

# Telehealth in Medi-Cal: What's New for 2022

March 29, 2022



Today's webinar  
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# Welcome and Introduction to the Webinar

Mei Wa Kwong, JD  
Executive Director  
Center for Connected Health Policy



**Center for Connected  
Health Policy**

THE NATIONAL  
TELEHEALTH POLICY  
RESOURCE CENTER

# About the California Telehealth Policy Coalition



CCHP Projects

## CALIFORNIA TELEHEALTH POLICY COALITION



**CALIFORNIA**  
Legislation and  
Regulation Tracking

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In 2011 when AB 415, the Telehealth Advancement Act, was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. Including such groups as the California Primary Care Association, the California Hospital Association and the California Rural Health Association, these groups met in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually formed into the California Telehealth Policy Coalition. From a handful of organizations, the membership has grown to include over eighty-five entities that include consumer groups, medical systems, payers, providers, technology representatives and others. CCHP continues to act as the convener of the Coalition and hosts monthly conference calls with continued support from the California Health Care Foundation in this work.



COVID-19 STATE ACTIONS	DATE OF NEXT MEETING	CALIFORNIA LEGISLATIVE REPORT
 <b>COVID19</b> CONCERNING  <b>ALL 50 STATES</b> <a href="#">View Full List</a>	 Friday <b>Aug 21</b>  <b>MORE INFO:</b> <a href="mailto:ARIAJ@CCHPCA.ORG">ARIAJ@CCHPCA.ORG</a>	 <b>LATEST UPDATE:</b> JUNE 2020

**Please visit our website for more information or if you are interested in joining.**

<https://www.cchpca.org/about/projects/california-telehealth-policy-coalition>

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# Purpose and key objectives of today's webinar

Discuss DHCS Medi-Cal Proposal for Permanent Telehealth Policies.



- **Provide an overview of the DHCS proposal**, including temporary telehealth policies and advisory group process.
- **Discuss stakeholder perspectives and the impact on patients** what the proposal would mean for their continued use of telehealth and their engagement in the process.
- **Panelist discussion** of the proposal's components, ongoing considerations, and next steps.
- **Answer key questions** about the proposal and the future outlook for Medi-Cal telehealth policy.

# Agenda and preliminary announcements

## Welcome

- Mei Wa Kwong, Executive Director, Center for Connected Health Policy

## Proposal Overview

- Amy Durbin, Policy Advisor, Center for Connected Health Policy

## Panelist Session – Opening remarks followed by discussion

- Moderated by Peggy Wheeler, Vice President, Policy, California Hospital Association

## Speakers

- Joe Garbanzos, AARP California
- Katie Heidorn, Executive Director, Insure the Uninsured Project
- Dr. Anthony Magit, Associate Chief Medical Officer, Rady Children's Hospital
- Lisa Matsubara, General Counsel & Vice President of Policy, Planned Parenthood Affiliates of California

## Q&A



Attendees will remain muted during the webinar.



Please submit any questions you have during the webinar in the Q&A box, not the chat box.

# Medi-Cal Permanent Telehealth Policy Proposal Overview

Amy Durbin, MPPA  
Policy Advisor  
Center for Connected Health Policy



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# AB 133 (2021) & California Workgroup Process

## AB 133

- ❑ Extended temporary Medi-Cal telehealth policies until December 31, 2022
  - Payment parity for all modalities, including audio-only, and for providers including FQHCs/RHCs
- ❑ DHCS to convene an advisory group to inform the department in establishing and adopting billing and utilization management protocols
  - Supposed to be completed in time to incorporate into 2022-23 budget
- ❑ Protects pre-COVID-19 policies, including store-and-forward
- ❑ Allows Department to authorize RPM with separate fee schedule

## Manatt Report – Released December 2021

Summarized workgroup process and discussion, DHCS proposed approaches

Find bill, report, and more information on the advisory group here:  
<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx>

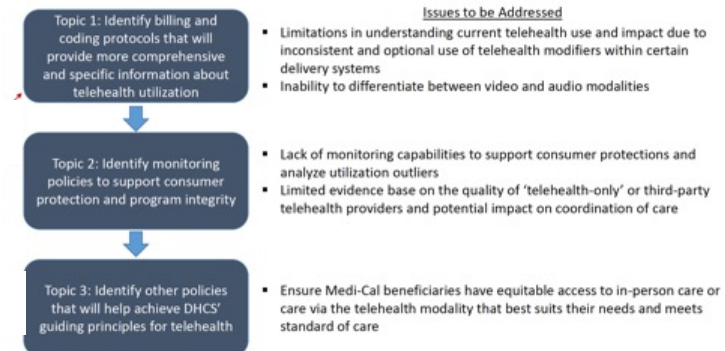
### Workgroup Charge

*The charge of the workgroup is to advise DHCS on how to refine its telehealth policies to ensure the policies are designed optimally for a post-PHE world.*

- » **Billing and coding protocols:** What codes and modifiers should be used to delineate when services are delivered by telehealth and whether services are video or audio-only.
- » **Ongoing monitoring and evaluation:** How DHCS should measure and review telehealth utilization to facilitate consumer protection and Medi-Cal program stewardship.
- » **Utilization management:** What standards and protections should be in place to ensure expanded telehealth coverage increases access, supports high-quality care, and reduces health disparities, among other goals.

