

California Telehealth Policy Proposals for Medi-Cal

March 23, 2021



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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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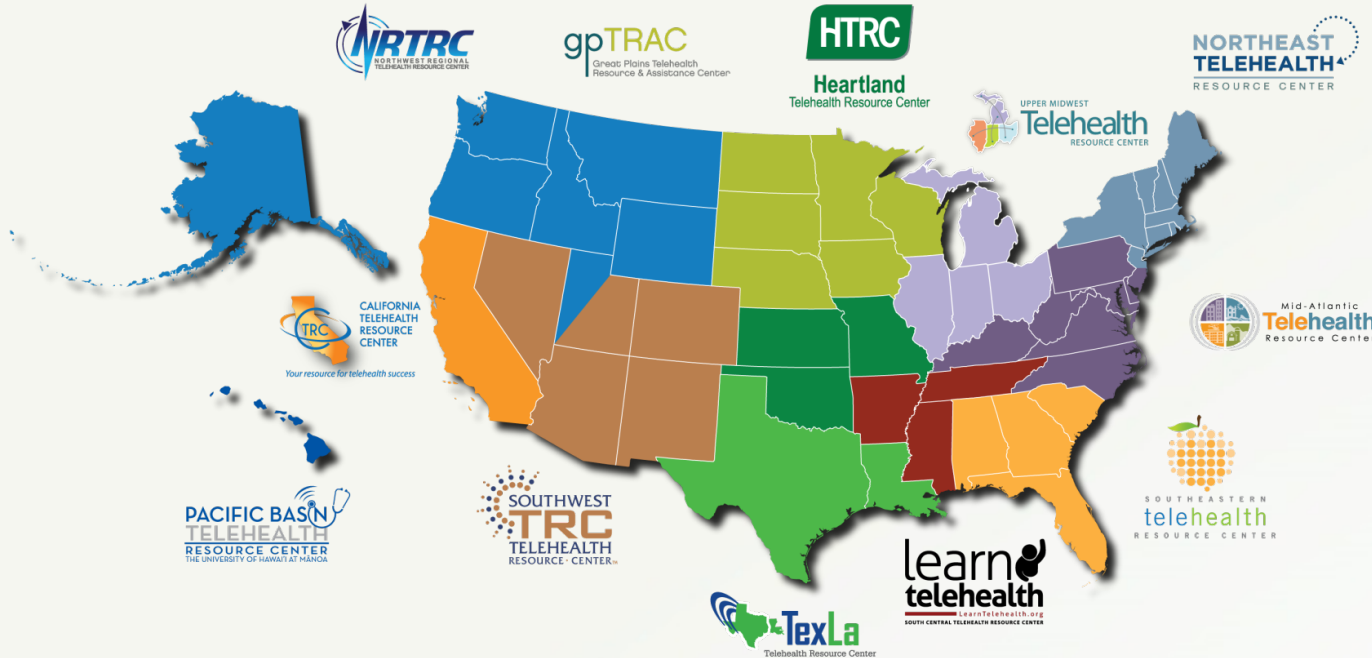
ABOUT CCHP

- **Established in 2009 as a program under the Public Health Institute**
- **Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA**
- **Work with a variety of funders and partners on the state and federal levels**
- **Administrator National Consortium of Telehealth Resource Centers**
- **Convener for California Telehealth Policy Coalition**



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PAs/OTs/SLPs & other use

- Based on prescribing exception/allowed phone use for OUD
- HIPAA, OCR, but not fines during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

