

1 **Clinical Practice Guideline:** **Virtual Physical Therapy and Rehabilitation**
 2 **Services**

3
 4 **Date of Implementation:** **June 6, 2022**

5
 6 **Product:** **Specialty**
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8
 9 **DESCRIPTION**

10 The Virtual Physical Therapy and Rehabilitation (VPTR) program enables the use of live
 11 Physical and Occupational Therapy with advanced virtual technology to drive patient
 12 recovery that is low-cost, high touch, and convenient for the member. American Specialty
 13 Health – Specialty (ASH) VPTR services are provided by ASH employed or contracted
 14 licensed physical or occupational therapists (herein referred to as VPTR providers). The
 15 VPTR program is designed to promote improved access to care, cost management, and
 16 quality of services by enabling flexible access to services. Eligible patients (herein referred
 17 to as members) are able to receive Virtual Physical and Occupational Therapy services
 18 from an originating site, either their own home or other remote location, by connecting via
 19 an interactive telecommunications system with a VPTR provider located at a distant site.
 20

21 **GUIDELINES**

22 American Specialty Health – Specialty (ASH) considers VPTR delivered through a
 23 synchronous audio-video platform as medically necessary when medical necessity criteria
 24 are met per ASH clinical criteria for corresponding service(s) **and** when virtual
 25 rehabilitation services are carried out in compliance with state and federal regulatory
 26 requirements governing the operational and clinical scope of the service(s) **and** if the
 27 condition and member’s health status is appropriate for delivery of service(s) in the virtual
 28 encounter environment. VPTR services may include asynchronous monitoring and
 29 communications between provider and member in addition to real-time synchronous audio-
 30 video.
 31

32 In the event that the patient does not have access to synchronous video communication and
 33 only an audio/telephone communication device, the VPTR provider will provide a verbal
 34 consultation with the patient to determine the best course of action. If through a (i) verbal
 35 history that includes, at a minimum, duration and mechanism of onset, symptoms,
 36 exacerbating and relieving activities, and (ii) a subjective examination that includes patient
 37 descriptions of functional abilities and other movement related tasks, the provider can
 38 determine if education and advice can be delivered safely and effectively without visually
 39 observing the person. If the provider determines it is safe and appropriate to provide
 40 clinical advice and education, this is considered medically necessary care.

1 If the VPTR provider determines that an audio only evaluation and treatment environment
 2 is inappropriate for the patient’s descriptions and complaints, they will refer the patient to
 3 a setting that will be safe and effective for the patient (medical physician, in person physical
 4 therapy and rehabilitation, or other health care provider).

6 **Covered Virtual Physical Therapy and Rehabilitation Services**

7 VPTR services (technology-enabled encounters between a provider in one location and a
 8 member in another location), may be reimbursed when all the following conditions are met:

- 9 • Medical information is communicated in real-time using HIPAA compliant
 10 synchronous audio-video communications equipment or other means approved by state
 11 and/or federal regulators. The real-time synchronous communication is between the
 12 member (or the minor-age member with parent/guardian) and the VPTR provider
 13 performing the service.
- 14 • The originating site (member location) and the distant site (provider location) are
 15 reported in the medical record. The originating site is considered the place of service
 16 situs. In addition to standard documentation, there are some unique requirements for
 17 telehealth services:
 - 18 ○ Documentation of the originating site (member location) and the distant site are
 19 required if providing telehealth.
 - 20 ○ The member’s location and contact information is verified at the start of all
 21 appointments in case of an emergency, or the call is disconnected. Emergency
 22 contact information is also documented.
 - 23 ○ Informed consent must be obtained prior to each telehealth session in
 24 accordance with ASH clinical practice guidelines and all federal and state laws.
 - 25 ○ All relevant asynchronous communications are documented in the medical
 26 record. Copies or email communication, chat communications and phone calls
 27 are well documented in accordance with all applicable state and federal rules
 28 and regulations.
- 29 • All services provided are medically appropriate and necessary.
- 30 • The encounter satisfies the elements of the patient-provider relationship, as determined
 31 by the relevant healthcare regulatory board of the state where the member is physically
 32 located, including the VPTR provider is actively licensed in the jurisdiction of the
 33 originating site.
- 34 • The service is provided in accordance with the applicable standards of practice within
 35 the state of licensure of the VPTR provider.
- 36 • The service is conducted in a manner that meets current state and federal privacy and
 37 security regulations and compliance expectations, and a permanent record of online
 38 communications relevant to the ongoing medical care and follow-up of the member is
 39 maintained as part of the member’s medical record.

