January 13, 2023

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Subject: ***Telehealth Services***
Report 2022-12

The final report for Telehealth Services Report 2022-12, is attached. We would like to thank all members of the department for their cooperation and assistance during the review. Because there were no observations, there are no recommendations and a formal response to the report is not requested.

UC wide policy requires that all draft reports be destroyed after the final report is issued. We also request that draft reports not be photocopied or otherwise redistributed.

Christa Perkins Digitally signed by Christa Perkins
Date: 2023.01.13 14:50:54 -08'00'

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UC San Diego

AUDIT & MANAGEMENT ADVISORY SERVICES

Telehealth Services
Report No. 2022-12
January 2023

FINAL REPORT

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I. EXECUTIVE SUMMARY

Audit & Management Advisory Services (AMAS) has completed a review of Telehealth Services as part of the approved audit plan for Fiscal Year 2021-22. The objective of our review was to evaluate whether internal controls for UCSDH telehealth services provide reasonable assurance that operations are effective, financial results are accurate, and activities are compliant with relevant policies and procedures.

Based on our review, we concluded that internal controls for UCSDH telehealth services provide reasonable assurance that operations are effective, financial results are accurate, and activities are compliant with relevant policies and procedures. UCSDH has an established Telehealth program with strong leadership dedicated to ensuring there are appropriate policies and procedures implemented and monitored, receiving Program accreditation in 2019 and 2021. Management utilizes a flow specialist to optimize telehealth services, including meeting with individual departments to review processes and evaluating effectiveness through review of customer net promoter scores and efficiency measured by technical tickets. In addition, the Telehealth program has received approval to hire at least one additional flow specialist to help manage the increase in utilization of telehealth services and explore. Provider Education and the Telehealth Operations team partner to offer support and guidance to the clinics from scheduling a telehealth visit, billing visits for reimbursement and verifying that providers have an appropriate delineation of privileges.

We noted strong practices in the following areas:

- ***Governance Structure*** – During our review, Telehealth management restructured the governance and oversight for the program to further enhance leadership and organizational oversight for the program. These changes appear to place the Telehealth Program in an appropriate position to succeed organizationally.
- ***Professional Billing (PB) Billing and Operations*** – We conducted detailed analysis of PB Telehealth charges and confirmed that co-pays were being processed appropriately and verified documentation was complete and in compliance with policy and procedures.
- ***Hospital Billing (HB)*** – Hospital billing charges represented a small portion of overall Telehealth charges. Management will be reviewing whether inclusion of the HB data in the dashboard reports will be beneficial.
- ***Provider Education*** – We noted that Provider Education reviews billing and compliance issues while working closely with the Telehealth Program, departments and providers. The Provider Education clinical documentation reviews and quality review processes specific to Telehealth Program services provide continuous feedback to providers, Telehealth Program management and UCSDH leadership. Overall, processes for routine auditing, monitoring, and provider education related to Telehealth appeared effective.

Additional information on these conclusions is provided in Section IV. of this report.

II. BACKGROUND

Audit & Management Advisory Services (AMAS) has completed a review of Telehealth Services as part of the approved audit plan for Fiscal Year 2021-22. This report summarizes the results of our review.

The term "telehealth" refers broadly to electronic technology and telecommunication services to provide healthcare and services at a distance. "Telemedicine" is the practice of medicine using technology to deliver services from a distant site, and medical information is exchanged from one site to another via electronic communications to improve a patient's health status. All telemedicine falls under the broad scope of telehealth, but not all telehealth is telemedicine. Telemedicine may occur between two healthcare providers, between a provider and a patient or various other combinations and include various locations. The Telemedicine services at the UC San Diego Health (UCSDH) include:

- Video visits
- Telephone visits
- Online second opinions and imaging reviews
- Interpreting and language services
- Secure online communications and medical records

