For Public Comment
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Appendix 7
Telehealth Module in HPA Proposed Standards

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Access & Equity

AE 1: Scope of Telehealth Services

Element A: Telehealth Visit Types

The organization offers telehealth as a modality of care for routine and urgent care visits in each of the following:

1. Primary care.

2. Behavioral health.

3. Specialty care.

Element B: Telehealth Services

The organization offers the following types of telehealth encounters:

1. Asynchronous.

2. Audio synchronous.

3. Visual synchronous.

4. Remote patient monitoring.

Element C: Access to Urgent Care

The organization makes urgent care telehealth services available 24 hours a day, 7 days a week.

AE 2: Timely Access

Element A: Telehealth Visits Wait Time

The organization provides members with estimated wait times for:

1. Urgent care visits.

2. Primary care visits.

3. Behavioral healthcare visits.

4. Specialty care visits.

Element B: Timely Access to Urgent Care

Using valid methodology, the organization annually collects and analyzes data to evaluate wait times for urgent care appointments.

Element C: Timely Access to Primary Care

Using valid methodology, the organization collects and analyzes data to evaluate wait times for:

1. Regular and routine care appointments.

2. After-hours care.

Element D: Timely Access to Behavioral Healthcare

Using valid methodology, the organization annually collects and analyzes data to evaluate wait times for behavioral healthcare for:

1. Care for a non-life-threatening emergency within 6 hours.

2. Urgent care within 48 hours.

3. Initial visit for routine care within 10 business days.

4. Follow-up routine care.

Element E: Timely Access to Specialty Care

Using valid methodology, the organization annually collects and analyzes data to evaluate wait times for specialty care appointments.

AE 3: Equitable Access

Element A: Member Telehealth Readiness Assessment

The organization annually assesses members' readiness for use of telehealth services across its service network, including:

1. Access to technology.

2. Access to broadband internet.

3. Digital literacy.

Targeted Question

Besides surveying members to assess their readiness to use telehealth, are there other ways plans could complete this assessment?

Element B: Reducing Disparities

To reduce potential disparities in access to telehealth services, the organization:

1. Provides information to members to help them use telehealth visits effectively.

2. Informs members about free or reduced-cost broadband internet in their area.

3. Partners with community organizations to improve access to needed technology.

Targeted Question

Are there ways health plans can reduce potential disparities in access to telehealth services in addition to or instead of the proposed requirements?

Element C: Practitioner Telehealth Readiness

The organization has written procedures requiring practitioners to obtain training specific to delivering telehealth services.

Targeted Question

Should the standards address specific areas related to practitioner training?

Element D: Linguistic Needs

The organization:

1. **Assesses the linguistic needs of its members.**
2. **Identifies opportunities to support or facilitate interpreter or bilingual services as part of telehealth visits, based on the linguistic needs of its members.**

Targeted Question

In Health Plan Accreditation's NET 1, Element A: Cultural Needs and Preferences, health plans assess the cultural, ethnic, racial and linguistic needs of members and adjust network practitioner availability. Could assessment results from this element help plans establish members' needs for telehealth networks?

Element E: Telehealth Benefit and Practitioner Information

Members can complete the following actions on the organization's website or telehealth platform in one attempt or contact:

1. **Determine their financial responsibility for a telehealth visit.**
2. **Find a telehealth practitioner.**
3. **Find available telehealth services.**
4. **Find instructions for accessing telehealth services.**
5. **Find information about obtaining language assistance and/or whether language assistance is available during telehealth visits.**
6. **Find instructions for obtaining specialty care services.**
7. **Find instructions for obtaining behavioral healthcare services.**
8. **Find instructions for obtaining primary care services.**
9. **Find instructions for obtaining urgent care services.**
10. **Find instructions for obtaining care after normal business hours.**
11. **Find instructions for submitting a complaint.**

Targeted Question

The proposed element requires health plans to make information available to members on their website or via the telehealth platform. Should plans determine how (i.e., the modality) they provide this information?

AE 4: Assessment of Access & Equity

Element A: Opportunities for Improvement

The organization annually:

1. **Prioritizes opportunities for improvement identified from analyses of wait times (Elements AE 2 B–E), member telehealth readiness (Element AE 3A) and linguistic needs (Element AE 3C).**
2. **Implements interventions for at least two opportunities.**
3. **Measures the effectiveness of interventions.**

AE 5: Delegation of AE

Element A: Delegation Agreement

The written delegation agreement:

1. **Is mutually agreed upon.**
2. **Describes the delegated activities and the responsibilities of the organization and the delegated entity.**
3. **Requires at least semiannual reporting by the delegated entity to the organization.**
4. **Describes the process by which the organization evaluates the delegated entity's performance.**
5. **Describes the process for providing member experience and clinical performance data to its delegates when requested.**
6. **Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.**

Element B: Predelegation Evaluation

For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.

