealth platform troubleshooting tips, or agency telehealth policy reminders.

Appendices included in this document are as follows:

- Appendix A: Recommended Contents of a Telehealth Authorization Form
- Appendix B: Recommended Contents of a Telehealth Communication Waivers
- Appendix C: Recommended Contents of a Telehealth Technology Guide for Patients
- Appendix D: Recommended Patient and Caregiver Telehealth Screening Questions

Please note that these documents are intended as best practice guides and that the information and resources were accurate at the date of publication (March 2023). Please carefully review the guidance included in this document regarding compliant coding and billing practices for telehealth visits. Agencies are encouraged to confirm current telehealth regulations and state-specific laws when implementing and managing telehealth programs, as telehealth flexibilities may have changed after publication.

Hospice providers: please note Item D in the following regulation, CFR 418.204: Special coverage requirements, published on April 6, 2020. Please refer to NHPCO's [Guidance for the use of Telehealth in Hospice and Palliative Care - March 16, 2023](#) for more detail on appropriate use of telehealth following the end of the COVID-19 Public Health Emergency.

§ 418.204 Special coverage requirements

(a) Periods of crisis. Nursing care may be covered on a continuous basis for as much as 24 hours a day during periods of crisis as necessary to maintain an individual at home. Either homemaker or home health aide (also known as hospice aide) services or both may be covered on a 24-hour continuous basis during periods of crisis but care during these periods must be predominantly nursing care. A period of crisis is a period in which the individual requires continuous care to achieve palliation and management of acute medical symptoms.

(b) Respite care.

(1) Respite care is short-term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual.

(2) Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.

(c) Bereavement counseling. Bereavement counseling is a required hospice service, but it is not reimbursable.

(d) Use of technology in furnishing services during a Public Health Emergency. When a patient is receiving routine home care, during a Public Health Emergency as defined in § 400.200 of this chapter, hospices may provide services via a telecommunications system if it is feasible and appropriate to do so to ensure that Medicare patients can continue receiving services that are reasonable and necessary for the palliation and management of a patients' terminal illness and related conditions. The use of such technology in furnishing services must be included on the plan of care, meet the requirements at § 418.56, and must be tied to the patient-specific needs as identified in the comprehensive assessment and the plan of care must include a description of how the use of such technology will help to achieve the goals outlined on the plan of care.

[48 FR 56026, Dec. 16, 1983, as amended at 55 FR 50835, Dec. 11, 1990; 74 FR 39413, Aug. 6, 2009; 85 FR 19289, Apr. 6, 2020]

Planning

1. Identify Telehealth Program Goals
 - a. What do you hope to accomplish by offering telehealth services? (e.g., keep staff and patients safe, improve efficiency, provide greater patient access, reduce team burnout, etc.)
 - b. Based on payment model, what disciplines on your staff would you like to utilize telehealth technology?
 - i. Fee-for-Service
 1. Palliative Care (Medicare Part B – physicians, APRNs, etc.)
 2. Hospice (Medicare Part A – face-to-face encounters and interdisciplinary team)
 - ii. Value-Based (e.g., physicians, APRNs, social workers, chaplains, etc.)
 - iii. Be aware of state laws that govern allowable disciplines for telehealth. See Further Resources for more information.
 - c. What type of telehealth services do you want to provide? (e.g., synchronous only, synchronous and virtual check-in, etc.)
 - d. Who will schedule, create, and send telehealth appointment links to clinicians and patients/families?
 - i. What policies will you put into place to minimize missed appointments or “no-shows”?
2. Personnel Needs
 - a. Who on your team will manage the telehealth service? Considerations for personnel needs may include:
 - i. Coordinating platform selection and acquisition
 - ii. Developing telehealth policies and procedures
 - iii. Procuring equipment and space
 - iv. Managing access
 - v. Training staff (initial training, as well as ongoing education for existing staff and new hires)
 - vi. Screening patients for telehealth capacity and appropriateness
 - vii. Scheduling, creating appointments, and distributing telehealth visit links to staff and patients
 - viii. Monitoring regulatory and compliance issues, such as HIPAA compliance and utilization of appropriate telehealth billing codes
 - ix. Collecting and analyzing data
 - x. Monitoring patient/staff satisfaction
 - b. How will the designated telehealth manager be supported by internal and/or external technology expertise? (e.g., evaluate connectivity options, provide orientation for patients/caregivers, troubleshoot technology issues, etc.)
3. Accessibility and Equity
 - a. What segment of your patient population will have access to your telehealth services?
 - i. What questions will you need to ask patients to determine their capacity and appropriateness for receiving care through telehealth?
 - ii. Will each patient be screened for telehealth services upon admission, or only on an as-needed basis? (See Appendix D).
 - b. Will your organization establish a standard for determining when telehealth is appropriate, or will clinicians be permitted to make the determination on a per-patient or per-visit basis?
 - i. Routine visits and reassessments are often appropriate for telehealth
 - ii. Complex assessments, responses to falls or other safety concerns, and death verifications are examples of visits that would not likely be appropriate for telehealth
 - iii. Consider utilizing triage/acuity level to guide determination of whether telehealth is appropriate
 - c. How will you ensure that patients across diverse populations are offered the telehealth services that are beneficial to them?
 - i. How will interpreting and other assistive services be made available via the telehealth platform?

