

Monthly Meeting

October 20, 2023



California
Telehealth
Policy
Coalition

Agenda

Welcome and Introductions	5 min.
CHIS Telehealth Data Findings	5 min.
Guest Speaker: Grace Weltman – Coalition Sustainability Project	15 min.
Legislation Updates	10 min.
Committee Updates/Legislative Briefing Recap	10 min.
Annual Meeting Updates and Closing Announcements	5 min.

Welcome to New Members



Coalition's key guiding principles (as outlined in our charter):

Promote access and coverage. Policies, legislation and activities should promote access to care through telehealth and coverage of telehealth services.

Enhance care coordination. Policies, legislation and activities should reinforce the patient-centered medical home model and reduce care fragmentation both within and among systems.

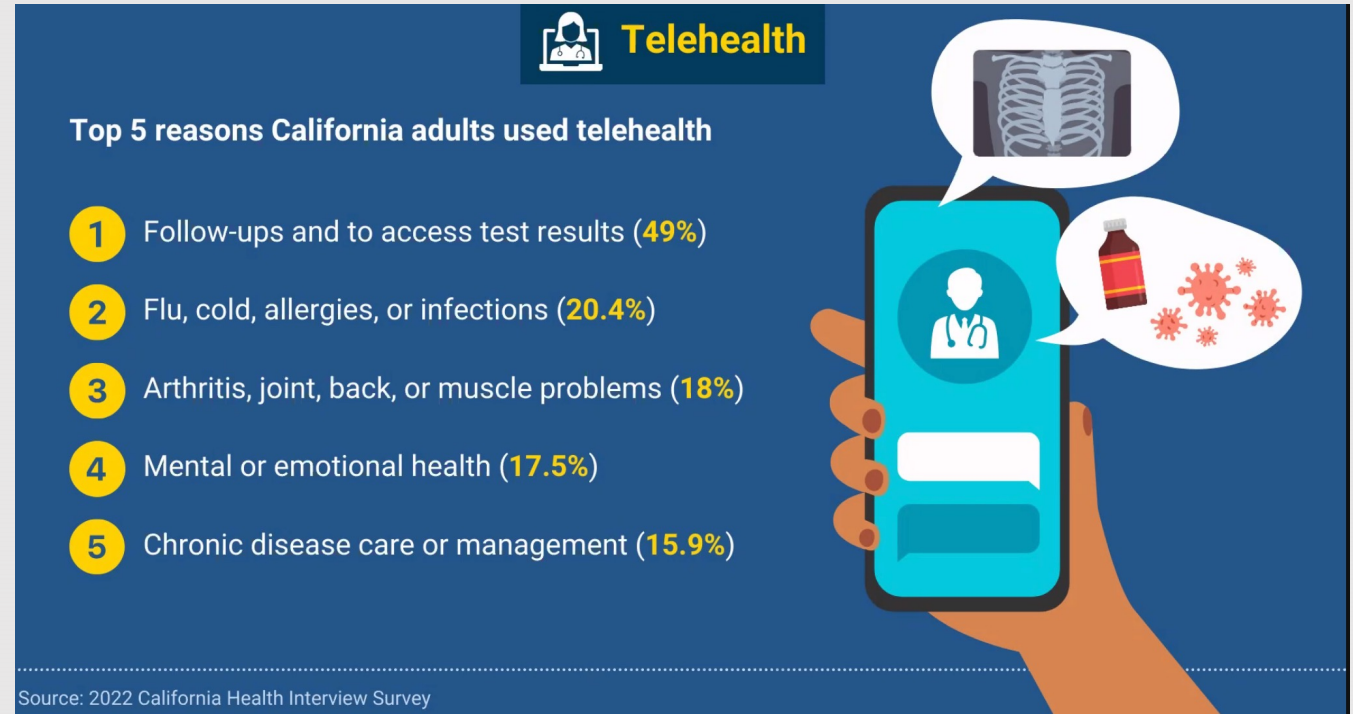
Promote provider and patient engagement. Policies, legislation and activities should promote the participation of providers in efforts that improve performance and patient health outcomes, and the involvement of patients in their health care.

Reinforce clinical quality. Policies, legislation and activities should reinforce desirable, measurable outcomes, specifically those used by regulators and produced by standard-setting organizations.

Ensure data privacy and security. Policies, legislation and activities should ensure data privacy and security, particularly as those standards are prescribed by law and industry standards.

