

FAQ for Physicians

Q: What is Telemedicine?

A: Telemedicine is a rapidly developing application of clinical medicine where medical information is transferred through the phone or the Internet and sometimes other networks for the purpose of consulting, and sometimes remote medical procedures or examinations.

Q: What is Telepsychiatry?

A: Telepsychiatry, also known as e-psychiatry, is the application of telemedicine to the specialty field of psychiatry. As of 2011, it has been the most successful of all the telemedical applications to date, as it typically only needs adequate videotelephony service between the patient and the psychiatrist, especially for follow-up treatments.

Q: What services does e-Psychiatry provide?

A: We currently rank #1 for many terms related to online psychiatrist and telepsychiatry. We allow psychiatrists access to our patient base, EMR and video conferencing for a small monthly fee followed by a fee per patient seen. This is a perfect way for psychiatrists looking to grow a telepsychiatry practice.

e-Psychiatry also partners with county agencies, mental health clinics, hospitals, institutions, etc.... We work with providing telemental health care to patients at these facilities where psychiatrists are limited and in high demand. We work with psychiatrists on a contract basis so we do not charge a fee for this service.

Q: What type care do you provide patients with?

A: For individual patients, you decide what treatments you will provide. For contracted facilities, we provide both Outpatient and Emergency Care.

Q: I have a busy schedule. Will I have to provide Emergency Care for patients?

A: No, you may choose whether or not to provide emergency care to patients.

Q: Will I receive benefits?

A: No, you will be under contract with e-Psychiatry which would classify you as a contractor.

Q: Will you provide malpractice insurance?

A: Yes, we do provide malpractice for our contracted psychiatrists working for mental health facilities. No, we do not provide malpractice for psychiatrists seeing individual patients.

Q: Has there been a case where a physician practicing telemedicine was sued for malpractice?

A: No, We have not been able to find one case where a physician practicing telemedicine, telepsychiatry, telehealth, etc... was sued for malpractice.

Q: Do you provide any equipment?

A: No, we do not pay for any of the equipment needed to practice telepsychiatry. All the equipment you will need come standard on most PC's and Mac's.

Q: What equipment is required?

A: You need a desktop or laptop (minimum core-2 duo), a high-speed DSL or cable internet connection (satellite or 3G not acceptable, 4G acceptable in some instances and a minimum 2 Mb upload & 2 Mb download speed), and the following equipment:

Hardware:

- 1. Web Cam (approximately \$20 to \$50 although web cams usually come standard with most PC's and Mac's)**
- 2. Microphone and Speakers (Microphone approx. \$10 to \$40, Speakers approx. \$10 to \$40, these items usually come standard with most computers.)**

Software:

- 1. vSee (free download at www.vsee.com)**
- 2. Skype (free download at www.skype.com)**
- 3. Facetime (For Mac's only. Free download at www.apple.com/mac/facetime)**
- 4. Meetings.io (No download required)**

Q: How many hours per week can I work?

A: For individual patients, you choose your own appointment times. For work in contracted facilities, their hours are usually part-time or full-time and range between 8:00 AM to 5:00 PM local time. This will be discussed with you prior to the agreement with the contracted facilities.

Q: Am I expected to be on call?

A: No, not unless you agree to be.

Q: How will I be compensated for my services?

A: For individual patients you will be able to set your rates and will be compensated from the patient directly. We can assist you in setting up a payment gateway on our site for patients to use. We will charge \$30 per mo. for each state license you use for our service and \$20 per patient.

Contracted Facilities

If you are contracted to work at mental health clinic, hospital, institutions, etc... then your compensation will be established during contract negotiations. It depends on the entity we are contracted with and the work you will be providing. We will discuss compensation with you prior to any agreement that is settled with the facility.

Payment Options

You will be paid by Direct Deposit or Check. Your first payment will be 30 days after your first patient contact for fee-for-service patients and 30 to 45 days after work done at a contracted facility depending on the agreement. After the initial grace period, then you will be paid the 1st and 15th each month.