Select A Technology Platform

1. Assess, Select, and Acquire Telehealth Platform Access
 - a. Do you want to buy a turnkey solution or build your own platform?
 - b. Beyond video conferencing, what type of additional functions might you wish to integrate on the platform now or in the future?
 - i. Peripheral devices (stethoscopes, blood pressure monitors, etc.)
 - ii. Remote patient monitoring tools
 - iii. Translation services
 - c. What are important platform selection criteria?
 - i. HIPAA compliance
 - ii. Minimum staff and patient hardware and connectivity
 - iii. Upload and download capabilities
 - iv. Ease of use for both staff and patients
 - v. Integration into existing workflow and HER
 - vi. Maintenance and upgrade extensions
 - vii. Upfront and monthly costs
 - d. Who are some of the many vendor solutions to consider? Do you have an existing relationship? Can your EMR vendor integrate telehealth?
 - e. What hardware and connectivity will staff and patients need?
2. Acquire necessary hardware and connectivity for staff and patients

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Implementation

1. Train staff on platform use, technical problem solving, and service expectations
 - a. Which disciplines will utilize telehealth technology?
 - i. Will you identify a dedicated team for all telehealth visits, or will all staff be trained?
 - b. How will you incorporate telehealth training into your agency's orientation and ongoing educational programming?
 - i. Training content should include
 1. Patient privacy regulations
 2. Service expectations
 3. Technical telehealth platform use, including scheduling and sending invitations to patients and families
 4. Troubleshooting technical problems
 5. Professional etiquette and conduct in virtual settings
 6. Appropriate documentation, including coding and billing
2. How will you ensure that your staff, patients, and families have appropriate "buy in" to the telehealth service?
 - a. Will you engage marketing and business development teams in introducing telehealth to your patient population?
3. Obtain patient or legal representative authorization for telehealth usage and a waiver for other forms of communication
 - a. What should be included in a Telehealth Authorization Form that provides patient consent for this type of visit? (See Appendix A)
 - b. What should be included in a Communication Waiver if patient is willing to use unsecured means of communication? (See Appendix A)
4. Schedule Patient Visits and Provide Initial Technology Orientation
 - a. Who will provide the initial technology orientation and instructions to the patient/caregiver and what will it contain?
 - b. What procedures should clinicians follow for no-shows, connectivity issues, or other technology problems?
5. Conduct and Document Visit
 - a. What amount of time should be allocated for different types of visits, including documentation time?
 - b. How much time should be allocated between visits, to allow for visit preparation, clinician personal needs, troubleshooting, etc.?
6. Code and Bill for Visit
 - a. Face-to-Face Encounters
 - i. Hospice face-to-face encounters completed through telehealth should be documented as such. Since it is an administrative function, the visit is not billable.
 - ii. For medically necessary visits provided through telehealth during the hospice face-to-face encounter, the hospice should report the E/M code for the visit, using the 95 modifier. If the medically necessary visit is rendered by a nurse practitioner that has been elected as the hospice attending, add the GV modifier so that the Medicare Administrative Contractor (MAC) knows if the visit is to be paid at the ARNP rate (85% of the physician payment) rather than at the physician rate. The modifier 95 must be used for all telehealth services billed to Medicare.