California Health Interview Survey (CHIS) Highlights Telehealth

- UCLA Center for Health Policy Research publishes CHIS data annually, summarizing interviews with 20,000+ California households
- This year's data release includes new publication ["Telehealth and the Future of Health Care Access in California"](#)



California Health Interview Survey (CHIS) Highlights Telehealth



Telehealth

California adults who used telehealth by language spoken at home

Vietnamese	33.0%*
Chinese	38.3%*
Spanish	38.5%*
English and Spanish	39.9%*
English and Chinese	42.9%*
Other monolingual language	44.4%
Two languages not including English	45.4%
English and other language	45.8%*
English	51.2%

Source: 2022 California Health Interview Survey

*Statistically significant vs. English



Telehealth

California adults who used telehealth



By insurance status

48.4%*

With health insurance

2x
that of
uninsured
adults

21.0%†

Without health insurance

By age

18-26 35.8% †

27-49 44.8%*

50-64 49.6%*

65 and over 54.5%*

By rural vs. urban areas

41.2%*

Rural

47.3%†

Urban

*Statistically significant vs. reference group
Source: 2022 California Health Interview Survey

† Reference group



Access the fact sheet [here](#)

Guest Presentation:



Grace Weltman, Communities in Motion

California Telehealth Coalition Sustainability Plan

California Legislative Developments (1/2)

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 41 (Holden)		Vetoed (10/8/23) (<i>Veto message conveyed that the changes made were too minor and bill doesn't go far enough</i>)	This bill would revise the Digital Infrastructure and Video Competition Act to rename the act as the Digital Equity in Video Franchising Act. It would establish a policy of the state that subscribers and potential subscribers of a state video franchise holder should benefit from equal access, as defined, to video service within the franchise service area, and expand the prohibition on certain cable operators or video service providers from discriminating against, or denying access to service to, any group of potential residential subscribers to include denial of equal access, as specified.
AB 48 (Aguiar-Curry)		Signed by Governor (10/13/23)	This bill would add to the rights of every resident of skilled nursing facilities and intermediate care facilities the right to receive the information that is material to an individual's informed consent decision concerning whether to accept or refuse psychotherapeutic drugs. The bill would permit the use of remote technology, including telehealth, to allow a prescriber to examine and obtain informed written consent.
AB 232 (Aguiar-Curry)		Signed by Governor (10/10/23)	This bill would authorize a person who holds a license in another jurisdiction of the United States as a marriage and family therapist, clinical social worker, or professional clinical counselor to provide services in the state for a period not to exceed 30 consecutive days in any calendar year if certain conditions are met.
AB 254 (Bauer-Kahan)		Signed by Governor (09/27/23)	This bill would revise the definition of "medical information" in the CMIA to include reproductive or sexual health application information, which the bill would define to mean information related to a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service.
AB 286 (Wood)		Signed by Governor (10/10/23)	This bill would require that the Public Utilities Commission' statewide, publicly accessible, and interactive map showing the accessibility of broadband service identify, for each address in the state, each provider of broadband services that offers service at the address and the maximum speed of broadband services offered by each provider of broadband services at the address.

California Legislative Developments (2/2)

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 414 (Reyes)		Signed by Governor (10/08/23)	This bill, the “Digital Equity Bill of Rights,” would state that it is the principle of the state to ensure digital equity for all residents of the state, that residents shall have access to broadband that meets specific requirements, and that broadband internet subscribers benefit from equal access to broadband, as those terms are defined.
AB 1241 (Weber)	<i>Watch</i>	Signed by Governor (09/08/23)	This bill would require a provider furnishing services through video synchronous interaction or audio-only synchronous interaction to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.
AB 1369 (Bauer-Kahan)		Signed by Governor (10/13/23)	This bill would authorize an eligible out-of-state physician or surgeon to practice medicine in California without a license if the practice is limited to delivering health care via telehealth to an eligible patient who has a disease or condition that is immediately life-threatening.
AB 1399 (Friedman)		Signed by Governor (10/08/23)	This bill would require a veterinarian who practices veterinary telemedicine, among other things, to employ sound professional judgment to determine whether using veterinary telemedicine is an appropriate method for delivering medical advice or treatment to the patient, provide quality of care consistent with prevailing veterinary medical practice, and be able to provide the client with a list of nearby veterinarians who may be able to see the animal patient in person upon the request of the client.
SB 345 (Skinner)		Signed by Governor (09/27/23)	This bill would state that California law governs in any action against a person who provides or receives by any means, including telehealth, reproductive health care services or gender-affirming health care services, as specified, if the care was legal in the state in which it was provided at the time of the challenged conduct.

