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The ATA Telehealth Essentials Guide for Healthcare Providers

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Introduction

Coming out of the pandemic, we've taken the opportunity to think about what we've learned. To articulate what is essential for the effective use of telehealth services. That's what this Guide is all about: the essentials of telehealth. If you have ongoing telehealth activity within your healthcare organization (HCO) and want to take your organization to the next level, then this Guide is for you.

If you're working to ensure that you have all the building blocks in-place, we strongly recommend that you also read the American Telemedicine Association's Telehealth QuickStart Guide, as it makes a perfect companion piece to our Essentials Guide.

About the American Telemedicine Association

As the only organization completely focused on accelerating the adoption of telehealth, the American Telemedicine Association (ATA) is working to change the way the world thinks about healthcare. We are committed to ensuring that everyone has access to safe, effective, and appropriate care when and where they need it, enabling the system to do more good for more people.

We represent a broad and inclusive member network of delivery systems, technology solution providers and payers, as well as partner organizations and alliances. Together, we are working to advance industry adoption of telehealth and virtual care, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging value-based delivery models.

With special thanks:

*The American Telemedicine Association would like to thank the **David M.C. Ju Foundation** for their generous support of the Essentials Guide for Healthcare Providers.*

The Eight Essentials of Effective Telehealth Services

- 1. Make the business case for telehealth** – Positive ROI in telehealth is defined as increased revenue and decreased cost, and its positive impact on workforce resilience, risk mitigation, market share defense / expansion, and physician/patient satisfaction improvement.
- 2. Activate an executive champion** – Use that authority to remove the barriers, create functional workflows, and prevent actions that could frustrate the team.
- 3. Make telehealth easy for your clinicians, staff, and patients** – Increase clinician engagement and reduce staff frustration by establishing clear procedures and workflows for communications, technology, care delivery, and reimbursement.
- 4. Understand the regulatory environment** – Create partnerships with compliance, billing, and revenue cycle management to ensure alignment between clinical workflow and business requirements.
- 5. Move as fast as your organization's culture and budget will allow** – Wherever there's momentum, grab it.
- 6. Document wins for your patients and clinicians** – Everyone (patients, clinicians, and administration) has "grown up" on face-to-face care. Broadly disseminate the real world stories of how telehealth met the needs of clinicians and the patients they serve.
- 7. Balance the need for strategy with the imperative of action** – Sometimes, the winning strategy is focusing on small actionable wins along the way instead trying to create the perfect, scalable initiative from the outset.
- 8. Lay the groundwork for the future** – Now's the time to be thinking about measurements. Clinical quality, patient satisfaction, workforce resilience, and risk management are all possibilities.

Making the Business Case & Activating an Executive Champion

Making the Business Case for Telehealth

In classic definitions, return on investment (ROI) is defined as the measurement of profitability in which the net income is divided by the total cost of the investment. Making the business case for telehealth includes a more expansive definition, and effort must be undertaken to capture the full financial picture. For example, healthcare revenue is most-commonly assigned to a clinical department (such as internal medicine or dermatology); it is almost never assigned back to the telehealth team. Similarly, telehealth’s administrative costs are most commonly assigned to the telehealth team. Over time, we believe these costs will increasingly be proportionally allocated to individual departments.

Therefore, evidencing the value of telehealth depends upon appropriate use of coding and billing references and exploring ways to allocate centralized costs; similar to how other costs (such as IT) are allocated. Your Health Information Management (HIM) and Revenue Cycle Management (RCM) teams will be invaluable partners in your efforts to document ROI; ensure that each team has identified a point person who will stay current on reimbursement and coding developments, and is willing to work closely with you.

An important development is the change COVID and inflation has played on the uptake of Value Based Care (VBC) programs. While VBC has been talked about for many years, these two factors have pushed many organizations to take on more risk. As a result, while making the business case for telehealth in the Fee-for-Service environment may continue to be challenging, it’s a huge value for organizations who are assuming some risk.

It is also important to identify downstream revenue generated due to the provision of telehealth services. For example, revenue might have been recorded in various departments due to clinically-appropriate testing, diagnostics, referrals, and procedures. Because such revenue is rarely (if ever) aligned with the provision of telehealth services, it is necessary to take the time to

do this research and demonstrate the long-term value of telehealth services.

