



Pennsylvania Provider FAQs: COVID-19

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. If you are unsure of coverage or have specific questions about a particular member or plan coverage, please contact your provider field coordinator.

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://pa.beaconhealthoptions.com/members/>

Q: Do you have a contingency plan that details Beacon's response to treatment options, authorizations, billing and compliance?

A: Yes, we have established a comprehensive Beacon Health Options Service Continuity Plan and it can be found on our website at <https://s18637.pcdn.co/wp-content/uploads/sites/9/COVID-Service-Continuity-Plan-March-23.pdf>.

Q: What does a provider need to do in order to deliver telehealth to Beacon Members?

A: Click on the link to read the Provider Alert and Access the Telehealth Bulletin, Memo and Attestation from OMHSAS that needs to be completed and sent to the state to obtain approval. <https://s18637.pcdn.co/wp-content/uploads/sites/9/Telehealth-Expansion-Update-March-23.pdf>

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 telehealth network. Based on the guidance we are receiving from the state, 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 how to

provide telehealth, please call us at 877-615-8503, or contact your provider field coordinator (PFC) by clicking on the link. <https://pa.beaconhealthoptions.com/contact-us/#pfc>.

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

A: Providers with questions are encouraged to contact the Provider Service Line: 877-651-8503 or contact your provider field coordinator. <https://pa.beaconhealthoptions.com/contact-us/#pfc>

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

A: Providers can bill with their existing fee schedule codes and modifiers applicable to the services being rendered and use Place of Service 02. However, providers that already have the GT modifier and Place of Service 99 on their fee schedule/contract should continue to bill per their contract. For more detailed information, click on the following link. <https://s18637.pcdn.co/wp-content/uploads/sites/9/Telehealth-Expansion-Update-March-23.pdf>

For providers looking to begin telephonic or telehealth care, please refer to this link.

<https://s18637.pcdn.co/wp-content/uploads/sites/9/Telehealth-Expansion-Update-March-23.pdf>

Q: Can providers use telehealth for both established and new patients?

A: Yes, providers can use telehealth for both established and new patients.

Q: What modality of care is included in the telehealth waiver?

A: Beacon will cover telehealth (including phone therapy) for most types of services. Providers need to submit the OMHSAS Attestation to receive approval to provide services via Telehealth. <https://s18637.pcdn.co/wp-content/uploads/sites/9/Telehealth-Expansion-Update-March-23.pdf>

Q: Should providers ensure privacy when using telehealth?

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 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 guidance can be found at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

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. Beacon-PA supports reasonable accommodations for members with disabilities per the American with Disabilities Act. Reference Policy Clarification ICM/RC 04-01.

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?

A: The OMHSAS Telehealth memo issued on March 15, 2020, and as updated on May 5, 2020, remains in effect while there is a valid emergency disaster declaration authorized by the Governor related to COVID19. Click on the links to read the memos:

March 15, 2020: <https://s18637.pcdn.co/wp-content/uploads/sites/9/OMHSAS-COVID-19-TelehealthExpansion-Final-03152020.pdf>.

May 5, 2020: <https://s18637.pcdn.co/wp-content/uploads/sites/9/OMHSAS-COVID-19-TelehealthExpansion-05-05-2020.pdf>

- Q: Have you removed the prior authorization requirement?**
A: We have removed the authorization requirement only for SUD services. Details for specific modifications to the requirements can be found on the SWPA business continuity plan <https://s18637.pcdn.co/wp-content/uploads/sites/9/COVID-Service-Continuity-Plan-March-23.pdf>
- Q: How do providers submit documentation with the signatures required such as (ex. IBHS/BHRS packets) to Beacon?**
A: Per Beacon’s continuity service plan document (link below) the provider is to obtain verbal consent on documentation that they cannot obtain a signature on and document on the form that a verbal signature was received due to Covid-19. If possible, consent with an additional staff witness is preferable but not required at this time during the state of emergency. Signatures for encounters should be documented in the record and the provider should develop a policy and procedure for their organization as to how to document and substantiate the encounter when services are not delivered in person. Providers should submit all of the information to Beacon as they always have in the past. <https://s18637.pcdn.co/wp-content/uploads/sites/9/COVID-Service-Continuity-Plan-March-23.pdf>
- 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: 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 on our Provider Service Line: 877-615-8503.
- 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: Please review this important message from the Acting Director of The Office of Mental Health and Substance Abuse Services to Behavioral Health Stakeholders issued 3/20/2020. <https://s18637.pcdn.co/wp-content/uploads/sites/9/OMHSAS-Memorandum-03-20-2020.pdf>

Q: Can inpatient and nonhospital providers bill for transportation for pick-ups to and from treatment and to and from any appointments that the client may have while in our care.

