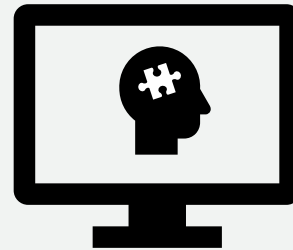


Providing Telebehavioral Health Services in Maryland During the COVID-19 Pandemic

Kelly Coble, LCSW-C
Christopher Welsh, MD
Kim Erskine, MS
David Flax, MBA, MHA



Maryland Addiction Consultation Service (MACS)

Provides support to prescribers and their practices in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO Clinics: collaborative medical education through didactic presentations and case-based learning

MACS is funded by the Maryland Department of Health, Behavioral Health Administration and is administered by the University of Maryland School of Medicine.



Learning objectives

1. Understand the basic components of providing telebehavioral health services.
2. Understand how to obtain patient consent for telebehavioral health services.
3. Understand the best practices for documenting individual and group telebehavioral health services.
4. Understand what telebehavioral health services are covered by private and public insurers and how to apply or modify codes.
5. Identify the most appropriate technology platform for providing telebehavioral health services based on population need.

AN OVERVIEW OF TELEHEALTH AND BEST PRACTICES

Christopher Welsh, MD

Consultant, Maryland Addiction Consultation Service

Associate Professor, University of Maryland School of Medicine Department of Psychiatry

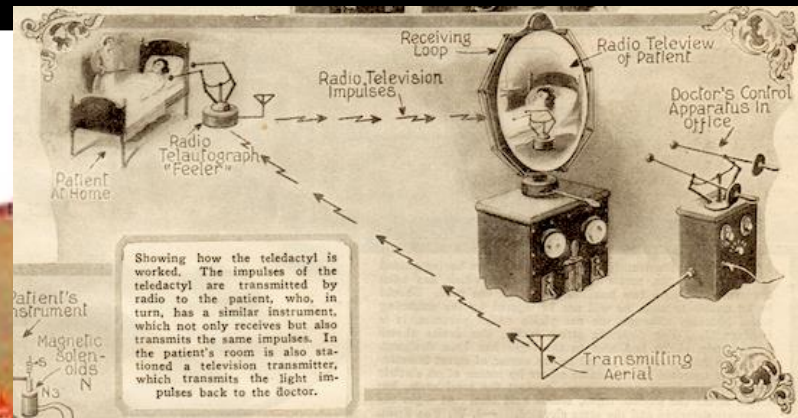
Medical Director-UMMC Substance Abuse Consultation Service

Medical Director-UMMC Outpatient Addiction Treatment Services

Medical Director-Maryland Center of Excellence on Problem Gambling

- Ancient- light reflection & smoke signals
- 1800s- telegraph & telephone
- 1905- EKG sent over telephone line
- 1959 – U of Nebraska sends neurological exams on screen remotely
- 1964 – Nebraska Psychiatric Institute & Norfolk State Hospital use two-way closed circuit television to consult on patients in state hospitals > 100 miles away
- 1967- MGH uses microwave audio & visual link to provide care at Logan Airport
- Early 1970s – NASA creates STARPAHC using two-way microwave transmission to rural native Americans in Arizona & Alaska
- 1993- American Telemedicine Association (ATA) created
- 2000s- Expansion of telemedicine in various rural areas
- 2008- Ryan Haight Online Pharmacy Consumer Protection Act
- 2010s- Federal & States implement payment for telemedicine





Science and Invention Magazine (February, 1925)

“The Teledactyl is a future instrument by which it will be possible for us to “feel at a distance”....The doctor manipulates his controls, which are then manipulated at the patient’s room in exactly the same manner. The doctor sees what is going on in the patient’s room by means of a television screen.”

