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

Presented by Community Behavioral Health

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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

How Is It Done?

In normal circumstances:

- 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

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
  - Both clinical staff and members may be in remote settings

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
  - Staffing requirements, such as MHOP Psychiatric oversight, need to be met
  - Unless permitted by level-of-care-specific regulation, calls that do not result in a member interaction are not billable
  - Units billed must still match the actual time of the service

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 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 Implementation Strategies for Success

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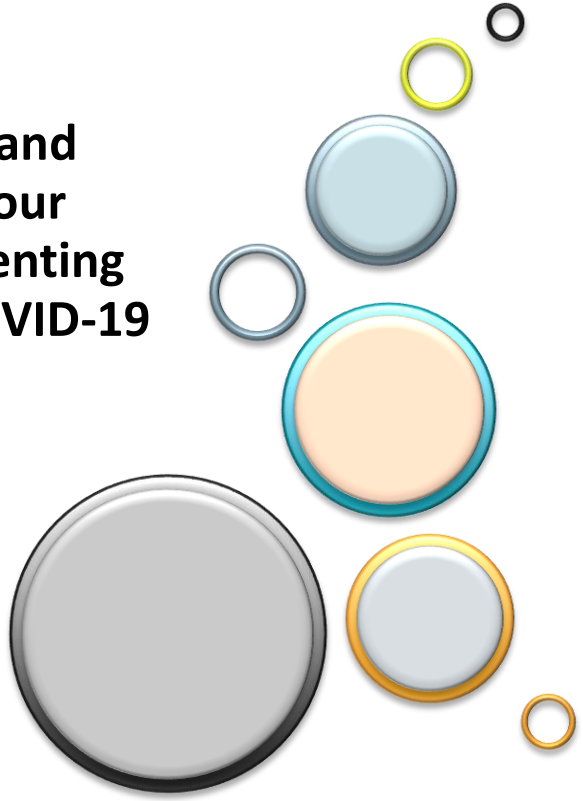
Having a solid policy and procedure for how your organization is implementing telehealth during the COVID-19 pandemic is key!



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

Provider Training & Development Training and Technical Assistance cbh.ndtechnicalassistance@phila.gov	**CBH Website** https://cbhphilly.org/ **DBHIDS Website** http://dbhids.org/
Provider Hotline 215-413-7660	**NIAC** Regina Adams, Operations Specialist: Regina.Adams@phila.gov
Claims Hotline 215-413-7125	**Member Services** 888-545-2600
Fraud, Waste, and Abuse Hotline CBH.ComplianceHotline@phila.gov	**General Compliance Questions** CBH.ComplianceContact@phila.gov

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