Legislation not moving forward this year

Bill No.	Coalition Support?	Recent Developments	Brief Description
AB 768 (Boerner Horvath)		<i>Never heard in Committee</i>	This bill would establish within state government the Office of Broadband and Digital Equity. This bill would establish the Office of Broadband and Digital Equity Board with members, as specified.
AB 1022 (Mathis)		<i>Never heard in Committee</i>	This bill, among other things relating to the PACE program, would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified.
AB 1588 (Wilson)		<i>Never heard in Committee</i>	The Affordable Internet and Net Equality Act of 2023 would require the Department of Technology to develop and establish the Net Equality Program.
AB 1714 (Wood)		<i>Never heard in Committee</i>	This bill would define "public utility" to include a corporation providing broadband service to the public or a portion of the public.
SB 513 (Wiener)		<i>Held on Sen. Approps. Suspense File</i>	This bill would require the Department of Corrections and Rehabilitation to conduct mental health treatment for state prison inmates in a manner to accomplish various goals, including providing, to the greatest extent possible, regular and consistent mental health therapy to inmates who seek it, and ensuring that an inmate is provided an introductory mental health therapy appointment within 2 weeks of requesting care.
SB 282 (Eggman)		<i>Held in Assembly Approps.</i>	This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined.
AB 1275 (Weber)		<i>Late gut and amend, never heard in Committee</i>	This bill would require DHCS to collect appropriate data and identify indicators for tracking telehealth outcomes associated with impacting individual patient outcomes and overall population health. The bill would require the department to use the data collected to measure health outcomes of populations.

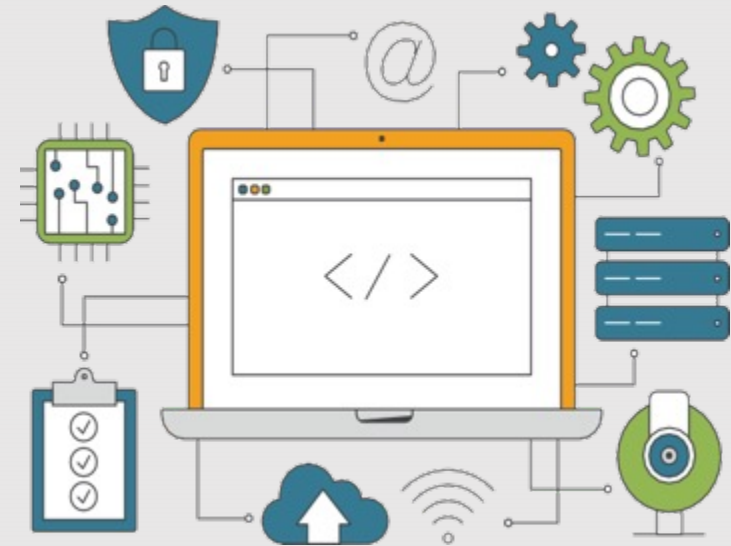
Education Committee Updates

Meeting Notes:

- Final Digital Navigators Fact Sheet
- Discussed Annual Meeting planning; focus groups and discussion questions
- Legislative Briefing
- Legislative Updates

Next Steps:


- Annual Meeting Prep
- 2024 Coalition Priorities and Workplan



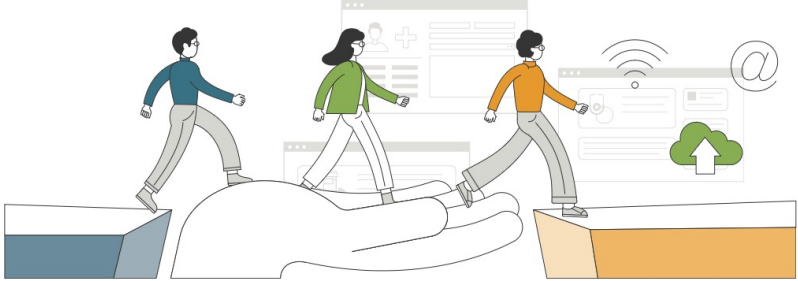
Digital Navigators Fact Sheet

Digital Navigators and Telehealth:

Addressing the digital divide



SEPTEMBER 2023



Background on Digital Navigators
Digital navigators are trusted individuals who provide ongoing support and resources to community members who may need assistance with internet access, digital technology utilization, or any other foundational digital literacy training necessary to navigate the digital world.¹ Digital navigators can assist individuals with acquiring access to various programs as well as telehealth support. Additionally, digital navigators can provide guidance on how to use basic telehealth services such as accessing a patient portal, downloading appropriate telehealth applications, and scheduling a virtual appointment.

