

#	QUESTION	ANSWER	
	Contact Information by Health Plan		Phone Number
1	What is the phone number to call Beacon member or provider services (including claims questions)?	Alameda Alliance for Health (Alameda County)	(855) 856-0577
		Partnership Health Plan of California (Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo counties)	(855) 765-9703
		Central California Alliance for Health (Santa Cruz, Monterey, Merced counties)	(855) 765-9700
		L.A. Care (Los Angeles County)	(877) 344-2858
		Care1st (Los Angeles County)	(855) 765-9701
		CareMore (Los Angeles County)	(855) 371-8092
		Gold Coast Health Plan (Ventura County)	(855) 765-9702
		Health Plan of San Joaquin (San Joaquin and Stanislaus)	(888) 581-7526
		Anthem (Santa Clara County)	(855) 371-8093
		San Francisco Health Plan (San Francisco County)	(855) 371-8117
		OCMHP (Orange County Mental Health Plan)	(800) 723-8641
		CalOptima MCP (Orange County)	(855) 877-3885
	Behavioral Health Network (BHN – ABA Services)	(855) 834-5654	
2	What is the Beacon website?	www.beaconhealthstrategies.com	
3	What is the Beacon fax number?	866.422.3413	
4	What is Beacon's TTY number?	800.735.2929	
5	What is Beacon's email for Medi-Cal referrals?	Medi-calreferral@beaconhs.com (be sure to set up secure email if sending personal health information)	

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6	What is Beacon's provider relations contact information?	Please email providerinquiry@beaconhs.com or contact the health plan-specific number above and follow the prompts for Provider Relations.
Online Resources		
7	Where can I find the provider manual?	Providers can download a copy of the provider manual on the Beacon website at www.beaconhs.com , located under the Provider Tools section. Providers may also contact the Provider Relations team and request a hard copy by emailing providerinquiry@beaconhs.com .
8	How do I get access to the Beacon portal, eServices?	Please email providerinquiry@beaconhs.com for information on the quick and easy provider eServices registration process.
9	Do I need to verify eligibility on the Beacon website or can I just check the health plan's website?	You can verify eligibility either through Beacon's web portal or the health plan's verification system. To verify eligibility through Beacon you can either call Beacon directly and speak to a member services representative or use eServices . In order to verify eligibility through eServices , the provider and/or group must be registered for eServices .
10	Where can I locate the Medi-Cal behavioral health screening tool?	The screening tool for each health plan is available online at www.beaconhealthstrategies.com . Click on "Providers" at the top of the page, and then on the left hand side of the page, click on "Tools". When it asks for the plan name, type in the relevant health plan in your county. Under forms, click on screening form. There are versions for adults and children. The screening tools vary by county and health plan.
Clinical Questions		
11	What Medi-Cal mental health benefits for beneficiaries with mild to moderate conditions does Beacon/CHIPA manage?	<ol style="list-style-type: none"> 1. Individual and group mental health treatment (psychotherapy) 2. Psychological testing to evaluate a mental health condition 3. Outpatient medication management 4. Psychiatric consultation
12	What services require prior authorization?	A prior authorization is required for psychological testing. There is no prior authorization required for outpatient therapy or medication management services, but a screening is required to determine the appropriate level of care for the member.
13	How do I make a referral for psychological testing?	All psychological testing requests must be pre-authorized using a specific form. Requests for testing should be made only after a comprehensive clinical evaluation has been conducted. This evaluation would normally include direct clinical interviews, relevant history, a review of prior evaluations and testing, and contact with the member's school personnel

