

Introduction

As the COVID-19 pandemic has developed throughout the country, CMS has been working to provide answers to the many questions providers have had in providing care in this new environment. What does telehealth mean? How can I provide care to patients virtually? What should I put on the claim form? And what with the Office of Civil Rights allow as HIPAA exceptions during the pandemic?

NHPCO has been hard at work advocating for hospice providers, seeking answers, asking questions, asking for clarifications to questions, and developing resources. NHPCO has offered webinars on a myriad of topics, from regulatory changes to how care can be provided virtually. In an effort to put many of the questions and the answers from CMS or others in an easy-to-read format, NHPCO has compiled this list of questions from members, the answers as we know them today, and the links to the document/transcript/podcast where the answer was given.

This is an ever-changing document – NHPCO will add questions and answers as we get updates in the days and weeks ahead. We hope that the FAQs presented here will help with the delivery of hospice care and answer care and billing questions. For more information or to ask a question not included here, please contact COVID19@nhpco.org.

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Question	Answer	CMS Reference
Admissions		
<p>Can hospice complete a video/audio Virtual Hospice Initial Nursing Comprehensive Assessment when patients desire hospice services, are eligible but are restricted to complete an in-person admission by the RN?</p>	<p>Hospice providers must use their best judgment in determining if they could gather enough information without an in person visit to do an admission, and to ensure continuity and quality care for their patients and families. Hospices should document how the goals of care are met in a safe and appropriate manner.</p>	<p><u>Interim Final Rule with Comment</u> § 418.204 Special coverage requirements. (d) <i>Use of technology in furnishing services during a Public Health Emergency.</i> When a patient is receiving routine home care, during a Public Health Emergency as defined in § 400.200 of this chapter, <u>hospices may provide services via a telecommunications system if it is feasible and appropriate to do so</u> 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.</p> <p>The use of such technology in furnishing services <u>must be included on the plan of care</u>, meet the requirements at § 418.56, and <u>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.</u></p>
<p>Q: So, the initial assessment for hospice admission can be done through telehealth?</p>	<p>Yes. However, hospice providers must use their best judgment in determining if they could gather enough information without an in person visit to do an admission, and to ensure continuity and quality care for their patients and families. Hospices should document how the goals of care are met in a safe and appropriate manner.</p>	<p><u>Transcript from the April 7, 2020 CMS Office Hours with Hospitals and Health Systems</u> Click on April 7, 2020 Office Hours and open the transcript.</p> <p>CMS: Right. I don't believe that we have a requirement that it has to be face-to-face, and so we're including that within the telehealth rubric as well.</p> <p>CMS: From Danielle, I would just want to add onto that, that is correct that hospices may use telehealth to do this, to the extent that the use of telehealth is actually capable of providing a full assessment of a patient and caregiver's needs, and that's really what it comes down to as far as compliance with the CoPs is concerned. Were you able to fully assess the patient's needs in a way that allows you to develop an accurate care plan and deliver services?</p>

Question	Answer	CMS Reference
Billing		
<p>Since hospices are currently billing under the 1135 blanket waivers put in place for hospice, should our hospice/institutional claims for dates of service 3/1 and after including the condition code DR?</p>	<p>No</p>	<p>Per the MACs, no condition code DR is necessary for hospice claims.</p>
<p>Can hospice use COVID-19 positive as the primary hospice diagnosis? We are seeing this IC10 rejected when attempting to bill claims and is the true hospice diagnosis resulting in death.</p>	<ul style="list-style-type: none"> • As of April 1, a specific ICD-10 code has been established for patients with COVID-19: U07.1 • This “U” chapter is entitled “Reserved for future use” • To be used as primary if known positive • List additional effects of infection, such as pneumonia after U07.1, such as “other viral pneumonia- J12.89” • Do not use U07.1 if only “suspected” • Use the symptom codes 	<p>Announced in MLN Matters, April 3, 2020</p>
<p>Will a hospice’s claim be paid if there are no visits recorded on the claim?</p>	<p>Yes</p>	<p>From the April 9, 2020 CMS COVID-19 Town Hall</p> <p>Question on filing a claim if there are no visits on the claim: >>Speaker: So for hospice is unable to render physical visits to patients, individual patients and they are able to meet the patient need with telehealth initial assessments and comprehensive assessments that we've been instructed not to put on the claim so when a claim has been submitted there are zero visits on the claim. I just -- I'm just checking to ensure that</p> <ul style="list-style-type: none"> A. Again, initial and comprehensive assessments can be done via telehealth, B. your instructions to not put them on the claims are still in place and C. that then the claims will process without issues. <p>>>CMS Speaker: Sure. Yes. So we received this question before and we did check and as long as you are putting the level of care on the claim along with the unit for that like the number of days for that level of care plus the Q codes the location the process will -- the claim will process without a G code for the visit so you should be okay.</p>