Volunteers or staff associated with organizations that provide any kind of social support such as libraries, social service agencies, or community-based organizations² as well as members of health care teams can all serve as digital navigators. They can also be community health workers (CHWs) who are familiar with digital tools and can help patients

access and utilize digital health technologies to improve health outcomes and receive better healthcare experiences.³

The Digital Divide: Digital and Broadband Access Gap
With the increase in use of digital technologies, especially in health care, the need to address gaps in digital access and utilization has become more important than ever.

Broadband Access Disparities: 2 million Californian households (15%) lacked access to broadband connectivity at home in 2020.⁴ 45% of California households are eligible for the federal government's Affordable Connectivity Program; however, as of June 2023, only 40% of these households are enrolled.⁵

Digital Health Literacy Disparities: 16% of adults in the U.S. are digitally illiterate - these individuals, on average, have lower educational attainment, are older, and are more likely to be Black, Hispanic, or foreign-

- Digital navigators fact sheet outlines the definition of digital navigators, broadband access gaps and case studies highlighted in Coalition webinar
- To be posted on the coalition website soon: share with your networks!

Legislative Briefing Recap



California Telehealth Policy Coalition Legislative Briefing

The Year in Review & Looking to 2024

Speakers

Rosanne Helms
Legislative Manager
Board of Behavioral Sciences

Alicia Garoupa, LCSW
Chief of Wellbeing and Support Services
Los Angeles County of Education

Dr. David Kan, MD
Chief Medical Officer
Bright Heart Health

Moderator

Jen Alley
Director of Government Affairs
California Psychological Association

 **October 12, 2023**

 **12:30 PM - 2:00pm PDT**

 **Online**

 **bit.ly/2023_leg_briefing**

November 8th Annual Meeting

ADVANCING THE TELEHEALTH CONTINUUM: 2024 POLICY LANDSCAPE AND PRIORITIES

Confirmed Speakers



WELCOMING SPEAKER
Diana Camacho, MPH

Senior Program Officer, Improving Access
California Health Care Foundation



TELEHEALTH CHAMPION
Assemblymember
Rebecca Bauer-Kahan

California State Assembly



KEYNOTE SPEAKER
Jeffrey Reynoso, DrPH, MPH

Regional Director
U.S. Department of Health and Human
Services



LUNCHEON SPEAKER
René Mollow, MSN, RN

Deputy Director,
Health Care Benefits and Eligibility
California Department of Health Care Services

NOVEMBER 8, 2023, 9 AM-4 PM

THE CALIFORNIA ENDOWMENT
SACRAMENTO, CA

RSVP: <https://Nov8telehealth.eventbrite.com>

Agenda

- Welcome and Keynote; Champion Award
- National Telehealth Perspectives Panel
- Breakout Discussions: Telehealth Focus Areas; Lunch Break
- Health Centers and Virtual Care Panel
- Innovations in Behavioral Health Panel
- Member Priorities for 2024 Panel
- Wrap-Up and Reception

Sponsorship opportunities for this event are available.

Please contact Mei Kwong at meik@cchpca.org for more information.

We hope to see you there! Register here: [Link](#)

Closing Announcements

Upcoming Meetings

November Meetings Cancelled
due to
Annual Meeting November 8th

Please reach to staff if you have any questions

Mei Kwong: meik@cchpca.org

Amy Durbin: amyd@cchpca.org

Robby Franceschini:
robby.franceschini@bluepathhealth.com

Stephanie Thornton:
stephanie.thornton@bluepathhealth.com



Appendix

Digital Navigators Webinar Recap

- Held Wednesday, August 9th at 2pm (*in place of August Education Committee Meeting*)
- Provided overview of digital navigation and spotlighted how digital navigator programs can support access to telehealth
- 101 Registered – 81 Attended
- Due to high interest will invite Nicki Perisho to present at next monthly meeting as well
- Accompanying Fact Sheet in Progress

Digital Navigators and Telehealth: Supporting Equitable Access to Care

August 9, 2023

Agenda

Welcome

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

Northwest Regional Telehealth Resource Center: Navigating the Digital Neighborhood Overview