Telemedicine Definition

- “the practice of medicine when the doctor and patient are widely separated using two-way voice and visual communication, as by satellite or computer” (Merriam-Webster)
- “...two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.” (Medicaid)
- It occurs using a telecommunications infrastructure between a patient (at an originating or spoke site) and a physician or other practitioner licensed to practice medicine (at a distant or hub site)
- “Telehealth”- broader term including telephone, email, fax, remote monitoring

Traditional Telemedicine

- Communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in 42 C.F.R. § 410.78(a)(3)
 - Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and the remote practitioner.
- Telephones, facsimile machines, and electronic mail systems do not meet this definition
 - Referred to as “telehealth”



COVID-19 Era “Telemedicine”



1/31/2020- Secretary of HHS declares public health emergency

3/19/2020- HHS issues Notification of Enforcement Discretion related to HIPPA and telehealth

- allows for non-HIPPA compliant platforms to be used without penalty
- need to use “non-public facing” platforms

3/19/2020- DEA suspends the Ryan Haight Act

- no need for initial in-person meeting for controlled substances

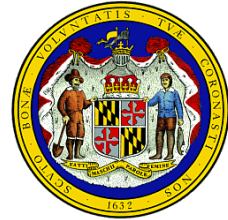
3/19/2020- DEA suspends need for OTPs to do initial evaluation in person & allows for telephone evaluation for BUPRENORPHINE

- Allows initial evaluation in OTP for METHADONE to be done by traditional telemedicine but NOT telephone

3/19/2020- SAMHSA releases guidance on 42 CFR Part 2 and telemedicine

3/31/2020- DEA allows buprenorphine to be prescribed (initial & continuing) w only telephone contact

COVID-19 Era “Telemedicine”



3/5/2020- Governor Hogan declares a state of emergency

3/12/2020- Maryland Department of Health (MDH) expands regulations to allow telehealth services to the patient's home

- must be within scope of providers practice

- does not apply to psychiatric rehabilitation services

3/20/2020- Governor Hogan issues Executive Order 20-03-20-01 authorizing reimbursement for audio-only healthcare services

3/21/2020- MDH releases expanded guidance for telehealth services

3/25/2020- MDH relaxes requirements restricting the use of telephones for Mobile Treatment Services & Assertive Community Treatment Services

State of Emergency Services

- Traditional telehealth technology is **strongly preferred**.
- If patient is unable to access the originating site's qualified technology, the patient may use notebook computer, smartphone, voice-only phone
- If patient cannot access smartphone-based video technology, voice only call will be permitted

Provider Types

Psychiatrists

Psychiatric Nurse Practitioners

Advanced Practice Nurses

LCPC, LCMFT, LCADC, LCPAT

LCSW-C

Under supervision- LMSW, LCSW, LGPC, LGADC, LGMFT, LGPAT

CAC-AD, CSC-AD

Consent

MUST BE EXPLICITLY OBTAINED FROM THE PATIENT

- May be verbal
- Should be documented by clinician in the medical record
- Must explicitly note the specific type of service used
- Must include a clear explanation of the telehealth or voice service
- Must explicitly note that the service may not be as secure as normal HIPAA requirements

Consent

Informed Consent for Telehealth Encounter:

- *The patient has been informed of the following prior to/during the initiation of the visit.*
- The patient will be billed for services through medical insurance (where applicable).
- The patient (and/or guardian) has the right to withhold/withdraw consent to telemedicine at any time, without affecting his right to present/future care/treatment or the loss/withdrawal of any program benefits to which he or his legal representative would otherwise be entitled.
- The use of telehealth was discussed with the patient (and/or guardian), who understands that telehealth services are provided by a provider at a distant site, not in the same room with the patient.
- The patient (and/or guardian) understands that his medical information will be discussed during the telehealth service.
- The patient (and/or guardian) consents to any additional persons on the patient's end of the service hearing this information and is aware that he may exclude persons on his end of the communication if he so wishes.
- The patient (and/or guardian) understands that at times the information and assessment gathered during a telehealth service may be insufficient given the nature of being remote from the patient.
- A clear explanation of the telehealth or voice services and its confidentiality limitations was explained to the patient (and/or guardian). It was explained that the type of platform (phone, audio-video) is not as secure as normal HIPAA requirements, and that there could be equipment and/or security failures leading to a breach in privacy.
- For video visits: A written consent was not obtained due to the nature of this telehealth visit during the COVID-19 pandemic.

Documentation

TELEHEALTH VISIT

Location of Provider: Office vs Home

Provider's Credentials Disclosed: Yes No

Location of Patient: Home/Other healthcare facility/other

Patient Identity Confirmed: ???