Question	Answer	CMS Reference
Will the 2% sequestration reduction for claims be suspended?	<p>Yes. CMS confirmed in the April 10 edition of MLN Connects, that, in keeping with Section 3709 of the CARES Act, the 2% payment adjustment will be temporarily suspended for all Medicare Fee-For-Service (FFS) claims due to sequestration.</p> <p>The suspension is effective for claims with dates of service from May 1 through December 31, 2020.</p>	MLN Connects (April 10, 2020)
Comprehensive Assessment and Updates to Comprehensive Assessment		
How does hospice handle the fact that the facility or family may not have staff available to complete virtual assessments or patient/family do not have smart phones or means to virtual telehealth; can phone assessments be completed?	<p>A hospice 1135 blanket waiver extends the timeframe for the update to the comprehensive assessment to 21 days during the public health emergency.</p> <p>If hospice is not allowed to enter the facility, and no assessments can be completed in any format (including via telecommunication), the hospice would have to determine how can it can develop and maintain a safe and effective plan of care that is appropriately updated and meets the Condition of Participation.</p>	<p>CMS COVID-19 1135 Blanket Emergency Declaration Waivers</p> <p>Summary of Hospice 1135 Blanket Waivers</p>
Face-to-Face Encounter		
Can I do a hospice face-to-face encounter through telehealth?	Yes	<ul style="list-style-type: none"> • H.R. 748 – the CARES Act • NHPCO Policy Alert on Passage of the Coronavirus Aid, Relief, and Economic Security Act or the “CARES Act”
What are the requirements for telehealth for the hospice face-to-face encounter?	Face-to-face encounters must be conducted with audio-visual real time communication. No voice-to-voice without visual is allowed.	<ul style="list-style-type: none"> • Medicare Telemedicine Health Care Provider Fact Sheet • The legislation will allow face-to-face encounters for recertification for hospice care to be completed by hospice physicians and nurse practitioners using telehealth technologies during the emergency period.
What if there are medically necessary services that are needed during the telehealth visit?	They can be provided just as they were before the pandemic.	
How do I bill for medically necessary services when doing the face-to-face?	Bill for medically necessary visits during the face-to-face as they were billed before the public health emergency. The only exam components that can be	