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- b. Virtual Visits on the Hospice Claim Form
 - i. Social worker phone calls can be added to the claim form for all phone calls to patients and families for social work services. Audio-visual requirements do not apply, as this is a long-standing requirement for social work services.
 - ii. No other disciplines in hospice may enter telehealth visits on the claim at this time. Consider developing non-billable visit types in your EMR for all disciplines that will be completing telehealth visits, so that clinicians do not inadvertently document a telehealth visit using a billable/in-person visit code.
- c. Documentation in the Electronic Medical Record (EMR)
 - i. Document all types of visits in the clinical record. If in-person visits were not made, document attempts and reasons for managing care through virtual visits.
 - ii. Document the type of visit that will be completed to manage the patient care in the plan of care.
 - iii. The plan of care should reflect the plan for visits and how this plan is meeting the goals of care in a safe and appropriate manner.

Quality Improvement and Ongoing Monitoring

- 1. Quality, regulatory, and compliance considerations
 - a. How will you ensure that telehealth visits are meeting your organization's quality standards?
 - i. Determine key performance indicators to monitor
 - ii. Incorporate telehealth program into agency QAPI plan
 - b. What audits will you conduct to review documentation of telehealth visits?
 - i. Follow quality standards for the development of targets, high-low parameters, and a control plan if targets are not achieved.
 - ii. Ensure that documentation of telehealth visits meets all applicable regulatory criteria for the relevant visit type (e.g., comprehensive assessment, supervisory visit, etc.)
 - iii. Consider tracking telehealth visit metrics such as:
 - 1. Number of visits
 - 2. Audio or Audio-Visual
 - 3. Scheduled or Unscheduled
 - 4. Visits by discipline
 - c. Update relevant policies and procedures
- 2. What documentation standards will be impacted by telehealth visits?
 - a. Timesheet codes
 - b. Assessment forms
 - c. Consent forms
 - d. Additional authorization forms
- 3. HIPAA privacy
 - a. Staff training
 - b. Invitations to telehealth visits
 - c. Compliant platforms
- 4. Staff competency
 - a. Will you conduct supervised telehealth visits with clinicians to observe their practice?

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Further Resources

Regulations

- U.S. Department of Justice. Guidance on Nondiscrimination in Telehealth https://www.ada.gov/telehealth_guidance.pdf. Retrieved August 30, 2022.
- Provider Bridge. A platform for mobilizing healthcare professionals during COVID-19 and future public health emergencies. Includes multiple telehealth resources. <https://www.providerbridge.org/> Retrieved August 30, 2022.
- Center for Connected Health Policy. Program under the Public Health Institute that provides state-by-state reviews of telehealth policy issues. <https://www.cchpca.org/> Retrieved August 30, 2022.
- Beazley Insurance. Map of U.S. Telehealth laws by state. https://www.beazley.com/beazley_academy/interactive_map.html?utm_medium=paid_search&utm_source=google&utm_campaign=Virtual_Care_US&utm_content=Telehealth_Regulations&gclid=EAlaIqobChMluYfO-dDk-QIV2fbIChOKmwpxEAAAYASAAEgLGIfD_BwE Retrieved August 30, 2022.
- HHS & CMS websites (Retrieved August 30, 2022.)
 - [HHS Telehealth Resource for providers](#)
 - [CMS Medicare Telehealth information](#)
 - [CMS list of telehealth eligible services](#) (link to a spreadsheet of codes)
- Health Resources and Services Administration (HRSA) Telehealth Resource Center [https://www.hrsa.gov/rural-health/topics/telehealth/trcs#:~:text=The%20Telehealth%20Resource%20Centers%20\(TRCs,Regional%20TRC%20in%20your%20state](https://www.hrsa.gov/rural-health/topics/telehealth/trcs#:~:text=The%20Telehealth%20Resource%20Centers%20(TRCs,Regional%20TRC%20in%20your%20state). Retrieved August 30, 2022.
- National Consortium of Telehealth Resource Centers <https://telehealthresourcecenter.org/> Retrieved August 30, 2022.
- Code of Federal Regulations 418.20: Special Coverage Requirements <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418/subpart-F/section-418.204>

Clinician Guidance

- Institute for Healthcare Improvement. Good "Webside" Manner: Recommendations for Effective Virtual Care <https://www.ihl.org/communities/blogs/good-webside-manner-recommendations-for-effective-virtual-care> Retrieved August 30, 2022.
- Reach PC. Telehealth visit outline. https://drive.google.com/file/d/1WONKDR8IYD0X1_SDxFPAXcmaMZ2THPIK/view Retrieved August 30, 2022.