Additional essential components of the business case for telehealth include soft ROI such as the mitigation of risk and workforce resilience – most commonly measured through clinician retention and provider satisfaction. Certainly, in this immensely challenging environment in which clinicians are seeking greater life/work balance and manageable workplace stressors, telehealth can be a powerful asset for an HCO’s retention and resilience efforts.

A final component of the business case for telehealth involves documenting the protection of existing market share, and the opportunity to expand. Telehealth opens pathways to patient acquisition, retention, and expansion of services provided. And, it can protect an HCO’s existing footprint in a healthcare market.

Utilize the ATA’s Provider Telehealth Engagement Model to Chart Your Path

Employing rigorous telehealth research, vetted analytics, and strategic frameworks, the ATA’s Provider Telehealth Engagement Model (PTeM)¹ helps healthcare

ATA Provider Telehealth Engagement Model

- STAGE 5**
 Optimized
Imputed Leadership: The HCO and its providers focus on personalizing and optimizing patient and provider engagement regardless the modality of care.
- STAGE 4**
 Accountable
Providers as accountable partners: The HCO measures telehealth operations/ clinical outcomes & ensures provider performance meets select standards
- STAGE 3**
 Defined
Providers as peers: The HCO has a well-defined telehealth strategic plan and advancing its position through training, sharing best practices.
- STAGE 2**
 Identified
Providers as a collective: The HCO has taken steps to formalize and manage its use by offering resources/ support
- STAGE 1**
 Ad-Hoc
Providers as independent agents: Telehealth may be offered by a few physicians associated with the HCO, but no formalized program is operated by the HCO.

organizations to better understand why, when, and how to mature their telehealth services.

Provider engagement plays a critical role in the success of any HCO's telehealth offering. Employing a 5 Stage Model in a confidential environment, the ATA delivers customized, vetted assessments of self-reported organizational inputs – culture, clinical, and corporate – from HCOs utilizing telehealth services in some manner to deliver patient care.

With a customized report, HCOs can learn how they compare to peers across the country, and how to undertake strategic efforts to increase positive provider engagement in telehealth. We urge you to apply² for your opportunity to complete the PTEM assessment and receive a customized, confidential report. Our feedback from HCOs who have utilized the Model has been extremely positive; it can serve as an evidence-based foundation upon which to chart your journey forward.

Executive Sponsorship is Essential

An executive champion is the C-suite member responsible for an HCO's virtual care initiative. If your HCO offers telehealth services, an executive champion is essential because it activates C-suite accountability for telehealth and assigns ownership. As the accountable owner, the executive champion becomes motivated to achieve success. Without an executive champion, you're likely to eventually encounter internal resistance making it very challenging to mature further.

Focus the executive champion's attention on your HCO's vision for telehealth. Every HCO utilizing telehealth services needs a succinct, understandable, and relevant answer to the question: "Why do we need telehealth?"

With a vision, you and your executive champion can identify measurements that are immediately relevant to your organization, your patients, and your clinical teams.

While few (if any) HCOs measure the effectiveness of telehealth using all the metrics below, these are the most common. We encourage HCO executives to strategically choose from among the following. We've starred five metrics that are frequently used as telehealth services are implemented in an HCO.

Improvements in	Reductions in
Patient visits, referrals, and procedural volumes**	Patient no-show rates**
Slot utilization / Scheduling efficiencies**	Length of time patients must wait for appointments with a specialist**
Physician and patient satisfaction / engagement scores	Clinicians' wasted drive time to / from various facilities**
Market share including patient acquisition and retention	Clinician burnout
Workforce resilience, retention, and recruitment	Clinician turnover
Growth in percentage of patients utilizing more of an HCO's services	Scheduling inefficiencies
Growth of downstream revenue	Operational inefficiencies
Risk management	Need for brick-and-mortar facilities
Work-Life balance	LOS/improved transition to home
Master Facilities Plan	Care delays
Diagnostic accuracy	Avoidable hospitalizations
Competitive market positioning	Time to target measures (i.e., HbA1c)
Patient (including marginalized populations) access to preventive and specialty care	Patients arriving for their appointment stressed and harried
Patient reported outcomes measures (PROMs)	Inconvenient or repetitive outpatient visits
Quality, outcomes, HEDIS, and population health measures	Adverse post-operative outcomes
Care Coordination & transitions	Cost of episodic care (i.e., pregnancy)
Patients' medication & treatment plan adherence rates	—
Equity and elimination of language barriers	—
Cost savings for patients	—