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	<p>rendered (counted) are those that don't take physical touch.</p> <ul style="list-style-type: none"> ▪ The clinician cannot auscultate the lungs or palpate a liver/spleen ▪ (S)he can do an exam based on observational findings, e.g., scleral icterus, oral thrush, the appearance of distress, mood/affect and/or orientation. ▪ If you are not able to conduct a physical exam at all, then you cannot bill a new patient E&M visit code unless you qualify to use time (> 50% of the time in C/CC). • The level of service depends on the documentation, just like a normal visit. • Use modifier 95 on telehealth E/M visit codes 	
<p>Can I do a face-to-face encounter through a telephone?</p>	<p>Yes, but only if the phone has video capabilities, such as a smart phone with FaceTime.</p>	<p>Answer from 4/9/2020 CMS Stakeholder call regarding face-to-face with just audio</p> <p>A: >>CMS Speaker: Sure, this is Hillary. The face to face encounter requirement for hospices is a statutory requirement so I think the agency is limited in its ability to waive that requirement either on a case-by-case basis or the blanket waiver. But as you mentioned we are considering whether there is additional flexibility that should be in place for the examples you mentioned like patients in rural areas that may not have access to the two way audiovisual so that is something we are taking another look at.</p> <p>CMS Stakeholder Podcasts and Transcripts Click on April 9, 2020 CMS Office Hours Call</p>
<p>What types of audio/visual communication are acceptable for the face-to-face encounter?</p>	<p>Common, non-public-facing applications like FaceTime or Skype are allowed to provide telehealth services during the public health emergency.</p>	<p>Office of Civil Rights for HIPAA Discretion</p>
<p>Can you do face-to-face with just audio?</p> <p>Question from 4/9/2020 CMS Office Hours Call regarding face-to-face with just audio. Q: I know you are taking it under advisement for the patients who do live in rural areas have no visual</p>	<p>No, audio and visual capability are required.</p>	<p>Answer from 4/9/2020 CMS Stakeholder call regarding face-to-face with just audio</p> <p>A: >>CMS Speaker: Sure, this is Hillary. The face to face encounter requirement for hospices is a statutory requirement so I think the agency is limited in its ability to waive that requirement either on a</p>

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<p>capacity because they don't have a smart phone, or a tablet or Internet access only have a land line. What do you suggest, should hospice submit an individual waiver request if they can only do an audio only telehealth visit for those patients who need to be recertified? Thank you.</p>		<p>case-by-case basis or the blanket waiver. But as you mentioned we are considering whether there is additional flexibility that should be in place for the examples you mentioned like patients in rural areas that may not have access to the two way audiovisual so that is something we are taking another look at.</p> <p>CMS Stakeholder Podcasts and Transcripts Click on April 9, 2020 CMS Office Hours Call</p>
<p>CMS clarification of Face-to-Face Requirements for Hospice</p>		<p>CMS Stakeholder Podcasts and Transcripts Click on the April 14 Home Health and Hospice Call</p>
<p>Hospice Quality Reporting Program</p>		
<p>Hospice Quality Reporting Program Guidance</p>	<ul style="list-style-type: none"> Exemption for submission of HIS and CAHPS data For HIS, the quarters are based on submission of HIS admission or discharge assessments. For CAHPS, the quarters are based on patient deaths in 2019 and 2020. Hospice QRP: <ul style="list-style-type: none"> o October 1, 2019–December 31, 2019 (Q4 2019) o January 1, 2020–March 31, 2020 (Q1 2020) o April 1, 2020–June 30, 2020 (Q2 2020) No 2% penalty for non-submission 	<p>MLN Connects Newsletter: Exceptions and Extensions for Quality Reporting Requirements for Acute Care Hospitals, PPS-Exempt Cancer Hospitals, Inpatient Psychiatric Facilities, Skilled Nursing Facilities, Home Health Agencies, Hospices, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Ambulatory Surgical Centers, Renal Dialysis Facilities, and MIPS Eligible Clinicians Affected by COVID-19 (March 27, 2020)</p>
<p>Initial Assessment</p>		
<p>Please address conducting initial assessment/admission visit and completion of the comprehensive assessment within 5 days of admission via telehealth audio and video capability</p>	<p>Documentation must be individualized to the patient and situation and indicated in the plan of care.</p>	<p>Interim Final Rule with Comment</p> <p>§ 418.204 Special coverage requirements. (d) <i>Use of technology in furnishing services during a Public Health Emergency.</i> When a patient is receiving routine home care, during a Public Health Emergency as defined in § 400.200 of this chapter, <u>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.</u></p>