Element C: Review of Delegated Activities

For arrangements in effect for 12 months or longer, the organization:

1. **Annually reviews its delegate's access and equity procedures.**
2. **Annually evaluates delegate performance against NCQA standards for delegated activities.**
3. **Semiannually evaluates regular reports, as specified in Element A.**

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.

Credentialing

CR 1: Credentialing Policies

Element A: Practitioner Credentialing Guidelines

The organization specifies:

1. **The types of practitioners it credentials and recredentials.**
2. **The verification sources it uses.**
3. **The criteria for credentialing and recredentialing.**
4. **The process for making credentialing and recredentialing decisions.**
5. **The process for managing credentialing files that meet the organization's established criteria.**
6. **The process for requiring that credentialing and recredentialing are conducted in a nondiscriminatory manner.**
7. **The process for notifying practitioners if information obtained during the organization's credentialing process varies substantially from the information they provided to the organization.**
8. **The process for notifying practitioners of the credentialing and recredentialing decision within 60 calendar days of the credentialing committee's decision.**
9. **The medical director or other designated physician's direct responsibility and participation in the credentialing program.**
10. **The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law.**
11. **The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty.**

Element B: Practitioner Rights

The organization notifies practitioners about their right to:

1. **Review information submitted to support their credentialing application.**
2. **Correct erroneous information.**
3. **Receive the status of their credentialing or recredentialing application, upon request.**

Element C: Credentialing System Controls

The organization's credentialing process describes:

1. **How primary source verification information is received, dated and stored.**
2. **How modified information is tracked and dated from its initial verification.**
3. **Staff who are authorized to review, modify and delete information, and circumstances when modification or deletion is appropriate.**
4. **The security controls in place to protect the information from unauthorized modification.**
5. **How the organization audits the processes and procedures in factors 1-4.**

CR 2: Credentialing Committee

Element A: Credentialing Committee

The organization's Credentialing Committee:

1. **Uses participating practitioners to provide advice and expertise for credentialing decisions.**
2. **Reviews credentials for practitioners who do not meet established thresholds.**
3. **Ensures that files that meet established criteria are reviewed and approved by a medical director or designated physician.**

CR 3: Credentialing Verification

Element A: Verification of Credentials

The organization verifies that the following are within the prescribed time limits:

1. **A current and valid license to practice.**
2. **A valid DEA or CDS certificate, if applicable.**
3. **Education and training as specified in the explanation.**
4. **Board certification status, if applicable.**
5. **Work history.**
6. **A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner.**

Element B: Sanction Information

The organization verifies the following sanction information for credentialing:

1. State sanctions, restrictions on licensure and limitations on scope of practice.

2. Medicare and Medicaid sanctions.

Element C: Credentialing Application

Applications for credentialing include the following:

1. Reasons for inability to perform the essential functions of the position.

2. Lack of present illegal drug use.

3. History of loss of license and felony convictions.

4. History of loss or limitation of privileges or disciplinary actions.

5. Current malpractice insurance coverage.

6. Current and signed attestation confirming the correctness and completeness of the application.

CR 4: Recredentialing Cycle Length

Element A: Recredentialing Cycle Length

The length of the recredentialing cycle is within the required 36-month time frame.

CR 5: Ongoing Monitoring and Interventions

Element A: Ongoing Monitoring and Interventions

The organization implements ongoing monitoring and makes appropriate interventions by:

1. Collecting and reviewing Medicare and Medicaid sanctions.

2. Collecting and reviewing sanctions and limitations on licensure.

3. Collecting and reviewing complaints.

4. Collecting and reviewing information from identified adverse events.

5. Implementing appropriate interventions when it identifies instances of poor quality related to factors 1–4.

CR 6: Notification to Authorities and Practitioner Appeal Rights

Element A: Actions Against Practitioners

The organization has policies and procedures for:

1. **The range of actions available to the organization.**
2. **Making the appeal process known to practitioners.**

CR 7: Delegation of CR

Element A: Delegation Agreement

The written delegation agreement:

1. **Is mutually agreed upon.**
2. **Describes the delegated activities and the responsibilities of the organization and the delegated entity.**
3. **Requires at least semiannual reporting by the delegated entity to the organization.**
4. **Describes the process by which the organization evaluates the delegated entity's performance.**
5. **Specifies that the organization retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making.**
6. **Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.**

Element B: Predelegation Evaluation

For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.