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		<p>(teacher, guidance counselor), etc if member is a child. If request is based on a medical diagnosis (without any behavioral health history), it should be referred directly to the health plan involved. Please note that psychological or neuropsychological testing conducted primarily for educational or legal reasons is not a covered service.</p> <p>Call Beacon Member/Provider Services line through the number above to request authorization or complete the on-line Beacon Prior Authorization form available at www.beaconhealthstrategies.com. Click on “Providers” at the top of the page, and then on the left hand side of the page, click on “Tools”. When it asks for the plan name, type in the relevant health plan. Under forms, click on psychological/neuropsychological testing form. The direct link is here: Psychological/Neuropsychological Testing Form</p> <p>This form should be returned to CHIPA via fax at 562.246.3655. Services performed without prior authorization, or authorization requests that are received after the date of testing, will not be approved.</p>
14	<p>What is the difference between neuropsych testing and psychological testing? Is the process different?</p>	<p>Reasons for referral for psychological testing: <i>The member usually <u>is</u> receiving mental health services.</i> A member currently in treatment, who has had a complete psychosocial evaluation with a behavioral health provider, with family involvement when the member is a child, may require psychological testing to further assess member’s psychological functioning or to modify or revise an ongoing treatment plan. Testing is not authorized as part of an initial evaluation; psychiatrist consultation is generally recommended prior to a testing referral.</p> <p>Reasons for referral for neuropsychological testing: <i>The member usually is <u>not</u> receiving mental health services.</i> A member who is experiencing cognitive impairments that interfere with day-to-day function may require neuropsychological testing to better define, localize and quantify the deficits, aid in diagnostic clarity, and inform appropriate medical and behavioral treatment planning.</p>
15	<p>What psychiatric consultation is available from CHIPA?</p>	<p>CHIPA has a panel of psychiatrists available to provide decision support to primary care providers. To access this service, call the plan-specific number for Beacon and make a request. A clinician will gather the background information to facilitate the consultation and arrange a convenient time for the two practitioners to discuss the patient. Provider may also request a preferred time for the consultation and submit background information on the client.</p>
16	<p>What level of care criteria will CHIPA use for Medi-Cal enrollees?</p>	<p>Providers can access CHIPA’s level of care criteria on www.beaconhealthstrategies.com, under “Provider Tools”, or can request a copy at providerinquiry@beaconhs.com.</p> <p>Note: This LOCC is not used to determine medical necessity for specialty mental health services but rather to determine medical necessity for the mild to moderate level of care provided by Beacon.</p>
17	<p>Does Beacon require therapists to use a certain type of</p>	<p>No, Beacon does not prescribe a certain type of therapy. However, Beacon expects all contracted licensed therapists to provide short-term, evidence based, solution-oriented therapy. We have built in claims triggers that expect titration of services.</p>

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	evidenced- based therapy?	
18	Is there a limit on the number of therapy visits?	There is no limit on the number of therapy visits but it is expected that members that fall into the "mild to moderate" level of impairment will receive targeted, episodic services to treat the mental health diagnosis. For members at the "mild to moderate" level, thresholds have been put in place to monitor visits. If a member is seen more than 4 times in the first 30 days, more than 7 times in the first 60 days or more than 9 times in the first 90 days, it will trigger a clinical review to ensure that the member is in the appropriate level of care.
19	What is the process to refer a member that is in therapy for medication management?	If a member is being seen in therapy and it is identified that medication management may be needed to manage member's current symptoms, the clinician can contact Beacon or have the member contact Beacon to receive a referral for medication management.
20	How long can I keep a member in treatment?	There is no set time limit on the duration of treatment as long as the member continues to meet medical necessity for ongoing services for a mild to moderate level of impairment.
21	Can I provide home-based services?	Home-based services may be allowed if there are geographic access issues or other circumstances that make it appropriate and medically necessary. There is no extra reimbursement for home- based therapy to compensate for travel time.
22	What if I want to include the parents in the therapy session with a child?	The Medi-Cal benefit does not cover family therapy. For therapy with a child, when it is clinically appropriate for the child's treatment, parents can be involved in the therapy process as long as this is targeted to improvement of the child's mental health diagnosis. The therapy session should be billed for as individual therapy for the primary patient, the child.
23	Will Beacon pay for collateral services?	No, collateral services are not eligible for reimbursement for the mild to moderate Medi-Cal population. If you feel that a member needs ongoing collateral services due to a mental health diagnosis, you can contact a Beacon clinician to consult on member's current impairments and need for collateral services. If member appears to meet criteria for specialty mental health services with the County, a Beacon clinician can facilitate a transition to the County for an assessment for services.
24	Can minors get mental health services without parental consent?	A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if both the following requirements are satisfied 1. The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. 2. The minor a) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or b) is the alleged victim of incest or child abuse. Providers are required to involve a parent or guardian in treatment unless the provider decides that involvement is inappropriate.

