

*The policy changes contained in this document are intended to apply to most of our members and plans and offer general guidance only. **Not all health plans have adopted the leniencies we describe (especially with respect to certain commercial, Medicaid and employer plans).** If you are unsure of coverage or have specific questions about a particular member or plan coverage, please contact the National Provider Service Line at 800-397-1630. Please note that since this is a rapidly evolving situation, any new state and federal mandates will override any guidance we provided below.*

Beacon Health Options is strongly committed to our members, clients and providers to ensure that behavioral health needs are being met during this unprecedented and stressful time. Today's national public health emergency has no manual or guide. In fact, what we know has been changing hour-by-hour and day-by-day.

We recognize that as many of our members and providers are being encouraged or mandated to stay at home to prevent community spread of coronavirus, telehealth can be an effective way for members to begin or continue their care through a mental health provider from their homes via phone, tablet or computer-enabled web cam. We encourage providers, when clinically appropriate, to use telehealth to provide services to members confidentially and securely.

We have done our best to provide you with information to serve your members. However, since this is an evolving situation, we ask that you check back often for updates and additions to this document.

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**Q: Do you have resources I can direct my patients to if they are feeling anxious or stressed during this state of emergency?**

A: We have established comprehensive behavioral resources for members, providers and clients at <https://www.beaconhealthoptions.com/coronavirus/>.

**Q: Will you cover telehealth so that I may treat my patients remotely?**

A: Telehealth can be an effective way for members to begin or continue their care through a mental health provider from their homes. Beacon Health Options is working to increase and expand access to behavioral health care through our existing national telehealth network and our national telehealth partner. Based on the guidance we are receiving from states and other regulatory bodies, and to aid in the start or continuity of care, Beacon will cover telehealth services, including phone therapy, for most services. When clinically appropriate, we are currently encouraging providers to use technologies to communicate with individuals in a confidential and secure manner. If you have any questions regarding whether a particular service will be covered, please call us at the National Provider Service Line at 800-397-1630 (Monday through Friday, 8 a.m. to 8 p.m. ET), or contact your provider relations representative.

**Q: Are there restrictions on what type of modality should be used to provide care via telehealth?**

A: Beacon is not imposing specific requirements for technologies used to deliver services via phone or telehealth. Please remember that some services are not appropriate for phone only, including

ABA, psych testing, IOP and PHP. When clinically appropriate, providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. We also encourage providers to use HIPAA-complaint telehealth platforms whenever available. The following modalities are acceptable:

- Telephone (including landlines)
- Smartphone
- Tablet
- Laptop
- Computer

**Q: Is a telehealth attestation required?**

A: Beacon has waived the use of a telehealth attestation until further notice.

**Q: Do I need any changes to my contract to provide services via telehealth?**

A: Beacon will not require any contractual changes or amendments to cover telehealth.

**Q: Have you waived member cost sharing for telehealth services? (updated 3/26/20)**

A: During this time of public health emergency, in order to begin or ensure access to care for our members most plans will waive cost sharing for routine outpatient telehealth and for all ABA services. Members covered by self-funded employer sponsored plans and some commercial and government health plans will continue to follow the plans' guidelines and policies which may not waive cost shares.

**Q: Will Beacon Health Options have a dedicated line for providers related to COVID-19?**

A: Providers with questions are encouraged to contact the National Provider Service Line: 800-397-1630 (Monday through Friday, 8 a.m. to 8 p.m. ET) or contact your provider relations representative.

**Q: Can you provide details on how to code for claims related to telehealth and COVID-19?**

A: Providers should continue to bill as they always have, using the same codes and modifiers, unless the federal government or states have issued individual billing guidance.

For providers looking to begin telephonic or telehealth care, please refer to your provider contract, call the National Provider Service Line at 800-397-1630 (Monday through Friday, 8 a.m. to 8 p.m. ET), or contact your provider relations representative. Additional billing guidance will be provided on our website if there are specific codes or changes to your normal billing practice.

**Q: Will you add new code modifiers?**

A: In order to accommodate this temporary expansion of services via telehealth, we are updating our operational systems to accept claims with telehealth modifiers and places of service on procedure codes that would not traditionally be accompanied by such modifier.

**Q: Will you reimburse all mental health providers for telehealth services?**

A: At this time, Beacon is not expanding the type of providers covered under a particular benefit plan. However, within current benefit plans, Beacon is permitting all otherwise eligible provider types to provide services within their scope of practice via telehealth.

**Q: Are these telehealth waivers for established or new patients?**

A: These temporary telehealth waivers are for established and new patients.

**Q: Should providers ensure privacy when using telehealth? (updated 3/26/20)**

A: Yes. Laws related to confidentiality and professional responsibility laws remain in effect. Providers are encouraged to use appropriate HIPAA compliant telehealth platforms to communicate with individuals and to inform members of any relevant privacy considerations.