UCSDH Enterprise Telemedicine policy UCSDHP 302.1, last revised on October 27, 2020, is the institutional policy applicable to all parts of UCSD Health Sciences, including the UCSD School of Medicine, Skaggs School of Pharmacy and Pharmaceutical Sciences and UCSDH. The scope of this policy applies to any team member participating in clinical activities at UCSD Health Sciences.
As a result of the 2019 Novel Coronavirus (COVID-19) pandemic, UCSDH has expanded the availability of telehealth services, allowing patients to receive certain services from their home through a phone or video call. This expansion of services has allowed providers to deliver care remotely to patients for services such as office visits, express care, and other non-emergency services. The Secretary of the Department of Health and Human Services (HHS), under section 319 of the Public Health Services Act, issued a Public Health Emergency (PHE) as a result of the confirmed cases of the COVID-19 effective January 31, 2020. There has been a rapid increase in the use of telehealth due to the COVID-19 pandemic for both mental and physical health concerns.

The Centers for Medicare & Medicaid Services (CMS) is a federal agency that is charged on behalf of HHS with administering programs for protecting the health of all Americans, including Medicare, the Marketplace, Medicaid, and the Children's Health Insurance Program. CMS has issued policy changes related to telehealth since the COVID-19 pandemic to temporarily expand access to and coverage of telehealth services and ease certain restrictions, as did most private insurers. Remote care reduces the use of resources in health centers, improves access to care, and minimizes the risk of direct transmission of an infectious agent from person to person. The federal government has taken steps to make providing and receiving care through telehealth easier under the PHE, including more flexibility for providers billing for telehealth services. The rules surrounding provider licensure requirements are governed by each state's government, since the states retain the licensing authority for clinical services rendered within each state. At UCSDH, current implementation guidance anticipates that for all telehealth services, the doctor and the patient will provide and receive their care within the State of California. Processes are in place to review and approve special circumstances with UCSDH Telehealth

Program (Telehealth Program) management and UCSDH Legal Counsel for a provider licensed to practice in a separate state for a patient to receive care in that state.

Although the rules for providing clinical services, including telehealth services, are determined by the physical location of the patient, it is required that any provider rendering services to a patient meet the licensing requirements of the state where the patient is located. Though some states have accommodated interstate practice, each state has unique licensure laws, even during the PHE. Therefore, providers who are not licensed to practice in the state where the patient is located may face personal liability in the form of administrative enforcement action (e.g., disciplinary action by the state medical board) and/or enforcement of civil and/or criminal statutes for unlawful practice of medicine.

Going forward, it is expected that telehealth services will continue as a viable and even preferred form of care delivery beyond the duration of the pandemic. As the COVID-19 pandemic escalated, UCSDH quickly scaled up the telehealth programs to minimize care disruptions for UCSDH patients. Associated risks include ensuring the protection of patient information, the capture and retention of patient documentation, accurate billing, appropriate provider credentialing, and effective processes for scheduling patients.

The Telehealth Program was established in 2009 and is led by the current Clinical Director who has been conducting telehealth since 2000, and the Director of Telehealth Operations. In 2019, the Telehealth Program received healthcare accreditation from the Center for Healthcare Quality Institute (CHQI). In 2021, when eligible for accreditation renewal, UCSDH Telehealth went through the accreditation process with the Utilization Review Accreditation Commission (URAC), which replaced CHQI and is the entity which sets standards for telehealth services. The Telehealth Program received accreditation for telehealth services, with full accreditation effective September 1, 2021 through September 1, 2024.

Telehealth Program Technology

The recommended UCSDH telehealth workflow for outpatient encounters is the use of MyChart Video Visits (MCVV) as it addresses the key process steps, including telehealth consent; financial disclosures; Notice of Privacy Practices (NPP); and the attestation of a patient's location in California. See **Attachment A** for the MCVV provider checklist for steps for scheduling and the patient to perform, and ultimately the provider. The provider checklist includes specific steps to be completed by the provider for each visit including medical chart and after visit summary documentation and charge capture processes. Each visit's documentation in UCSDH's Epic electronic medical record system (Epic) is expected to include an online consent and acknowledgement that the patient received information regarding their financial obligation, the required NPP, and acknowledgement that the patient was in California at the time of the telehealth evaluation.

