

TELEHEALTH PROGRAM SPECIFICATION

Providers contracted for the telehealth service will be expected to comply with all requirements of the performance specifications. Additionally, providers of this service and all contracted services will be held accountable to the “General” performance specifications for all levels of care as described in their contracts with Beacon and/or health plans.

Telehealth is the use of electronic communication and information technologies to provide or support clinical behavioral health care at a distance. Telehealth services are specific services that can be provided to members who are unable to receive outpatient psychopharmacology and/or psychotherapy treatment locally due to a lack of available resources in their geographic area, due to clinical reasons, or due to other preferences. Individuals who can benefit from receiving telehealth services include those with mental illnesses, chronic and acute medical illnesses, substance use disorders, family problems, and a vast array of personal and interpersonal challenges. The goal of telehealth services is to improve access to and delivery of psychopharmacology and/or psychotherapy services to ensure that all members receive the best possible care regardless of geographic location. Whenever possible, the telehealth service should provide enhanced integration of behavioral health services with physical health providers to improve members’ overall level of functioning and quality of life. Its use is ideal for rural settings and other locations where professional services would not otherwise be readily available, emergency services, interim coverage when psychiatrist/Advanced Practice Registered Nurse (APRN) and/or mental health clinician is unavailable, or other situations that would prevent or delay service delivery.

Telehealth services are conducted from a distant site to an originating site equipped with a secure two-way, real-time interactive telecommunication system.

A telehealth provider will have the capacity to provide the following via a secure two-way, real-time interactive telecommunication system:

- Psychopharmacology Diagnostic Assessment
- Ongoing Psychopharmacological Services
- Emergency psychopharmacological appointments including after-hours telephone crisis coverage
- Psychiatric Diagnostic Evaluation
- Ongoing psychotherapy services

Definitions:

- **Telehealth** is the provision of behavioral health services by a behavioral health provider via a secure two-way, real time interactive telecommunication system.
- **Distant Site** is the site where the practitioner providing the professional service is located at the time the service is provided via a telecommunication system.
- **Originating Site** is the location of an eligible member at the time the service is being furnished via a telecommunication system.

- **Home-Based** refers to members signing in on a secure server in their personal environment, not a facility or provider site.
- **Interactive Telecommunications System** is the technological equipment and transmittal mechanisms used to facilitate the provision of telehealth services. It must, at a minimum, include audio and video equipment permitting two-way, real time interactive communication between the patient and distant site provider.
- **Originating Site Facility Fee** is the fee paid to the originating site for services rendered directly to a patient to facilitate the telehealth session (non-consultative services).
- **Diagnostic Evaluation** is an assessment of a member's level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and treatment planning.
- **Medication Visit** is an individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist for efficacy and side effects.
- **Psychotherapy** is the treatment of mental and emotional disorders through the use of evidence-based techniques. Sessions can consist of individual, family, or couples visit for clinical evaluation or ongoing treatment of behavioral health issues.

REIMBURSEMENT

Beacon Health Strategies will reimburse contracted providers for telehealth services assuming the criteria and guidelines shown below are met.

Telehealth services are reimbursable when all of the following apply:

- The provider of telehealth services via the distant site is licensed in the state in which he/she offers this service.
- Provider is specifically contracted with Beacon for telehealth services and the services are provided by that Beacon contracted provider (psychiatrist, APRN, Ph.D., Psy.D., LICSW, LMHC, etc.)
- Provider must be pre-approved as a telehealth provider by Beacon prior to services being ordered and rendered. A signed provider attestation form for telehealth must be on-file with Beacon.

Telehealth services are not reimbursable in any of the following situations:

- When the criteria listed above are not met.
- Beacon follows the CMS guidelines and does not reimburse for telephone charges submitted with Current Procedural Terminology (CPT) codes 98966-98968 or 99441-99443 because they do not involve direct, in person patient care.
- Beacon follows CMS guidelines and does not reimburse CPT codes 98969 and 99444 (Online Medical Evaluation), because these services do not involve direct patient care.
- Beacon may not reimburse services that may have been interrupted and/or terminated early due to system/internet crash.

Additional reimbursement information:



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 the Healthcare Common Procedure Coding System (HCPCS) modifier "GT" (via interactive audio and video telecommunications systems).