Additional Individuals on Call: Family/Caretaker/

All Individuals on Call Allowed to Hear PHI: Yes No

Means Used: Secure Video Link vs Telephone

For telephone calls Start Time: End Time:

Quality of Call: Excellent/Minor Issues/Significant Impediments

Alternative Form of Communication Established: Yes No

Any Barriers to Effective Communication: Yes No

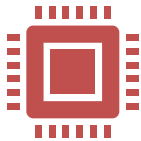
BILLING FOR TELEBEHAVIORAL HEALTH SERVICES

Kim Erskine, MS

Director of Patient Financial Services, Psychiatry Associates

Department of Psychiatry, University of Maryland School of Medicine

Security and Privacy

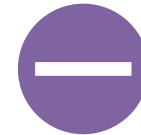


Security – IT Platform/Means Used To Communicate



Privacy – Your Physical Surroundings

- Patient's Surroundings Secure?
Provider's Surroundings Secure?
- Is the door closed?
 - Is your monitor visible to others?
 - Can someone over-hear the conversation?



Recording not permitted



Documentation/Privacy

Take Measures To Protect PHI

- Use private locations.
- Patients should not receive telehealth services in public or semi-public settings, absent patient consent or exigent circumstances.
- If telehealth cannot be provided in a private setting, providers should continue to implement reasonable HIPAA safeguards.
 - *Lowered voices, not using speakerphone, move to a reasonable distance from others*
- Groups:
 - Take steps to ensure that all participants' rights are protected
 - <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

Telehealth “Pre” COVID

“Hub-and-spoke” model

- Originating Site – patient’s location
- Distant Site –provider’s location

Communication

- Originating Site Provider located with the patient facilitates the telehealth communication between the patient and distant site provider
- Communication between the originating & distant site is delivered via secure, two-way audio-visual telecommunications system

Different Payers Different Rules – Medicare
Benefit/COMAR/Title 15

Different Plans Different Rules – Medicare Advantage
Plans/Self-Insured Plans

Telehealth “Pre” COVID Progress

Medicare:

- SUPPORT Act – Section 2001 – Effective 7/1/2019 - Substance Abuse or Co-occurring Mental Health Benefit
 - Eliminated the geographic “rural” restriction for SUD or Co-occurring Mental Health
 - Included patient’s home as a permissible originating site
- SUPPORT Act – Section 2005 – Effective 1/1/2020
 - Permitted OTPs to deliver care via tele
 - Originating Sites include patient’s home.
 - Types of service restrictions – limited to counseling, individual and group therapy services

Maryland Medical Assistance

- 2019 – Providers no longer needed to register in order to provide tele services



COVID-19 Medicare

CMS Expanded Benefits on a Temporary and Emergency Basis Under the 1135 waiver

- Effective March 1, 2020
- *Interim Rule* Recently Released – Comment Period Ends in June; Rules Will Be Applied Retrospectively
- Originating Sites – Temporarily Permits Any Healthcare Facility Across the Country and Including in Patient's Residence
- Providers Have the Flexibility to Reduce or Waive Cost-Sharing for Telehealth Visits

COVID-19 Maryland Medicaid

Governor Hogan Declared State of Emergency

- Effective March 5, 2020
- Temporarily Authorizes the Reimbursement of
 - *Audio-Only* Health Care Services &
 - Grants Further Flexibility Regarding the Use of HIPAA-Compliant Telehealth technology during the state of emergency
- Permits Patient's Home as an Originating Site
 - <https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx>



COVID-19 Maryland Medicaid – *Other Payers*

Providers who are not able to meet in-person with a participant should make every effort to use the following technology in *order of priority*

1. Traditional telehealth technology which meets all formal requirements is strongly preferred
2. If Medicaid participants are *unable* to access originating sites possessing fully qualified technology, this emergency policy will permit the use of notebook computers, smartphones or audio-only phones
3. If Medicaid participants cannot access cell-phone based video technology, audio-only telephone calls will be permitted

[https://mmcp.health.maryland.gov/Medicaid%20COVID19/COVID-19%20%204b Telephonic%20Services%20Guidance 3.21.20%20Final.pdf](https://mmcp.health.maryland.gov/Medicaid%20COVID19/COVID-19%20%204b%20Telephonic%20Services%20Guidance%203.21.20%20Final.pdf)