A: Transportation is a non-billable activity but it can be provided in the context of inpatient care as inpatient has per diem and portions of the day may have non billable services provided throughout. However, with outpatient levels of care, time spent during travel should not be billed.

Q: Can Therapeutic Staff Support (TSS) that was provided in the school be provided in the home since the schools have closed?

A: Beacon Health Options is permitting all TSS services that have been authorized to occur in the school to be delivered in the home using Place of Service Code 99 (service in other location). This is effective immediately and for the duration of the school closure. When the member returns to school, TSS-School hours should resume as originally prescribed.
<https://s18637.pcdn.co/wp-content/uploads/sites/9/March-16-BHR-Authorized-School-Hours-COVID-19.pdf>

Q: Many families are looking for increased Behavioral Specialist Consultants (BSC) for consultation and recommendations, and lowering or eliminating TSS, during this time as they are finding it helpful. If we are mid plan, what is your recommendation on how to move forward for submission? Can the plan be amended? What documentation would be required from the evaluator/packet?

A: The provider would need to approach the evaluator to get an addendum to the original prescription (addendums can occur up to 1 year from the date of the original evaluation). Once the addendum is complete, submit the addendum and an updated POC including all of the prescribed services to your county fax line. It is recommended you keep the TSS, even though the family does not want this service, in the case COVID-19 related restrictions are lifted.

Q: What are the requirements for encounter forms for telehealth visits?

A: For services that are provided via telehealth the provider can write “signature exempt due to COVID-19” on the signature line of the encounter form.

Q: If a provider is conducting business via telehealth at a location outside of their office (i.e. provider’s home) during this crisis, what is the expectation regarding completing their documentation? Specifically, a provider’s office has paper records. Are these staff expected to have blank copies of their documents and complete the documentation at their home and store the documentation in a secure place at their home until they return to the office to file it?

A: The same requirements exist for completing documentation but the method of completion would vary by provider. This method should be identified in the provider’s contingency plan; however, all member records should be kept in a secure location for the duration of treatment whether that be in an electronic record or physical location.

- Q: If a provider is using telehealth during this crisis, are they still required to complete all necessary documentation, per the minimum documentation standards?**
- A: Yes, providers are required to complete all necessary documentation; however, places where a physical signature of a member is required the provider can put “signature exempt due to COVID-19” on the signature line of the encounter form and verbal consent/approval must be obtained for treatment plans, consent to treatment, releases of information and other intake and assessment documents. Providers will not be expected to obtain physical signatures for documents previously verbally signed by members when resuming normal face to face interactions.
- Q: How do providers using telehealth document that they have establish a confidential environment at the provider location and at the member location to show that they both have established a confidential environment before proceeding with the session?**
- A: Member confidentiality should always be maintained even through the events of the crisis. This information should be documented in the provider’s COVID-19 contingency plan and evaluated through the provider’s compliance department.
- Q: When hiring new staff is there any waivers that have been released regarding exemptions of FBI clearances, Child Abuse clearances etc.?**
- A: All requirements are still in place at this time. We will continue to monitor if there are any approved waivers to this standard.
- Q: If a parent does not want telehealth but instead, wants a provider to provide the prescription via traditional face to face BHR (Behavioral Health Rehabilitative) Services, does Beacon expect providers to honor that request?**
- A: From the compliance perspective, we do not require that providers are delivering a face to face service during the public health emergency. The provider documentation should reflect the modality with which services were rendered (i.e. face to face, at a specific community location, telehealth, etc.). From a clinical perspective, if at all possible, we do expect providers to meet the needs of the member with regard to family requests and unique clinical features that would require face-to-face engagement. If you are unable to honor this type of request, please notify your PFC immediately so that alternate arrangements can be made to ensure continuity of services to your patients.
- Q: How do providers notify Beacon if they can no longer admit new patients or if they change or modify how they deliver their services?**
- A: Partnering with our providers to ensure the safety of our members is key in the presence of COVID-19. Click on the link for more information or contact your provider field coordinator by clicking [here](#).
For more information: <https://s18637.pcdn.co/wp-content/uploads/sites/9/Notify-PFC-if-Ending-or-Decreasing-Services-03-31-20.pdf>

Q: My telehealth attestation was approved from The Office of Mental Health and Substance Abuse Services, who should I send that to?

A. Email or fax it to the attention of your Provider Field Coordinator. Here is there contact information. <https://pa.beaconhealthoptions.com/contact-us/#pfc>

April 17, 2020 New Questions Added

Q: How do the Medicaid flexibilities around use of telehealth as a service delivery mode interact with Medicare and commercial third party liability (TPL) requirements, which may be less flexible around telehealth?