Designating An Executive Champion

While any member of the C-suite may be the right champion for your particular situation, there are four primary candidates:

- Chief Transformation Officer (CTO) / Chief Innovation Officer (CINO)
- Chief Medical Officer (CMO)
- Chief Executive Officer (CEO)

Below, we provide a brief overview of the CTO, CINO, CMO, and CEO's position and highlight the areas of telehealth that are likely to be of highest value to each.

The Chief Transformation Officer and the Chief Innovation Officer

The CTO identifies strategies, business opportunities, and technologies that can improve an HCO's competitiveness / operational efficiencies, and then develops new capabilities, structures, and models to take full advantage. The CTO brings about positive change to an HCO (revenue growth, profit, efficiencies, market share, etc.) by orchestrating the evolution of large, complex processes. Because both positions are responsible for driving towards success on innovative ideas, both are natural executive champions for telehealth.

The CINO and CTO are most likely to be interested in telehealth's potential to improve operational efficiencies and the master facilities plan, as well as increasing market share and physician/patient experience scores.

The Chief Medical Officer

The CMO oversees the daily operations of an HCO's physicians to ensure the provision of safe, effective medical services. Because the CMO is so deeply engaged with physicians, this individual has a natural connection to being the telehealth executive champion. Even if another member of the C-suite steps forward to serve as champion, it is essential that your CMO serve as an ally.

The CMO is most likely to be interested in telehealth's potential to improve workforce resilience and retention (reducing burnout and improving work life balance), physician/patient satisfaction scores, access to care (reducing no show rates, scheduling inefficiencies, and long wait times to see specialists), while maintaining high quality outcomes.

The Chief Executive Officer

While the CEO is less likely to be the C-suite executive accountable for the success of a telehealth initiative, having the CEO as a champion is immensely valuable. The CEO is most likely to care about strengthening the HCO's market position, increasing market share, attracting new patients, expanding the suite of (billable) services provided to the HCO's patients, and increasing physician and patient engagement scores.



Make Telehealth Easy For Your Clinicians, Staff & Patients

COVID-19 required healthcare to change overnight. Within 24-72 hours, HCOs across the United States implemented telehealth, a herculean effort made possible by a deep sense of commitment to helping patients get the care they needed. Because of the public health emergency that engulfed U.S. healthcare, there was little to no time to consider workflow, workforce resilience, communications, billing, and technological issues.

Now is the opportunity to make these components work better for your patients, clinicians, and support staff. The sooner you operationalize these essentials, the sooner you'll significantly increase your HCO's chances of improved clinician and patient satisfaction scores, workforce resilience, and operational efficiencies:

- 1. Block clinical time for virtual care and for care provided face-to-face.** With your clinical team, make a conscious decision about whether or not to intermix the two modalities in one scheduling block. While we favor a "non-mixed" approach, our key recommendation is to make a transparent decision such that you avoid disorienting, stressful, and confusing situations for clinicians and support staff.
- 2. Use identical scheduling intervals for virtual care as for face-to-face care.** Do not schedule more patients during virtual care clinics than are scheduled for in-person encounters. While there is less operational effort and time-lag required in between virtual care patient encounters, clinicians and clinical support staff will make excellent use of these precious minutes to spend more time with a patient in-need, plus handle documentation and other types of paperwork.
- 3. Create flexibility for clinicians to choose to execute telehealth services from home.** Establish guidelines of the type of non-office environment and technologies that are required, and provide training. Do not insist on clinicians choosing either an office or non-office environment. Instead, allow them to experiment to find the situation that works best for them, their patients, and their support staff.
- 4. Ensure virtual care CPT codes and modifiers are easily accessible through your EMR, and that your Revenue Cycle Management (RCM) and clinical teams are thoroughly trained.** AHIMA³, the AMA⁴, and CMS⁵ all have excellent resources available and we strongly encourage readers to learn the essentials. Take advantage of webinars and conferences to establish and maintain competency in this pivotal area.
- 5. Designate a telehealth expert from within the RCM team.** This individual will be invaluable in optimizing the value of telehealth to your HCO, documenting payer requirements and reimbursement policies, avoiding mistakes, and trouble-shooting when problems arise.
- 6. Assign medical assistants the responsibility for preparing and launching synchronous telehealth encounters, and provide them the training they need to succeed.** With the technology in place, the patient prepared for the encounter, and basic medical tasks accomplished, the clinician can focus solely on the patient's needs. HHS' resources can help you optimally plan for, conduct, and follow-up on telehealth services.⁶
- 7. Employ correct licensure and credentialing protocols.** Credentialing by proxy allows for rapid onboarding of practitioners and reduces administrative and financial burdens. A 2022 comprehensive guide⁷ published by the ATA and NAMSS provides everything you need to know to credential practitioners for telemedicine services.
- 8. Designate an appropriate set of metrics to measure telehealth.** We recommend choosing metrics⁸ that align with the vision of telehealth services, and are best suited for your HCO, clinicians, and patients. Do not choose too many; start with a few and grow from there as you learn from your experiences.
- 9. Create a decision tree about what types of care delivery are appropriate for telehealth services within your HCO.** Ensure you build in training for your frontline administrative team (schedulers, practice managers, etc.). Plus, practice guidelines are in development and being published at a rapid pace. Visit the ATA⁹ and HHS¹⁰ websites for the most current.

Understanding Essential Telehealth Policies & Regulations

Cybersecurity

In April 2021, the Health Sector Coordinating Council – a coalition of private sector critical healthcare infrastructure entities organized under the National Infrastructure Protection Plan – published a white paper specifically focused on cybersecurity in telemedicine.¹¹ Common cybersecurity threats include compromising telemedicine’s integrity, availability, or confidentiality. The white paper includes invaluable guidance to strengthen a health organization’s telehealth-related cybersecurity readiness, staying in-compliance with existing regulations, and responding to attacks.

The Council partners with and advises the federal government in the identification and mitigation of strategic threats and vulnerabilities facing a sector’s ability to deliver services to the public. The Council’s Cybersecurity Working Group is comprised of more than 300 organizations working together to develop strategies to address emerging and ongoing cybersecurity challenges in healthcare.

We highly recommend reading this guidance document and applying best practices to your organization’s telehealth-related cybersecurity protocols.

HIPAA (Health Insurance Portability & Accountability Act)

The Office of Civil Rights (OCR) within the Department of Health and Human Services has published several guidance documents that are essential for telehealth. Providers must ensure they are in compliance and we strongly urge readers to effect appropriate practices.

On July 29, 2022, OCR published guidance on non-discrimination in telehealth; specifically, federal protections to ensure accessibility to people with disabilities and limited English proficiency.¹² The guidance explains how various federal laws require making telehealth accessible. The guidance identifies those regulations specifically for covered health programs or activities provided by covered entities

through electronic or information technology must be accessible to individuals with disabilities unless doing so would result in undue financial and administrative burdens or fundamental alteration of the health program.

Further, in June 2022, OCR released guidance¹³ that individuals may continue to benefit from audio-only telehealth services. This audio only telehealth benefit is available as long as providers apply reasonable safeguards to protect PHI (Protected Health Information) from impermissible uses or disclosures and meet the requirements of the HIPAA Security Rule when using e-communication technologies to provide audio-only telehealth services. (Note that land lines are exempt because the information transmitted is not electronic and therefore not subject to the Security Rule.)

In addition, there are certain circumstances in which HIPAA permits a provider to conduct an audio only telehealth encounter using remote communications without a business associate agreement in place with the vendor.