The Department of Health and Human Services' Office for Civil Rights (OCR) announced it will temporarily not impose penalties for noncompliance with HIPAA regulations against providers leveraging non-public facing telehealth platforms that may not comply with the privacy rule during the COVID-19 pandemic. As part of OCR's communication, it was stated that covered healthcare providers can use any non-public facing remote, audio or video communication product available to provide telehealth and communicate to patients during the public health emergency. Specifically, OCR explained that providers may use any popular applications that allow for video chats, which includes Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth services without risk that OCR will impose a penalty for HIPAA noncompliance. Facebook Live, Twitch, TikTok, and other similar *public*-facing video communication applications should not be used under the telehealth provision by covered providers. OCR's full guidance can be found at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

**Q: Can we use our own telehealth platform (Zoom) or do we have to use your telehealth vendor? If so, who is that? (updated 4/03/20)**

A: Beacon is not imposing specific requirements for technologies used to deliver services via phone or telehealth. When clinically appropriate, providers are encouraged to use appropriate technologies to communicate with individuals and should seek to provide the same rights to confidentiality and security as provided in face-to-face services. We also encourage providers to use HIPAA-compliant telehealth platforms and to enable all available encryption and privacy modes.

Beacon does not recommend specific technology vendors or platforms; our providers appear to be using a number of different platforms including, but not limited to:

- Zoom - <https://zoom.us/healthcare>
- VSee - <https://vsee.com/>
- Doxy.me - <https://doxy.me/>

- Updox - <https://www.updox.com/>

**Q: Will you lift the Medicare restriction on originating sites for telehealth?**

A: CMS made policy changes on a temporary basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. Under this new waiver, CMS temporarily removed the “eligible originating site” requirement and Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020.

**Q: Can I use text or email to provide care to provide telehealth to my patients?**

A: At this time the use of text and email to provide care is not an acceptable means for providing telehealth services.

**Q: Will my rate of payment remain the same?**

A: Unless there is an existing telehealth fee schedule embedded into provider contract, rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional in-person methods.

**Q: When do these guidelines go into effect and when do they end? *(updated 3/26/20)***

A: These temporary policy waivers are retroactive to March 6, 2020. The waiver period will end the earlier of when the national emergency order is lifted (in whole or in part) or when Beacon advises of a change.

**Q: Have you removed the prior authorization requirement?**

A: The prior authorization requirement has been removed for routine outpatient visits. It continues to be required for other types of outpatient services, e.g. psychiatric testing, Applied Behavior Analysis (ABA), etc., and for inpatient services, unless a particular state or health plan has instructed that prior authorization requirements be lifted.

**Q: Have there been changes to any plan benefits?**

A: There have been no changes to underlying plan designs except to the extent to recognize telehealth as permissible modality of care.

**Q: Your guidance conflicts with what my state regulator is saying.**

A: This is a rapidly changing situation. If updated guidance is received from a government regulator that mandates an approach different than that set out in this FAQ, then that mandate will override the instructions we have provided for the members, subject to the updated guidance.

**Q: My contract calls for different rates for telehealth, how will that work?**

A: In circumstances where a provider has a contracted telehealth rate, that rate will prevail.

**Q: What if my patient doesn't have access to a phone or computer?**

A: We encourage providers to work with our members to ensure that they know how to access services in the event of an emergency and to communicate with our members about other options that may be available during this crisis. For example, if a member does not have a phone or computer, then we ask that assistance be arranged for that member to still receive services. Please call us at the National Provider Service Line: 800-397-1630 (Monday through Friday, 8 a.m. to 8 p.m. ET) or contact your provider relations representative so that we may work to find a manner to bring services to our member.

**Q: Are sessions the same length of time if done via telehealth?**

A: There is no difference in the length of telehealth sessions compared to in-person sessions.

**Q: My patient is on a limited cell phone plan (pay per minute) and doesn't have access to the internet.**

A: Sessions can also be conducted via a landline.

**Q: How do I know if my practice is considered an essential business?**

A: Since states may differ on what businesses or services are considered essential, we encourage you to check with your state regulations.

### March 26, 2020 New Question Additions

**Q: Has the Centers for Medicare and Medicaid Services (CMS) provided additional resources or guidance on issues related to Medicaid and Medicare?**

A: CMS resources related to COVID-19 can be found on the [CMS.gov](https://www.cms.gov) site.

### April 3, 2020 New Question Additions

**Q: Since we have a provider (MD, NP, PA) shortage, can we use providers from other states that may not be in-network to provide these telehealth services for our patients?**

A: Beacon will continue to follow and comply with state licensure guidance per the state's medical licensing boards. During this emergency period, many states are re-evaluating and waiving restrictions on in-state licensure requirements, as well as expediting new licenses/renewals. Beacon continues to monitor these changes closely and will adjust its policies accordingly. For a list of states guidance in response to COVID-19, please refer to: <https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensure-requirements-covid-19.pdf>.

**Q: Is there a list of providers offering telehealth?**

A: As the public health emergency related to COVID-19 continues to spread, we are recommending that our providers use telehealth services (where allowed and clinically appropriate) to ensure patients have access to care while adhering to social distancing. Please contact your provider to

understand his/her current telehealth capabilities. Beacon's provider directory offers members the ability to search for a provider of their choice within our network.

**Q: Does Beacon have any plans to contract w/ telehealth platforms like TalkSpace?**

**A:** At this time, Beacon is focused on increasing telehealth access through its vast provider network through training, support and ease of claims submission. In addition, Beacon is looking to further leverage MDLive as our enterprise telehealth partner and increase penetration of their services. Finally, Beacon is also exploring digital therapeutics to amplify the impact of our network and increase access to self-guided evidence-based tools during this time of need.