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25	Do Beacon clinicians screen members for co-occurring mental health and substance use disorders?	Beacon clinicians screen everyone for co-occurring mental health and substance use issues. However, clinicians will not require that members to go through an entire screening if they are stating their issues are substance abuse only.
26	Do Beacon clinicians screen members for co-occurring mental health and substance use disorders?	Beacon will use claims data to monitor utilization and flag cases for clinical review. This review process ensures that services are appropriate to the level of care and that they are related to the member's primary diagnosis. The data that will trigger a claims review will be based on factors, such as diagnosis, frequency of visits, or concurrent visits by the same provider type. <i>This does not mean a claim is denied or will be retrospectively denied.</i> In these cases, a Beacon/CHIPA clinician will review the member's clinical information, and, if necessary, follow up with the provider for additional clinical information.
27	Who pays for the labs requested by a CHIPA-contracted psychiatrist or other prescribing provider?	Reimbursing for laboratory services is not within the scope of Beacon or CHIPA's contracts with the Medi-Cal managed care plan. The specific process for arranging laboratory services varies by Medi-Cal managed care plans but generally should be coordinated through the beneficiary's primary care provider or assigned medical group. If you have any difficulty, please call Beacon for support.
Determining Level of Impairment: Mild/Moderate versus Severe		
28	How do I determine if a member's mental health disorder is mild to moderate or severe?	A screening tool has been created to assist in making determinations regarding a "mild to moderate" or a "severe" level of impairment related to the mental health diagnosis. Based on the outcome of the screening tool, a member can be identified as appropriate for services with Beacon for a "mild to moderate" impairment or appropriate to receive a face-to-face assessment at the County Mental Health Plan for services. Someone with a "severe" level of impairment will have significant impairments in areas of life functioning due to the mental health diagnosis. This can include but is not limited to frequent psychiatric hospitalizations, housing instability, incarcerations and/or violent or aggressive behavior. The level of services needed will also be an indicator of the severity of the impairment. If a member needs more than weekly therapy to manage mental health issues, this may be a member to consult on the need for County level services. You can contact Beacon to discuss at the plan-specific number listed above. If it appears that the member will meet criteria for County level services, you will be asked to send your treatment records in order to assist Beacon in facilitating a transition to the County for services.
29	What screening tool is Beacon using to determine if a member has an impairment that is "mild to moderate" or "severe"?	In collaboration with its partner health plans and respective County Mental Health Plans (MHPs) Beacon has developed screening tools for adults and children. The screening tools reflect the need to quickly gather a provisional diagnosis, gauge functional impairment and identify additional risk factors in order to refer members to the appropriate source of care. This screening does not replace the County MHP's assessment of eligibility for specialty mental health services; rather it aims to identify those most appropriate for referral to the county for a full assessment.

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		The screening tools may differ by county and health plan.
30	How do I use the screening tool?	The screening tool can be completed by providers and submitted to Beacon in order to register services. It is not mandatory that the provider complete a screening. If you have a member that you would like to have screened you can also have the member contact Beacon for a telephonic screening or you can contact Beacon to provide clinical data to make determinations regarding level of care.
31	After I fax in the screening form, what do I do? Will Beacon communicate with me?	Beacon will contact you regarding the screening if there are any questions or concerns related to the information provided. The screenings are generally completed within 48 hours of receipt of the tool. Due to the initial influx of tools, these may take up to a week to enter into the system. If you have any questions about receipt of the screening tool or the member's appropriateness, you can contact Beacon at the plan-specific phone number listed above.
32	There is a section on the screening tool that asks for a WHO-DAS Score. What is that and is it required?	The World Health Organization Disability Assessment Schedule (WHO-DAS 2.0) is a tool listed in the DSM-V that will be replacing the GAF score in order to assist in identifying functioning level. This does not need to be completed by providers. Beacon hopes to implement this tool into the workflow for internal screenings to assist with identification related to impairments.
33	What are the claims triggers that will lead to a clinical review?	<p>There are multiple claims triggers that will lead to a clinical review. This will not deny services but will prompt a Beacon clinician to follow-up with provider on services. These claim triggers include:</p> <ul style="list-style-type: none"> ▪ A member with a Specialty Mental Health Covered Diagnosis ▪ A secondary diagnosis of chemical dependency ▪ Concurrent or sequential same or similar licensed providers being seen by a member ▪ Visit frequency of more than: <ul style="list-style-type: none"> • 4 visits in the first 30 days • 7 visits in the first 60 days • 9 visits in the first 90 days ▪ More than two medication management visits in a 6 month period with no therapy
34	What if someone is dual diagnosis with a mental health condition and a drug and alcohol issue?	Beacon is only contracted to manage the Medi-Cal mental health services for the member. If a member needs services for a drug and alcohol issue the member would receive those services with the County. Beacon can be contacted to assist with the linkage to drug and alcohol services. Contact the plan-specific number to reach a Beacon clinician to assist with linkage to the County for these services.
35	Can someone be served by both the county for SMI and	No. A member should only be receiving services in one system for mental health issues. Members will transition between the County and Beacon as the member's level of functioning increases or decreases but a member should not be in both systems at the