OCR’s 2020 relaxed enforcement of HIPAA rules remains in-effect for now.¹⁴ Its brief summary contains highly valuable knowledge for you and your organization. Specifically:

- OCR recognizes that some services clinicians may want to use to conduct telehealth visits may not fully comply with the requirements of the HIPAA rules.
- OCR has exercised its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- As a result, a covered healthcare provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.



OCR's announcement lists vendors who have said that they provide HIPAA compliant video communication products. And, that these vendors have also said that they will enter into a HIPAA Business Associate Agreement (BAA). There are several URLs at the bottom of the BAA announcement that you might find valuable to ensure your complete understanding of the guidance.

CMS (Centers for Medicare and Medicaid Services)

We direct readers' attention to the ATA's policy updates¹⁵ which document the status of telehealth regulations emanating from CMS. In addition to its summarization of the current situation, this update also includes hyperlinks to CMS source material.

It's essential that healthcare organizations with telehealth services understand and comply with CMS regulations, particularly those that remain flexible and temporary. For example, in March 2020, Congress granted HHS the authority to waive certain restrictions for the duration of the COVID-19 Public Health Emergency. Statutory Fee-for-Service (FFS) issues that CMS addressed included geographic originating site, home as an originating site, distant site clinicians, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), and Telemental. In December 2022, Congress extended these flexibilities until the end of 2024. For the remainder of regulatory FFS and Medicare Advantage issues, CMS has existing authority to make policy changes. For instance, CMS determines which Medicare services can be provided via telehealth, and what the payment structure is for telehealth services.

State Policies & Regulations

Since 2019, the vast majority of states have updated their telehealth policies in some way, shape, or form – and most of those changes are favorable. As there is significant variation between the states, telehealth professionals must be fluent in state policies in which their healthcare organization delivers care virtually.

And that understanding is a two way street. Legislators, most of whom have no clinical training, are routinely asked to consider legislation that creates requirements for clinical professionals. Members of the ATA, therefore, can consider it an essential civic duty to help legislators and regulators make informed policy decisions.

All telehealth professionals must have a thorough grounding in how telehealth is regulated. There are many layers of accountability in place for patients to use telehealth and, fortunately, an ATA guidance document¹⁶ clearly explains them all. Another example is the ATA's "Standard of Care in Telehealth"¹⁷; a one-pager that says patients should be able to expect the same standard of care regardless of the modality used to deliver that care. Policymakers should **not** be creating separate standards of care for telehealth and face-to-face clinical encounters. However, there are still many state laws and regulations that remain in effect that treat telehealth or telehealth modalities differently.

It is essential that those responsible for telehealth understand the intricacies of state-based policies, so it's highly recommended to read the full language of a specific policy. In almost every circumstance, with few exceptions, telehealth professionals must be aware of the laws and regulations *in the state in which the patient is located* rather than the state in which the provider is located. Common areas of change include states' Medicaid policy (which are usually adjusted to some degree on an annual basis), private payer policy, and regulation and licensure of healthcare professionals. Fortunately, the ATA regularly updates the policy section of the website with the latest trackers, letters, and overview documents on pressing federal and state policy issues. In addition, the Center for Connected Health Policy regularly updates their website and releases a semi-annual report on state-based telehealth laws and Medicaid program policies across the United States.¹⁸

Move As Fast As Your Organization's Culture & Budget Will Allow

Create A Unified Vision For Telehealth Services & Roll-Out Departmentally

As noted above, it's essential that your C-suite team establish and buy-in to a vision for your HCO's use of telehealth services. And, that you identify a C-suite champion. With those two building blocks in place, execute on the vision at the departmental level. We've learned that Primary Care, Internal Medicine, Dermatology, and Behavioral Health are the most common clinical departments in which expansive use of telehealth services can thrive. Further, peer-to-peer e-consultations between clinicians also present as an early stage area to implement telehealth services.

Of course, your HCO has its own personality and culture. This is where your C-suite champion, your CMO, and the partnership with HIM/RCM can pay true dividends. Seek their counsel and guidance on areas as you develop your implementation plan. And, it's essential to involve the clinical teams in your plans. If people feel like they are part of a solution, they will be much more likely to participate and support success.