1 Covered services (services that are eligible for reimbursement) may be limited by state
 2 and/or federal regulations and by health plan guidelines and benefit coverage policies.
 3 Refer to the applicable client summary for covered services.

4 Incomplete healthcare services, such as when the service is not fully rendered due to
 5 technical or other service interruptions, resulting in the partial and inadequate delivery of
 6 care are not considered covered services. The portion of incomplete encounters that
 7 occurred will be appropriately documented in the medical record with a follow-up
 8 encounter scheduled to provide a completed engagement.

9 **Medicare Advantage VPTR Services**

10 Under the various Medicare Advantage (MA) plans (Part C Medicare) managed by ASH,
 11 Health Plans may elect to provide expanded coverage that includes selected VPTR services
 12 provided by ASH employed or contracted providers. These services must be within the
 13 provider's state scope of practice, able to be performed virtually and must be based on the
 14 member's applicable Medicare Advantage benefit. When such coverage is available, ASH
 15 notifies VPTR providers through the applicable client summary.
 16

17 **VPTR TECHNOLOGY, TOOLS, AND EQUIPMENT**

18 The synchronous audio-video systems used must, at a minimum, have the capability of
 19 providing the VPTR services encounter as defined in the ASH Client Summary and, as
 20 applicable, the procedural definition of the service rendered. The required communication
 21 technology and equipment must be of a quality to adequately and safely complete all
 22 necessary components to document the level of service billed.
 23

24 The technology and equipment utilized in the delivery of VPTR services must comply with
 25 all relevant safety laws, rules, regulations, and codes for technology and technical safety
 26 for devices that interact with members or are integral to diagnostic and/or therapeutic
 27 capabilities.
 28

29 ASH equips VPTR network providers with guidelines and information to implement the
 30 appropriate use of technology, tools, training, and safety guidelines to deliver the very best
 31 virtual clinical encounter. Tools needed by the VPTR provider to deliver VPTR services
 32 include synchronous video connectivity, microphones and cameras, electronic medical
 33 records, asynchronous support tools, chat, phone and message center communications
 34 pathways, and a comprehensive library of Home Exercise Program videos. Network VPTR
 35 providers are supported by an administrative management system enabled by the ASH
 36 proprietary provider web portal (ASHLink) for submission of clinical information, claims,
 37 and access to guidelines and training resources. ASH, at its discretion, may provide access
 38 to information technology resources to support the administration of the member benefits
 39 and related services.
 40

1 **Patient Safety Guidelines**

2 VPTR is not appropriate for all members. VPTR providers should use clinical judgment in
3 determining if members are safe to participate in virtual services. Mobility limitations and
4 cognitive deficits impacting member safety may render VPTR inappropriate. Steps are
5 taken to protect members during telehealth communications and during any subsequent
6 intervention or treatment sessions. All evaluations and interventions should be tailored to
7 member specific needs with safety as a priority.

9 **Patient Environment**

10 Patient (member) safety guidelines address steps to avoid injury or damage to patients,
11 providers, others, and telehealth equipment. Optimally, the member should be in a space
12 that allows for visualization of movement free of obstacles. Full body motions required to
13 demonstrate transfers and/or gait may require additional space. The role of the VPTR
14 provider, if needed, is to implement patient safety protocols supporting the nature and
15 purpose of the telehealth services.

17 **Use of the Synchronous Audio-Visual Platform and Technologies**

18 Delivering quality services through the synchronous audio-visual VPTR platform requires
19 the development of additional skills and practices to provide an effective VPTR care
20 experience. The following are the minimum expectations for the VPTR environment in
21 which the provider is engaging the member via synchronous audio-visual technologies.

