

# Report on Medicare Compliance Volume 30, Number 22. June 14, 2021

## Checklist: Kicking the Tires of Your Telehealth Compliance

This checklist was developed by attorney Joseph F. Zielinski, with Dinsmore & Shohl. He spoke with attorney Katea Ravega of Quarles & Brady about implementing telehealth effectively and legally April 21 at the Health Care Compliance Association's Compliance Institute.<sup>[1]</sup> Contact Zielinski at [joseph.zielinski@dinsmore.com](mailto:joseph.zielinski@dinsmore.com) and Ravega at [katea.ravega@quarles.com](mailto:katea.ravega@quarles.com).

|  |  |
|--|--|
| Organization:                          |  |
| Person Completing Assessment:          |  |
| Title of Person Completing Assessment: |  |
| Date Assessment Completed:             |  |
| Notes:                                 |  |

### Telehealth Compliance Assessment Form

| #   | Description  | Yes                      | No                       | Evidence of Compliance or action required<br>Include specific references to documents that support and "Yes" response | Additional Notes |
|-----|--|--------------------------|--------------------------|---|------------------|
| 1.1 | Do you have a written policy(s) and procedure(s) that describe compliance expectations for telehealth? | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |
| 1.2 | Have you implemented the operation of telehealth compliance program?                                   | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |

|     |   |                          |                          |  |  |
|-----|---|--------------------------|--------------------------|--|--|
| 1.3 | Do you have a written policy and procedure that provides guidance to employees on dealing with potential telehealth compliance issues?                    | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| 1.4 | Do you have a written policy and procedure that provides guidance on how to communicate telehealth compliance issues to appropriate compliance personnel? | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| 1.5 | Do you have a written policy and procedure that provides guidance on how potential telehealth compliance problems are investigated and resolved?          | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

#### Area 1: Written policies and procedures

| #   | Description  | Yes                      | No                       | Evidence of Compliance or action required<br>Include specific references to documents that support and “Yes” response | Additional Notes |
|-----|--|--------------------------|--------------------------|---|------------------|
| 2.1 | Has a designated employee been vested with responsibility for the day-to-day operation of the telehealth compliance program?   | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |
| 2.2 | Are the designated employee’s duties clearly defined?  | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |
| 2.3 | If the designated employee’s telehealth compliance duties are combined with other duties, are the telehealth compliance responsibilities satisfactorily carried out? | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |
| 2.4 | Is there a “subject matter expert” outside of the designated employee with oversight of telehealth compliance?   | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |
| 2.5 | Does the “subject matter expert” have qualifications satisfactory to be an “expert”?   | <input type="checkbox"/> | <input type="checkbox"/> |   |                  |

|     |   |                          |                          |  |  |
|-----|---|--------------------------|--------------------------|--|--|
| 2.6 | Does the designated employee periodically report directly to the governing body on the activities of the telehealth compliance program? | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
|-----|---|--------------------------|--------------------------|--|--|

Area 2: Designate an employee vested with responsibility

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