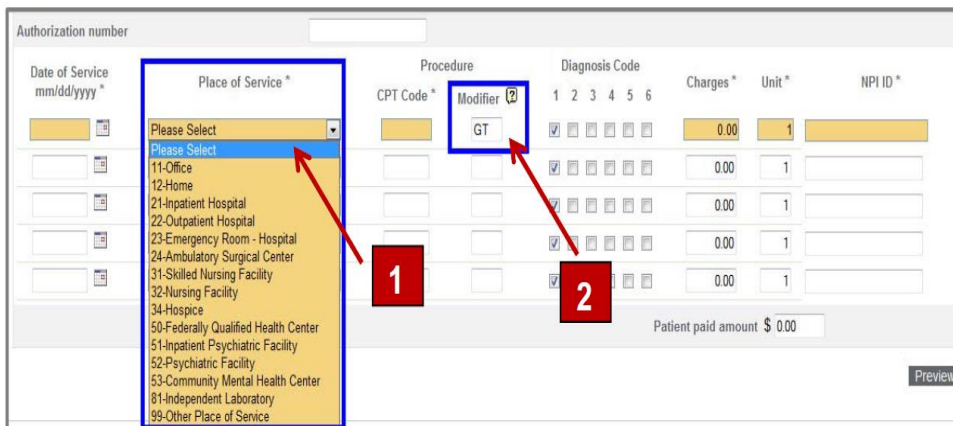
Billing For Tele Services - Place of Service & Modifier

24.	A						B	C	D	
	DATE(S) OF SERVICE						Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES	
	From			To					(Explain Unusual Circumstances)	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER	
1	01	02	20	01	02	20	02		CPT code 95	
2										

Enter "02" for Place of Service
Enter "95" Modifier

For illustrative purposes only.

<https://static.cigna.com/assets/chcp/resourceLibrary/behavioralResources/doingBusinessWithCigna/cbhDbwcCOVID-19.html>



Authorization number: _____

Date of Service mm/dd/yyyy * _____

Place of Service *
 Please Select
 11-Office
 12-Home
 21-Inpatient Hospital
 22-Outpatient Hospital
 23-Emergency Room - Hospital
 24-Ambulatory Surgical Center
 31-Skilled Nursing Facility
 32-Nursing Facility
 34-Hospice
 50-Federally Qualified Health Center
 51-Inpatient Psychiatric Facility
 52-Psychiatric Facility
 53-Community Mental Health Center
 81-Independent Laboratory
 99-Other Place of Service

Procedure
 CPT Code * _____
 Modifier

Diagnosis Code
 1 2 3 4 5 6

Charges * 0.00 Unit * 1 NPI ID * _____

Patient paid amount \$ 0.00

Preview

<https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/tmh/tmhBilling.pdf>



Tele-Specific Codes

- 99441-99443
 - Telephone Evaluation and Management Services Provided by a Physician or Qualified Health Care Professional For An Established Patient, Parent or Guardian
 - Not Originating From a Related E&M within the Previous 7 Days Nor Leading to an E&M Within the Next 24 Hours
 - 5-10 Minutes
 - 11-20 Minutes
 - 21-30 Minutes
- 98966-98968
 - Telephone Evaluation and Management Services Provided by a Nonphysician Health Care Professional For An Established Patient, Parent or Guardian
 - Not Originating From a Related Assessment within the Previous 7 Days Nor Leading to an Assessment and Management Within the Next 24 Hours
 - 5-10 Minutes
 - 11-20 Minutes
 - 21-30 Minutes

G2012

- Virtual Check-Ins
- Physicians
- Similar Requirements to 99441-99443

***The Slides that Follow Are In Draft Form

- Acceptable Codes and/or Platforms are Changing Daily
- Check the Payer's Websites

