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

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DESCRIPTION/BACKGROUND

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

GUIDELINES

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

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

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

Covered Virtual Physical Therapy and Rehabilitation Services

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

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

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

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

Medicare Advantage VPTR Services

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

VPTR TECHNOLOGY, TOOLS, AND EQUIPMENT

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

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

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

Patient Safety Guidelines

VPTR is not appropriate for all members. VPTR providers should use clinical judgment in determining if members are safe to participate in virtual services. Mobility limitations and cognitive deficits impacting member safety may render VPTR inappropriate. Steps are

taken to protect members during telehealth communications and during any subsequent intervention or treatment sessions. All evaluations and interventions should be tailored to member specific needs with safety as a priority.

Patient Environment

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

Use of the Synchronous Audio-Visual Platform and Technologies

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

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

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

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

Asynchronous Communications

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

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

Patient Initiated Requests

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

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

- Visiting the Website: https://www.ashcare.com/
- Calling: 888-990-2746
- Emailing: Concierge@ashcare.com

THE ROLE OF MEMBER CONCIERGE

Member Concierge Definition

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

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

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

The Member Concierge schedules initial member appointments. Members are matched with a virtual physical, occupational, or speech therapist, based on their location and available times. The virtual physical, occupational, or speech therapist is assigned to the member based on the best match by location and member preferred appointment time. Members have the right to select an alternate VPTR provider by contacting the Member Concierge. The Member Concierge will review the list of providers available with the

member, based on the member location, provider type and VPTR service areas. VPTR providers are licensed and perform services based on state licensure.

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

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

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

CLINICAL HEALTH COACHING

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

Clinical Services are provided only by contracted VPTR providers.

Clinical Health Coaches only provide **Educational Support Services**.

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

1. **Adherence** to the recovery/therapy plan of care that the VPTR provider has recommended. They focus on motivation and teach behavior change and overcoming fear avoidance behavior using cognitive behavioral techniques and habit science approaches.
2. **Chronic pain management** using Acceptance and Commitment Therapy tools/approaches (ACT) and Cognitive Behavioral approaches to pain reframing and overcoming fear avoidance behavior.
3. **Navigating** the recovery continuum and learning how to use available ASHCare resources and other health care system services that may be helpful for member recovery.

EXPECTATIONS FOR DELIVERY OF VPTR

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

Licensure Guidelines

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

Provider Scope and Professional Training

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

It is best practice for the provider to appropriately render services to a member only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the member to the more expert practitioner.

VPTR Provider Training and Credentialing

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

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

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

VPTR training is developed and delivered by expert and experienced physical, occupational, or speech therapists, medical physicians, and other healthcare professionals. VPTR providers receive initial onboarding training by one-on-one and group live sessions and webinars specific to industry best practices for telehealth delivery, including synchronous, asynchronous, and audio only formats). Additionally, VPTR staff who are employed by ASH receive the mandatory Human Resources all staff regulatory training upon hire and ongoing training, at least annually. Additionally, they receive initial and ongoing training in the current accreditation standards (URAC and NCQA), and additional training when there are changes to operations or policies. VPTR providers must complete training and competency assessment before beginning patient care.

Following completion of network participation training during the onboarding process, VPTR providers receive ongoing training at least annually.
Network providers receive education on the application of clinical guidelines and administrative skills including the following:

- Electronic Medical Record (EMR) and clinical documentation
- Referral management
- Expectations for availability and accessibility
- Quality and Outcomes data collection
- Process for Medical Necessity Review (MNR)
- Language aid and accessibility support
- Use of ASHLink for viewing eligibility and health plan specific benefits and performing transactions such as MNR and claims submission
- Current accreditation standards related to job duties and responsibilities (URAC and NCQA), updates to the standards or policies

- Federal and State regulatory requirements
- Effective communication and specialty telehealth care delivery
- Diversity, Inclusion, and Cultural Sensitivity
- Health equity and literacy
- Available resources for guided self-care, Home Exercise Program (HEP), and home equipment
- Care coordination and escalation process
- Availability and value of educational support from Clinical Health Coaches and Well-Being Coaches

Provider-Patient Relationship

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

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

Informed Consent

The member will receive a written informed consent form before the initial appointment. The informed consent form includes information on the member's right to ask questions about any aspect of the virtual visit/encounter, diagnosis, treatment plan, potential risks from the therapeutic services to be provided, and the right to decline any part of the treatment. The consent must be obtained prior to treatment and is consistent with the consent process for onsite care. A copy of the signed informed consent form will be provided to the VPTR provider and become a permanent part of the medical record.

