

TELEHEALTH

Providers contracted for this service are expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers contracted for this service and all contracted services are held accountable to the General performance specifications**, located at the beginning of the performance specifications section of the Provider Manual, found at www.masspartnership.com. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

The following Telehealth performance specifications are a subset of the Outpatient Services performance specifications. As such, Telehealth providers agree to adhere to both the Outpatient Services performance specifications and to the Telehealth performance specifications contained within. Where there are differences between the Outpatient Services and Telehealth performance specifications, these Telehealth specifications take precedence. Telehealth services are available for all Members excluding CBHI services (see a list of CBHI services here: <https://www.masspartnership.com/member/CBHIOverview.aspx>) and Applied Behavior Analysis (ABA).

Telehealth is the use of electronic communication and information technologies to provide or support clinical behavioral health care at a distance. Telehealth services are conducted from a distant site equipped with a secure, two-way, real-time interactive telecommunication system to a Member in a qualifying originating site. Telehealth services are specific services that can be provided to Members seeking traditional outpatient treatment sessions. 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, for example, interim coverage when a psychiatrist/Advanced Practice Registered Nurse (APRN) and/or mental health clinician is unavailable, or other situations that would prevent or delay service delivery.

The services eligible to be delivered via Telehealth are:

1. Psychopharmacology Diagnostic Evaluation
2. Ongoing Psychopharmacological services
3. Emergency psychopharmacological appointments including after-hours telephone crisis coverage
4. Ongoing Psychotherapy services
5. Psychotherapy Diagnostic Evaluation including Child and Adolescent Needs and Strengths (CANS) for youth
6. Emergency Services Program (ESP) interventions for Members presenting to emergency departments (EDs) or other locations with Telehealth capability that meets these performance specifications. The distant site must be the ESP community-based location or

other approved site. Telehealth may be used for initial evaluations. It may also be used for reassessments for individuals waiting for placement in EDs.

- a. If an ED and ESP mutually agree to utilize Telehealth for adult ESP evaluations within the ED, a written agreement must be in place. The agreement must include parameters such as the decision-making process to perform an evaluation by Telehealth, obtaining permission from the Member, ensuring that appropriate documentation is shared between the ED and ESP via Health Insurance Portability and Accountability Act (HIPAA)-compliant transmission and communicated among all parties.
- b. Documentation that the evaluation was performed via Telehealth must be noted in the medical record and on the ESP evaluation.
- c. Telehealth can be used as an extension of the ESP in the ED to meet the requirement of access to ESP within 60 minutes. If the individual refuses the teleconsult, the ESP will provide care within a reasonable time frame based on the acuity of the patient.
- d. If a Member changes his/her mind during the Telehealth evaluation and requests an in-person, on-site intervention, the ESP must comply.
- e. All other performance specifications remain in place (i.e., response time, credentialing, contacting collaterals, reviewing disposition with ED medical staff, etc.).
- f. The ESP or ED may terminate the agreement at any time. Neither party is under any obligation to provide or participate in this service delivery mode.
- g. If an ED has already demonstrated efficacy of Telehealth for psychiatric assessments in their ED, exclusive of the ESP, they will be encouraged to enter into agreements with ESPs that are interested in utilizing Telehealth to evaluate adults enrolled with ESP-contracted payers.
- h. Ownership and maintenance of acceptable equipment must be included in the agreement.

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. This provider must be a Beacon Health Options-contracted clinician.

Originating Site is the location of an eligible Member at the time the service is being furnished via a telecommunication system.

Interactive Telecommunications System must be a Health Insurance Portability and Accountability Act (HIPAA)-compliant web-based platform permitting two-way, real-time interactive communication between the patient and distant site provider.

Components of Service

	<ol style="list-style-type: none"> 1. The Telehealth provider complies with all provisions of the corresponding section in the General performance specifications and Outpatient performance specifications. 2. Telehealth services are live, interactive audio and visual transmissions of a physician/nurse/clinician-patient encounter from one site to another, using telecommunications technologies.
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	<ol style="list-style-type: none"> 3. Telehealth can be used for any reason if that is the patient’s preference. 4. The Telehealth provider documents, in the assessment of the Member, the criteria met by the Member that warrants Telehealth services. 5. The Telehealth provider has documented policies and procedures specific to delivering Telehealth services. 6. If the patient is being seen at a clinical site or at home, he or she is informed and aware of the policy in place to connect him or her to a clinician in the event of an emergency or other needs. 7. For an initial consult with a new patient, the provider must review the patient’s medical history and any available medical records before initiating the Telehealth consult. (For Telehealth consults conducted in connection with a pre-existing provider-patient relationship, the provider may review the information with the patient contemporaneously during the consult). 8. Prior to each patient encounter, the provider must ensure that he/she is able to provide the same standard of care using telemedicine or Telehealth as would be provided if the services were provided in person. If the provider does not feel that he/she can meet this standard of care, the provider must direct the patient to seek in-person care. This determination must be done prior to each unique patient consult. 9. Confidentiality must be maintained as required by the laws of the state in which the provider practices and the Member lives, as well as 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. 10. The Telehealth provider ensures that assessment and treatment services, for both the originating and distant sites, are provided in a location that is appropriate to the provision of professional clinical services, ensuring privacy, safety, and respecting the Member’s and the Member’s family’s dignity, privacy, and right to choice. 11. The Member may opt out of a Telehealth ESP intervention, in which case an ESP clinician must respond on site within 60 minutes.
<p>Equipment</p>	
	<ol style="list-style-type: none"> 1. All Telehealth transmissions must be HIPAA compliant and 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. All Telehealth sites must have a written procedure detailing the contingency plan when there is a transmission failure or other technical difficulties that render the service undeliverable. 3. The technology utilized to provide the service must conform to industry-