	Medicaid	Medicare	Aetna	CareFirst	Optum Commercial	Cigna
Effective Dates	March 5 -	March 6 - June	March 6 - June 4	Through April 17	March 26 - April 30	March 2 - May 31
Permits Home as Originating Site	Temporary	Temporary	Until Further Notice	Yes - Temporary?	Yes - Temporary?	Check Benefits
Cost Sharing Waived?	NA	Yes	Yes	Yes "Related to COVID-19" - Do Not Collect Fr Patients, But Members May Receive Bills Fr Out-of-network Providers	No	Yes
Behavioral Health Codes:						
90791 & 90792 - Initial Eval	Video & Phone	Video & Phone	Video & Phone	Video	Yes	Check Benefits
99211-99215 - Subsequent Visits	Video & Phone	Video & Phone	Video & Phone	Video	Yes	Check Benefits
90832 & 90834 - Individual Therapy	Video & Phone	Video	Video & Phone	Video	Yes	Check Benefits
90846 - Family Therapy w/o pt	Video & Phone	Video	Video & Phone	Video	Yes	Check Benefits
90847 - Family Therapy w/pt	Update as of 4/7/20 Video & Phone	Video	Video & Phone	Video	Yes	Check Benefits
90833 & 90836 - Therapy Add-Ons	Video & Phone	Video	Video & Phone	Video	Yes	Check Benefits
90837 - Therapy 53 minutes and up	Video & Phone	Video	Video & Phone	Video	Yes	Check Benefits
90853 - Group Therapy	HIPAA Compliant 2-Way Only	Video	Video & Phone	Video	Yes	Check Benefits
90839 & 90840 - Crisis	Video & Phone	Video	Video & Phone	Not Listed	Yes	Check Benefits
99441-99443 - Phone Check-Ins Physician		Yes - New and Established Pts	Yes	Phone - Use 99441	Yes	Check Benefits
98966-98968 - Phone Check-In Social Workers, Psychologists & Licensed Professional Counselors		Yes - New and Established Pts		Phone - Use 98966	Yes	Check Benefits
G2012 - Virtual Check-ins and Brief Check-Ins		Yes - New and Established Pts	Yes		UHC Yes – Not Sure About Optum	Check Benefits
Modifier For 2 Way - Traditional & Non	GT	95	95	95 or GT	GT	95
Modifier for Phone	UB	?	?	?	?	?
Place of Service	Location of Provider	Where Service Would Have Been Delivered	02	02	Where the Member is Located	02
		<i>Psych Testing by Video</i>	<i>Psych Testing by Video</i>	<i>Psych Testing</i>		

	Medicaid	Medicare	Aetna	CareFirst	Optum Commercial	Cigna
SUD:						
Effective Dates	March 5 -	March 6 - June	March 6 - June 4	Through April 17 - May 17	March 26 - April 30	March 2 - May 31
Permits Home as Originating Site	Temporary	Temporary	Until Further Notice	Yes - Temporary?	Yes - Temporary?	Check Benefits
Cost Sharing Waived?	NA	Yes	Yes	Y "Related to COVID-19" - Do Not Collect Fr Patients, But Members May Receive Bills Fr Out-of-network Providers	No	Yes
H0016 - MAT Induction Bup	Telehealth Services Only – check FAQ from 4/7/20	<i>OTP Expanded Benefit</i>	Traditional 2 Way and Phone for Non-Injectable Medications			
H0016 - MAT Induction Methadone	Telehealth Services Only – check FAQ from 4/7/20					
H0001 - Assessment Bup	Telehealth Services		G2088 Office-Based Trxmt - Video & Audio			
H0001 - Assessment Methadone	In Person Only					
H0004 - Individual Counseling	All 3					
H0005 - Group Counseling	HIPAA Compliant 2-Way Only					
H0015 - IOP	HIPAA Compliant 2-Way Only		Video		Video & Phone	
H2036 - Partial Hospitalization/Alcohol &/ or Drug, Per Diem	All 3		Video		Video & Phone	
S9840 - Intensive OP Psych, per diem	All 3		Video			
H0032 - Interdisciplinary Team Txmt Plan	Not Covered by Phone					
H2012 Behavioral Health Day			Video			
G2088 – Office Opioid Treatment			Video & Audio			
99441-99443 - Phone Check-Ins Physician		Yes - New and Established Pts	Yes	Phone - Use 99441	Yes	Check Benefits - Call
98966-98968 - Phone Check-In Social Workers, Psychologists & Licensed Professional Counselors		Yes - New and Established Pts		Phone - Use 98966	Yes	Check Benefits - Call
G2012 - Virtual Check-ins and Brief Check-Ins		Yes - New and Established Pts	Yes			Check Benefits - Call
Modifier For 2 Way - Traditional & Non	GT	95	95	95 or GT	GT	95
Modifier for Phone	UB	?	?	?	?	?
Place of Service	Location of Provider	Where Service Would Have Been Delivered	02	02	Where the Member is Located	02