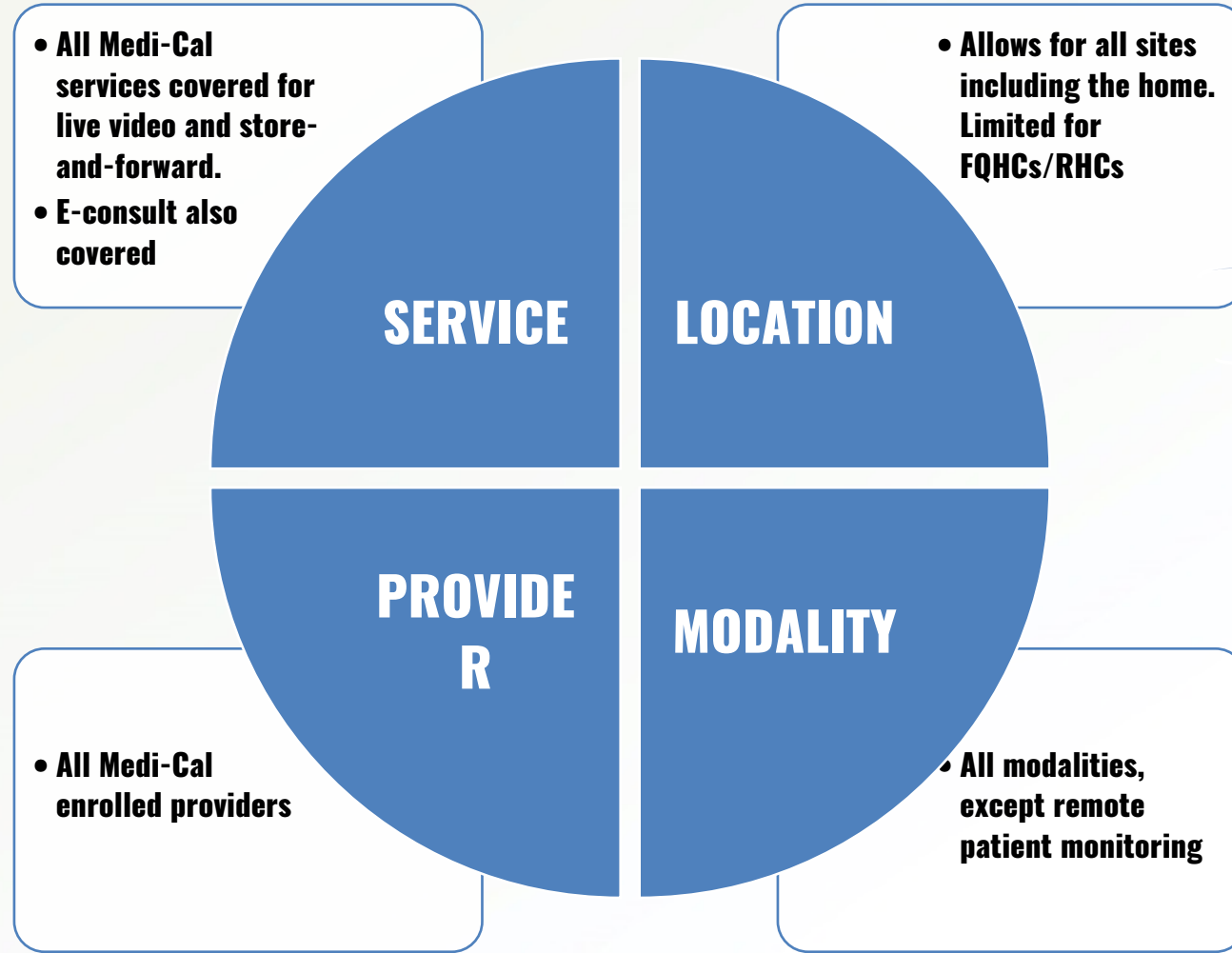
- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

CALIFORNIA POLICY PRE-COVID-19

- **Medi-Cal Policies, Update Summer 2019**
 - **All covered services can be provided by live video or store-and-forward, at the provider's discretion**
 - **Home is an eligible originating site**
 - **Certain limitations for FQHCs and RHCs**

