

Beacon Health Options is strongly committed to our members, clients and providers to ensure that behavioral health needs are being met during this stressful time. We recognize that many of our members and providers are being encouraged or mandated to stay at home to prevent community spread of coronavirus. When clinically appropriate, Beacon encourages providers to use technology to communicate with individuals in a confidential and secure manner. **The overall expectation is that Partial Hospital Programs (PHPs) must continue to deliver the same level of service and clinical value using telehealth.** Here, we answer your questions specific to delivering telehealth in a PHP level of care.

Expectation of services delivered using telehealth

Q: What is considered to be telehealth in a PHP level of care?

A: Telehealth refers to the use of audio and video, not solely telephonic. Solely telephonic interactions are not billable by the PHP level of care, unless an applicable government mandate directs otherwise.

Q: Do timeframes change regarding admittance to, and discharge from, the program?

A: No. PHPs must maintain timely admittance to the program – within one business day of evaluation – along with timely completion of an initial treatment plan and discharge plan. All admission and discharge timelines and protocols must be met.

Q: Does a psychiatrist have to review every admission?

A: Yes, unless an applicable government mandate directs otherwise.

Q: Are there any changes to the discharge process?

A: No. Your program must maintain routine discharge processes, including scheduling aftercare appointments no more than seven days from a member's discharge from the PHP. Any members on medications must receive at least one psychiatric medication-monitoring appointment no more than 14 days after discharge.

Q: Do we still need to ensure access to a multidisciplinary treatment team?

A: Yes. That team should include clinical master's degree staff, registered nurses and a psychiatrist.

Q: Are there any changes to what is considered a full day of programming when using telehealth?

A: You must ensure full-day programming (a minimum of six hours, unless it's different for your state), including therapeutically intensive acute treatment within a therapeutic setting that offers both individual and group therapy, for both new and existing patients. You must:

- Maintain daily psychiatric management and active treatment comparable to that provided by an inpatient setting. Specifically, that means patients must be seen by a psychiatrist daily.
- Maintain a written schedule of program activities
- Have protocols for addressing risk behavior and decompensation in the member's home
- Have a process for responding to members in crisis

- Include educational and activity therapies as indicated on the treatment plan
- Maintain daily group notes for participation and attendance or absence and keep records of group attendance
- Document treatment planning and progress notes of services delivered

Q: How often must a PHP be available?

A: The program must be available a minimum of 5 days a week.

Q: What is the ideal number of attendees for a telehealth group therapy session?

A: Ten or less attendees are ideal for group therapy sessions using telehealth.

Q: What are the consent and privacy requirements for group telehealth sessions?

A: You must maintain all consent and privacy controls when patients are participating in group telehealth sessions (audio and video).

Q: Should we do electronic charting when using telehealth?

A: Electronic charting is preferred, but if not possible, your backup must be secure paper charting.

Q: How many hours a day must group therapy be held?

A: Group therapy must take place at least four hours a day.

Q: How often do we have to do a patient clinical assessment?

A: Clinical assessment of the patient occurs daily.

Utilization management (UM) process when using telehealth

Q: Are there any changes to the UM process?

A: No. Providers are expected to follow the standard pre-certification and concurrent review process for the PHP authorization process, unless an applicable government mandate directs otherwise.

Billing and reimbursement when using telehealth

Q: Will my rate of payment remain the same?

A: Unless there is an existing telehealth fee schedule embedded into the 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: Do we have to include any telehealth indicator on the claims?

A: Yes, during this emergency period of billing for telehealth, please use a GT or 95 modifier and/or Place of Service (POS) 02.