Telemedicine

What is telemedicine?
Telemedicine is also referred to as a virtual visit or a video visit and involves the delivery of clinical services via synchronous, interactive audio and video telecommunications systems that permit real-time communication between provider and patient.

Is telemedicine an existing Harvard Pilgrim benefit?
Yes, Harvard Pilgrim currently accepts and pays claims for medical telemedicine visits as if they are face-to-face visits.

What is Doctor on Demand?
Doctor on Demand (DoD) is a well-known national provider group of board-certified physicians that offers telemedicine services to Harvard Pilgrim members for low acuity urgent care medical visits nationwide (not yet available in Louisiana, Alaska or Arkansas).

When will Doctor on Demand be available to members?
On-demand medical visits with Doctor on Demand for low-acuity conditions became available for Harvard Pilgrim members as of July 1, 2016.

Why is Harvard Pilgrim adding Doctor on Demand to the Harvard Pilgrim network?
Because Harvard Pilgrim does not currently have a substantial amount of providers that offer virtual visits, we are partnering with DoD to ensure members will have access for medical telemedicine visits.

Which products will DoD be a participating provider for?
Doctor on Demand will be available on all Harvard Pilgrim HMO, POS, PPO and Access America plans. Doctor on Demand is not available to members with Medicare Supplement, Medicare Enhance or Medicare Stride plans. For tiered network products, DoD will be in the lowest network tier.

Which telemedicine services can Doctor on Demand provide to Harvard Pilgrim members?
DoD provides services for low acuity urgent care visits. Examples of the types of conditions DoD treats include conjunctivitis, flu, sinus infection and rash. The most frequently treated medical condition is upper respiratory infections. DoD also e-prescribes medications based upon the diagnosis, such as antibiotics, creams/ointments and antivirals. Prescriptions are electronically sent to the member’s pharmacy. DoD providers do not prescribe controlled substances.

How will members access Doctor on Demand?
DoD has a highly rated, secure telemedicine app that members access using their smartphone or tablet. The app is free to download. Members can also use their computer if it has a camera enabled for the visit. After registering and completing the screening process, members will be connected to a DoD provider within several minutes.

Members can download and register anytime. There is also useful information within the app, such as links to informational videos, provider profiles and the ability to ask a free question through a message.

Doctor on Demand does not offer telephone-only consults.
When can members access Doctor on Demand?
Doctor on Demand is available for on-demand visits between the hours of 7 a.m. and 11 p.m. within the time zone the member is calling from.

Are telemedicine visits with Doctor on Demand available for patients of all ages?
Yes. Doctor on Demand is available for both pediatric and adult care. At this time it will not be offered to our Medicare population.

Can members under the age of 18 initiate a telemedicine visit?
A parent must be present with the minor in order for Doctor on Demand to proceed with the telemedicine visit.

What kind of doctors will members be connected with for medical visits?
Specialties include internal medicine, pediatrics, emergency medicine and family practice.

Are members under the age of 18 automatically connected to a pediatrician?
A minor could be connected to an internist, pediatrician or family practitioner. If parents prefer a pediatrician, they can choose to be connected to a pediatrician if one is available, or they can schedule the next available time available with a pediatrician.

What is the cost sharing for telemedicine services from Doctor on Demand?
DoD visits apply PCP office visit cost sharing. The allowed amount (contracted rate) for a visit with Doctor on Demand is $40, which is the amount that coinsurance or deductible cost sharing is based upon.

How many doctors are available through Doctor on Demand?
There are roughly 1,300 medical providers nationwide. Following are the number of providers within the Harvard Pilgrim enrollment area.

CT - 20
MA - 21
ME - 19
NH - 20

What is the registration process?
A member must first create an account within the Doctor on Demand app, or on the DoD Web site using their computer. The member provides information as follows: demographic, insurance, preferred pharmacy, chronic conditions and general health.