Payer-Specific Information

Most Seem to Not Require Additional Registration/Credentialing – Verify

- Some Plans May Have Specific Networks &/or Require Additional Registration/Credentialing

Most Payers Seem to Not Require a “Special Authorization” for Video or Phone

- Optum MA does not

Medicare Advantage & Self-Insured Plans May Differ

- Check Benefits/Coverage

Limitations Based On Diagnoses?

Some Payer-Suggested Platforms:

- Cigna:
 - <https://www.psychiatryrecruitment.org/articles/telepsychiatry-software-and-covid-19>
- Optum Commercial – Virtual Visit:
 - <https://provider.virtualvisits.com/v3/login>

Cigna

- “Telehealth Sessions Are Available to Patients...In Accordance with their Behavioral Health Benefits”

Optum Commercial (UHC)

- Website Indicates that “Virtual Visits and Telephonic Sessions” Are Permitted
- Fee Schedule Does Not Specify Video Vs Phone

Documentation and Auditing Information



- **Release of Information (ROI):**
 - Email or Mail the Consent
 - Use Google Voice to Text a Copy to Patients
 - Read the Release over the Phone & Document that It Was Verbally Consented – Follow Up to Obtain Written Consent As Soon As Possible
- **Proof of Phone Services**
 - Providers Must Be Willing to Provide Telephone Records of Services If Needed

<https://maryland.optum.com/content/dam/ops-maryland/documents/provider/Alerts/april2020/FAQ%20-%20Telehealth%204.7.2020.pdf>

What to Do????



Deliver Medically Appropriate Services That Are Within Your Scope of License



Use the Most HIPAA Compliant Means to Deliver the Services



Obtain Consent



Verify Location of Patient **(Including the State)** & Check With Licensing Boards If Necessary



Document Services Delivered



Check Payer Sites Often
Sign-Up To Receive Alerts –
Optum/MA & CMS (*Novitas*)



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Documentation/Billing
“If it Isn’t Documented,
It Didn’t Happen”

MACS
Maryland Addiction Consultation Service

Document:

- Measures Taken To Ensure Privacy
- CONSENT
- Document Services Delivered *in the Same Manner as Face-to-Face Services*
 - Start and End Times – even if the service doesn’t meet the minimum
 - *If Service is Interrupted*, Document The Reason For the Interruption & *If Service is Resumed*, Start and End Times
 - E&M
 - Key Components: History, Exam, Medical Decision-Making
 - Time-Based - Per AMA CPT manual, if counseling and coordinating care is more than 50% of the total time, time becomes the controlling factor
 - Document Start and End Times and Time/Details Spent Counseling and Coordinating Care

Capture As Much Information As Possible, It May Be Needed Later

THANK YOU For All That You Do - Don’t Forget To Take Care of Yourself



Resources

- Maryland Department of Health – Behavioral Health Administration
<https://bha.health.maryland.gov/Pages/bha-covid-19.aspx>
- Dept of Health and Human Services – Office for Civil Rights (OCR)
 - <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>
- Maryland Medicaid
 - <https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx>
- Medicare
 - <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>



- Aetna
 - https://www.aetna.com/content/dam/aetna/pdfs/health-care-professionals/bh-televideo-service-codes-covid-19.pdf?cid=eml-prov17136003&spsub=prov_NTI0Njc4MTI2MzE0SO
- CareFirst
 - <https://individual.carefirst.com/carefirst-resources/pdf/carefirst-telemedicine-code-modifier.pdf>
 - <https://www.bcbs.com/coronavirus-updates>
- Cigna
 - <https://static.cigna.com/assets/chcp/resourceLibrary/behavioralResources/doingBusinessWithCigna/cbhDbwcCOVID-19.html>
- Optum Commercial
 - <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>

VIDEO CONFERENCING TECHNOLOGIES

David Flax, MBA, MHA

Director of Information Services

Department of Psychiatry, University of Maryland School of Medicine

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- This order allows for providers to use other, possibly non-HIPAA compliant products such as FaceTime, consumer Skype, consumer Zoom, and Facebook Messenger video.
- Providers are encouraged to inform patients that these applications may introduce privacy risks.
- Providers should not use applications such as Facebook Live or TikTok that are public facing.