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### Topics for Workgroup Advisement




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# DHCS Permanent Telehealth Policy Proposal

Policy Area	Proposal Continues Current Policies?	Additional Detail/Notes
<b>Baseline coverage of synchronous telehealth</b>		<ul style="list-style-type: none"> <li>Continue coverage of synchronous video, audio-only telehealth</li> <li>Adopt new audio-only visit 93 modifier</li> <li>Additional policies to be implemented to encourage appropriate use of synchronous video/audio-only telehealth</li> </ul>
<b>Baseline coverage of asynchronous telehealth</b>		<ul style="list-style-type: none"> <li>Continue coverage across services and systems, including 1915(c) waivers, TCM and LEA-BOP</li> </ul>
<b>Payment parity</b>		<ul style="list-style-type: none"> <li>Continue to exclude virtual communications from payment parity</li> <li>Continue use of cost-based reimbursement for TCM/LEA-BOP; county-behavioral health to be cost-based via CalAIM payment reform</li> </ul>
<b>Virtual Communications &amp; Check-Ins</b>		<ul style="list-style-type: none"> <li>Continue coverage in physical health</li> <li>To be added to 1915(c) waivers, TCM and LEA-BOP</li> <li>Excluded from payment parity</li> <li>Adding 99441-3 E&amp;M and 98966-8 (A&amp;M) telephone codes to available services list by July 1, 2022. Also likely excluded from parity</li> </ul>
<b>Telehealth in FQHCs &amp; RHCs</b>		<ul style="list-style-type: none"> <li>Continue reimbursement at PPS rate for otherwise billable visits delivered via all telehealth modalities including audio-only and asynchronous</li> <li>Continue exemption from site limitations for patient or provider</li> </ul>
<b>Establish New Patients via Telehealth</b>		<ul style="list-style-type: none"> <li>Clarify providers may only establish a relationship with new patients in-person or via synchronous video telehealth visits</li> <li>Prohibit establishment of new patient relationship using telehealth modalities other than video, allow DHCS to provide for specific exceptions <ul style="list-style-type: none"> <li>Exception for FQHCs/RHCs to establish patient-provider relationships via asynchronous telehealth when certain conditions are met, including that the patient is present at an originating site that is a licensed/intermittent site of the clinic</li> </ul> </li> </ul>

# DHCS Permanent Telehealth Policy Proposal

Policy Area	Proposal Continues Current Policies?	Proposed Approach
Patient Consent	 + <i>additional requirements</i>	<ul style="list-style-type: none"> <li>New consent requirements for additional information be shared with beneficiaries regarding:               <ul style="list-style-type: none"> <li>Right to in-person services</li> <li>Voluntary nature of consent</li> <li>Availability of transportation to access in-person services</li> <li>Limitations/risks of receiving services via telehealth</li> <li>Availability of translation services</li> </ul> </li> </ul>
Third Party Corporate Telehealth Providers	<i>New policy</i>	<ul style="list-style-type: none"> <li>Consider methods to identify third-party corporate telehealth providers and examine data related to services provided by these providers.</li> <li>Further evaluate requirements set forth by AB 457 to determine               <ul style="list-style-type: none"> <li>potential benefit in light of complimentary policy approaches in Medi-Cal</li> <li>level of effort needed to apply to Medi-Cal</li> <li>necessity for alignment with commercial plans and across Medi-Cal delivery systems</li> <li>potential implementation design applicable to providers outside of Knox Keene licensed plan networks</li> </ul> </li> </ul>
Utilization Review	<i>New policy</i>	<ul style="list-style-type: none"> <li>Continue to expand analytics and algorithm development to effectively identify suspect telehealth activity to be investigated. Potential risks include, but are not limited to, the following:               <ul style="list-style-type: none"> <li>Up-coding time and complexity of services provided.</li> <li>Misrepresenting the virtual service provided.</li> <li>Billing for services not rendered.</li> <li>Kickbacks</li> </ul> </li> </ul>

# DHCS Permanent Telehealth Policy Proposal

Policy Area	Proposal Continues Current Policies?	Proposed Approach
<b>New Video Requirement</b>	<i>New policy</i>	<ul style="list-style-type: none"> <li>No sooner than January 1, 2024, phase in an approach that provides patients the choice of a video telehealth modality when care is provided via telehealth.</li> <li>If a provider offers audio-only telehealth services, the provider will also be required to provide the option for video services to preserve beneficiary choice.</li> </ul>
<b>New In-Person Services Requirement</b>	<i>New policy</i>	<ul style="list-style-type: none"> <li>No sooner than January 1, 2024, phase in an approach that requires any provider furnishing services through telehealth to also either offer services via in-person face-to-face contact or link the beneficiary to in-person care. <ul style="list-style-type: none"> <li>If the provider chooses to link the beneficiary to in-person, they must provide for a referral to and a facilitation of in-person care that does not require a patient to independently contact a different provider to arrange for such care.</li> </ul> </li> <li>DHCS will consider stakeholder recommendations on ways to ensure access to in-person services and telehealth services without restricting access to either, and work with stakeholders to develop a consumer-friendly brochure to inform enrollees about right to in-person care.</li> </ul>
<b>Network Adequacy</b>	<i>New policy</i>	<ul style="list-style-type: none"> <li>Allow Medi-Cal managed care plans, county Mental Health Plans and county Drug Medi-Cal Organized Delivery System plans to use clinically appropriate video synchronous interaction as a means of demonstrating compliance with the network adequacy time or distance standards.</li> <li>DHCS will develop policies for granting credit in the determination of compliance with time or distance standards.</li> </ul>