22 The device should be placed in a manner that allows both the VPTR provider and the
23 member the ability to communicate both verbally and visually. This includes:

- 24 • The participants' face and facial expressions can be seen with an appropriate
25 balance of lighting.
- 26 • Lighting and sound devices used by the VPTR provider are optimal to enable ease
27 of viewing and hearing by the member.
- 28 • Body movements and functional activities for both evaluation and training purposes
29 are easily observable.
- 30 • The background behind the VPTR provider should be professional and not have
31 distractions in the field of view or background noise.

32
33 Additional requirements and best-practices are provided in the ASH Provider Operations
34 Manual and VPTR Clinical Best Practice Guide.

36 **Asynchronous Communications**

37 VPTR providers will have the ability to communicate with members outside of
38 synchronous audio-video sessions via HIPPA compliant asynchronous communication
39 methods including messaging and phone calls. VPTR providers are expected to maintain
40 documentation of all clinically significant asynchronous communications in the electronic
41 medical record.

1 Additional details on the asynchronous communication tools can be found in the ASH
2 Provider Operations Manual.

4 **Patient Initiated Requests**

5 ASH VPTR provides a clear method for eligible members to inquire about initiating an
6 encounter with a VPTR provider through Virtual Physical Therapy and Rehabilitation
7 Services.

8
9 Eligible members may initiate an encounter or inquire about services via the following
10 methods:

- 11 • Visiting the Website: <https://www.ashcare.com/>
- 12 • Calling: 888-990-2746
- 13 • Emailing: Concierge@ashcare.com

15 **THE ROLE OF MEMBER CONCIERGE**

16 **Member Concierge Definition**

17 The Member Concierge is an ASH Group staff member who assists in the administration
18 of benefits and services available to the member. The Member Concierge will assist
19 members seeking VPTR services with initial onboarding and education on the Virtual
20 Services Program. Eligibility and benefit verification, Member Cost Share payment
21 determination and collection will be done by the Member Concierge. ASH maintains a
22 system for member eligibility and benefit information, which is updated on a regular basis
23 as new eligibility files are received or changes are made to the members' information. The
24 Member Concierge utilizes this system to support the member seeking VPTR services.
25 They can also assist with the coordination or referrals to other contracted VPTR providers
26 when necessary and overall member and provider customer service support. A Member
27 Concierge will not provide any medical services or clinical advice; they do not diagnose or
28 treat members.

29
30 Contracted VPTR providers will be able to communicate with the Member Concierge via
31 their provided HIPPA compliant email address. Communications with the Member
32 Concierge should be centered around the role of the concierge in assisting member access
33 to their benefits.

34
35 The Member Concierge provides education to the members on the use of VPTR
36 technologies and various platforms during the intake session and within the welcome email.
37 If the member requests additional training on use of VPTR technologies, the VPTR
38 provider can refer them to the Member Concierge for further instruction.

39
40 The Member Concierge schedules initial member appointments. Members are matched
41 with a Virtual Physical or Occupational Therapist, based on their location and available
42 times. The Virtual Physical or Occupational Therapist is assigned to the member based on

1 the best match by location and member preferred appointment time. Members have the
 2 right to select an alternate VPTR provider by contacting the Member Concierge. The
 3 Member Concierge will review the list of providers available with the member, based on
 4 the member location, provider type and VPTR service areas. VPTR providers are licensed
 5 and perform services based on state licensure.

6
 7 If a member is dissatisfied with their experience with their VPTR provider for any reason,
 8 the Member Concierge will refer the information to management for review and the
 9 Member Concierge will schedule a new VPTR provider.

10
 11 Prior to the initial appointment, the Member Concierge will send the member information
 12 that contains details about the scheduled appointment, the name of the VPTR provider, and
 13 instructions on how to access the individualized HIPPA compliant virtual session.

14
 15 The Member Concierge will qualify (verify eligibility and benefits) the member, continue
 16 to the scheduling process, disclose billing practices (i.e., insurance coverage, billing and
 17 fees) prior to the session(s) as required by applicable laws and regulations in the relevant
 18 jurisdictions, and collect any Cost Share (if applicable).

19 **CLINICAL AND WELL-BEING COACHING**

20
 21 Clinical and Well-Being health coaching services are available for members as part of the
 22 VPTR program. The ASH VPTR Program provides physical/occupational therapy services
 23 as a team approach. The patient-VPTR provider relationship is at the center of the
 24 engagement and can be supported by a Clinical Health Coach and/or Well-Being Coach at
 25 the referral of a VPTR provider or request of a member.