What is the triage process when a member logs in for a Doctor on Demand telemedicine visit?
After setting up an account in the app, the member is asked to enter a short description of the reason for the visit, including how long the member has been experiencing the symptoms. Members are prompted to enter medications they are currently taking and whether they have any allergies. A listing of general symptoms is then displayed, and members click which ones apply to them. They are also asked to indicate current medical conditions and which pharmacy they would like their prescription sent to (if needed).

Can members use Doctor on Demand for prescription refills?
Yes. Doctor on Demand can prescribe refills but must do a full assessment of the member. If it is a medication that requires labs, a small supply may be prescribed to bridge the patients until they can see their regular provider.

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How does Doctor on Demand know which medications are on members’ formularies?
Doctor on Demand e-prescribes using Surescripts, and MedImpact feeds eligibility and coverage data to Surescripts. The prescriber can pull up the member information, enter the drug that they want to prescribe and get complete coverage information before deciding to transmit the e-Prescription to the pharmacy.

How do members pay Doctor on Demand for their cost sharing?
For visits with DoD, the member cost sharing is paid within the app using a credit or debit card. DoD uses a real-time eligibility query process to identify a member’s cost sharing, and therefore bases members’ cost sharing on their current deductible and out-of-pocket maximum status.

Will Doctor on Demand collect cost sharing from members that have an HRA?
Because DoD does not have any billing capabilities, all members must pay their cost sharing at the time of the visit (copayment, coinsurance, and/or deductible). Members with an HRA should indicate in their HRA account that DoD claims should be paid to the member rather than the provider.

In the event that the HRA pays DoD rather than the member, Doctor on Demand will reimburse the member’s credit/debit card for the duplicate payment. The reimbursement may take a couple of weeks to process once DoD receives the duplicate payment.

Are Doctor on Demand telemedicine visits considered In-network, even outside of the service area?
Doctor on Demand telemedicine visits are always In-network, even if the member is outside of the service area.

If DoD determines that the member needs more immediate attention, such as the ER, are they able to direct the member to the nearest ER if the member is not familiar with the area (for example, while on vacation)?
Doctor on Demand will look up the information for them and add it to the patient instructions. The DoD Member Support Team will also reach out to the member that same day to ensure the member followed up to receive in-person medical attention.

Where is DoD located?
Members are connected to a doctor who is licensed in the state in which the member is located when initiating the visit. This is identified as part of the sign-in/triage process. The member’s location is determined through GPS.

How does DoD handle “frequent flyers”?
If DoD physicians identify a pattern of frequent calling or repeated calls for RX refills or chronic conditions, they will counsel members that DoD is not a PCP. They’ll urge members to select a PCP and refer them to their PCP or specialist for Rx refills. Although prevalent in the beginning, drug seekers have largely gone away because DoD will not prescribe controlled substances.

What are DoD’s guardrails to ensure patients are getting proper care?
DoD emails patients one to six days after a consult to ask if the issue is resolved. They encourage patients to outreach to DoD for nurse help or to connect with their PCP or specialist (dermatologist, etc.) if they need further care.

How does DoD manage language, cultural, and/or ethnic barriers during members’ interactions?
DoD has the capability of servicing patients in multiple languages including Spanish, French, German, Russian, Italian, Mandarin, Japanese, Korean, Vietnamese, Tagalog and Arabic. Patients can request an appointment with these clinicians through the DoD app.
Every DoD provider must review and complete mock video cases, cultural training, video training and the review of the practice's protocols prior to being approved to see patients. Diversity Training is mandatory for all employed physicians and is performed annually at regional conferences or through on-line modules/videos.

**Does DoD offer services for individuals with hearing and visual disabilities?**
Because DoD services are on any mobile device on iOS or Android, services automatically inherit the hearing and visual disability capabilities provided by iOS or Android.

**Is DoD covered by liability insurance?**
DoD maintains medical malpractice liability insurance consistent with other participating providers.