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	Beacon?	same time. There may be a brief period of overlap between systems to allow for the transition.
36	I am contracted with both the County and with Beacon. How do I know where to send my claim?	Determining the member's level of functioning is important in identifying where you should send your claim. If the member has been screened as being "mild to moderate" the claim will come to Beacon. If the member has been screened and identified as having a significant impairment, that claim will go to the County. Depending on your county, this may require an authorization to serve the member.
	Provider Types	
37	What licensure types are able to provide these new benefits?	For all health plans and counties in California the following licensure types are apply: MD/DO (Psychiatrist) PhD/PsyD (Psychologist), LCSW, LMFT (Therapist), and ARNPs (Nurse Practitioner with a DEA license). Registered MFT interns, registered associate clinical social workers (ASWs), and psychological assistants may also provide psychology services under the direct supervision of a licensed mental health professional, that is within their scope of practice in accordance with applicable state laws. For most health plans, the use of interns have been approved; however, there are exceptions. Please contact our Contracting department by calling the plan-specific number or emailing contractinginquiry@beaconhs.com for more information.
38	Which providers can be included and what type of services can they provide?	<p>MD/DO and ARNPs with DEA can provide the following services:</p> <p>Diagnostic Evaluation: 90791 - Diagnostic evaluation with no medical 90792 - Diagnostic evaluation with medical</p> <p>Medical Evaluation Management (E/M): 99205 - New Patient, Evaluation and Management (60 min) 99212 - Medication Management (10 min) 99213 - Medication Management (15 min) 99214 - Medication Management (25 min) 99215 - Medication Management (45 min)</p> <p>PhD/PsyD and LCSW/LMFTs, & registered interns can provide the following services: 90791 - Diagnostic evaluation with no medical 90832 - Psychotherapy 30 (16-37) min. 90834 - Psychotherapy 45 (38-52) min. 90837 - Psychotherapy 60 (53+) min. 90853 - Group Therapy</p> <p>PhD/PsyD can also provide the following services with prior authorization:</p> <p>Psychological and Neuropsychological Testing: 96101 - Psychological Testing 96111 - Developmental Testing, Extended 96116 - Neurobehavioral Status Exam 96118 - Neuropsychological Testing (per hour of face-to-face time)</p>

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		<i>*CPT codes 90833 and 90836 have only been approved by Health Plan of San Joaquin and Central California Alliance for Health. For all other Health Plans managed by Beacon, these are not approved billable codes.</i>
39	Billing for 45 minute visit vs 60 minute visits: If a therapist meets face to face with a client for 53 min can the visit be billed as 60 minutes?	If a session goes over 45 minutes by 7 minutes the provider can round up to the next 15 minute interval.
40	How should providers submit claims for services provided by qualified interns under supervision by a licensed clinician?	Registered MFT interns, registered associate clinical social workers (ASWs), and psychological assistants may provide psychology services under the direct supervision of a licensed mental health professional, that is within their scope of practice in accordance with applicable state laws. On a standard claim form, the intern's name and NPI should be listed as the rendering provider. The NPI of the supervising clinician or the NPI of the supervising clinician's group should be listed on the claim as the billing provider.
41	Will Beacon Accept Claims for LPCs?	Beacon is awaiting further guidance from DHCS. This may vary by health plan. For more information, contact our Provider Relations department.
	FQHC, RHC and Tribal Health Center Specific Questions	
42	Same day billing: Can a mental health provider bill Beacon on the same day the member saw another provider type?	Clinics may bill Beacon for a service rendered by a mental health provider on the same day as another visit type and receive reimbursement. However, the clinics at this time are not able to receive a wrap-around payment from the state for both visits.
43	Can FQHCs get reimbursed by Beacon for services provided a Licensed Marriage and Family Therapist (LMFT)?	Yes, clinics may bill Beacon for a service rendered by a LMFT, however, the clinics at this time are not able to receive a wrap-around payment from the state for services provided by LMFTs.
44	How should FQHCs bill Beacon for group therapy sessions?	Clinics should bill Beacon the appropriate CPT code for each member that participated in the group therapy session.
45	Will Beacon provide remittance advice for	Yes, Beacon is able to provide remittance advice for claims submitted for Medi-Medis.