26
 27 **Clinical Services** are provided only by contracted VPTR providers.

28
 29 Clinical Health Coaches or Well-Being Coaches only provide **Educational Support**
 30 **Services**.

31
 32 The **Clinical Health Coach** is available to support members who need help with the
 33 following:

- 34 1. **Adherence** to the recovery/therapy plan of care that the VPTR provider has
 35 recommended. They focus on motivation and teach behavior change and overcoming
 36 fear avoidance behavior using cognitive behavioral techniques and habit science
 37 approaches.
- 38 2. **Chronic pain management** using Acceptance and Commitment Therapy
 39 tools/approaches (ACT) and Cognitive Behavioral approaches to pain reframing and
 40 overcoming fear avoidance behavior.

1 3. **Navigating** the recovery continuum and learning how to use available ASHCare
 2 resources and other health care system services that may be helpful for member
 3 recovery.

4
 5 **Well-Being Coaches** support health improvement goals related to lifestyle factors such as
 6 sleep concerns, overweight or obesity, general nutrition, and stress management. VPTR
 7 providers or Clinical Health Coaches may suggest Well-Being Coaching.

8
 9 Coaches perform an intake interview to determine the member's goals and needs. Action
 10 Plans are implemented with the member, providing educational resources and activities, in
 11 addition to the treatment plan the VPTR provider may have prescribed. The coach will
 12 direct any questions regarding the rehabilitation treatment plan back to the VPTR provider.

13
 14 The Coach will tell the member to outreach to the VPTR provider if they have questions
 15 about their recovery and activities or exercises recommended by the VPTR provider. The
 16 Coach may guide the member to contact their medical physician if the member identifies
 17 a medical concern.

18 19 **EXPECTATIONS FOR DELIVERY OF VPTR**

20 Providers who participate in the delivery of VPTR services are expected to deliver services
 21 that meet the same quality and standards of practice as those who deliver face-to-face
 22 services. VPTR providers are expected to be aware of and adhere to all relevant federal,
 23 state, and local regulations and guidelines and to provide only services within the accepted
 24 scope of practice.

25 26 **Licensure Guidelines**

27 Because providing rehabilitation using VPTR technologies is the practice of healthcare,
 28 the healthcare professional engaged in the provision of these services must be licensed by,
 29 or otherwise authorized under the jurisdiction of the appropriate licensing board in the state
 30 where the VPTR session originates. The delivery of healthcare originates where the
 31 member is located at the time VPTR services are accessed.

32 33 **Provider Scope and Professional Training**

34 VPTR providers should practice in the areas which they are competent based on their
 35 education, training and experience using VPTR services to deliver services. Levels of
 36 education, experience, and proficiency may vary among individual providers. It is ethically
 37 and legally incumbent on a provider to determine where they have the knowledge and skills
 38 necessary to perform such services and whether the services are within their scope of
 39 practice.

40
 41 It is best practice for the provider to appropriately render services to a member only if they
 42 are trained, equally skilled, and adequately competent to deliver a service compared to

1 others trained to perform the same procedure. If the service would be most competently
 2 delivered by another health care practitioner who has more skill and training, it would be
 3 best practice to refer the member to the more expert practitioner.

4 **VPTR Provider Training and Credentialing**

5 ASH maintains a directory of credentialed network VPTR providers. ASH works with the
 6 VPTR providers to maintain and ensure the accuracy of the directory information. The
 7 VPTR network is comprised of a select group of highly trained providers capable of
 8 providing the highest quality clinical services and member experience. VPTR is provided
 9 by live persons who are credentialed by ASH according to NCQA/URAC credentialing
 10 protocols. VPTR providers may be contracted independent Physical or Occupational
 11 Therapists or ASH employed Physical or Occupational Therapists, depending on the
 12 requirements of the state statutes and regulations related to clinical licensure and Corporate
 13 Practice of Medicine. Patients will work with a VPTR provider who is licensed in the state
 14 the patient identifies as their place of originating contact.
 15

16
 17 VPTR providers are added to the network only after a comprehensive vetting process that
 18 includes:

- 19 • Completion of a comprehensive application
- 20 • Personal interviews with ASH clinical leadership
- 21 • Ability to hold multiple active state licenses in good standing
- 22 • Assessment and validation of essential key skills including:
 - 23 ○ Exceptional clinical physical or occupational therapy experience and
 - 24 training
 - 25 ○ Understanding of how to use the virtual clinical environment to evaluate
 - 26 and treat patients
 - 27 ○ Commitment to Virtual Physical Therapy and Rehabilitation as an effective
 - 28 clinical intervention
 - 29 ○ Clear social and communication skills
 - 30 ○ Flexible schedule and availability
 - 31 ○ Technology-savvy and adept at trouble shooting.

32
 33 VPTR training is developed and delivered by expert and experienced physical and
 34 occupational therapists, medical physicians, and other healthcare professionals. VPTR
 35 providers receive initial onboarding training by one-on-one and group live sessions and
 36 webinars specific to industry best practices for telehealth delivery, including synchronous,
 37 asynchronous, and audio only formats). Additionally, VPTR staff who are employed by
 38 ASH receive the mandatory Human Resources all staff regulatory training upon hire and
 39 ongoing training, at least annually. Additionally, they receive initial and ongoing training
 40 in the current accreditation standards (URAC and NCQA), and additional training when

1 there are changes to operations or policies. VPTR providers must complete training and
 2 competency assessment before beginning patient care.

3
 4 Following completion of network participation training during the onboarding process,
 5 VPTR providers receive ongoing training at least annually.

6
 7 Network providers receive education on the application of clinical guidelines and
 8 administrative skills including the following:

- 9 • Electronic Medical Record (EMR) and clinical documentation
- 10 • Referral management
- 11 • Expectations for availability and accessibility
- 12 • Quality and Outcomes data collection
- 13 • Process for Medical Necessity Review (MNR)
- 14 • Language aid and accessibility support
- 15 • Use of ASHLink for viewing eligibility and health plan specific benefits and
 16 performing transactions such as MNR and claims submission
- 17 • Current accreditation standards related to job duties and responsibilities (URAC
 18 and NCQA), updates to the standards or policies
- 19 • Federal and State regulatory requirements
- 20 • Effective communication and specialty telehealth care delivery
- 21 • Diversity, Inclusion, and Cultural Sensitivity
- 22 • Health equity and literacy
- 23 • Available resources for guided self-care, Home Exercise Program (HEP), and home
 24 equipment
- 25 • Care coordination and escalation process
- 26 • Availability and value of educational support from Clinical Health Coaches and
 27 Well-Being Coaches

28 29 **Provider-Patient Relationship**

30 The Provider-patient (member) relationship is fundamental to the provision of effective
 31 health care. It is ASH's expectation that VPTR providers recognize the obligations,
 32 responsibilities, and member rights associated with establishing and maintaining a
 33 provider-patient relationship. The provider-patient relationship is typically considered to
 34 have been established when the VPTR provider identify themselves as a licensed clinician,
 35 agrees to undertake evaluation, diagnosis, and/or treatment of the patient, and the patient
 36 agrees to be treated, whether or not there has been an in-person encounter between the
 37 VPTR provider and patient. However, the elements of establishing a provider-patient
 38 relationship are determined by the relevant healthcare regulatory board of the state where
 39 the member is physically located.

1 The VPTR provider should interact with the member in a culturally competent way and in
 2 the language familiar to that member. VPTR providers are trained initially and ongoing, at
 3 least annually regarding diversity, inclusion, and cultural sensitivity. If the member cannot
 4 understand the VPTR provider because of a language barrier, ASH may provide language
 5 assistance, and if a language assistance line is not acceptable for the encounter(s), then
 6 VPTR services should not be rendered, and the member should be referred to an in-person
 7 provider or a another VPTR provider delivering virtual services who can communicate in
 8 the language preferred by the member. It is up to the VPTR provider to use professional
 9 judgment to determine when the delivery of VPTR services is appropriate for the patient
 10 case, and when it is not.

