



Telehealth: Attestation

Provider Name: _____

Site Locations: _____

I understand and agree that, as part of the process for the provision of Telehealth services as part of the Beacon Health Options (Beacon) provider network(s), it is necessary to meet all requirements pertaining to the provision of Telehealth services to all eligible Beacon members. Beacon and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the process will be held confidential to the extent permitted by law. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that Beacon will grant me Telehealth privileges or contract with me as a provider of services.

Telehealth Specifications

1. Telehealth services (also known as “Telehealth”) are services provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between a member (i.e., the originating site) and a Beacon contracted and credentialed provider at a remote location (i.e., distant site).
2. The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face- to-face contact. Telehealth services do not include telephone conversations or internet-based communication between providers or between providers and members.
3. Providers must utilize a Health Insurance Portability and Accountability Act (HIPAA)-compliant tool for the networking environment when providing Telehealth services.
4. Medical record requirements for Telehealth services are the same as those for face-to-face services; however, a notation must also be made in the medical record that indicates that the service was provided via Telehealth.

Telehealth may apply to all outpatient codes listed within the provider services agreement (PSA) including psychotherapy and evaluation and management (E&M) codes. Coverage is determined by the executed PSA.

Claims for services performed via Telehealth must include place-of-service code 02 to designate services provided through Telehealth. Only one eligible provider may be reimbursed per member per date of service for a service provided through Telehealth unless it is medically necessary for the participation of more than one provider.

Reimbursement for these services is subject to the same restrictions as face-to-face contacts as described in the provider manual.

Requirements

1. Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another, using telecommunications technologies.
2. A review of Telehealth services should be integrated into the provider's quality management process.
3. Provider policies include procedures for the practitioner to provide members with timely and accurate prescriptions by mail, phone and/or fax.
4. Included are procedures for prescriptions needed immediately and the handling of Federal Schedule II controlled drugs.

Member Rights

1. The member must provide informed, written consent to the provider rendering services via Telehealth (distant site) in order to participate in any Telehealth services. The member has the right to refuse these services and must be made aware of the alternatives including any delays in service, need to travel, or risks associated with not having services provided by Telehealth.
2. The member must be aware of the alternatives, including delays in service, need to travel, or risks associated with not having services provided by Telehealth.
3. The member must be informed and fully aware of the role of the physician, clinician, and other staff who are going to be responsible for follow-up or ongoing care.
4. The member must be informed and aware of the location of the provider rendering services via Telehealth (distant site) and all questions regarding the equipment, technology, etc., must be addressed.
5. The member has the right to have a licensed clinician immediately available at the originating site, if applicable, while receiving the Telehealth services to attend to emergencies or other needs.
6. The member has the right to be informed of all parties who will be present at each end of the Telehealth transmission and has the right to exclude anyone from either site unless the member is a child, in which case the guardian has that right.

Equipment

*Please reference current American Telemedicine Association documents for more detailed technology specifics:

[“Practice Guidelines for Videoconferencing-Based Telemental Health”](#) – October 2009

[“Practice Guidelines for Video-Based Online Mental Health Services”](#) – May 2013

1. All Telehealth transmissions must be performed on dedicated, secure telephone lines or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted via other methods, including the internet.
2. Transmissions must employ acceptable authentication and identification procedures by both the distant site and the originating site.
3. All Telehealth sites, distant and originating, must have a written procedure detailing the contingency plan when there is a transmission failure or other technical difficulties that render the service undeliverable.
4. The technology utilized to provide the service must conform to industry wide compressed audio-video communication standards for real-time, two-way interactive audio-video transmission.
5. Internet-based services including internet-based phone calls (e.g., Skype) or chat rooms are not considered Telehealth. Beacon does not provide coverage of internet-based services because they do not offer adequate privacy and security. The following are not considered Telehealth services because they do not meet the definition of interactive telecommunication system:
 - a. Phone-based services including phone counseling, email, texting, voicemail, or facsimile;

- b. Remote medical monitoring devices;
 - c. Virtual reality devices
6. If it is determined that the member is to receive home-based Telehealth services, Beacon is not responsible for providing the eligible member with the necessary technology and equipment.

Emergencies

1. Certain psychiatric emergencies may require the presence of additional licensed clinicians if, for instance, a member is suicidal, homicidal, dissociated, or acutely psychotic during the evaluation.
2. The originating site, if applicable, must have a clinical person on site during all Telehealth services in case an emergency should occur. This person should be able to clinically assess the member's need as well as communicate with the distant site provider about the acuity of the member. Should the need arise, the originating site will contact the local emergency services department for support and evaluation.
3. Acutely ill members should not be managed via Telehealth. If the member's clinical status changes, the provider should make themselves (if possible) or another contracted clinician available to conduct a face-to-face assessment. This process should be reviewed with the member prior to the provision of Telehealth.
4. All Telehealth sites, distant and originating, must have a written process detailing availability of face-to-face assessments by a physician or other clinician in an emergency situation. These policies and processes may be requested for review by Beacon.

Provider Responsibilities

1. All Telehealth distant sites shall have established written quality of care protocols to ensure that the services meet the requirements of state and federal laws and established patient care standards.
2. The provider performing the Telehealth services must abide by the laws, regulations, and policies of the state in which he/she practices.
3. The provider must hold an independent license in the state in which he/she is performing the service.
4. All providers must be assessed and approved through Beacon's credentialing and re-credentialing process.
5. A review of Telehealth services should be integrated into the provider's quality management process.
6. All providers must adhere to Beacon's prescription and medical record requirements as detailed within the Telehealth program specifications.

Certification

I certify that all information provided by me is current, true, correct, accurate, and complete to the best of my knowledge and belief and is furnished in good faith. I acknowledge that I have read and understand the foregoing Attestation and will abide by all the Telehealth requirements.

I understand and agree that a facsimile or photocopy of this Attestation shall be as effective as the original.

Name: _____

NPI: _____

Tax ID: _____

Signature: _____

Date: _____