Choose Metrics That Tell A Story

Because there are multiple types of telehealth services that can be utilized effectively, it's important to focus telehealth strategically. A good way to think about how to expand and deepen a healthcare organization's efforts is to zero in on the most valuable potential benefits to your HCO, patients, and clinical staff. Below, we share a chart that identifies various types of telehealth services and lists the potential business and value metrics for each. In addition, thanks to robust telehealth services, there are downstream revenue wins for departments across the HCO.

It's essential to choose metrics that tell a story that matters to key stakeholders. Focus on the clinical and business vision that your HCO wants to realize from telehealth. For example, how telehealth can improve workforce resilience and patients' access to the care they need. Business goals, such as expanding the HCO's revenue sources and market share, are also strong considerations.

Possible Business and Value Metrics

Telehealth Service	Improvements In...	Reductions In...
Virtual Outpatient Visits	<ul style="list-style-type: none"> • Access to preventative care • Quality, HEDIS and population health measures • PROMs • Medication adherence rates 	<ul style="list-style-type: none"> • Equity and elimination of language barriers • Patient retention • Cost savings for patients
Virtual Specialist Visits	<ul style="list-style-type: none"> • Disease detection • Referral volumes • Access to specialty care • Care coordination, transition to home 	<ul style="list-style-type: none"> • No-show rates • Care delays • Avoidable hospitalizations

Possible Business and Value Metrics

Telehealth Service	Improvements In...	Reductions In...
Asynchronous Visits	<ul style="list-style-type: none"> Optimized clinician panel size Access to care, esp. for marginalized patient populations 	<ul style="list-style-type: none"> Referrals Provider burnout
Remote Monitoring	<ul style="list-style-type: none"> Quality, HEDIS and population health measures 	<ul style="list-style-type: none"> Time to target measures (i.e., HbA1c) 30-day readmissions Avoidable ED and hospitalizations LOS/improved home transitions Outpatient patient visits Adverse post-op outcomes
Digital Health Programs	<ul style="list-style-type: none"> Patient satisfaction and engagement Medication adherence 	<ul style="list-style-type: none"> Clinical outcomes and quality measures No-show rates Adverse post-operative outcomes Cost of episodic care (i.e., pregnancy) Avoidable ED visits and hospitalizations

Documenting Revenue Generation

As noted earlier in this Essentials Guide, it can be challenging to document the revenue generated from telehealth because that revenue is frequently assigned to individual departments across an HCO. Further, the provision of telehealth services frequently leads to downstream revenue, which is also recognized at the departmental level.

We recommend the following approach: undertake an analysis of a three month / one quarter period for one to three clinicians providing telehealth services within your HCO. This range will be large enough to serve as a “pilot” analysis. It will give leadership enough of an idea of the potential full value of telehealth to determine the parameters of a more thorough analysis.

In this analysis, look for downstream revenue, acquisition of new patients, reduced no-show rates, and expanded patient use of the full suite of an HCO’s healthcare services. This can be a successful exercise to begin the journey of documenting the tangible benefits of telehealth for your organization, clinicians, and patients.

We encourage you to read how Charleston Area Medical Center conducted its analysis and learned that its telehealth offerings became profitable in year two of its existence.¹⁹

Document Lessons Learned And Success Stories

Telehealth professionals are working hard every day. As a result, it can be tempting to neglect documenting our successes. But, do not let this happen – it is essential to share (as broadly as possible) the lessons learned and successes of telehealth. Ways to share your successes: send a quarterly update to your CEO and CFO, include frequent use cases in your HCO’s employee newsletter, and ask to be added to a clinical team’s monthly agenda so you can share the latest information.

Such efforts are pivotal to both making the business case for telehealth, and for making telehealth easier for your clinicians, staff, and patients to use.



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Conclusion

The ATA Telehealth Essentials Guide for Healthcare Providers is designed to help you optimally leverage all the building blocks you've put in place to grow and strengthen your telehealth services offering. Please remember that we have a companion Guide to support you with any questions about how and where to start: the ATA's Telehealth QuickStart Guide.²⁰

We thank our ATA members who are working tirelessly to ensure the highest-possible quality care is provided to patients via telehealth services, and to make those services work optimally for clinicians, staff, and patients.

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