Question	Answer	CMS Reference
		<p>The use of such technology in furnishing services <u>must be included on the plan of care</u>, meet the requirements at § 418.56, <u>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.</u></p>
Non-Clinical Staff		
<p>Are telehealth visits for social workers recordable on the hospice claim?</p>	<p>Yes – can be recorded on the hospice claim if it is a phone call or a telehealth audio-visual call.</p> <p>SW phone calls during the last 7 days of life cannot be billed for SIA.</p>	<p><u>Chapter 11 – Hospice Claims Processing Manual</u></p> <p>SIA Citation: 30.2.2 – Service Intensity Add-on (SIA) Payments (Rev. 3502, Issued: 04-28-16, Effective: 01- 01-16, Implementation: 10-03-16)</p>
<p>Social workers, bereavement and chaplains are not doing in person visits unless an absolute necessity, most pts/families/clients do not want us in person. They are trying to do video, but most pts/families/clients do not want to do video or do not have capability and want to do phone calls only. What does this mean for us as far as meeting regulations?</p>	<p>Yes, CMS confirms that visits by all disciplines (with the exception of hospice aides) for patients in routine home care (RHC) can be conducted voice-to-voice, or “via a telecommunications system if it is feasible and appropriate to do so...”</p> <p>Hospice providers must use their best judgment in determining how they can gather enough information without an in-person visit, and to ensure continuity and quality care for their patients and families. Hospices should document how the goals of care will be, and are, met in a safe and appropriate manner.</p>	<p><u>Interim Final Rule with Comment</u></p> <p>§ 418.204 Special coverage requirements.</p> <p>(d) <i>Use of technology in furnishing services during a Public Health Emergency.</i> When a patient is receiving routine home care, during a Public Health Emergency as defined in § 400.200 of this chapter, <u>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.</u></p> <p>The use of such technology in furnishing services <u>must be included on the plan of care</u>, meet the requirements at § 418.56, <u>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.</u></p> <p><u>CMS Office Hours, April 7 2020</u></p> <p>Click on April 7, CMS Office Hours with Hospitals and Health Systems</p> <p>Q: OK. I'm calling from the California Hospice Association, and our question is regarding Medicare telehealth and the waiver that was</p>

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		<p>approved for flexibility, which is that we can provide telehealth under the routine home care, or a face to face encounter with a nurse practitioner or an MD or a DO. And I want to confirm that it can be a voice to voice mechanism for telehealth. We do not have, and most of our patients in families' homes do not have the capacity to do any video. They mostly use landlines. So, can you confirm for me that hospice providers can use voice to voice in the routine home care telehealth as well as the face to face encounter?</p> <p>A: CMS Staff: Hey there, I can jump in. You can use a landline for routine home care visits in lieu of an in-person visit, but it's for the face to face requirement right now, we're requiring the two-way audio/visual communication, but I can definitely take your concerns down and see if there's any potential for revisiting that in the future.</p> <p>Q: Female: OK, so can you can confirm that we can use voice to voice?</p> <p>A: CMS Staff: You can – you can use voice to voice for RHC days.</p>
Nursing Homes and Hospice		
<p>What if no one can enter the nursing home to provide care?</p>	<p>If hospice is not allowed to enter the facility, and no assessments can be completed in any format (including via telecommunication), the hospice would have to determine how can it can develop and maintain a safe and effective plan of care that is appropriately updated and meets the Condition of Participation.</p> <p>In the April 24, 2020 guidance, CMS encourages frequent communication among patients, residents, families, facilities, and other health care providers when appropriate (e.g., hospice providers), so they can work together to identify when a visit for compassionate care is needed and can be safely conducted. One example of such a situation is one in which a resident is receiving hospice care and their health status is sharply declining, or when a resident is not enrolled in hospice, but their health status has sharply declined. In these circumstances, it is</p>	<p>Latest CMS guidance and FAQs for nursing home providers (April 24, 2020)</p> <p>FAQs related to hospice in nursing homes: COVID-19 Update, April 24, 2020</p>