Element C: Review of Delegate's Credentialing Activities

For delegation arrangements in effect for 12 months or longer, the organization:

1. **Annually reviews its delegate's credentialing policies and procedures.**
2. **Annually audits credentialing and recredentialing files against NCQA standards for each year that delegation has been in effect.**
3. **Annually evaluates delegate performance against NCQA standards for delegated activities.**

4. Semiannually evaluates regular reports, as specified in Element A.

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identified and followed up on opportunities for improvement, if applicable.

Member Experience

ME 1: Complaints Assessment

Element A: Policies and Procedures for Complaints

The organization has policies and procedures for registering and responding to oral and written telehealth complaints that include:

1. Documentation of the substance of complaints and actions taken.

2. Investigation of the substance of complaints.

3. Notification to members of the disposition of complaints and the right to further appeal, as appropriate.

4. Standards for timeliness, including standards for urgent situations.

5. Provision of language services for the appeal process.

Element B: Telehealth Complaints Assessment

Using valid methodology, the organization annually analyzes telehealth complaints for each of the following categories:

1. Quality of telehealth services.

2. Access to telehealth services.

3. Attitude and service.

4. Billing and financial issues.

5. Quality of telehealth platform.

Targeted Question

The proposed element requires complaints to be analyzed across five predetermined categories (e.g., quality of telehealth service). Are these categories appropriate? Should other categories be included?

ME 2: Member Experience

Element A: Member Experience Assessment

At least annually, the organization evaluates experience with its telehealth services and practitioners at least in the following areas:

1. Ease of arranging a telehealth visit.

2. Technical quality.

3. Perceived effectiveness.

4. Perceived usefulness.

5. Communication about next steps following telehealth visit and/or treatment plan.

Targeted Question

The proposed element requires plans to evaluate member experience with telehealth services and practitioners across five areas (e.g., ease of arranging a telehealth visit). Are these proposed areas appropriate? Should other areas be included?

Element B: Opportunities for Improvement

The organization annually identifies opportunities for improvement, sets priorities and decides which opportunities to pursue based on analysis of the following information:

1. Member complaint data from ME 1, Element B: Telehealth Complaints Assessment.

2. Member experience survey results from ME 2, Element A: Member Experience Assessment.

ME 3: Delegation of ME

Element A: Delegation Agreement

The written delegation agreement:

1. Is mutually agreed upon.

2. Describes the delegated activities and the responsibilities of the organization and the delegated entity.

3. Requires at least semiannual reporting by the delegated entity to the organization.

4. Describes the process by which the organization evaluates the delegated entity's performance.
5. Describes the process for providing member experience data to its delegates when requested.
6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.

Element B: Predelegation Evaluation

For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.

Element C: Review of Delegated Activities

For arrangements in effect for 12 months or longer, the organization:

1. Annually reviews its delegate's access and equity procedures.
2. Annually evaluates delegate performance against NCQA standards for delegated activities.
3. Semiannually evaluates regular reports, as specified in Element A.

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.

Care Coordination

CC 1: Care Coordination

Targeted Question

Are proposed care coordination elements appropriate for health plans? If not, how could care coordination be evaluated more appropriately when the practitioner providing telehealth services is not the member's usual PCP?

Element A: Sharing Information with PCP

The organization has a process for collecting data and assessing information sharing between practitioners who provide telehealth services and the member's usual PCP.

Element B: Triaging Members

The organization has written policies and procedures requiring practitioners offering telehealth services to have a triaging protocol for determining when a member needs urgent in-person follow-up care or emergency services before scheduling a telehealth visit.

Element C: Test Tracking and Follow-Up

The organization has written policies and procedures for annually collecting data and assessing test tracking and follow-up performed by practitioners providing telehealth services.

Element D: Opportunities for Improvement

The organization annually:

1. Identifies opportunities to improve care coordination of telehealth services.

2. Implements at least one intervention.

3. Measures the effectiveness of interventions.

CC 2: Delegation of CC

Element A: Delegation Agreement

The written delegation agreement:

1. **Is mutually agreed upon.**
2. **Describes the delegated activities and the responsibilities of the organization and the delegated entity.**
3. **Requires at least semiannual reporting by the delegated entity to the organization.**
4. **Describes the process by which the organization evaluates the delegated entity's performance.**
5. **Describes the process for providing clinical data to its delegates when requested.**
6. **Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.**

Element B: Predelegation Evaluation

For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.

Element C: Review of Delegated Activities

For arrangements in effect for 12 months or longer, the organization:

1. **Annually reviews its delegate's access and equity procedures.**
2. **Annually evaluates delegate performance against NCQA standards for delegated activities.**
3. **Semiannually evaluates regular reports, as specified in Element A.**

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.

Patient Safety

PS 1: Appropriateness of Care

Targeted Questions

1. Should the standards address other areas related to patient safety?
2. Should patient safety be evaluated in other or additional ways to proposed requirements, or instead of proposed requirements?