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	Medi-Medis/dual eligibles so clinics can get their wrap payment from DHCS?	
46	Can FQHCs limit their behavioral health staff and services to only those members who have a medical home at the FQHC?	Yes, an FQHC can elect to see only their current members who have their medical home at that FQHC only. FQHCs may also choose to provide BH services only to members assigned to a different PCP office/clinic. FQHCs should inform the Beacon Contracting department of their preference.
47	What happens if FQHCs see patients who are moderate to severe?	Beacon is responsible for reimbursing only for the mild to moderate services. For members who need a higher level of care, the clinics should seek billing guidance from DHCS.
48	Will Beacon accept claims for physician assistants?	Clinics that employ physician assistants working under a psychiatrist or with special certification in psychiatry should contact the Beacon Contracting department at the plan-specific number above or email contractinginquiry@beaconhs.com .
Contracting, Credentialing and Billing		
49	How do I find out where I am in the contracting and credentialing process?	Providers can call our Network Department to check the status of their contract and credentialing. Contract inquiries can be made by emailing contractinginquiry@beaconhs.com , your assigned Network Development Specialist, or contacting the health plan-specific number and following the prompts for Provider Relations. Credentialing inquiries can be made by emailing credentialinginquiry@beaconhs.com .
50	Can I see patients before I hear back on my contract and credentialing?	In some cases this is possible if authorization has been received, however, it is a requirement for providers to be contracted with CHIPA and credentialing to be completed prior to providing outpatient services. If you are not currently contracted with CHIPA, you must submit a credentialing application and signed contract to join the network. Beacon will follow Medi-Cal continuity of care requirements, allowing members to continue seeing an out-of-network provider for whom they had an existing relationship.
51	If I get a new provider what do I need to do to tell Beacon?	Notice to Beacon is required for any changes in practice. To add a clinician, site, service, or program not previously included in the PSA, the provider should notify Beacon's Provider Operations team in writing. The notification can be faxed to 877.349.1135, emailed to network@chipa.com , or mailed to 5665 Plaza Drive, Suite 400 Cypress, CA 90630 Attention Provider Operations.
52	If a provider leaves, do I need to tell	Yes, notice to Beacon is required for any changes in practice. To remove a clinician, site, service, or program included in the PSA, the provider must notify Beacon's Provider

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	Beacon?	Operations team in writing. The notification can be faxed to 877.349.1135, emailed to network@chipa.com, or mailed to 5665 Plaza Drive, Suite 400 Cypress, CA 90630 Attention Provider Operations.
53	Can I limit the number of Medi-Cal members that I see in my practice?	Providers may limit acceptance of Members, who are not already patients of the Provider, only if the same limitations apply to all other potential new patients of the Provider.
54	Can I limit the Medi-Cal members to only those enrolled with me for the health plan?	Providers may limit acceptance of Members, who are not already patients of the Provider, only if the same limitations apply to all other potential new patients of the Provider.
55	Can I provide services at the schools or only my office?	Contracted providers may provide services to a member who has been screened and registered for care under the Managed Care Plan benefit at the member's school site.
56	Will Beacon pay for telephone therapy?	Beacon only will pay for telephone therapy in specific circumstances when a member is unable to access a provider's office. In these instances, the provider should call the plan-specific number above and request prior approval.
57	For Medi-Medis/dual eligibles does Beacon pay any Medi-Cal wrap payment or cost sharing?	Medi-Cal only reimburses providers if the amount reimbursed by Medicare is lower than what Medi-Cal would have paid. In instances where this occurs, Beacon would be responsible for payment of any cost-sharing.
58	I am an MFT and cannot bill Medicare. Will Beacon pay if Medicare denies?	Medicare members should seek care from a Medicare certified and reimbursable provider. In instances of continuity of care for members or geographic access difficulty, MFTs can be reimbursed at the Medi-Cal rate.
59	How should telemedicine claims be submitted?	Submit claims with the appropriate CPT code and GT modifier to ensure accurate and timely processing.
60	Where should I mail paper claims?	Cypress Service Center ATTN: MEDI-CAL HEALTH PLAN NAME Claims 5665 Plaza Dr., Suite 400 Cypress, CA 90630-5023

