



## Direct-to-Patient Telemedicine Readiness Checklist for Provider

The Provider Telemedicine Readiness Checklist highlights key criteria required for providing telemedicine services. Completing the checklist will help you determine if you are ready to implement telemedicine services. If you are not ready to implement telemedicine, the checklist will give you a clear picture of what specific areas require attention before proceeding.

Completed Tasks	Yes	No	Unsure	Next Steps
<b>Clinical Service:</b> <ul style="list-style-type: none"> <li>Appropriate to provide by telemedicine</li> <li>Satisfies state requirements for scope of practice and standards of care for patients at home</li> <li>Compliant with Federal practice and telemedicine policies.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Licensure:</b> Licensed in the state where the patient is physically located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Consent:</b> Written or verbal consent by the patient to receive care via telemedicine and noted in the patient's medical record prior to consult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Coverage Requirements:</b> Have determined coverage criteria for insurers and are approved for providing telemedicine services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Complimentary Workflow:</b> Have created and practiced a complimentary workflow for your virtual patient encounter, including how to connect to a translator if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Privacy and Security:</b> Ensure practice and technology standards are compliant with current privacy and security requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Technology:</b> Proficient at utilizing the following technology: <ul style="list-style-type: none"> <li>Device with display, camera, microphone/speakers or headset</li> <li>Adequate internet to support 2-way video call</li> <li>HIPAA compliant software.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Safety:</b> Have developed a contingency plan for technology failure as well as in case of emergency plan for your telemedicine service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Support:</b> Know who to call for assistance in case of technical difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Liability:</b> Confirmed with your liability carrier that telemedicine services are covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Documentation:</b> Ensure that documentation for the visit upholds the same quality as a face-to-face visit and understand the coding and billing practices for telemedicine visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	