If for any reason a provider needs to use video software other than MCVV, the only other approved platform is Doximity. The patient is encouraged to complete the eCheck-in process in advance. If the patient is not able to complete eCheck-in, or not able to use MCVV for any reason, it then remains the responsibility of the UCSDH provider to perform these tasks before beginning the treatment portion of the visit and document it in Epic. For example, the provider must obtain from the patient verbal consent, verbal disclosure of financial responsibility, provide a link to the NPP, and verify the patient is in the State of California.

Provider Education

The Provider Education Team (Provider Education) reviews billing and compliance issues and works closely with the Telehealth program in addition to departments and providers. Resources devoted to billing and compliance are located on the Pulse Telehealth Resource[1] and Provider Education pages[2]. Provider Education conducts clinical documentation reviews, including a monthly review of Evaluation & Management (E&M) charges with documented quality review processes specific to Telehealth Program services. These processes include auditing, identification of risk areas, conducting education with the department and/or provider, re-auditing and then, if any issue persists, reporting to the Office of Compliance & Privacy (OCP) and UCSDH leadership for further review and provider education.

Professional Billing (PB) – Telehealth Services

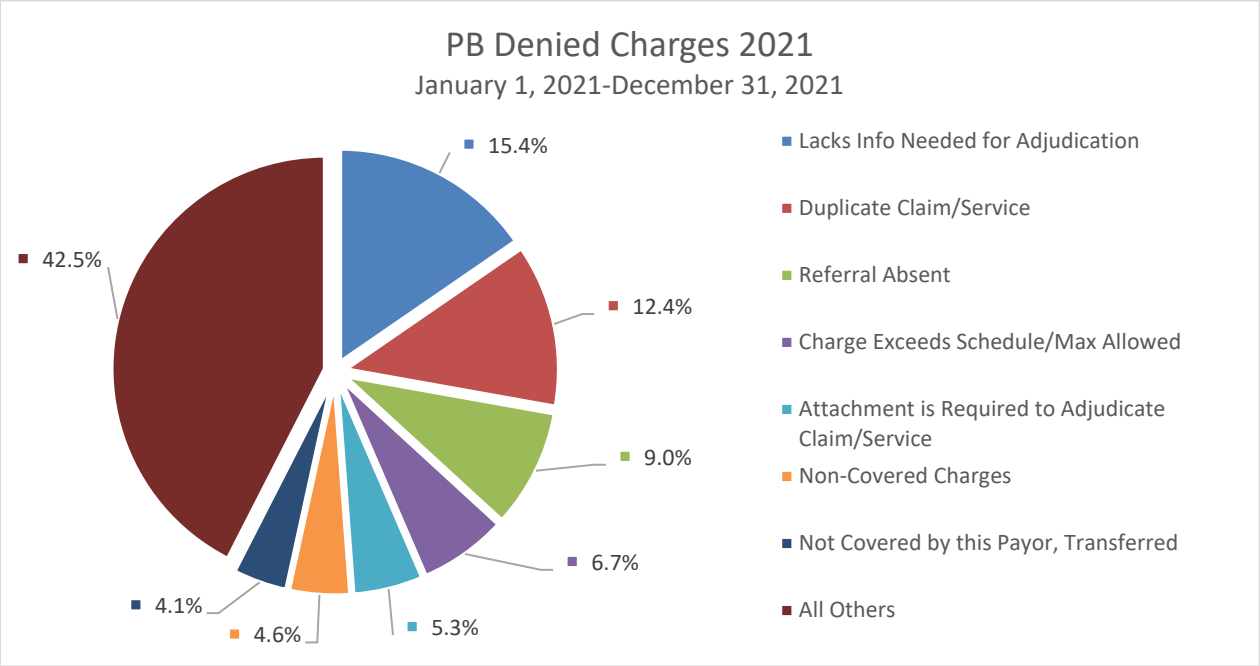
Outpatient encounters are billed through the Professional Billing (PB) module in Epic. Based on calendar year 2021 PB data, there were on average 670 telehealth procedures each day at UCSDH, and specialties represent over 75% of those telehealth services. For services in calendar year 2021 Epic patient transaction data provided by UCSDH Revenue Cycle Information Services (UCSDH Revenue Cycle IS), indicated the following metrics as of August 10, 2022:

PB Telehealth Procedures – 2021 January 1, 2021 to December 31, 2021	
Telehealth Procedures (#)	244,561
Charge Amount	$73,293,061
Payment Amount	($31,295,410)
Adjustment Amount	($41,346,906)
Outstanding Amount	**$650,745**

Telehealth Denials

For calendar year 2021, we noted there were 17,005 denied claims and $5,751,907 in denied charges, or 7.8% of total charges. The top four reasons (Lacks Info Needed for Adjudication (15.4%), Duplicate Claim/Service (12.4%), Referral Absent (9.0%) and Charge Exceeds Schedule/Max Allowed (6.7%)) represent approximately 44% of all reasons for denials. The overall significant reasons noted for denials are presented below.

[1] https://pulse.ucsd.edu/departments/EMR/ResourceLibrary/Pages/Telemedicine-Resources.aspx
[2] https://pulse.ucsd.edu/departments/revcycle/departments/providereducation/Resources/Pages/Telemedicine-.aspx



Denied charges are not the responsibility of UCSDH Telehealth Operations Management, but are considered to be a significant aspect of the financial processing of healthcare services in general.

Hospital Billing (HB) – Telehealth Services

Hospital-based encounters are billed through the Hospital Billing (HB) module in Epic. Based on HB data provided by UCSDH Revenue Cycle IS for telehealth services for the same time period of calendar year 2021, there were 1,894 procedures totaling $305,753 in charges.

Tele-Internal procedures have been developed by the Telehealth Program to allow providers to continue to provide quality care for all types of inpatients to receive improved/increased contact with their providers utilizing telehealth services. For select areas of the UCSD hospitals a new system called UCSD Tele-Internal is being used, where tablets or other electronic devices have been deployed to patient care rooms and these devices are accessed by providers using the UCSDH Zoom Room Directory. Inpatient providers must follow all UCSDH policy including UCSDHP 302.1 on Telehealth. Patients admitted to a UCSDH facility are provided documentation that includes an acknowledgement that services may include telehealth[3]. However, according to existing Telehealth Program documentation, providers should still verify each patient's identity via standard practices and obtain a verbal consent. In addition, these steps must be documented steps using the UCSD inpatient SmartPhrase[4] at the beginning of each encounter to inform the patient of their request to perform the video visit. See **Attachment B** for the UCSD Tele-Internal provider checklist for record review,

[3] Currently the documentation states the following: "By being admitted to the UCSDH hospital, as part of your conditions of treatment attestation, you have agreed to being evaluated by telehealth. This has served as your approval for this process".

[4] SmartPhrases allow you to type a few characters that automatically expand to a longer phrase or paragraph in a note in Epic.

verification of correct room number, verification of identity and privacy, patient consent to treatment, evaluation, documentation requirements and billing.

Originating Site Fees

Another area of focus when implementing controls with the new surge of telehealth services being provided during the COVID-19 pandemic is with the facility fees, which CMS defines as the Originating Site Fee. Effective March 5, 2020, new CMS rule guidance allows healthcare providers to charge patients a facility fee for visits that were administered telehealth services from hospital-based clinics as if the patient's home were a hospital-based clinic during the COVID-19 PHE. However, both of the following conditions must be met:

1. UCSDH has documented the election to treat patient homes as hospital-based clinics, "a temporary extraordinary relocation exception" and UCSDH must provide a monthly declaration of the home addresses of all the patients to CMS; and,
2. The healthcare providers document the location of both the provider and the patient on the encounter.

UCSDH management has implemented processes to comply with both of these requirements, and maximize the collection of facility fees for video and telephone visits at hospital-based outpatient clinics. Facility fees represented .05% of the total hospital-based telehealth charges for calendar year 2021. It is unknown at this time if this policy will continue after the PHE ends.