Question	Answer	CMS Reference
	<p>necessary to ensure precautions are taken to conduct visits as safely as possible, including following practices for hand hygiene and use of PPE.</p>	
<p>What does CMS say about nursing homes allowing hospice workers in?</p>	<p>CMS has encouraged nursing homes to allow hospice workers in. As the COVID-19 pandemic has spread, nursing homes are asking hospice workers to provide their care through audio/visual or through phone calls without entry into the facility.</p> <p>The guidance to nursing homes from CMS has changed over the course of the pandemic. In the most recent guidance on April 24, 2020, CMS is also encouraging nursing homes to offer telephonic or digital means of communications.</p>	<p>Joint Statement from the American Health Care Association, the National Center for Assisted Living and NHPCO</p> <p>Nursing Home Five Star Quality Rating System updates, Nursing Home Staff Counts, and Frequently Asked Questions (April 24, 2020)</p>
<p>Routine Home Care (RHC)</p>		
<p>Can I do an RHC visit using the phone?</p>	<p>Yes. The referenced language is “via a telecommunications system if it is feasible and appropriate to do so...”</p>	<p>Interim Final Rule with Comment</p> <p>§ 418.204 Special coverage requirements. (d) <i>Use of technology in furnishing services during a Public Health Emergency.</i> When a patient is receiving routine home care, during a Public Health Emergency as defined in § 400.200 of this chapter, <u>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.</u></p> <p>The use of such technology in furnishing services <u>must be included on the plan of care</u>, meet the requirements at § 418.56, <u>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.</u></p> <p>Confirmation of this question and the CMS answer on the April 21 2020 Home Health and Hospice Stakeholder Call. Jean Moody-Williams, CMS Center for Clinical Standards and Quality read the question and provided the answer. Here is the transcript:</p>

Question	Answer	CMS Reference
		<p>Q: Can CMS include all hospice services to be provided virtually through telephone and telehealth modalities as determined by the hospice planning care, including visits from all hospice disciplines including nurses, social workers, spiritual services, bereavement and other counseling. Are there any other types of services specified in the plan of care?</p> <p>A: The answer is that hospices may provide any services via telemedicine or audio only as long as the patient is receiving routine home care (RHC) level of care and those telemedicine services which are audio only services are capable of meeting the patient and caregiver needs. You [the hospice] are really going to be the best judge of that. There are some things where, of course, they are going to require an in-person visit to meet the needs of the patient and some that can be done by telemedicine and basically it is permissible to do that when it is advisable to have a telemedicine visit.</p>
<p>What disciplines can use the phone to do an RHC visit?</p>	<p>All disciplines (with the exception of a hospice aide)</p>	<p><u>Interim Final Rule with Comment</u></p> <p>Confirmation of this question and the CMS answer on the April 21 2020 Home Health and Hospice Stakeholder Call. Jean Moody-Williams, CMS Center for Clinical Standards and Quality read the question and provided the answer. Here is the transcript:</p> <p>Q: Can CMS include all hospice services to be provided virtually through telephone and telehealth modalities as determined by the hospice planning care, including visits from all hospice disciplines including nurses, social workers, spiritual services, bereavement and other counseling. Are there any other types of services specified in the plan of care?</p> <p>A: The answer is that hospices may provide any services via telemedicine or audio only as long as the patient is receiving routine home care (RHC) level of care and those telemedicine services which are audio only services are capable of meeting the patient and caregiver needs. You [the hospice] are really going to be the best judge of that. There are some things where, of course, they are going to require an in-person visit to meet the needs of the patient and some that can be done by telemedicine and basically it is permissible to do that when it is advisable to have a telemedicine visit.</p>

