



Telehealth 101: Just the Basics for all Bed-Based Levels of Care

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City of
Philadelphia


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Telemedicine vs. Telehealth: Is There a Difference?



Telemedicine tends to be more restricting




Telehealth is typically used to describe a broader array of “services”





Telemedicine 101: The Basics of the Basics

- ❑ Telemedicine is not CBH-regulated
 - ❑ Telemedicine is not new
 - ❑ The temporary changes to rules around provision of telemedicine are unprecedented
 - ❑ Relaxation of rules and regulations is done to ease access for our members and eliminate administrative burden for providers
 - ❑ Providers still need to maintain quality control and compliance practices
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How Is It Done?

In normal circumstances:


- ❑ Telemedicine for per diem/bed-based providers is generally extremely limited
- ❑ Real-time, two-way, audio-visual technology is required
- ❑ HIPAA security needs to be ensured
- ❑ Services referred to as “Store and Forward” are not billable






That is so... February...

Earlier this year, regulations in Pennsylvania required that telemedicine:

- ❑ Be implemented only after an application to the Commonwealth
 - ❑ Still use face-to-face services in most instances
 - ❑ Be limited the scope to a relatively small group of practitioners
 - ❑ Have limits on the use of telemedicine to meet staffing requirements
 - ❑ Require the member to be in a provider's office
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COVID-19 Telehealth Accommodations

- ❑ CMS and the Commonwealth moved quickly at the onset of COVID-19 in the USA to relax regulations around telehealth
 - ❑ In Pennsylvania, these changes are currently viewed as temporary
 - ❑ The Commonwealth issued two Bulletins announcing changes in response to COVID-19. Changes included:
 - Expanded list of available staff who could utilize telemedicine
 - While two-way video conferencing is still preferred, audio-only is permitted
 - Technology does not necessarily need to be HIPAA-compliant
 - Limitations on the use of telemedicine to meet staffing requirements were relaxed
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What Hasn't Changed?

- ❑ Telemedicine guidance does not alone waive any other regulation
 - ❑ Rules/regulations that **have not** changed:
 - Progress notes must still be entered
 - Treatment/Recovery Plans still need to be completed
 - Members receiving bed-based services must still be receiving services at the “billing” facility (except when allowed by regulation, e.g. RTF Therapeutic Leave)
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How Can Bed-Based Services Utilize Telemedicine?

- ❑ Staff who may need to remain at home or at an alternate site can provide some services to members on the unit
 - ❑ Therapists who may be self-quarantining can “meet” with members individually via telemedicine
 - ❑ Social Workers can have family sessions with family remotely
 - ❑ When appropriate, consultations may be possible to complete remotely
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Telehealth Best Practices

- ❑ Two-way audio-video always preferred
- ❑ Electronic Health Records are recommended
- ❑ Crisis Plans should be completed
- ❑ Make sure sessions are as secure as possible
- ❑ Plan to get physical signatures if using verbal consents
- ❑ **Never back-date signatures**
- ❑ Plan to verify services delivered as clinician indicated



Telehealth and Fraud

Common telehealth fraud schemes include:

- ❑ Services not provided
- ❑ Using telehealth/telemedicine to market non-medically necessary services
- ❑ Billing for more services than provided
- ❑ Using telehealth/telemedicine to aid in patient brokering
- ❑ Use of non-qualified staff






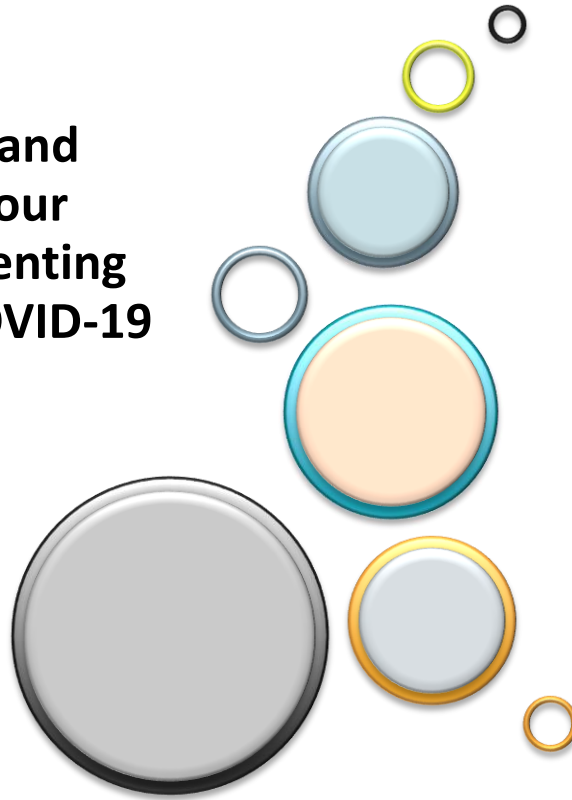
Telehealth Implementation Strategies for Success



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Having a solid policy and procedure for how your organization is implementing telehealth during the COVID-19 pandemic is key!



What is your continuity of operations plan?

How often is the plan reviewed/updated?

Do any current policies need to be updated?





Planning for Telehealth Service Delivery

What does a quality telehealth session look like for your organization?

- ❑ Managing expectations, for both staff and for supervisors
- ❑ Planning for the “what-ifs” that will occur
- ❑ Preparing for sessions, for both staff and for clients
- ❑ Training and supervision for staff:
 - to ensure quality and consistency in telehealth sessions provided
 - to maintain staff morale and maintain productivity



Technical Considerations

- ❑ Same service, but different delivery
- ❑ What are some of the complications with technology, and how do we work around them?
- ❑ Troubleshooting/contingency plan to overcome barriers



Clinical Considerations

- ❑ What are all the possible options for support?
- ❑ Take into consideration individual/family preferences for sessions
- ❑ Educate on platform being used
- ❑ Privacy
- ❑ Documentation
- ❑ Safety/Crisis planning




Questions?





DBHIDS/CBH Contacts

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<p>Claims Hotline 215-413-7125</p>	<p>Member Services 888-545-2600</p>
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