According to DHCS guidelines, Q3014 can be billed once per day for the same recipient and provider when applicable. In addition, T1014 can be billed a maximum of 90 minutes per day (1 unit = 1 minute) when applicable. 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. While these services do not require prior authorization different from the regular authorization process, the provider must first be approved as a Telehealth provider by Beacon and must have a signed provider attestation on-file with Beacon.

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

COMPONENTS OF SERVICE

General Requirements:

1. The first visit between member and provider should be in-person, if possible.
2. Telehealth services may be used when on-site services are not available due to distance, location, time of day, clinical determination, or availability of resources.
3. Telehealth services are live, interactive audio and visual transmissions of a physician/nurse-patient encounter from one site to another, using telecommunications technologies.
4. Confidentiality must be maintained as required by the laws of the state in which the provider practices and member lives; as well as the Health Insurance Portability and Accountability Act (HIPAA). All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of any service, any recordings made during the time of transition, and any other electronic records.

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 to them at the originating site (when the originating site is not home-based) while they are 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
<http://www.americantelemed.org/docs/default-source/standards/practice-guidelines-for-videoconferencing-based-telemental-health.pdf?sfvrsn=6>
 - “Practice Guidelines for Video-Based Online Mental Health Services” – May 2013
<http://www.americantelemed.org/docs/default-source/standards/practice-guidelines-for-video-based-online-mental-health-services.pdf?sfvrsn=6>
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. Telehealth providers 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:
 - Phone-based services including phone counseling, email, texting, voicemail, or facsimile;
 - Remote medical monitoring devices;
 - 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 or support if, for instance, a member is suicidal, homicidal, dissociated, or acutely psychotic during the evaluation.
2. The originating site (when the member is not home-based) 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.

Originating Site Requirements:

1. Originating sites where the member is located for receipt of the telehealth service may undergo an initial site visit by Beacon to ensure appropriate set up for hosting an eligible member.
2. Per the emergency requirements, an originating site (when the member is not home-based) must have a clinical individual at the location in case of an emergency situation.

Distant Site Provider Responsibilities:

- 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.
- The provider performing the telehealth services must abide by the laws, regulations and policies of the state in which he/she practices.
- The provider must hold an independent license in the state in which he/she is performing the service.
- All providers must be assessed and approved through Beacon's credentialing and re-credentialing process.
- A review of telehealth services should be integrated into the provider's quality management process.
- All providers must adhere to Beacon's prescription and medical record requirements detailed below.

- 1. Medication Prescriptions:** Provider policies shall include procedures for providing members with timely and accurate prescriptions by use of mail, phone, e-prescribing and/or fax.
 - Prescriptions must be documented in the medical record and must include dosage, strength, instructions, number of units dispensed, and number of refills along with a notation of how the prescription was issued, e.g. phone, fax, etc.
 - A procedure must be in place and must be clear to the patient regarding how to notify the prescriber of adverse medication effects between visits.
 - Procedures for prescriptions needed immediately and the handling of Federal Schedule II controlled drugs must be documented.

- 2. Medical Records:** A notation must be made in the medical record that indicates that the service was provided via telehealth. The documentation should include the CPT code for the service.
 - The provider has the responsibility of maintaining complete and timely notes for each session along with the full medical record for the member. The medical record is subject to review by Beacon for the purpose of reimbursement or quality care concerns.
 - Beacon may complete an on-site record review or request that records be mailed for review purposes.

- 3. Chart Review:** Telehealth providers will participate in an annual site visit and chart review completed by a Beacon clinician, when requested. The purpose of this review is to ensure compliance with documentation requirements, adherence to clinical practice guidelines, compliance with medical necessity criteria, and to ensure providers are demonstrating high quality care for members.
 - The individual treatment record will be scored on the dimensions of the Chart Review Tool; derived from various sources to capture data for quality improvement and to measure providers' performance on Clinical Practice Guidelines (CPGs), Best Practices, and the National Committee for Quality Assurance (NCQA).
 - After completion of the site visit and/or record review, the clinician may review concerns with the appropriate supervisors and next steps are determined based on the scope and nature of the identified issue(s).
 - A report including data from the treatment record review, compliance findings and recommendations for improvements is sent to the provider.

- 4. Quality Management (QM)** The facility and/or program will develop and maintain a quality management plan that is consistent with Beacon's requirements documented in the provider manual and which utilizes appropriate measures to monitor, measure and improve the activities and services it provides.