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61	For providers with multiple facilities do they need to register each facility NPI separately?	Individual providers who work at different clinics or facilities but bill under their own individual NPI do not need to register at separate facilities. Agencies or clinics with multiple sites we will need to provide the NPI information for each location, as well as the NPI for each rendering clinician.
62	Where can I get companion guides for EDI claims submission?	<p>Beacon EDI registration forms are on the Beacon web site at: http://www.beaconhealthstrategies.com/private/pdfs/forms/EDI_Trading_Partner_Setup.pdf</p> <p>Beacon's EDI companion guide can be located on the Beacon web site at: http://www.beaconhs.com/private/pdfs/edi/Beacon_837CompanionGuide_5010_v3%203.pdf</p>
63	What should I do with Medi-Cal beneficiaries who have other health care coverage (e.g. Medicare or private insurance)?	Medi-Cal beneficiaries with other health care coverage should be referred to their non-Medi-Cal private health coverage plan or policy that provides or pays for health care services. When mental health services are not covered by a recipient's other health coverage CHIPA providers are still encouraged to bill the primary payer first. The provider should submit paper claims to Beacon with a copy of the primary insurance's explanation of benefits (EOB) within 180 days of the date on the EOB. Providers should not submit such claims electronically. Providers are required to exhaust the recipient's OHC before billing Medi-Cal through Beacon when OHC covers mental health services.
64	What should I do when Medi-Cal beneficiaries have a share of cost (SOC)?	Providers treating a Medi-Cal beneficiary identified as having a Medi-Cal share of cost (SOC) should attempt to verify the SOC amount, collect any unmet SOC at the time of services, and report that collection to DHCS. Providers should encourage beneficiaries with a SOC to clear their SOC by routinely submitting healthcare receipts to their County Eligibility Worker.
65	What are the claim turnaround times?	If a "clean claim" (defined in the provider manual) is submitted in a non-electronic format, the claim will be adjudicated no later than the 45th calendar day after the date it is received. If a "clean claim" is submitted in an electronic format, Beacon Health Options will adjudicate the claim by the 30th calendar day after the date it is received.
Provider Oversight		
66	What documentation/notes does Beacon require providers to keep? For how long?	Beacon expects for providers to follow California state medical documentation guidelines. Generally, a provider must retain a patient's medical records for seven (7) years after the last treatment date, or three (3) years from the patient's death.
67	Will Beacon audit me? If so, what do they look at?	At times, Beacon representatives may conduct on-site audits with select high-volume clinicians, potential high-volume clinicians prior to credentialing, and facilities without national accreditation, as well as for random routine audits and audits that address specific quality of care concerns brought to the attention of Beacon. You are expected to maintain adequate medical records on all members. Prior to an audit visit, you will be notified of the specific charts that will be reviewed.