Q: Why does it take so long for the initial paycheck?

A: Once a provider starts work, it takes us 30 to 45 days to establish the initial payment infrastructure and get a steady stream of revenue from patients and contracted facilities.

Q: Can I take vacations?

A: Yes but they are unpaid. We do ask for as much advance notice as possible so we can find cross coverage before you go on a vacation.

Q: Do I get sick leave?

A: Yes, You can take leave if you are sick but we do not provide paid leave.

Q: Will I receive IT support?

A: Yes, We have On-Call IT support (via phone or email).

Q: What about patient emergencies for example suicide threats?

A: Patients will be using their own computers, that being said it is possible to trace an IP address from an internet connection, but it might not give you the exact physical location. Which is why you should ask the patient for a contact number at the beginning of a session (in the event the teleconferencing system goes down during the session). Call them on the number so that you can see on camera them answering the phone. This will give you a way to direct emergency services to the patient's exact location.

Q: Who are the patient's contracts with?

A: The individual patients are under contract with you. e-Psychiatry built the infrastructure and ran the marketing campaign. The facility's contract is with us, and we contract with telepsychiatrists to see their patients. The EMR (Electronic Medical Record) remains at e-Psychiatry.

Q: Why contract with e-Psychiatry instead of another telepsychiatry company?

A: We provide the professional website homepage, profile page, On-Call IT tech support, EMR, corporate email, training, scheduling, billing/collection, phone and fax, administrative support, marketing and call center . You will be able to convert your Home or Office into a highly profitable telepsychiatry practice.

Q: What if I have to cancel an appointment?

A: For individual patients just make arrangements with them to reschedule. For contracted facilities you will let us know in advance what appointments you are unable to keep.

Q: Do you only work with board certified physicians?

A: No, We work with board certified and board eligible physicians.

Q: Which states will I be able to consult patients?

A: You may only see patients in the states where you are actively licensed to practice.

Q: Can I be overseas when a consultation is performed?

A: Yes, It doesn't matter where you are physically. It only matters where you are actively licensed and where the patient you are treating is domiciled.

Q: Can I prescribe Schedule III, IV, and V medications?

A: Yes, you can fax or call the prescription into the patient's local pharmacy. In certain states some Sch III medications require a paper prescription on state specific security paper with an original signature and date. In the event that is the case, a paper script will be mailed to the patient's address. We are currently working on an e-Rx program where the prescription is directly faxed to the patient's pharmacy.

Q: Can I prescribe Schedule II medications?

A: Yes, You can for contracted facilities since the patient will be monitored by the facility providing treatment. For individual patients we suggest that you do not because of the potential for abuse.

Q: How can I do a physical exam?

A: For contracted facilities there will be someone in the room (often a nurse, and if not a nurse, then a nurse will be made available upon request). You will quickly become adept at using other people's hands and ears to provide you with the information that you need. For individual patients you can request they see their PCP before their exam. We have a feature on our EMR where the patient can scan and upload their records.

Q: How do I interact with the patient's PCP?

A: At a mental health clinics and hospital-based assignments, we may have a difficult time establishing contact with the patient's PCP. Patients with Medicaid, Medicare, and Indigent have no assigned single PCP. Patients often can't even tell you who their PCP is because the public clinics rotate physicians and they are seen by a different doctor each visit. We will get the name and phone number of the clinic so you may call and speak with staff there to help coordinate whatever your concern may be. We will work to improve this system.

If you are seeing individual patients, as part of their contract they must agree to have a PCP that we can contact, they must provide that PCP's contact information when they initially sign up.

Q: Are there therapists at e-Psychiatry available for patients?

A: At the present time, we do not have any independent contractors for therapists.

Q: What resources are available to me through e-Psychiatry?

A: We provide a professional website homepage, profile page, On-Call IT tech support, EMR, corporate secure email, training, scheduling, billing/collection, phone and fax, administrative support, marketing and call center.

We also have various resources for patients to utilize.

Q: How do I maintain patient records?

A: We use electronic medical records (EMR) software which holds the patient's entire information. Any additional records are scanned and uploaded to our EMR.