- Beacon will monitor providers through a continuous quality improvement process that will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to members, including youth and their families.
- Quality Assurance Surveys, to be provided by Beacon, should be completed by both the telehealth provider and member at the conclusion of the first session and quarterly thereafter. The survey will cover areas including comfort level with telehealth modality, perceived efficacy of telehealth, and the quality of audio/ visual transmissions.
- Clinical outcomes data must be made available to Beacon upon request and must be consistent with Beacon's performance standard for this service.
- All Reportable Adverse Incidents will be reported to Beacon within one business day of their occurrence per Beacon policy and state regulatory licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a member or to others by action of a member who is receiving services managed by Beacon, or has recently been discharged from services managed by Beacon.
- The facility and/or program will adhere to all reporting requirements of state regulatory agencies regarding Serious Incidents and all related matters.

DISTANT SITE PROCESS SPECIFICATIONS

Treatment Planning and Documentation

The provider will ensure that an individualized, comprehensive psychiatric assessment is completed for any member entering treatment within the first visit.

1. The assessment will include, but is not limited to, review and assessment of:
 - a. History of presenting problem,
 - b. Chief complaints and symptoms,
 - c. Mental health and substance use history,
 - d. Comprehensive medical history,
 - e. Family, social history and linguistic cultural background,
 - f. For children in the care and/or custody of the state, history of placements outside the home,
 - g. Current substance use,
 - h. Mental status exam,
 - i. Previous medication trials, current medications and any allergies,
 - j. Diagnoses and clinical formulation,
 - k. Level of functioning,
 - l. The individual's strengths and, for children and adolescents, family strengths,
 - m. Name of primary care clinician
2. With consent, and unless clinically contraindicated, providers actively involve members, their families and relevant others in treatment planning to the fullest extent possible. When the court has appointed a guardian, the provider must involve the guardian in treatment planning and other decision making. The member's stated rationale, if the

member has offered one, for his/ her willingness to provide consent should be noted in the member's record

3. The provider will utilize the psychiatric assessment, including the clinical formulation, to develop treatment goals.
4. The provider will develop treatment goals by which to measure progress of treatment and responsiveness to medication trials every 3 months.
5. The provider will ensure that members with co-occurring disorders have a treatment plan through which they receive simultaneous care for both diagnoses.
6. The provider will invite and encourage the following persons to participate in the development and modification of the member's treatment plan, the treatment itself and attend all treatment plan meetings:
 - a. In the case of an individual over the age of 16 or an emancipated minor, the member, the member's family members, guardians, providers of other outpatient services and other identified supports, but only when the consent of the member to such involvement(s) has been obtained, unless the individual has a legal guardian, in which case the consent of the legal guardian is required,
 - b. In the case of an individual under the age of 16 who is not an emancipated minor, with the consent of a parent or guardian, the member, if appropriate, family members, other providers of outpatient services and other identified supports,
 - c. For members who are also involved with state agencies or children in the care and/or custody of the state, the designated staff from the relevant state agencies, and
 - d. For members in Care Management, the Care Management clinician.
7. Components of the provider's treatment planning incorporate member identified concerns including, but not limited to, the following: housing; finances; healthcare; transportation; familial, occupational, and educational concerns; and social supports. Any service frequency or modality modification will be a planned and inclusive process with the member. Rationale for such modification will be documented in the member's record.

Discharge Planning and Documentation

1. Discharge is a planned process beginning upon initiation of services and continuing throughout treatment and includes discussion between the member and the distant site provider. Discharge plans must include the necessary community supports, including community agencies and family members/significant others, when member consent is given.
2. If the member terminates without notice, every effort is made by the distant site to contact the member to obtain the member's participation in the treatment, and to provide assistance for appropriate follow-up plans (i.e. schedule another appointment or provide appropriate referrals). Such activity is documented in the member's record.
3. The distant site provider shall create a written discharge plan for each member prior to the individual's discharge from care which will include at a minimum, identification of the individual's needs, including but not limited to:

- Housing,
 - Finances,
 - Medical care,
 - Transportation,
 - Family, employment, and educational concerns,
 - Social supports,
 - A Crisis Prevention Plan,
 - Services recommended and available post-discharge
 - List of prescribed medications, dosages, and possible side effects.
4. The discharge plan should be documented in the member's medical record.
 5. The distant site provider will furnish a written discharge summary, upon receipt of written consent by the member, to the member, parents, guardians, residential provider, and relevant state agencies, if applicable, at the time of the individual's discharge, to include without limitation descriptions of behavior management techniques and any potential medication side effects.