Cisco Webex Meetings

- Dedicated personal room with host key and password
- Randomized webex meeting room numbers with new host key and passwords
- Audio only conference numbers
- Webex Teams for collaboration with others with shared files
- Waiting rooms with Join before host
- Free and paid versions
- Easy to use support both online and phone
- Free app for mobile devices
- Join via app or browser on PC and Mac
- Integrates with Outlook, Gsuite, Gmail, and browser plugins.
- Share desktop applications or use whiteboard
- End to End encryption including recordings
- Chat function
- Compatible with EPIC context aware login
- Can join from dedicated video devices from Polycom and Cisco as well as webcams
- BAA available
- Conference call access available on the professional version and above.



zoom

- Personal ID room with password
- Can use randomly generated ID rooms with passwords.
- Does well in low bandwidth situations.
- Screen sharing and whiteboards
- Free and paid versions
- Online and phone support
- Free app for mobile devices
- Can join via app or browser on PCs and Macs
- Waiting rooms and join before host
- Joining with dedicated devices from Polycom and Cisco is an extra monthly cost.
- Chat function
- Compatible with EPIC context aware login
- Integrates with Outlook and browser plugins
- As of April 5th, the State of Maryland DoIT has prohibited the use of Zoom on all State support computer systems.
- BAA available
- Conference call access is available on the Pro and above versions



Microsoft Teams



- Microsoft's collaboration platform
- Easy to schedule meetings using Outlook or the Teams application
- Free app for the desktop or mobile devices
- Allows for easy joining of meetings
- Integrated platform allows files to be shared among team members.
- Can create different teams for different purposes
- Use of 3rd party application for video conferencing systems
- Can call all members of a Team in one video call
- Screen sharing and whiteboard capability
- Does require the client for the best experience.
- Chat function
- BAA available
- Conference call access is an extra cost



Doxy.me



- Dedicated Telemedicine platform
- No client to download for provider or patient
- Chat function
- Free or paid versions
- Free version is low definition video only
- Free BAA with provider account
- Works on browser or mobile device
- No compatibility with video conferencing systems
- Audio only features with paid version
- HD video only available with paid version
- Does not include phone numbers in any version.



VSee

eSoftner

Vsee

- Telemedicine/conferencing platform
- Basic practice is \$49/month
- Includes unlimited video calls and chat, integrated intake, and consent
- Includes standard BAA
- Mobile app for patients or web browser
- Document and screen sharing
- No compatibility with video conferencing systems



- Telemedicine platform that allows providers and patients to use applications they already know
- Live receptionist calls both provider and patient to verify everything is working correctly
- HIPAA compliant
- Will sign BAA

Other telemedicine/video conferencing software and platforms

- Vidyo-Cloud based video provider, similar to Webex, Zoom, and Teams
- Updox-Telemedicine provider
- Google Meet-Cloud based video provider, need to use Gsuite from Google State of MD standard is Gsuite and Google Meet
- Adobe Connect-Cloud based video provider, specializes in classroom and webinars
- HIPAABridge-Secure texting and video. iPhone/Android based
- OhMD-Secure texting and video. iPhone/Android based
- Amazon Chime-Cloud based video provider
- GotoMeeting-Cloud based video provider, specializes in smaller meetings
- Spruce Messaging-Secure texting and video, iPhone/Android based



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Questions?

Please use chat to ask questions

Your feedback is appreciated!

Link to evaluation in chat after Q&A

MACS

Maryland Addiction Consultation Service

1-855-337-MACS (6227)

www.marylandmacs.org

macs@som.umaryland.edu

twitter.com/Maryland_MACS

facebook.com/MarylandMACS/