Element A: Care Setting Assessment

The organization has written procedures requiring practitioners to have a protocol in accordance with coverage policies to verify that:

1. The member's visit can be appropriately conducted through telehealth.

2. The member is willing and technologically able to have a telehealth visit.

3. The member is informed and ensured that they can obtain in-person care if that is their preference.

Element B: Appropriate Practitioners

The organization has a documented process that specifies which types of practitioners are appropriate for conditions treated via telehealth.

Element C: Appropriate Conditions

The organization has written procedures for identifying conditions that are appropriate for telehealth visits.

PS 2: Measuring Effectiveness

Element A: Measuring Effectiveness

At least annually, the organization conducts a comprehensive analysis of its telehealth services that includes the following:

1. Quantitative results of relevant clinical or cost/utilization measures.

2. Comparison of results with a benchmark or goal.

3. Interpretation of results.

PS 3: Delegation of PS

Element A: Delegation Agreement

The written delegation agreement:

1. **Is mutually agreed upon.**
2. **Describes the delegated activities and the responsibilities of the organization and the delegated entity.**
3. **Requires at least semiannual reporting by the delegated entity to the organization.**
4. **Describes the process by which the organization evaluates the delegated entity's performance.**
5. **Describes the process for providing clinical data to its delegates when requested.**
6. **Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.**

Element B: Predelegation Evaluation

For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.

Element C: Review of Delegated Activities

For arrangements in effect for 12 months or longer, the organization:

1. **Annually reviews its delegate's access and equity procedures.**
2. **Annually evaluates delegate performance against NCQA standards for delegated activities.**
3. **Semiannually evaluates regular reports, as specified in Element A.**

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.

Platform Capabilities

PC 1: Privacy and Confidentiality

Targeted Questions

Should the standards address other areas related to platform capabilities?

Element A: Uses and Disclosures

The organization has a documented process for the use and disclosure of health information needed for routine and regular operations, including:

1. **Identifying the minimum information necessary for the organization's operations.**
2. **Procedures for verbal communication involving sensitive information.**
3. **Procedures for secure transmission of sensitive information.**
4. **Procedures for accessing sensitive information.**
5. **Procedures for storing sensitive information.**
6. **Setting timetables for retention of sensitive information.**
7. **Procedures for return or destruction of sensitive information no longer needed for business purposes.**
8. **Procedures for ensuring that client organizations receive only aggregate information directly from the organization.**
9. **Procedures for handling restriction requests of eligible individuals regarding the use and disclosure of sensitive information.**
10. **Procedures for auditing or reviewing access to sensitive information to verify that such access is appropriate.**

Element B: Informing Members

The organization provides information to members receiving telehealth services, in language that is easy to understand, about how their health information will be used. Information includes:

1. **Routine uses and disclosures of sensitive information.**
2. **Uses and disclosures of sensitive information as allowed under law or customer contract.**
3. **Protections the organization has implemented for sensitive information in all formats.**
4. **Assurances that health information identifying specific individuals is not directly shared with client organizations.**
5. **An opportunity to receive information in other languages, as applicable.**

PC 2: Platform Capabilities

Element A: Platform Capabilities

The organization uses or supports the use of telehealth platform(s) that can:

1. **Facilitate live (synchronous) video and audio calls.**
2. **Electronically prescribe medications.**
3. **Issue referrals.**
4. **Transmit clinical information to other systems and care settings.**
5. **Issue automated prompts for follow-ups.**
6. **Allow for two-way messaging between practitioner and member.**
7. **Accommodate persons with disabilities.**

Element B: Clinical Decision-Support

The organization uses or supports the use of telehealth decision-support for:

1. **Conditions treated through telehealth.**
2. **Triaging to in-person, urgent care or other sites of care.**

PC 3: Delegation of PC

Element A: Delegation Agreement

The written delegation agreement:

1. **Is mutually agreed upon.**
2. **Describes the delegated activities and the responsibilities of the organization and the delegated entity.**
3. **Requires at least semiannual reporting by the delegated entity to the organization.**
4. **Describes the process by which the organization evaluates the delegated entity's performance.**
5. **Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement.**

Element B: Predelegation Evaluation

For new delegation agreements initiated in the look-back period, the organization evaluates delegate capacity to meet NCQA requirements before delegation began.

Element C: Review of Delegated Activities

For arrangements in effect for 12 months or longer, the organization:

1. Annually reviews its delegate's access and equity procedures.

2. Annually evaluates delegate performance against NCQA standards for delegated activities.

3. Semiannually evaluates regular reports, as specified in Element A.

Element D: Opportunities for Improvement

For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the organization identified and followed up on opportunities for improvement, if applicable.