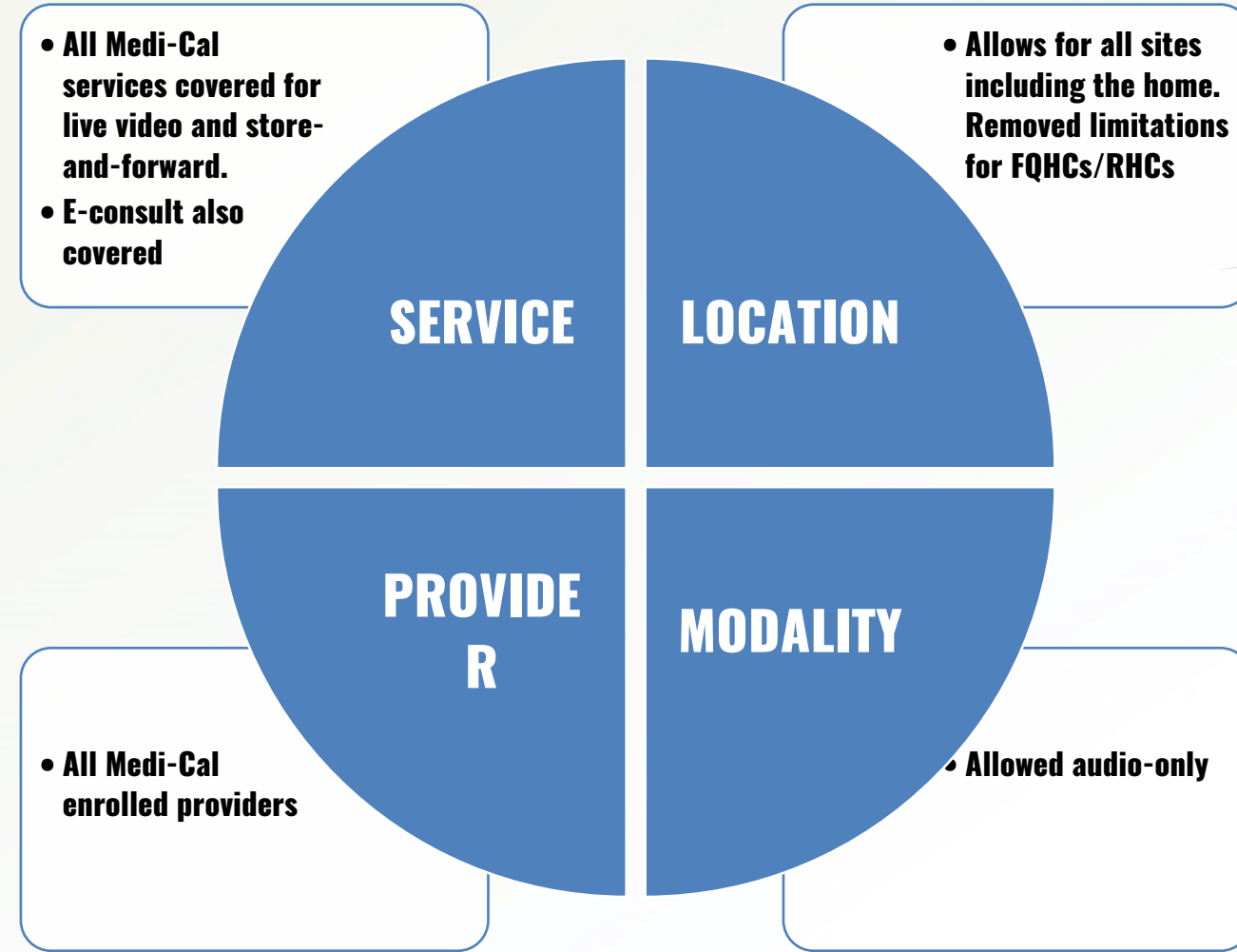
- **Oral or written consent to use telehealth permitted**

- **Commercial Plans: AB 744 (2019) requires payment parity for commercial health plans and insurers, for all contracts executed or amended on or after January 1, 2021**



CALIFORNIA POLICY CHANGES FOR COVID-19

- **Medi-Cal – Primarily lifted limitations on FQHCs/RHCs and allowed audio only. Allowed some other Medi-Cal programs like LEA BOP**
- **Commercial Plans: Required to cover telehealth**
- **Privacy relaxations to allow texting**
- **Temporary relaxation of licensing for certain facilities if apply through CA Emergency Services Administration**