	<p>wide compressed audio-video communication standards for real-time, two-way, interactive audio-video transmission.</p> <p>4. Internet-based services including internet-based phone calls (e.g., Skype) or chat rooms are not considered Telehealth. A HIPAA-complaint web-based platform is required.</p> <ul style="list-style-type: none"> a. Phone-based services including phone counseling, email, texting, voicemail, or facsimile b. Remote medical monitoring devices c. Virtual reality devices
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Staffing Requirements

	<ol style="list-style-type: none"> 1. The Telehealth provider complies with all provisions of the corresponding section in the General Performance specifications and Outpatient performance specifications. 2. The Telehealth provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the MBHP service-specific performance specifications, and the credentialing criteria outlined in the MBHP Provider Manual as referenced at www.masspartnership.com. 3. Only behavioral health professionals who have been trained in the provision of such services, including use of the Telehealth equipment, are eligible to provide Telehealth services. Providers must have a training program in place to ensure the competency of any/all staff members involved in this service delivery. Providers also must assure that the training program includes ongoing continuing education as necessary to ensure that staff remains current in their knowledge and expertise and monitor compliance with required training. 4. Training must include: <ul style="list-style-type: none"> a. Familiarity with the equipment, its operation, and limitations; b. Familiarity with procedures to follow for equipment problems and/or failures; c. Safeguarding the confidentiality and security of Telehealth records and compliance with all applicable state and federal laws, including, but not limited to, HIPAA regulations - at both the originating and distant sites. Providers must assure the same rights to confidentiality and security as provided in face-to-face services; d. Best practices for clinical work using Telehealth technologies; and e. Documentation of training must be available for review by Beacon upon request.
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Process Specifications

<p>Assessment and Treatment Planning</p>	<ol style="list-style-type: none"> 1. The Telehealth provider complies with all provisions of the corresponding section in the General Performance specifications and Outpatient performance specifications. 2. Prior to commencement of therapeutic services, the Member must provide
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	<p>informed 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.</p> <ol style="list-style-type: none"> 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. If the Member is being seen at a clinical site, he or she has the right to have a licensed clinician immediately available to him or her to attend to emergencies or other needs. 6. If the Member’s originating site is his or her home, he or she is informed and aware of the crisis protocol in the event of an emergency 7. 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. 8. The clinician re-evaluates the appropriateness of Telehealth services in an ongoing manner, including but not limited to at the time of treatment plan updates, and documents so in the Member’s health record.
<p>Documentation</p>	<ol style="list-style-type: none"> 1. Telehealth providers meet all health records standards required by the licensing body of their outpatient clinics and facilities. This includes storage, access, and disposal. 2. A notation must be made in the medical record that indicates that the service was provided via Telehealth. The documentation should include the POS -02 code for the service. 3. The physical location of the consulting Telehealth provider and Member at the originating site must be documented in the medical record. 4. The provider has the responsibility of maintaining complete and timely notes for each session along with the full medical record for the Member. 5. Provider policies shall include procedures for providing Members with timely and accurate prescriptions by use of mail, phone, e-prescribing, and/or fax. 6. 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. 7. 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. 8. Procedures for prescriptions are needed immediately, and the handling of federal Schedule II-controlled drugs must be documented.

Discharge Planning and Documentation	<ol style="list-style-type: none"> 1. The Telehealth provider complies with all provisions of the corresponding section in the General performance specifications and Outpatient performance specifications. 2. The distant site provider shall create a written discharge plan for each Member prior to the individual's discharge from care. 3. The discharge plan should be documented in the Member's medical record. 4. Discharge plans for ESP interventions conducted via Telehealth in an ED setting must be documented in both the ED and the ESP record.
Service, Community, and Collateral Linkages	
	<ol style="list-style-type: none"> 1. The Telehealth provider complies with all provisions of the corresponding section in the General performance specifications and Outpatient performance specifications.