Q: Will patient be able to see his/her medical records?

A: No, Patients will be able to log into the EMR and to see their basic info, appointments and their list of medications, but individual progress notes will not be viewable.

Q: How will the patient communicate with me?

A: If at a contracted facility then usually the communication comes first to staff that in turn will call or email you. For individual patients we suggest you use a dedicated line for patients to reach you. You can at your own discretion also give out your direct contact information to the patients although we don't recommend it.

Q: How will I communicate with the patient?

A: We work hard to keep patient profile on the EMR up to date. You would have access to that information and would be able to contact the patient directly via phone, email or messaging via the EMR.

Q: What teleconferencing system do you use?

A: We use multiple systems depending on the situation and patient's preference. All of them are secure, HIPAA compliant and safe systems with the highest quality video and audio available.

Q: What kind of internet connection can I use?

A: Cable or DSL internet connections with at least 2 Mbs upload and download speeds. (The faster the better)

Q: Will I be able to use WIFI?

A: We would rather you didn't but you can get away with it occasionally.

Q: I have satellite internet, will I need to change internet service providers?

A: Yes, satellite does not have sufficient bandwidth to support internet connection.

Q: What about a 3G hotspot?

A: It will work as an emergency backup but not as a day to day connection. Sound will be choppy, and there will be a delay in video as well. Audio and video will typically be unmatched. 4G is a better solution if available.

Q: Can I record patient consultations?

A: No, under no circumstances will you be able to record patients. That is against HIPAA regulations regarding confidentiality.

Q: Can patients record consultations?

A: No, the terms of agreement state that the patient cannot record any sessions with psychiatrists.

Q: Is there interaction available between your physicians/admin (peer support)?

A: Yes, You may contact other physicians and staff via videoconferencing, phone, email and instant messaging. You may not use instant messaging for patient specific issues due to lack of security

Q: Do you work with Nurse Practitioners or Physician Assistants?

A: Yes, if they are psych certified. However, the issue with NP's and PA's in some states is supervision. You would have to use one of our doctors as a supervisor, and that doctor would have to be compensated for his or her time. We contact one of our physicians, ask about available supervision and negotiate an agreeable fee. e-Psychiatry formulate the official contract between the NP or PA and the supervising physician then arrange the contact infrastructure. e-Psychiatry would retain five percent of the fee for maintaining the contract and infrastructure.

Q: Are hours available on night and weekends?

A: Yes, You can set your appointment times for any hours you have available.

Q: I'm licensed in several states. How can I see patients in multiple states?

A: We have an attorney who will provide us with the requirements to practice in each state in which you are licensed. We will make sure that any services you provide are within the legal requirements of each state and locality.

Q: Will I be able to see patients that are out of the country?

A: Yes, as long as the patient is a legal resident in the state you are licensed.

Q: How do I prescribe medication to a person who is not in a state or country where I'm licensed?

A: If you have an established professional relationship with that patient, and that patient is temporarily somewhere else, then you can prescribe to a local pharmacy for a one-time courtesy or emergency fill or refill. That would work at most pharmacies in the US. You might have to call the script in and explain the situation. However, it would be up to the local pharmacy in that country as to whether or not it would fill a courtesy or emergency fill or refill. Obviously, in such a case there would be not only language barriers but also many medications have different names in different countries. It would be up to you whether or not you would want to.

Q: Do you have Standards of Practice?

A: Yes, we follow all guidelines set forth by the ATA (American Telemedicine Association).

Q: How will I know that the patient I'm seeing is really who he/she says he/she is?

A: At first contact, we suggest you have the patient upload their government issued ID to the EMR.

Q: Will I be able to bill insurance?

A: We suggest that patients seek reimbursement for services rendered

Q: Will I be able to see my patients through an HMO/PPO?