A: Please note that Medicare has recently increased flexibilities related to telehealth due to the public health emergency, as summarized in the fact sheet available at <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. While Medicare and commercial payers have increased flexibilities for telehealth, there may still be instances where coordination of benefits is necessary. Medicaid payment allows for state plan flexibilities in the event Medicare or a commercial insurer denies payment. If the third party denied the claim for a substantive reason (e.g., service not covered) and the service is covered under the Medicaid state plan, Medicaid would review for payment accordingly. If at a later time, the state is made aware of a third party's coverage for these specific services, the state, as it currently does, would chase recovery of payment accordingly. Therefore, in the example above, once Medicare or a commercial payer reviews a claim and denies for a substantive reason, such as face-to-face physician visit requirement, Medicaid would review and pay according to the state plan. If telehealth is permitted under the Medicaid state plan, Medicaid would pay accordingly.

May 7, 2020 New Questions Added

Q: We are serving children in our partial program through telehealth due to the COVID-19 emergency but are having a difficult time meeting the 3-hour minimum requirement for partial. Do you have suggestions?

A. Please join us on Fridays at noon for our ALL PROVIDER Covid-19 Zoom meeting. Providers are sharing their successes with service delivery in this environment as well as others. It's an opportunity discuss barriers, successes, ask questions and make suggestions. Please also know, on 4/16/20, Beacon Health Options of PA announced its decision to allow mental health partial programs to provide lesser amounts of service and still be reimbursed as long as the minimum unit of time has been achieved of 60 minutes of service. The effective date is the date of the announcement, 4/16/20.

May 15, 2020 New Questions Added

- Q:** We deliver TSS services. The May 5th OMHSAS Telehealth Bulletin (OMHSAS-20-03) says that we need to submit an Attestation Form (attachment B) and a proposal. We already submitted and attestation form and were approved. Do we now have to submit a proposal?
- A:** Beacon-PA has received clarification from OMHSAS on this bulletin. BHRS/IBHS providers who complied with the March 15th OMHSAS memo and submitted an attestation (attachment B) and were approved before the May 5th OMHSAS memo have no further action needed. BHRS/IBHS providers who want approval to deliver the services outlined in the May 5th memo and did not get approval before May 5th must submit an attestation form (attachment B) and a proposal with the elements outlined in the OMHSAS-20-03 bulletin. Providers should submit two documents. The attestation/attachment B with a statement that says “see attached proposal, per OMHSAS-20-03” and the proposal.
- Q:** Is there any conversation and if so the status of Beacon considering the CPT code time definitions for Individual Therapy services for provider type 08 and specialty 100. Will Beacon adopt the CPT time definitions for 90832 CPT defines time as 16-37 minutes and CPT defines 90834 as 18-52 minutes, 90837 53 plus minutes?
- A:** OMHSAS updates and distributes the Behavioral Health Services Reporting Classification Chart to all Behavioral Health Managed Care Organizations semi-annually. The chart assists us with determining the appropriate coding of services for both financial and encounter data reporting for HealthChoices. The BHSRCC identifies the units of time for each of the codes as 30, 45, and 60 minutes in the description. The units of time are also identified on the provider fee schedule; they mirror the BHSRCC. Unless the BHSRCC and the fee schedule are changed to reflect the times identified in the CPT coding manual, this will remain a requirement.

June 18, 2020 New Questions Added

- Q.** Does Beacon Health Options of PA reimburse for coronavirus/COVID-19 tests?
- A.** No. The physical health managed care organizations are responsible for reimbursement and have information available on their websites for coronavirus/COVID-19 testing. It’s best to contact the physical health plans for specific instructions related to testing.
- Q.** Does Beacon allow services to be delivered over the phone if the patient does not have a mobile device or computer that would enable videoconferencing?
- A:** As outlined in OMHSAS Memorandum dated 03/15/20, “Telehealth Guidelines Related to COVID-19”, telephone only services may be utilized when audio/video technology is not available.

Q. Does the use of telehealth need to be documented in the client’s medical record?

A. Yes. According to the OMHSAS Memo dated May 5, 2020 entitled COVID-19 “Frequently Asked Questions (FAQs) Supplement 1”, the participant’s medical record must indicate when a service is provided using telehealth, including the type of telehealth (audio-video or telephone only) and the start and end time of the service. 02 June 9, 2020 New Question Addition 0 New Question Additions

Q: Did the telehealth guidelines end June 4, 2020?

A: No. The updated OMHSAS Telehealth memo issued on May 5, 2020 remains in effect while a valid emergency disaster declaration is authorized by the Governor related to the COVID-19. Governor Wolf amended his Proclamation of Disaster Emergency on June 3, 2020, extending it for another 90 days. Click the link to view the proclamation. <https://www.governor.pa.gov/wp-content/uploads/2020/06/20200603-TWW-amendment-to-COVID-disasteremergency-proclamation.pdf>