Patient Screening and Access

- [Affordable Connectivity Program](#): provides stipends to patients to access internet services and technology such as laptop, tablet. Retrieved August 30, 2022.
- Centers for Medicare and Medicaid Services (CMS). C2C (From Coverage to Care) patient and provider telehealth resources. <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumer-resources/telehealth-resources> Retrieved August 30, 2022.
- Center for Care Innovations. Screening Patients' Digital Access and Skills for Telemedicine. <https://www.careinnovations.org/virtualcare/resources/screening-patients-digital-access-and-skills-for-telemedicine/> Retrieved August 30, 2022.
- Maryland Healthcare Commission. Telehealth Readiness Assessment Tool https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/TLHT_TRA_Tool.pdf Retrieved August 30, 2022.

Health Equity

- Annals of Family Medicine. Centering Health Equity in Telemedicine. <https://www.annfammed.org/content/20/4/362> Retrieved August 30, 2022.
- Center for Care Innovations, Screening Patients' Digital Access and Skills for Telemedicine <https://www.careinnovations.org/virtualcare/resources/screening-patients-digital-access-and-skills-for-telemedicine/> Retrieved August 30, 2022.

These resources were all confirmed to be available as of this document's publication date. Please ensure that you are consulting up-to-date resources for information on regulatory and clinical guidance.

Appendix A: Recommended Contents of a Telehealth Authorization Form

- Acknowledgement of opportunity to participate in consultation through a virtual platform
- Acknowledgement that explanation provided of how videoconferencing technology will be used, and that such a consultation/visit will not be the same as an in-person patient/health care provider visit as I will not be in the same room as my health care provider.
- Understanding of potential risks to technology including interruptions, unauthorized access, and technical difficulties.
- Acknowledgement of ability that the individual or their healthcare provider can discontinue the telemedicine visit if it is felt that videoconferencing is not adequate for the situation.
- HIPAA information
- Alternatives to virtual visits
- Billing information
- The opportunity to ask questions about this technology; acknowledgement that questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with individual in a language in which they understand.

Appendix B: Recommended Contents of a Telehealth Communication Waiver

- Include explanation of HIPAA compliance via approved platforms of communication (list)
- Understanding that alternative platforms may not protect personal information and are used at the patient's own risk if that is their preference (list)
- Acknowledgement statement including patient's selection of acceptable alternative unsecure communication platforms: text message, email, other_____
- Preference for Patient Experience Survey (if applicable): mail or email

Appendix C: Recommended Contents of a Telehealth Technology Guide for Patients

- Use neutral terminology to describe devices to be applicable to a wide range of patients. For example, use "handheld device" instead of a brand name or specific device type.
- Use neutral terminology to describe telehealth platform or be prepared to adjust the patient guide if telehealth platform changes.
- Address internet bandwidth/connectivity challenges and establish process for patients to follow if connection fails during a visit
- Use font size and type that is easy to read for your patient population
- Ensure that materials are written at an appropriate reading comprehension level, and that technical terms are described in a manner that will be understandable for patients and caregivers who may be unfamiliar with telehealth technology.
- Consider offering guides in multiple languages, depending on your patient population

Appendix D: Recommended Patient and Caregiver Telehealth Screening Questions

Does the patient and/or authorized representative:

- Understand the services that are available via telehealth and the reason that the visit will be made via telehealth?
- Have access to a device to complete the telehealth visit?
- Have a reliable internet connection?
- Require interpretation services or other assistance to complete the telehealth visit?
- Have access to a private setting in which to complete the telehealth visit?
- Require assistance from a caregiver to complete the telehealth visit?