

These questions are meant to provide overall general guidance and may not be specific to your individual contract. If your question is not addressed or your situation differs please reach out to the National Provider Service Line at 800-397-1630 or your provider relations representative. 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.

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. 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?

A: During this time of public health emergency, in order to begin or ensure access to care for our members we will waive cost sharing for routine outpatient telehealth services. Members covered by a self-funded employer sponsored plan will continue to follow the plans' guidelines and policies and 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: What modality of care is included in the telehealth waiver?

A: Beacon will cover telehealth (including phone therapy) for most types of services. Please remember that some services are not appropriate for phone only, including ABA, psych testing, IOP and PHP.

Q: Should providers ensure privacy when using telehealth?

A: Yes. 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: 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?

A: These temporary policy waivers are retroactive to March 6, 2020. The waiver period will end the earlier of 90 days from the announcement of the national emergency or when the national emergency order is rescinded 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.