CALIFORNIA POLICY DURING COVID-19

- **Other issues raised during COVID-19 that impacted telehealth utilization**
 - ❖ **Broadband**
 - ❖ **Licensure**
 - ❖ **Privacy/Security ***
 - ❖ **Outdated forms and mechanisms**
 - ❖ **Education of providers and patients**

*** Along with prescribing of controlled substances, also impacted by federal policy changes made during COVID-19**

2021 PROPOSALS

➤ **Administrative**

- ❖ **Governor's budget stated RPM added to Medi-Cal and "certain" proposals made permanent**
- ❖ **DHCS did a global review of telehealth in Medi-Cal and will issue proposal to make new policies permanent**

PROPOSED PERMANENT CHANGES

PRE-COVID-19

Live Video & Store & Forward
Reimbursed at parity;
Provider chooses when
appropriate to use.
FQHC/RHC Limited use of
both modalities

**FQHCs/RHCs limited in where
patient located at time of
service. Home not eligible**

No audio-only.

No RPM.

COVID-19

Live Video & Store & Forward
Reimbursed at parity;
Provider chooses when
appropriate to use.
FQHC/RHC allowed to use
both modalities

**FQHC/RHC home eligible
originating site for all
modalities**

**Audio-only reimbursed for
services & parity**

No RPM.

PROPOSED

**Live Video reimbursed at parity;
Store & Forward along w/audio-
only, RPM and other modalities
will be limited, pending DHCS
policies. FQHC/RHC not allowed
to use anything but Live Video**

**FQHC/RHC may only use Live
Video to provide services in
home**

**Audio-only treated in different
category. Likely no parity.**

**RPM treated in different
category. Likely no parity.**

ADMINISTRATIVE PROPOSALS (TRAILER BILL & DHCS)

➤ **Synchronous/Live Video**

- ❖ **Parity in managed care and fee-for-service**
- ❖ **Providers, including FQHCs & RHCs may be allowed to use it**
- ❖ **FQHCs & RHCs may establish a new patient relationship with it & patient in the federal designated area for FQHC/RHC**
- ❖ **Make permanent the COVID-19 synchronous and asynchronous waiver for Targeted Case Management (TCM) and Local Education Agency Billing Option Program (LEA BOP)**
- ❖ **Synchronous and audio-only added to State Plan Drug Medi-Cal, subject to certain DHCS policies**

ADMINISTRATIVE PROPOSALS (TRAILER BILL & DHCS)

➤ **Asynchronous & Audio-Only**

- ❖ **Will be placed in another category with RPM, audio-only and be subject to DHCS billing, reimbursement and utilization management policies**
- ❖ **DHCS reasoning is that these services are not the same level as in-person or synchronous and therefore should not be paid the same rates**
- ❖ **Appears to have own separate policies for these modalities**
- ❖ **Will not be available to FQHCs or RHCs**
- ❖ **Modalities only available for established patients**

ADMINISTRATIVE PROPOSALS (TRAILER BILL & DHCS)

➤ **Other Proposed Changes**

- ❖ **FQHCs and RHCs will have site limitations removed as long as it is within the FQHC/RHC federal designated area**
- ❖ **DHCS may authorize Medi-Cal managed care plan to use clinically appropriate synchronous interactions to meet time or distant standards for network adequacy**

PROPOSED PERMANENT CHANGES EXCERPT

PRE-COVID-19 MEDI-CAL TELEHEALTH POLICIES	PROPOSED CHANGES	IMPACT
Allow providers to utilize synchronous/asynchronous to deliver services & receive parity reimbursement.	Only allow synchronous parity reimbursement. Asynchronous will be placed in a different category w/separate policies.	Separates out asynchronous and likely limit the use and reimbursement for it.
Did not cover for audio-only or RPM.	Will separate out audio-only & RPM into separate category w/separate policies.	Will treat similar to asynchronous. Separate category similar to how Medicare treats CTBS.
FQHC/RHC limited use of synchronous/asynchronous, location options.	Will allow home to be an eligible originating site; Will not allow to use asynchronous, audio-only, RPM	FQHCs while locations such as home will be open to them as eligible sites, limit the modalities they can use to deliver services