Treatment will not begin until a signed informed consent form is received by the VPTR provider and the provider has reviewed this information with the member.

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

Commercial Disclosures

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

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

Evaluation and Treatment of the Patient

A documented clinical evaluation (examination) and collection of relevant clinical history commensurate with the presentation of the patient is required to establish a diagnosis(es) and identify underlying conditions and/or contra-indications to the treatment recommended/provided. Evaluation, treatment, and consultation recommendations made in a virtual synchronous video setting will be held to the same standards of appropriate practice as those in traditional in-person settings. This also holds true in audio only VPTR provider and patient interactions. Subjective evaluations do not change based on whether in person, video, or audio only. Objective evaluations are tailored to the type of interaction and are required to be as comprehensive as necessary and professionally possible given the specific environment and clinical judgment of the VPTR provider. Following the initial VPTR visit, the VPTR provider will determine whether ongoing VPTR services are warranted, safe, and possible in the given setting (video or audio only). VPTR providers will refer members to an in-person setting and/or a medical physician for examination if required by the member's presenting findings and/or in accordance with state regulations regarding medical physician oversight of physical, occupational or speech therapy services. The VPTR provider will follow up with the member's ongoing medical physician by phone or secure HIPAA compliant messaging when needed.

Referrals for Emergency or Other Medical Services

A member's condition and/or symptoms during evaluation or the course of treatment may indicate the need for referrals to another practitioner or even emergency care. In such cases it is prudent for the VPTR provider, in accordance with their scope of practice, training, and experience, to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact emergency care services as appropriate. Referrals may include a recommendation to seek care from one or more of the following: the referring health care practitioner, other appropriate health care practitioner/specialist, or care from an in-person physical/occupational/speech therapy

environment. When a need for referral is identified, the recommendation will be communicated to the member with the measure of urgency as warranted by the history and clinical findings through standardized communication methods (video encounter, phone call, or via messaging).

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

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

Medical Records

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

Prior to the initial encounter, medical history is obtained by questionnaires and verified during intake by the VPTR provider and the member as appropriate. Medical history relevant to the condition being treated is documented in the electronic medical record for qualified personnel to access.

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

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

- How members may request copies of medical records related from the VPTR service(s) according to state and federal medical documentation regulations. It is

the member's right to get a copy of paper or electronic medical record to use accordingly (e.g., provide to ongoing provider(s) after telehealth encounter, or as needed).

- The member's right to request changes, updates, and/or correct the paper or electronic medical record(s) (any requests by members to amend the medical record should be submitted to the treating VPTR provider).

Privacy and Security of Patient Records and Exchange of Information

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

Healthcare Ethics and Integrity

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

VPTR providers will:

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

VPTR providers will not:

- Engage in practices that may pose a conflict of interest.
- Engage in conduct that constitutes harassment, verbal or physical abuse, or unlawful discrimination.

- Pursue or allow a non-clinical personal relationship with a member pursuant to all state regulations.
- Practice while impaired such that the VPTR provider cannot practice with reasonable skill.
- Misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, title, identity, or services.

Confidentiality

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

Non-Discrimination

ASH does not and ASH Providers shall not discriminate against a member, provider, or practitioner for any reason and does not support any discrimination against members for any reason, including but not limited to age, sex, gender, gender identification (e.g., transgender), gender dysphoria, marital status, religion, ethnic background, national origin, ancestry, race, color, sexual orientation, patient type (e.g., Medicaid), mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, source of payment, geographic location within the service area or based on political affiliation. ASH renders credentialing, clinical performance, and medical necessity decisions in the same manner, in accordance with the same standards, and within the same time availability to all members, providers, practitioners, and applicants.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a member only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the member to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular

outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2017).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* policy for information.