

Physician or Group Name: _____

Policy Number _____

In an effort to educate our members and gather information on how providers are utilizing Telehealth/Telemedicine in their practices, please complete the following mandatory supplemental application.

NJ Telehealth/Telemedicine Definitions (NJ Telemedicine Law, 2017):

Telehealth: The use of information and communication technologies, including telephones, remote patient monitoring (RPM), or other electronic means to support clinical health care, provider consultation, and patient/professional health education. RPM uses digital technologies to collect medical and health data from patients in one location and electronically transmit them to the healthcare provider in a different location. RPM examples: Devices used to monitor the patient’s glucose, blood pressure, etc.

Examples: *Telephone consults (for patients outside NJ), remote monitoring, review of still images, texting, instant messaging*

Telemedicine: The delivery of healthcare services using electronic communications, information technology, or other electronic or technological means to bridge the gap between a healthcare provider who is located at one site and a patient who is located at another site. Providers must use real-time/live video, which can also be combined with audio and/or asynchronous store and forward data (images, etc.). Telemedicine does NOT include use, in isolation, of audio-only telephone, electronic mail, instant messaging, phone text, or fax.

Examples: *Live, two-way video*

1. Do you or any provider(s) in your office(s):
 - a. Practice telemedicine or telehealth, according to the NJ definitions (as stated above)? Yes No
 - b. **Besides medication refills for existing patients who are out of state**, do you provide telephone consults (**excluding medication refills**) to established patients when outside NJ for extended periods of time? (E.g., College students or “snowbirds”) Yes No

If YES to either (a) OR (b) please complete the questions below.

If NO to both (a) AND (b) proceed to the last page to sign and date the application.

2. Please list the provider(s) name, credentials, specialty, which states telemedicine or telehealth is provided (the state where the patient is located at the time care is provided*) and the percentage (*Use separate sheet, if needed*):

Provider Name/Designation	Specialty	State(s)* and % of Practice

3. Does the provider(s) have an **active medical license in each state where the patient is located** at the time of the telehealth/telemedicine encounter/visit? Yes No
4. For which patients are telemedicine or telehealth services provided? (Check all that apply)
- a. Established patients who have been seen in-office for the condition Yes No
 - b. Established patients who have been seen in-office, but not for this condition Yes No
 - c. Patients who have not been seen in-office for any diagnosis or treatment (new patients) Yes No
 - d. Other (Please describe) _____
5. For which conditions and/or diagnoses is telemedicine or telehealth used? (Check all that apply)
- a. Minor conditions (ex: cold and flu, bronchitis, conjunctivitis, sinusitis, upper respiratory infections, allergies, sprains, strains) Yes No
 - b. Skin conditions (ex: rashes, lesions, infections, etc.) Yes No
 - c. Chronic conditions previously managed with in-office visit Yes No
 - d. Other (Please describe) _____
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6. What electronic technology do you use to deliver the telemedicine or telehealth services? (Check all that apply)
- a. Live two-way video (ex: Webcam, Facetime) Yes No
 - b. Live two-way video with audio and/or store and forward (i.e., Images etc.) Yes No
 - c. Audio/phone only (i.e. Telehealth) Yes No
 - d. Store and forward Yes No
 - e. Texting Yes No
 - f. Remote patient monitoring (i.e., BP, etc.) Yes No
 - g. Other (please describe) _____
7. Is the electronic technology used for telemedicine or telehealth fully HIPAA compliant? Yes No
8. Is telemedicine or telehealth services practiced through the following entities? (Check all that apply)
- a. On my own without any other entity involved Yes No
 - b. Health insurer sponsored program Yes No
 - c. Hospital/health system sponsored program (ex: ACO, etc.) Yes No
 - d. Telemedicine/telehealth organization (ex: Teladoc, etc.) Yes No
- (NJ Definition:** a corporation, sole proprietorship, partnership or LLC that is organized for the primary purpose of administering telemedicine or telehealth services.)
- If **yes**, answer the questions below:
- i. List organization name(s): _____
 - ii. I am allowed unlimited access at any time to the medical records for every patient encounter where I practiced telemedicine or telehealth Yes No
 - e. Other (Please describe) _____
9. When providing telemedicine or telehealth services, do you:
- a. Inquire about and document the patient's location where the care is being received? Yes No
 - b. Review the patient's medical history, including medications, **prior to each encounter?** Yes No
 - c. Create and retain a patient medical record using the same standards as an in-office visit? Yes No
(NJ Board of Medical Examiners NJAC 113:35-9.16)
 - d. Document all required consents? (Ex: consent to treat, release of records, etc.) Yes No
 - e. Refer patient for appropriate follow up? Yes No
(Ex: referral to another physician/specialist, for in-office visit, and/or emergency care, etc.)
- (Note: The same standard of care must be met with telemedicine/telehealth as with an in-office visit)**

10. Are the NJ regulations regarding remote prescribing of medications followed? Yes No

The law requires:

- Establishing a provider-patient relationship by obtaining the patients identify, location and reviewing the medical history, including medications before prescribing each time to determine the safety of prescribing remotely.
- Providing your identity, credentials, title, and specialty and board certification to the patient.
- Prescribing Schedule II Controlled Dangerous Substances (CDS) only after an initial in-person office exam of the patient.
- Subsequent in-person office visits at least every three (3) months for the duration of time the duration of the time the Schedule II CDS is prescribed.
- When prescribing Schedule II CDS to minors, a written informed consent is obtained from is obtained from the parent/legal guardian to waive the in-person exam requirement, and real-time, two-way audio and video communication is used.

Comments or other information:

Thinking about Practicing Telemedicine?

If you have any questions or are thinking about engaging in Telemedicine/Telehealth services, let us help you!
Contact the Practice Resources department at (877) 444-0484 x 7466.

Person Completing the Application (Please Print):

Name: _____ Title: _____

Signature: _____ Date: _____

Pursuant to N.J.S.A. 17:33A-6 and N.J.A.C. 11:16-1.2, any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.