III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES

The objective of our review was to evaluate whether internal controls for UCSDH telehealth services provide reasonable assurance that operations are effective, financial results are accurate, and activities are compliant with relevant policies and procedures. In order to achieve our objective, we performed the following:

- Reviewed applicable University policies and guidance including: Enterprise Telemedicine Policy UCSDHP 302.1; Security of Information Resources UCSDHP 210.1; Patient Identification UCSDHP 300.2; HIPAA Administrative Requirements & Training UCSDHP 1; Out of State Telehealth FAQ[5]; UCSD Health Sciences OCP Webcam Usage Update and Provider Education standard operating policies and procedures;
- Interviewed:
    - UCSDH Telehealth Operations Team including the Clinical Director of Telehealth Operations, Director of Telehealth Operations and the Senior Director for Healthcare Transformation/Transformational Health;
    - OCP management including the Chief Compliance and Privacy Officer and the Associate Director, Billing and Coding;
    - UCSDH Associate Counsel, Office of Campus Counsel;

[5] Issued November 2020 in consultation with University of California Office of the President (UCOP) Office of General Counsel, UCSD Office of Campus Counsel and OCP.

  - UCSDH Director of Provider Education & Risk Adjustment / Director, OB/GYN & Reproductive Sciences Patient Client Services;
  - UCSDH Information Services management responsible for telehealth services including Business Analyst, the Virtual Care Technology Lead and Clinical Applications Supervisor/Professional Billing Manager;
  - UCSDH Revenue Cycle Director of Patient Financial Services; and,
  - UCSDH Senior Director, Strategic Partnerships & Performance Management;
- Evaluated:
  - The roles and responsibilities of the Telehealth Program and the process for telehealth charge capture;
  - Scheduling, billing and denial data for calendar year 2021;
  - Process for credentialing, documentation requirements for telehealth services; including consents, patient identification, verbal disclosure of financial responsibility, providing a link to the NPP, verification that the patient is in the State of California, and physician education;
  - Reports utilized by the UCSDH Telehealth Operations team in addition to available dashboards and benchmarks used for monitoring the process;
  - Process for creating and approving telehealth agreements with outside entities; and,
  - Appropriate patient privacy and security of telehealth encounters and protected patient information (PPI);
- Performed data analytics with data provided by UCSDH Revenue Cycle IS management for calendar year 2021 for:
  - Telehealth PB charges including denials, scheduled and posted charges;
  - Telehealth HB posted charges;
- Tested:
  - Sample of 33 PB posted telehealth encounters to verify documentation was appropriate;
  - Sample of 20 PB posted telehealth encounters to verify if co-pays were processed appropriately;
  - Sample of 20 PB posted encounters that were scheduled as telehealth visits but not posted as telehealth charges to verify the conversion was appropriate, and,
  - Sample of ten posted HB encounters to verify documentation was appropriate.

Scope of testing for this review was calendar year 2021. The scope was limited to scheduled and posted video and telephone visits and denial data for PB, and posted telehealth visits for HB. We did not review endpoint security for this project.

IV. CONCLUSION

Based on our review, we concluded that internal controls for UCSDH telehealth services provide reasonable assurance that operations are effective, financial results are accurate, and activities are compliant with relevant policies and procedures. UCSDH has an established Telehealth program with strong leadership dedicated to ensuring there are appropriate policies and procedures implemented and monitored, receiving Program accreditation in 2019 and 2021. Management utilizes a flow specialist to optimize telehealth services, including meeting with individual departments to review

processes and evaluating effectiveness through review of customer net promoter scores and efficiency measured by technical tickets. In addition, the Telehealth program has received approval to hire at least one additional flow specialist to help manage the increase in utilization of telehealth services and explore. Provider Education and the Telehealth Operations team partner to offer support and guidance to the clinics from scheduling a telehealth visit, billing visits for reimbursement and verifying that providers have an appropriate delineation of privileges.

Additional discussion of selected areas evaluated during this review is provided below.