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Can I put the RHC telephone visits on the claim form?	No disciplines except social worker phone calls can be entered on the claim form.	<p>Chapter 11 – Hospice Claims Processing Manual</p> <p>Hospices report social worker phone calls and all visits performed by hospice staff in 15-minute increments using the following revenue codes and associated HCPCS. This includes visits by hospice nurses, aides, social workers, physical therapists, occupational therapists, and speech-language pathologists</p> <p>Social Worker Phone Calls Citation: 30.3 - Data Required on the Institutional Claim to A/B MAC (HHH) (Rev. 4393, Issued: 09- 13-19; Effective: 11-25-19, Implementation: 11-25-19) See Revenue Codes Section</p>
What telephone or telehealth visits can count on the claim form?	Only social worker phone calls can be entered on the claim form. No social worker phone calls during the last 7 days of life can be billed for the SIA payment.	<p>Chapter 11 – Hospice Claims Processing Manual</p> <p>SIA Citation: 30.2.2 – Service Intensity Add-on (SIA) Payments (Rev. 3502, Issued: 04-28-16, Effective: 01- 01-16, Implementation: 10-03-16)</p>
Signatures		
Have there been any flexibilities in requirements for signatures on consents? People don't want to meet, haven't got the technology to do by phone and the delays from even overnight mail are having an impact on being able to provide timely care.	No.	<p>Audio from CMS Home Health and Hospice Stakeholder Call – April 21 2020</p> <p>Q: I was wondering both on the hospice side and CMS side so a question if there's been any flexibility regarding obtaining patient consent specifically with signature and a question for the presenters on how you guys are handling that.</p> <p>A: This is Karen from the CMS Quality Safety Oversight Group. We have talked about that in terms of the requiring the signature. I don't believe there is anything in the conditions of participation for that but there may be a payment related issue there in terms of that signature and I don't know if anybody is available from the payment side.</p> <p>>>Speaker: This is Hilary Loeffler. On the payment side. So right now, we are still requiring signature to elect the hospice benefit. It's very important because they need to have the Medicare payment made on their behalf to any other provider it's important that patient be fully informed of this.</p>

Question	Answer	CMS Reference
<p>As a hospice providing attending physician and APN services, do we need to get consent from the patient/family to do a telehealth visit every time an attending physician/APN visit is made?</p>	<p>The patient must verbally consent to receive virtual check-in services. There is no reason to obtain the patient’s consent each time a telehealth visit is provided.</p>	<p>Medicare Telemedicine Healthcare Provider Fact Sheet (March 17, 2020)</p> <p>This was clarified in the Interim Final Rule with Comment:</p> <p>“Therefore, on an interim basis, during the PHE for the COVID-19 pandemic, we are finalizing that these services, which may only be reported if they do not result in a visit, including a telehealth visit, can be furnished to both new and established patients. We are also making clear that the consent to receive these services can be documented by auxiliary staff under general supervision. While we continue to believe that beneficiary consent is necessary so that the beneficiary is notified of any applicable cost sharing, we do not believe that the timing or manner in which beneficiary consent is acquired should interfere with the provision of one of these services. Therefore, we are finalizing on an interim basis during the PHE for the COVID-19 pandemic that, while consent to receive these services must be obtained annually, it may be obtained at the same time that a service is furnished. We are also re-emphasizing that this consent may be obtained by auxiliary staff under general supervision, as well as by the billing practitioner.”</p>
<p>Do providers need to obtain patient/representative consent for a telehealth visit?</p>	<p>Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.</p>	<p>CMS Waiver Guidance Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (March 30, 2020)</p>
<p>Technology and HIPAA Compliance</p>		
<p>Is Google Duo an allowed video call app?</p>	<p>It is possible only if it is private and not public facing.</p>	<ul style="list-style-type: none"> • Office of Civil Rights for HIPAA Discretion
<p>Is Zoom an acceptable platform?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Office of Civil Rights for HIPAA Discretion
<p>How is Face Time HIPAA compliant?</p>	<p>The Office of Civil Rights has relaxed the rules regarding HIPAA compliance during the public health emergency.</p> <p>Applications <u>allowed</u>: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. However, public facing communication should not be used in the provision of telehealth.</p>	<ul style="list-style-type: none"> • Office of Civil Rights for HIPAA Discretion

Question	Answer	CMS Reference
Telehealth		
What is the definition of telehealth?		• CMS Frequently Asked Questions about Telehealth