March 27, 2020

Dear Valued Provider,

We appreciate your partnership over the past several days as we looked for ways to increase members’ access to telehealth and to help you continue to provide quality behavioral health services to your patients during this unprecedented time.

To mitigate the spread of COVID-19, Beacon is committed to enabling Medicare members to remain in their homes to reduce exposure and transmission, and to preserve health system capacity for the duration of this public health emergency consistent with governmental mandates. Moreover, Beacon strongly encourages providers to utilize this increased telehealth flexibility to maximize the number of services provided by telephone or telehealth.

Under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Centers for Medicare and Medicaid Services (CMS) is removing the Medicare “originating site” requirements and geographic restrictions to allow Medicare beneficiaries everywhere to receive telehealth services from their homes during the coronavirus public health emergency.

The following changes are effective immediately (until further notice) for providers serving Medicare members:

**Attestation (New telehealth providers)**

- No contract adjustments or signed attestation is required to provide services to Medicare members.

**Acceptable Modalities**

- Medicare-covered telehealth requires the use of telecommunications technology that has audio and video capabilities for two-way, real-time interactive communication. For example, to the extent that smart phones and many mobile computing devices have audio and video capabilities that may be used for two-way, real-time interactive communication they qualify as acceptable technology.
- The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) Notification of Enforcement Discretion has stated that it will not be enforcing HIPAA compliance for telehealth remote communications during the COVID-19 nationwide public health emergency. Providers are reminded, however, that state confidentiality may still apply.
- Providers are encouraged to use appropriate HIPAA compliant telehealth platforms to communicate with individuals. When leveraging widely available communication apps, such as FaceTime or Skype, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform members of any relevant privacy considerations.

NOTE: For established patients, eligible providers may use virtual check-ins to decide whether an office visit or other service is needed (e.g., 5 – 10-minute phone calls, secure text messages or email) or e-visits (e.g., to communicate with patients through an online portal).

See the Medicare Telemedicine Health Care Provider Fact Sheet for more details:
Documentation of Services

- Clinical documentation for telehealth services is the same as face to face documentation for services.

Reimbursement and Claims

- Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional in-person methods as it applies to your contract. Providers should continue normal billing practices until further notice (e.g., using Place of Service code 02 to indicate provisions of services via telehealth). The waiver is in place beginning March 6, 2020 and continuing until the COVID-19 Public Health Emergency is over.

Our focus remains on supporting our providers, customers and members during the COVID-19 pandemic. Because of the fluid nature of the situation we will continue to adjust our policies and procedures and provide updates to you as necessary.

Thank you for your ongoing dedication to supporting individuals as we navigate this situation.

Sincerely,

Andrew DiGiacomo

Director Provider Relations Northeast