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		<p>In addition, Beacon completes annual chart audits of high volume providers via a desktop submission. Selected providers are asked to submit copies of: Permission /consent for services forms; Releases of Information; Treatment plan information; Clinical intake materials/assessments or intake progress note; Documentation re: Outcome Measures utilized, either in a progress note or the measure itself (PHQ-9, YOQ, CBCL, PTSD Index, PSC, etc.); Discharge summary (if applicable); and the last 3 months of Progress notes.</p> <p><i>(Note: A high volume provider is defined as providers seeing a high volume of unique members. Criteria for selection of high volume providers include: 1. Provider sites treating 100 or more unique members per calendar year or 2. Practitioners treating 50 or more unique members per calendar year. For health plans with practitioners or providers that do not meet the threshold of treating 50 or 100 unique members/year respectively, the top 10% of the providers are selected.)</i></p>
	Telehealth Services	
	Coordination Between Distant and Originating Sites	
68	Are originating sites (where the patient is) specifically matched up with distant sites (where the provider is) and vice versa?	If either site would like assistance in matching up with a participating site, please contact your Network Development Specialist via email or phone. The Network Development Specialist from your region will have information as to which distant or originating sites are participating and have been approved by Beacon as a Telehealth provider of services. If you do not know who your designated Network Development Specialist is, then please email contractinginquiry@beaconhs.com .
69	What is the expected appointment scheduling and confirmation process?	The scheduling and confirmation process is expected to be worked out directly between the originating and distant site providers. For example, both sites can work out mutually available times. The originating site provider can schedule the patient to appear for Telehealth services at the originating site location at the available time and then contact the distant site provider to block that time for the Telehealth appointment.
70	Are originating sites involved in documenting the member's written consent when the member arrives for the first Telehealth session, or, will the distant provider mail the forms and consent directly to the member?	<p>This could be managed either way. A suggested process is that on the first face-to-face visit at the originating site, the originating site provider asks the member to sign the member rights documents, consent and any other required materials and then faxes these documents to the distant site provider to be included in the medical record.</p> <p>Some distant site providers may have an established process whereby the member receives an initial Telehealth-visit packet of materials, of which some may require a signature. The member can bring the signed forms to their first visit at the originating site or may mail them directly to the distant provider. Regardless, the Member Rights document must be signed and retained by the distant site provider. The Member should not be seen without reviewing and signing the member rights document.</p>
71	If we become a host site (originating site)	The answer may depend on provider availability. Please see the response to question #68 to contact a Network Development Specialist to make this linkage.

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	can Beacon provide psychiatrists to work with us?	
72	Are distant site psychiatrists available for consultation calls with an originating site's primary care staff?	These processes should be coordinated directly between the host and distant sites. Just as with the provision of regular behavioral health services, Beacon expects its contracted providers to coordinate with a patient's primary care provider to support optimum clinical management.
73	Can an originating site be approved even if a local provider is available but may have practice limitations?	A face-to-face interaction between patient and provider is almost always the optimal mode of service delivery. If a provider does not meet Beacon's credentialing criteria, he/she would not be approved by Beacon to be a participating provider of services.
74	For members that access Telehealth services from home, what is a provider to do in a crisis situation? Are they to call emergency contacts like 911 for the member?	Yes, the provider will need to assess the situation for risk and take an appropriate action based on the risk. If the member is assessed as high risk for immediate harm (suicidal/homicidal intent with plan) attempt to contact 911 or locate emergency services. Request assistance at the member's home while maintaining contact with the member and/or ask to speak with someone who is also in the home to mediate the risk.
75	How does the client provide consent for treatment if they never come in to the office and receive all services using Telehealth?	The distant-site provider is responsible for ensuring that the member has signed the Member Rights document, prior to services being rendered.
76	Can patients (our members) have access to the same person for the telepsychiatry needs? In other words, will there be continuity of care for the patient by being	This would be a "best practice", which Beacon would expect the distant site to arrange for.

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	treated by the same telepsychiatrist?	
	Eligibility for Telehealth Services	
77	What conditions are treated through telepsychiatry?	The same conditions may be provided via telepsychiatry as in their general psychiatric practice, including mood, anxiety, thought and cognitive, disorders, among others.
78	Is there a prior authorization required for Telehealth or how would a provider know if they are able to provide Telehealth?	There is no prior authorization required for Telehealth. However, the following must be submitted; a contract/amendment if you decide to participate as an originating site and/or distant site, signed and completed attestation, and credentialing application and supporting documents if you are new to the network. Also a site visit must be conducted and the provider must receive a passing score to be considered qualified to provide Telehealth services.
80	What if Members are within your geographical location but due to work and school they can't do face to face consultation? Are they able to do Telehealth?	Beacon will work with members to identify the most appropriate location for receiving services, taking into consideration local provider availability, transportation access, and other factors.
81	Can we provide services to California residents if they are traveling out of state?	Yes, this would be approved provided that the patients are members of health plans that have approved telehealth services and that you are a participating and an approved Telehealth provider.
82	I have been a participating provider and have moved to another state but have retained my CA licenses. Can I provide Telehealth services (psychotherapy) with Beacon?	Yes. If you meet the distant provider site requirements, you can be a provider for services. The originating site (where the patient is) would need to be linked up to you via a HIPAA compliant telemed platform or you may receive prior approval to provide services directly to patients in their homes or other community settings.
	Reimbursement	