Governance Structure

During our review, Telehealth management restructured the governance and oversight for the program. The Telehealth Program is now structured under the Transformational Healthcare team which is part of the larger Transformation department. The mission statement of this team is "to cultivate a culture of continuous improvement at UCSDH to deliver outstanding patient care." As a result of these changes, the Director of Telehealth Operations reports to the Executive Director of Transformation, with a dotted line of reporting to the Clinical Director of Telehealth. The Executive Director of Transformation reports to the Chief Operating Officer who has a dotted line as a clinical dyad partner to the Clinical Medical Director. A Telehealth Stakeholders Group and the Transformation Executive Committee have been revitalized, which both meet monthly. These committees have broad membership to ensure representation for all stakeholders and availability of appropriate resources to discuss and escalate issues if necessary. As a result, these changes appear to place the Telehealth Program in an appropriate position to succeed organizationally.

Additional enhancements were discussed with management relating to the inter-state physician license restriction policies and procedures and enhanced overall telehealth resource accessibility. Provider understanding and compliance with UCSDH telehealth processes, policy, and risks associated with these services could improve by adding the UCSDH required procedures to the current UCSD Health Enterprise Telemedicine Policy UCSDHP 302-1. The processes regarding providing inter-state services should also be incorporated into official policy. Management has previously recognized that ensuring information resources regarding telehealth services including, at minimum, mandated training and updated requirements could significantly enhance the Telehealth Program. These resources should be clearly visible for providers, such as being on the front page of the Pulse Intranet.

PB Billing and Operations

During our review we conducted detailed analysis of PB Telehealth charges. We used the data files of PB Telehealth visits and charges from scheduled, posted and denied encounters from UCSDH Revenue Cycle IS management for calendar year 2021 and performed data analytics to verify completeness and accuracy. These tests included reviewing patient encounters in Epic for verification of documentation and charges. Specifically, for PB we compared visits originally scheduled as telehealth and matched these to a posted charge for telehealth or noted where there was an appropriate conversion to an in-person visit. We also confirmed that co-pays were being processed appropriately and verified documentation was complete and in compliance with policy and procedures. No exceptions were noted.

HB Billing

Based on HB data provided by UCSDH Revenue Cycle IS for telehealth services for the same time period of calendar year 2021, there were 1,894 procedures totaling $305,753 in charges, which represents 0.42% of overall telehealth charges including both PB and HB. We did note that the dashboard reports utilized by Telehealth Program management do not include this HB data. Management will be reviewing whether inclusion of the HB data in the dashboard reports will be beneficial.

Provider Education

We noted that Provider Education reviews billing and compliance issues while working closely with the Telehealth Program, departments and providers. The Provider Education clinical documentation reviews and quality review processes specific to Telehealth Program services provide continuous feedback to providers, Telehealth Program management and UCSDH leadership. Overall, processes for routine auditing, monitoring, and provider education related to Telehealth appeared effective.

ATTACHMENT A

UCSD MyChart Video Visits

PROVIDER CHECKLIST (3/14/2020)

Return or New Visit Patient calls for video visit or Provider requests patient be seen as Video Visit: Scheduler will schedule patient as Video Visit as below.

- ☐ **Scheduling Team:** Schedules patient as a video visit in scheduling tool.
  - ☐ Use normal appointment scheduling tool
  - ☐ Identify the correct department and locate the MyChart Video Visit [64015] visit type.
  - ☐ Select Provider
  - ☐ Perform the search for available blocks, label the visit as “Video Visit” in the appointment notes
  - ☐ Ensure all guarantor information and demographics are complete.
  - ☐ Click Finish to finalize the appointment. (“Video Visit” will appear in “Notes” tab).
- ☐ **Scheduling Team:** Informs patient of time and date of appointment
  - ☐ Instruct patient to complete questionnaire and online consent prior to appointment
  - ☐ Instruct patient they must have MyChart account
  - ☐ Instruct patient they must have smartphone or tablet, NOT from a desktop browser.
  - ☐ Provides MyChart Video Visit “Tip Sheet” to patient.