11 **Informed Consent**

12 The member will receive a written informed consent form before the initial appointment.
 13 The informed consent form includes information on the member's right to ask questions
 14 about any aspect of the virtual visit/encounter, diagnosis, treatment plan, potential risks
 15 from the therapeutic services to be provided, and the right to decline any part of the
 16 treatment. The consent must be obtained prior to treatment and is consistent with the
 17 consent process for onsite care. A copy of the signed informed consent form will be
 18 provided to the VPTR provider and become a permanent part of the medical record.
 19 Treatment will not begin until a signed informed consent form is received by the VPTR
 20 provider and the provider has reviewed this information with the member.
 21

22
 23 The Informed Consent process must meet all federal and state laws and regulations and
 24 any applicable state board requirements in the state in which the patient is physically
 25 located.

26 **Commercial Disclosures**

27 ASH does not support white label providers of telehealth services; therefore, this is not
 28 applicable to the VPTR program.
 29

30
 31 ASH does not have any commercial affiliations as part of the Virtual Physical Therapy and
 32 Rehabilitation program; therefore, commercial affiliations are not applicable.
 33

34 **Evaluation and Treatment of the Patient**

35 A documented clinical evaluation (examination) and collection of relevant clinical history
 36 commensurate with the presentation of the patient is required to establish a diagnosis(es)
 37 and identify underlying conditions and/or contra-indications to the treatment
 38 recommended/provided. Evaluation, treatment, and consultation recommendations made
 39 in a virtual synchronous video setting will be held to the same standards of appropriate
 40 practice as those in traditional in-person settings. This also holds true in audio only VPTR
 41 provider and patient interactions. Subjective evaluations do not change based on whether
 42 in person, video, or audio only. Objective evaluations are tailored to the type of interaction

1 and are required to be as comprehensive as necessary and professionally possible given the
2 specific environment and clinical judgment of the VPTR provider. Following the initial
3 VPTR visit, the VPTR provider will determine whether ongoing VPTR services are
4 warranted, safe, and possible in the given setting (video or audio only). VPTR providers
5 will refer members to an in-person setting and/or a medical physician for examination if
6 required by the member's presenting findings and/or in accordance with state regulations
7 regarding medical physician oversight of physical or occupational therapy services. The
8 VPTR provider will follow up with the member's ongoing medical physician by phone or
9 secure HIPAA compliant messaging when needed.

10 **Referrals for Emergency or Other Medical Services**

11 A member's condition and/or symptoms during evaluation or the course of treatment may
12 indicate the need for referrals to another practitioner or even emergency care. In such cases
13 it is prudent for the VPTR provider, in accordance with their scope of practice, training,
14 and experience, to refer the member for appropriate co-management (e.g., to their primary
15 care physician) or if immediate emergency care is warranted, to contact emergency care
16 services as appropriate. Referrals may include a recommendation to seek care from one or
17 more of the following: the referring health care practitioner, other appropriate health care
18 practitioner/specialist, or care from an in-person physical/occupational therapy
19 environment. When a need for referral is identified, the recommendation will be
20 communicated to the member with the measure of urgency as warranted by the history and
21 clinical findings through standardized communication methods (video encounter, phone
22 call, or via messaging).

23
24
25 An emergency plan is required and must be provided by the VPTR provider to the patient
26 when the care provided using VPTR technologies indicates that a referral to an acute care
27 facility or emergency room for medical or mental health intervention is necessary for the
28 safety of the member. The emergency plan should include a formal, written protocol
29 appropriate to the services being rendered via VPTR encounters.

30
31 For more information, refer to the VPTR Clinical Best Practice Guide available on
32 ASHLink.

33 **Medical Records**

34 The member's medical history relevant to the condition being treated and medical records
35 are established during the use of VPTR services and must be accessible and documented
36 for both the VPTR provider and the member, consistent with all established federal and
37 state laws and regulations governing patient medical records; as well as standards for
38 medical documentation established by ASH.

39
40
41 Prior to the initial encounter, medical history is obtained by questionnaires and verified
42 during intake by the VPTR provider and the member as appropriate. Medical history

1 relevant to the condition being treated is documented in the electronic medical record for
2 qualified personnel to access.