**What policies and procedures does DoD have in place to safeguard Protected Health Information (PHI) and Personal Information (PI)?**
DoD complies with all security and HIPAA requirements. They store member personal information behind two layers of encryption in a secure digital environment that is continuously monitored and routinely tested by leading experts in health information security. They restrict access to this environment using multiple safeguards such as dual factor authentication to ensure that only authorized clinical professionals and administrative personnel can access member personal information, and only on an as-needed basis.

Their privacy policies can be found here:


DoD has indicated that they have not encountered any privacy issues including, but not limited to, customer complaints, unauthorized disclosures of PHI/PI and fines/sanctions for non-compliance.

**Does DoD interact with members’ PCPs?**
DoD creates electronic medical records (EMR) for each virtual visit and communicates them to the PCP when requested by the member. Members must download, complete and submit the release form; EMRs cannot be shared with the PCP without the member's request and consent.

**Are referrals or authorizations needed for DoD?**
No, virtual visits with DoD do not require a referral or authorization.

**Are referrals or authorizations needed for telemedicine services with other Harvard Pilgrim providers?**
Virtual visits with other Harvard Pilgrim providers require a referral or authorization if it would have been required had the service been face-to-face. For example, an HMO member having a virtual visit with a specialist will need to secure a referral prior to the virtual visit.

**Do DoD providers appear in the provider directory?**
DoD is not displayed in the provider directory.

**How will members know how to contact DoD?**
A Doctor on Demand flyer was loaded onto each member’s HPHConnect account on July 1, 2016, under “Plan Documents.” There is also information on the Harvard Pilgrim member Web site, with a link to a co-branded Doctor on Demand Web site that includes some information specific to Harvard Pilgrim (doctorondemand.com/harvardpilgrim).

**Are members covered for virtual visits when traveling outside of the United States?**
Telemedicine visits are covered when members are traveling outside of the U.S. However, DoD cannot prescribe medications for these visits.

7/8/2016
Can other Harvard Pilgrim providers render telemedicine services?
Telemedicine services can be rendered by any Harvard Pilgrim provider who has the appropriate technology to do so, and qualifies to render that specific service. Examples include speech therapy, follow up care and management of chronic conditions. There are not currently many Harvard Pilgrim participating providers who are able to offer telemedicine visits.

Are telemedicine services limited?
There are no specific telemedicine visit limits. If a service has a visit limit on it, that limit visit also applies when the service is received via telemedicine.

What is the cost sharing for telemedicine services from other Harvard Pilgrim participating providers?
Cost sharing follows what the cost sharing would have been if it were a face-to-face visit, and depends upon the service and provider. For example, for a follow-up visit with a cardiologist, the specialist office visit cost sharing applies. For speech therapy, the speech therapy cost sharing applies.

How do members pay other participating providers for their cost sharing?
Payment of member cost sharing for virtual visits with other Harvard Pilgrim participating providers is dependent upon what technology that provider is using to facilitate the virtual visit. Providers may have a mechanism to collect the cost sharing at the point of service, or they may bill the member after the fact.

Are out-of-network telemedicine services covered?
For products that include out-of-network coverage (i.e. POS & PPO), out-of-network telemedicine services are covered just as the service would be covered if face-to-face. As with many out-of-network services, a member would likely need to pay the provider up front, and submit the claim to Harvard Pilgrim for reimbursement.

How is telemedicine different than Nurse Care 24/7?
Telemedicine is a virtual visit done in lieu of a face-to-face visit and is covered under medical plans. Telemedicine visits include diagnosis and prescriptions (if needed). All virtual visits are performed by physicians.

The nurses in the RN-24/7 program provide support/coaching-type services. They can give members information about health topics, provide education on self-care, help members recognize when they need to seek treatment from their own providers, prepare questions to ask the provider, direct members to reputable online resources about conditions, etc. They do not diagnose, write prescriptions or do anything treatment-related. If treatment is needed, nurses would direct the member to contact an appropriate provider.