- ☐ **Patient:** Logs into MyUCSDHealth App (NOT from a desktopbrowser, must have smartphone or tablet).
- ☐ **Patient:** Selects “Appointments” Icon
- ☐ **Patient:** Completes eCheck-In by clicking on “eCheck-In” link
  - ☐ Answers questionnaire items and click on “Submit”
  - ☐ Reviews online consent by clicking “Review” and “Click to Sign” buttons
  - ☐ Clicks “Close” in top right of screen to go back to appointment screen (Green camera icon is now visible)
- ☐ **Patient:** Clicks on Appointment to begin video at correct date and time of scheduled visit
  - ☐ If patient did eCheck-In, the clinic visit will “Auto-Arrive”
  - ☐ This also sends a push notification to the iPad visit will “Auto-Arrive”

- ☐ **UCSD Provider:** Video: Open Mychart Haiku (iphone) or Canto (ipad) for Video portion (NOT desktop).
  - ☐ On iphone or ipad: Double click on patient to review chart prior to appointment
  - ☐ On iphone or ipad: Can add columns for “Visit Type” and “eCheck-In Status”
  - ☐ On iphone or ipad: Once patient is checked in the status will change to “arrived”
  - ☐ On iphone or ipad: Click on appointment
  - ☐ On iphone or ipad: Click on camera icon at bottom of screen and begin video evaluation
  - ☐ On iphone or ipad: Once patient is on-line click “start video call” button
  - ☐ On iphone or ipad: Verify verbal consent, and patient ID, and proceed with patient evaluation using video
  - ☐ On iphone or ipad: Click on hang-up button at completion of video encounter
- ☐ **UCSD Provider:** EPIC: Charting
  - ☐ On Desktop: Double click on patient to review chart prior to appointment
  - ☐ On Desktop: Can add columns for “Visit Type” and “eCheck-In Status”
  - ☐ On Desktop: Add “.videovisitphysicianstatement” to any standard chart note template and write note
- ☐ **UCSD Provider:** EPIC: After Visit
  - ☐ On Desktop: Complete AVS as usual
  - ☐ On Desktop: AVS will automatically post for patient on MyChart
- ☐ **UCSD Provider:** EPIC: Charge Capture
  - ☐ On Desktop: Do charge capture as normal (usual practice would be billing by time)
  - ☐ On Desktop: Remember provider MUST add ‘GT’ Modifier to charge capture bill
  - ☐ On Desktop: “Route” and schedule follow up visits as per standard clinical practice

Note: If issues, please contact Service Desk at 3-4357. If you run into issues consider converting to a phone call so patient care issue may be addressed.

ATTACHMENT B

UCSD Tele-Internal

Provider Checklist (p1 of 2) *(rev 1/24/2022)*

Provider: Review

- ☐ Review Nursing Tip-Sheet, Patient How-To Document, & This Provider Checklist.
  For Technical Issues, Contact 3-HELP
- ☐ Providers are expected to follow all UCSDH MCPs including the UCSD MCP on Telehealth (302.1).
- ☐ Provider must have completed the 1x UCSD Learning Module at ***https://uclearning.ucsd.edu***
  (Called **"Telehealth Credentialing & Overview Module"**). Upon completion of this module, credit is automatically recorded by the UCSD Medical Staff Office.

Provider: Determine Availability

- ☐ Patient in room that is participating in pilot program (HC 11E or TH 2E for 1st phase of deployment)
- ☐ Patient not easily able to be seen by in-person technique. The Tele-Internal Pathway is not to be used in lieu of rounding on or evaluating a patient in person, when this is the expectation of care to be provided, or when it is possible to evaluate the patient in person without adding exposure risk.

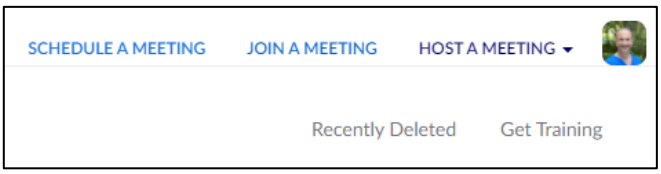
Provider: Verify Correct Room Number through EPIC

- ☐ Determine Room Number of desired patient by looking on EPIC Inpatient Schedule
  (Note: Tele-Internal is configured based on patient room# only. The onus of ensuring the correct room number falls to the provider connecting to the patient room. For these "auto-answer" devices, the connection will take place upon clicking the link, so please verify the correct patient is in the correct room according to the EPIC inpatient schedule).
- ☐ UCSD Tele-Internal Patient Room will be denoted by a webcam Icon. (wrench it in for personal lists)
- ☐ Clicking on the webcam Icon will hyperlink you directly to the Zoom App.