3
4 Providers engaging in VPTR services must comply with all laws, rules and regulations
5 governing the maintenance of patient records, including patient confidentiality
6 requirements and duration of retention, regardless of the state where the records of any
7 patient within this state are maintained. Referral documentation and informed consents
8 obtained in connection with an encounter involving VPTR services should also be filed in
9 the medical record. Members may request, and VPTR providers must supply, copies of
10 medical records related to VPTR services according to state and federal medical
11 documentation regulations. Any requests by members to amend the medical record should
12 be submitted to the treating VPTR provider. Coaches and ASHM do not have access to the
13 medical records without explicit request from ASH for the purpose of quality assurance
14 related to benefit administration.

15
16 The member will receive a copy of the VPTR Program Participating Provider Notice of
17 Privacy Practices to Patients during the intake process. This notice outlines:

- 18 • How members may request copies of medical records related from the VPTR
19 service(s) according to state and federal medical documentation regulations. It is
20 the member's right to get a copy of paper or electronic medical record to use
21 accordingly (e.g., provide to ongoing provider(s) after telehealth encounter, or as
22 needed).
- 23 • The member's right to request changes, updates, and/or correct the paper or
24 electronic medical record(s) (any requests by members to amend the medical record
25 should be submitted to the treating VPTR provider).

26 27 **Privacy and Security of Patient Records and Exchange of Information**

28 VPTR providers should meet or exceed applicable federal and state legal requirements of
29 health information privacy, including compliance with the Health Insurance Portability and
30 Accountability Act (HIPAA) and state privacy, confidentiality, security, and healthcare
31 record retention rules. Sufficient privacy and security measures must be in place and
32 documented to assure confidentiality and integrity of patient-identifiable information.
33 Transmissions, including patient e-mail, prescriptions, and laboratory results must be
34 secure within existing technology (e.g., password protected, encrypted electronic
35 prescriptions, or other reliable authentication techniques) unless such compliance with
36 such privacy and security measures has been waived by federal or state regulators in
37 response to national or local disasters, public health emergencies or other situations
38 wherein the ability to access timely VPTR services needs to be enhanced or intensified.

1 **Healthcare Ethics and Integrity**

2 The following basic principles describe the code of ethical conduct for the practice of
3 VPTR services.

4
5 VPTR providers will:

- 6 • Obtain informed consent from the member as required by law.
- 7 • Protect the public and the profession by reporting any conduct that they consider
8 unethical, illegal, or incompetent.
- 9 • Respect the rights, responsibilities, welfare, and dignity of all patients.
- 10 • Provide care based on medically necessary needs of the member.
- 11 • Be committed to providing competent care consistent with both the requirements
12 and limitations of their profession.
- 13 • Refer members to other facility locations or providers if VPTR services may not be
14 appropriate or adequate for the member's health care needs.
- 15 • Comply with the laws and regulations governing the practice of their healthcare
16 profession and VPTR services.

17
18 VPTR providers will not:

- 19 • Engage in practices that may pose a conflict of interest.
- 20 • Engage in conduct that constitutes harassment, verbal or physical abuse, or
21 unlawful discrimination.
- 22 • Pursue or allow a non-clinical personal relationship with a member pursuant to all
23 state regulations.
- 24 • Practice while impaired such that the VPTR provider cannot practice with
25 reasonable skill.
- 26 • Misrepresent in any manner, either directly or indirectly, their skills, training,
27 professional credentials, title, identity, or services.

28 29 **Confidentiality**

30 All federal and state laws regarding the confidentiality of health care information and a
31 patient's (member's) rights to their medical information are applicable to VPTR services
32 in the same manner as in-person services.

33 34 **Non-Discrimination**

35 ASH does not and ASH Providers shall not discriminate against a member, provider, or
36 practitioner for any reason and does not support any discrimination against members for
37 any reason, including but not limited to age, sex, gender, gender identification (e.g.,
38 transgender), gender dysphoria, marital status, religion, ethnic background, national origin,
39 ancestry, race, color, sexual orientation, patient type (e.g., Medicaid), mental or physical
40 disability, health status, claims experience, medical history, genetic information, evidence
41 of insurability, source of payment, geographic location within the service area or based on

- 1 political affiliation. ASH renders credentialing, clinical performance, and medical
- 2 necessity decisions in the same manner, in accordance with the same standards, and within
- 3 the same time availability to all members, providers, practitioners, and applicants.