# DHCS Permanent Telehealth Policy Proposal

## Telehealth Research and Evaluation Plan

- DHCS staff has conducted literature review, solicited input from Telehealth Advisory Workgroup, assessed claims and encounter data
- Developing plan to study telehealth utilization and its impact on access, quality, outcomes, provider/enrollee experiences
- Plan to include
  - Monitoring and reporting on utilization
  - Assessment of provider and plan compliance with telehealth policies
  - Evaluation of the impact of telehealth on access, quality, specific populations of interest
- Collaborations with external research partners (e.g., UCLA California Health Interview Survey, California Health Care Foundation)

# PANEL SESSION

Moderated by Peggy Wheeler  
Vice President, Policy  
*California Hospital Association*

Peggy Broussard Wheeler serves as Vice President of Policy at the California Hospital Association and is responsible for developing, advocating and executing public policies, legislation and regulations on behalf of member hospitals at the state and national levels. Ms. Wheeler serves as the Issue Manager for a variety of issue areas including patients experiencing Homelessness, Equity, Social Determinants of Health, Telehealth, Criminal Justice and Hospital-Prison issues. Ms. Wheeler has an extensive background and knowledge of rural healthcare as well and leads the CHA Rural Healthcare Center Advisory Committee and is the program manager of the California Critical Access Hospital Network (CAAHN).

# PANELISTS

Joe Garbanzos  
*AARP California*

Katie Heidorn, Executive Director  
*Insure the Uninsured Project*

Dr. Anthony Magit, Associate Chief Medical Officer  
*Rady Children's Hospital*

Lisa Matsubara, General Counsel & Vice President of Policy,  
*Planned Parenthood Affiliates of California*

# PANELIST OPENING REMARKS

## Joe Garbanzos *AARP California*

Joe Garbanzos is the State President at AARP-California, he is part of a volunteer-leadership team that works with policy makers, volunteers and staff in achieving AARP's strategic priorities in CA. His body of work includes CEO/Executive Director at Samahan Health Centers, a FQHC in San Diego; consulting in healthcare, outreach and education on coordinated Medicare/Medicaid program to hard-to-reach and culturally diverse communities.

# PANELIST OPENING REMARKS

Katie Heidorn

Executive Director

*Insure the Uninsured Project*

Prior to leading ITUP, Katie worked as a Government Affairs Advocate for Health Net and was Development Director and policy lead at the nonprofit California Coverage and Health Initiatives. Previously Katie served for five years in the Brown Administration at the California Health and Human Services Agency as an Assistant Secretary of Program and Fiscal Affairs and Health Reform and as a Governor's appointee in a Senate-confirmed position, Deputy Secretary of Special Programs.



# PANELIST OPENING REMARKS

Dr. Anthony Magit

Associate Chief Medical Officer

*Rady Children's Hospital*

Anthony Magit is currently the Associate Chief Medical Officer for Rady Children's Hospital in San Diego and a Clinical Professor of Otolaryngology-Head & Neck Surgery at the University of California San Diego, where he has been a member of the faculty since 1992. Anthony serves as the physician lead for the Rady Telehealth Program and has been the Chair of the California Telehealth Policy Education Committee. Anthony's research interests include racial and ethnic disparities in human subjects research and telehealth.

# PANELIST OPENING REMARKS

Lisa Matsubara

General Counsel & Vice President of Policy

*Planned Parenthood Affiliates of California*

Lisa Matsubara is the general counsel and VP of Policy at Planned Parenthood Affiliates of California where she works on issues related to access to comprehensive sexual and reproductive health care, as well as health care issues related to patient privacy, Medi-Cal, and telehealth policy. She's been a part of the California Telehealth Policy Coalition, has worked on state legislation related to telehealth, and is currently one of the co-chairs of the Legislative Committee.

# PANEL DISCUSSION

Moderator:

- Peggy Wheeler, Vice President, Policy, *California Hospital Association*

Panelists:

- Joe Garbanzos, *AARP California*
- Katie Heidorn, Executive Director, *Insure the Uninsured Project*
- Dr. Anthony Magit, Associate Chief Medical Officer, *Rady Children's Hospital*
- Lisa Matsubara, General Counsel & Vice President of Policy, *Planned Parenthood Affiliates of California*

# Facilitated question and answer



**Please submit your questions in the Q&A box.**

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## **Contact staff with any questions:**

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