MEDICARE POLICY

The Medicare policy on the use of technology to provide services is in two buckets

- **In Federal Statute**
- **Only Live Video unless in a demonstration project in AK or HI**
- **Limited list of providers**
- **Limited list of eligible services**
- **Geographic and site limitations**

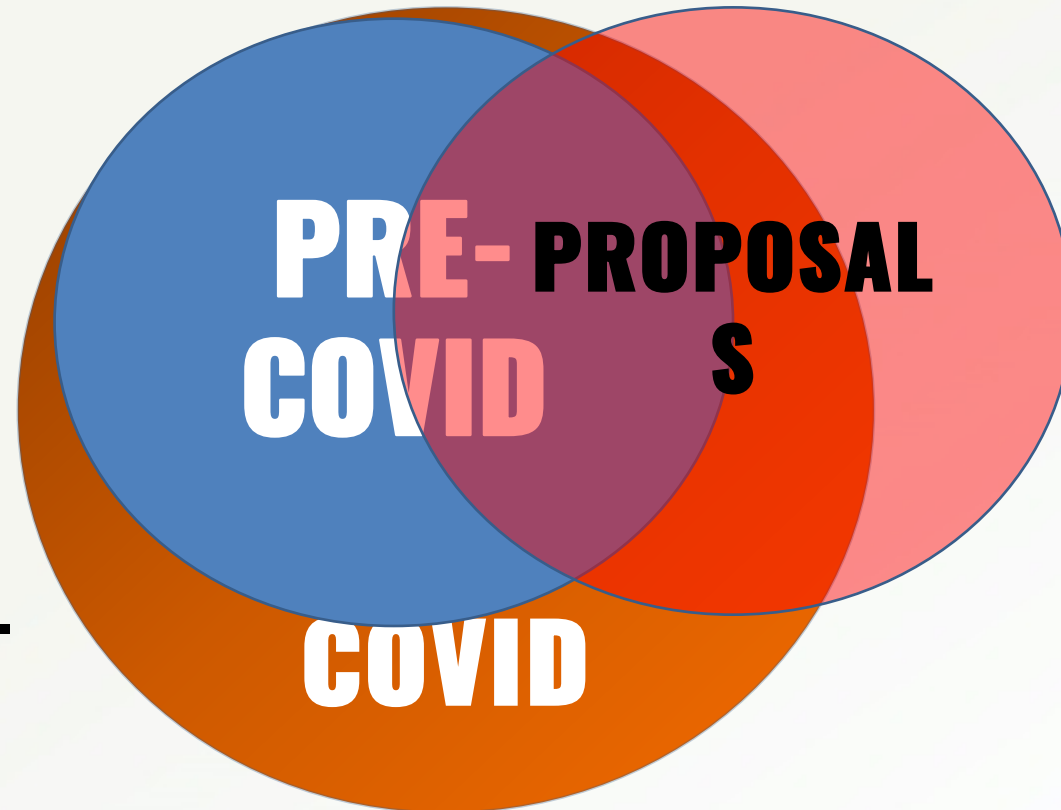
TELEHEALTH

COMMUNICATIONS TECHNOLOGY-BASED SERVICES

- **Utilizes telehealth technology but is called “Communications Technology-Based Services” (CTBS)**
- **Is not limited by federal law telehealth restrictions**
- **Other restrictions in place such as informed consent requirements**
- **All modalities found here**

PROPOSED PERMANENT CHANGES

New proposals will make some aspects of telehealth policy in Medicaid narrower than what existed pre-pandemic.



Proposals in some respects move CA more towards approach taken by CMS in Medicare.

CCHP

- **CCHP Website – cchpca.org**
 - **Telehealth Federal Policies -**
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - **State Emergency Waivers/Guidance -**
<https://www.cchpca.org/resources/covid-19-related-state-actions>
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Thank You!

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