#	QUESTION	ANSWER
83	Is reimbursement available if the Telehealth originating site location is not within a reasonable distance of the member's home?	The Telehealth provider would make the call as to whether the patient meets the Telehealth pre-requisites from a distance or linguistic standpoint, and also, whether the patient is a good candidate for Telehealth.
84	Is there reimbursement for Telehealth coordination and Telehealth case management?	No. There is no additional reimbursement for Telehealth coordination and Telehealth case management services beyond the Q and T codes included in the provider contract. Q3014 is to be billed once per day for the same recipient and provider. In addition, T1014 is to be billed a maximum of 90 minutes per day (1 unit = 1 minute).
85	Is Telehealth services considered a face to face transaction for billing for FQHC Medi-Cal billing purposes?	No. FQHCs should bill Beacon the same way all other providers are billing and then bill the State for their applicable wrap payments.
86	Are there any incentives for health clinics that may be able to provide the site/technology for patients to receive services?	No. The start-up costs to providing telehealth services are now minimal, given advances in technology. Beacon negotiates rates individually with providers based on approved fee schedules.
87	How do I get details on my contractual obligations, allowable procedures and payments for telehealth services?	Payment rates are addressed in the distant and originating site provider agreements with Beacon. The "obligations" are described in the respective contract with Beacon. The time frames for which the originating and distant sites may see patients are some of the logistics which will need to be worked out between the parties.
	Technology	
88	What are the HIPAA requirements regarding using videoconferencing through	The Health Insurance Portability and Accountability Act (HIPAA) does not consider videoconferencing to be protected health information (PHI), so it does not govern telepsychiatry visits. However, device encryption and a private internet connection are recommended for patient security and privacy. Most telepsychiatry equipment in use today has encryption capability as a part of their standard features. Review the materials from the

#	QUESTION	ANSWER
	telepsychiatry?	Telemedicine Association, or contact your Network Development Specialist, for more details.
89	What are examples of HIPAA compliant technologies besides Zoom?	Beacon offered Zoom as one example, but does not endorse any specific HIPAA-compliant technology vendor. Please refer to the practice specifications authored by the American Telemedicine Association (ATA) for further guidance. Each provider should evaluate the technology that will best meet their practice's needs.
90	Can I use Zoom or compliant another technology via cell phone and tablet outside an office?	As long as you are a participating and credentialed provider that has met all other site prerequisites as contained in the Telehealth Attestation document, you may provide professional services from another location besides your office.
91	What kind of technology does the member need to have? If they do not have a computer but they do have a mobile device with internet capability could that be sufficient?	The answer depends on what the member's technical set-up is, but the member may receive services via their phone or tablet. Please refer to Telehealth documentation described above.
92	Is Telehealth covered for psychotherapy services or only psychiatry services?	Telehealth is available for all services contained in your Provider Services Agreement with Beacon.
93	What would I need to do to make my computer set up for HIPAA compliance?	To ensure your computer can accommodate the provision of Telehealth services, please review the materials sent to you from your participation in the Beacon Telehealth webinar.
94	As a patient, is my privacy protected with telepsychiatry?	Yes. Electronic interactions with health care providers are subject to the same state and federal privacy and confidentiality laws as in-person interactions, including HIPAA. Some 3rd party vendors use security protocols that are HIPAA and HITECH compliant, such as Zoom. Video conferences may not be recorded by either party without written consent. Your provider will keep a confidential medical record of your care and a complete privacy policy and member rights document will be provided to you upon registration.
95	Is there a contingency plan in the event there is a	Sessions are going to fail periodically at no fault of the provider or patient. A provider may obtain from the patient a phone number that they can be reached at should there be a disconnection of any type from the video platform. At the onset of each session the provider

#	QUESTION	ANSWER
	technical failure?	should communicate to the patient how they will connect through an alternative method should they become disconnected from video.
	Telehealth for Autism	
96	Are there any specific implications or recommendations for ABA (autism) Providers regarding the use of telehealth?	Telehealth for the provision of ABA services is in the planning stages and will not be available in the first phase of provider development for Telehealth.
97	BCBAs (related to Autism Spectrum disorders) are not licensed in CA yet. Do BCBAs qualify?	At this time, due to limitations in state policy and regulation, BCBAs are excluded from providing services via telehealth.