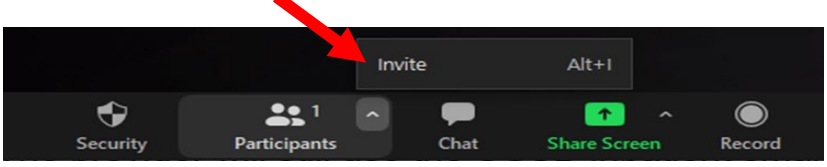
- ☐ or…. Provider can also open the Zoom app directly.

Provider: Start Zoom Meeting

- ☐ Provider must be either within UCSD hospital network or signed into Zoom using UCSDH AD account.
- ☐ Open Zoom & Click on "New Meeting"→ "Start a Meeting" (for app) or "Host a Meeting" (for url)



- ☐ Click on "Participants" and "Invite" to find a Directory of Tele-Internal Rooms.

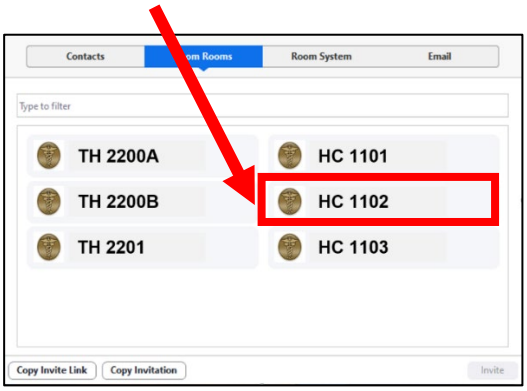


UCSD Tele-Internal

Provider Checklist (p2 of 2) *(rev 1/24/2022)*

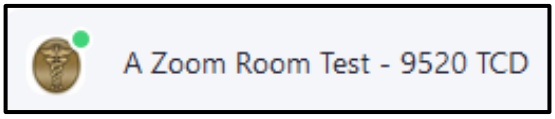
Provider: Zoom Meeting

- ☐ Under the "Zoom Rooms" Tab, click on the desired Zoom Room.



Note: If you don't see "Zoom Rooms" you may be outside of UCSD Network. You can still access "Zoom Rooms" but need to use desktop app (not web browser), log in using AD credentials/SingleSignOn and ensure you are using ***uchealth.zoom.us*** domain (DO NOT USE **ucsd.zoom.us**)

DEMO Camera is available: DO NOT use patient rooms to test.



Provider: Verification of Identity & Privacy

- ☐ When connecting, provider should verify patient identity via standard practices. (Always remember, that patients move rooms frequently, and these devices are configured to a Room# not to a patient. Please verify before proceeding)
- ☐ Introduce yourself, give patient time to ensure their readiness and privacy, while ensuring your own privacy (not connecting from common areas, using headphones, etc.)

Provider: Consent

- ☐ When admitted to the UCSDH hospital, as part of the COTA, patients have consented to the general use of Telehealth. Provider should still obtain verbal patient consent (just as for ambulatory telehealth visits).
- ☐ The provider will use the UCSD inpatient smartphrase at the beginning of each encounter to inform patient of the desire to perform the video visit & document this in medical record **(.ucsdinpatientvideovisitproviderstatement)**

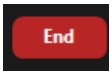
Provider: Evaluation

- ☐ Provider & Patient History and Evaluation as needed

Provider: Documentation

- ☐ Log into usual inpatient EPIC Department & navigate to patient record for documentation
- ☐ Generate EPIC note (include **.ucsdinpatientvideovisitproviderstatement** as above)

Provider: Conclude Encounter



- ☐ End ZOOM connection
- ☐ Sign clinical note using standard/ usual inpatient pathway.

Provider: Billing/ Coding

- ☐ Code patient using standard billing practices but add "GT" modifier when billing. Tele-Internal can be used for both billable and non-billable inpatient encounters, but billing should be done when appropriate.
- ☐ If Time Codes are used for billing, please document time spent toward the evaluation