A: Yes, you can as long as your particular PPO/HMO is willing to pay you for telepsychiatry. The following states have laws mandating insurance cover telemedicine:

California: Cal. Business and Professions Code §2290.5, Cal. Health and Safety Code §1374.13

Colorado: Colo. Rev. Stat. §10-16-102, Colo. Rev. Stat. §10-16-123, Colo. Rev. Stat. §25.5-5-320

Georgia: Ga. Code Ann., § 33-24-56.4

Hawaii: Hawaii Rev. Stat. §431:10A-116.3, Hawaii Rev. Stat. §432:1-601.5, Hawaii Rev. Stat. §432D-23.5

Illinois: Ill. Rev. Stat. ch. 225, §60/49.5

Indiana: 405 IAC 5-38

Kentucky: Ky. Rev. Stat. §194A.125(3)(b), Ky. Rev. Stat. §205.559

Louisiana: La. Rev. Stat. Ann. §22:1821, La. Rev. Stat. Ann. §37:1276.1

Maine: Me. Rev. Stat. Ann. tit. 24-A §4316

Massachusetts: 2012 Mass. Acts, Chap. 224

Maryland: 2012 Md. Laws, Chap. # 579, 2012 Md. Laws, Chap. # 580

New Hampshire: N.H. Rev. Stat. §415-J:1 et seq

Oklahoma: Okla. Stat. tit. 36, §6803

Oregon: Oregon Administrative Rule 410-130-0610

Texas: Tex. Government Code Ann. §531.0216, Tex. Government Code Ann. §531.02173, Tex. Insurance Code Ann. §1455.004

Vermont: Vt. Stat. Ann. tit. 8, §4100k

Virginia: VA Code Ann. §38.2-3418.16

Q: Is it legal to see patients this through telepsychiatry?

A: Yes, some states do require that the initial visit face-to-face be done with the patient. We will let you know what your particular state(s) require.

Q: Does my state require the initial face-to-face visit?

A: Contact us regarding where you are licensed and where you want to practice. We will let you know the specifics regarding telemedicine in your area.

Q: How do I conduct an AIMS test?

A: A good portion of the AIMS test is based on your visual observation and on asking the patient questions.

Here is the AIMS test:

- 1. The chair to be used in this examination should be a hard, firm one without arms.**
- 2. Ask the patient whether there is anything in his or her mouth (such as gum or candy) and, if so, to remove it.**
- 3. Ask about the *current* condition of the patient's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures bother the patient *now*.**
- 4. Ask whether the patient notices any movements in his or her mouth, face, hands, or feet. If yes, ask the patient to describe them and to indicate to what extent they *currently* bother the patient or interfere with activities.**
- 5. Have the patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while the patient is in this position.)**
- 6. Ask the patient to sit with hands hanging unsupported -- if male, between his legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas).**
- 7. Ask the patient to open his or her mouth. (Observe the tongue at rest within the mouth.) Do this twice.**
- 8. Ask the patient to protrude his or her tongue. (Observe abnormalities of tongue movement.) Do this twice.**
- 9. Ask the patient to tap his or her thumb with each finger as rapidly as possible for 10 to 15 seconds, first with right hand, then with left hand. (Observe facial and leg movements.)**
- 10. Flex and extend the patient's left and right arms, one at a time.**
- 11. Ask the patient to stand up. (Observe the patient in profile. Observe all body areas again, hips included.)**
- 12. Ask the patient to extend both arms out in front, palms down. (Observe trunk, legs, and mouth.)**

13. Have the patient walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.

As you can see, the only one that requires the patient be touched is #9. At a contracted facility, you can have local staff to do #9 for you during the AIMS exam. For individual patients who are being seen individually at their home or office, if the rest of the exam makes you suspicious that cogwheel rigidity is present, then you can have the patient seen by their local PCP.

Q: What do I do if I can't hear/see a patient on the teleconference?

A: A requirement of telepsychiatry is that you can see and hear the patient and the patient can see and hear you in real time. If the teleconferencing sound or video is off for either party, then you cannot bill for a typical appointment. You could reschedule the appointment for another time, or if the need is to do something clinical right then, you could, as long as you have an established professional relationship with the patient, call them and conduct a telephone appointment (if state law allows).

Telephone services are typically billed using two sets of codes added to the CPT index in 2008: codes 99441 - 99443 are for phone services by physicians, while 98966 - 98968 are for services by "qualified non-physician healthcare professionals." Again, none of these codes are covered by Medicare but more and more private payers are starting to reimburse for this code so it is certainly worth checking with them to see if they will pay.

If you do decide to bill patients for these codes, here are five things you must know about these codes:

They may be billed only for "medical discussion" that IS NOT related to an E&M service that was provided within the last seven days and DOES NOT lead to an in-office visit within the next 24 hours or earliest possible date.

The phone conversation must be documented by the provider that took the call.

Though Medicare does not pay for these codes, both sets of codes have relative value units (RVU's) assigned to them that you can use to help determine what fee you will charge your patients for these codes.

The patient must initiate the call in order for you to bill the service.

The codes are valid for established patients ONLY, according to the CPT guidelines.

Q: What if I have problems with the website, computer, camera, speakerphone, insurance, billing, staff at a contracted facilities, etc...

A: With any problem, you can contact admin. If it's something we can deal with, then we will. If it's something that would fall under your own business expense, then we'll tell you. We provide the interface between you and the patients and a significant amount of support to make sure that interface works exceptionally well. However, if you need a new web cam, microphone, to renew your medical license or DEA certificate, Suboxone License, etc., these are the kinds of expenses that fall to you.

Q: Do you reimburse me for my office expenses?

A: No, but you may be able to write them off on your taxes as a business expense.

Q: Are there any restrictions in the contract as to other activities on my part?

A: There are proprietary components, trademarks, patents, etc., related to what we do, and it would be illegal to use these for yourself or to use them to start a company to compete with us.

Q: Is there any online telemedicine training websites?

A: Yes. There are many training resources on the web we will provide you with.

Q: I would like to understand more about what marketing efforts that will be made to support this endeavor?

A: We spend a significant amount of our budget on marketing online and print media. With print media, we focus mainly on business owners and professionals who may not have insurance. Online, we focus on professionals and the general public. Over the last couple of years we have gained the #1 spot in the major search engines for terms related to online psychiatrist and telepsychiatry. We will also advertise in trade journals seeking contracts with mental health clinics, hospitals, institutions, etc...

Q: Does participation in your service preclude my participation in other services?

A: No. You can be contracted with as many telepsychiatry companies as you like. However, you cannot use our infrastructure to support your other contracts or patients.

Q. Will e-Psychiatry bill insurance companies and/or patients directly?

A: We will not bill any insurance company. We will provide you with the ability to charge patients online.

Q: Can you guarantee a steady source of income?

A: Not with the individual program. It's a matter of building up your telepsychiatry practice in the same way that it is a matter of building up your office-based practice. However, we will advertise heavily for you, and it is clear that the telepsychiatry idea is catching on quickly. We strongly believe that in five years a large percentage of patients will prefer telepsychiatry over office-based psychiatry because of the convenience. Most psychiatrists in private practice never touch their patients, never lay a stethoscope on anybody, rarely take blood pressure, often don't weigh or measure patients. Also, Telepsychiatry forces the psychiatrist and the primary care physician to work more closely, to collaborate, to be a team. The statistics very clearly show that the majority of office-based psychiatrists never talk to a patient's PCP. For contracted facilities we can guarantee you a certain amount of hours before the contract is signed.

Q: Will you be able to offer any idea of what kind of patient flow you can expect? How do you know what kind of demand is out there?

A: There is no way to predict patient flow in the beginning. It depends on what states you are licensed. We do not begin advertising in a state until we have a psychiatrist with a license in that area. If we already have physicians in the state where you are licensed then we can let you know around about what kind of volume you can expect.

Q: Can I refer patients to other providers if needed?

A: Yes, but please to refer them to someone in our network first.

For More Information, contact us with the info below:



W. - <http://www.e-Psychiatry.com>

E. - Contractor@e-Psychiatry.com

Ph. - 662.269.4696