- Nicki Perisho, Northwest Regional Telehealth Resource Center

Central Valley Health Network: Digital Navigation Training Program

- Nick Mundwiller, Central Valley Health Network

Panel Discussion

- Moderated by Dr. Sarah Rahman, Alameda Health System
- Marissa Kraynak Montano, Insure the Uninsured Project

Q&A



California
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Federal Update: CY 2024 Physician Fee Schedule (PFS) released July 13, 2023 by CMS

- Conforms with temporary telehealth policies enacted by the [Consolidated Appropriations Act of 2023](#) (CAA 2023) continuing most COVID Medicare flexibilities until Dec. 31, 2024
 - Waiving locational restrictions, keeping expanded list of eligible providers and audio-only, suspending in-person requirements, continuing temporary codes through 2024
- Added marriage and family therapists and mental health counselors as telehealth practitioners
- Telephone Evaluation and Management Services
 - CPT codes 99441-99443 will remain actively priced through 2024 and are considered telehealth services.
 - CPT codes 98966-98968 are not considered telehealth services but CMS proposes to assign them an active payment status for 2024
- New temporary codes
 - Health and well-being coaching services, deep brain stimulation, therapy, hospital, cardiovascular and pulmonary rehab, SDOH risk assessment
- New code classification system
 - Moving from a Category 1, 2 and 3 classification system to a binary 'permanent' or 'provisional' classification
- Facility rate vs. non-facility rate reimbursement
 - POS 10 will be reimbursed at the non-facility PFS rate, while 02 will be paid at the facility rate beginning Jan. 1, 2024
- Frequency limitation removals
- Remote physiologic monitoring (RPM) and remote therapeutic monitoring (RTM) billing clarifications
- Supervision revisions
- Diabetes self-management training (DSMT) and medical nutrition training (MNT) updates

Federal Update: CONNECT Act Reintroduced

- Sen. Schatz re-introduced CONNECT for Health Act along with 60 co-sponsoring senators
- The bill would expand coverage of telehealth services in Medicare by:
 - Removing all geographic restrictions and expanding originating sites
 - Permanently allowing health centers and rural health centers to provide telehealth services
 - Allowing more health care professionals to provide telehealth services
 - Removing in-person visit requirements for mental health services provided via telehealth
- The bill would also require additional data on telehealth utilization, quality of care, and opportunities to improve support for patients and providers
- Full text of S. 2016 [available here](#)
- **Legislation Committee recommendation: Letter of support for CONNECT Act**

May Revise

In recent years, the Department has strategically expanded the use of telehealth services to improve access to primary and specialty care and psychiatry services for incarcerated individuals. The use of telehealth services has proven successful in enhancing the Department's ability to deliver critical medical and mental health care services to patients effectively while supporting staff recruitment and retention for clinical positions that have historically been hard to fill.

Building on the success of these models, the May Revision includes \$11 million General Fund and 85 positions in 2023-24 and \$17.3 million and 144 positions beginning in 2024-25 to expand the use of tele-mental health within the Statewide Mental Health Program to include psychology and social work disciplines in addition to psychiatry, which the Department began implementing in 2014-15. This will equip the Department with more tools to deliver timely and quality mental health care to patients while also increasing its ability to recruit and retain clinicians during a nationwide shortage of mental health professionals.

Page 72. <https://ebudget.ca.gov/2023-24/pdf/Revised/BudgetSummary/FullBudgetSummary.pdf>

Other Recent CA Telehealth Policy Updates

Continuous Glucose Monitoring (CGM)

CPT codes 95250 and 95251 Added as a Medi-Cal Benefit

- Effective for dates of service on or after May 1, 2023, CPT® codes 95250 (ambulatory continuous glucose monitoring [CGM] of interstitial fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional [office] provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of a sensor, and printout of recording) and 95251 (ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report) are added as Medi-Cal benefits.

Source: Medi-Cal Update, Bulletin 554: <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ltc202304.aspx>

Teledentistry

- Effective May 1, 2023, DHCS has expanded its teledentistry policy to allow Medi-Cal dental Fee-for-Service (FFS) and Dental Managed Care (DMC) providers the ability to establish new patient relationships through an asynchronous store and forward modality, consistent with Federally Qualified Health Center/Rural health Clinic (FQHC/RHC) providers.

Source: Dental Provider Bulletin https://www.dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/Volume_39_Number_08.pdf

E-Consult

- Stakeholder question: Does Family-PACT program cover 99451 for specialty e-consults?
 - [F-PACT Billing Instructions Manual](#) states: "To use the telehealth modality and applicable billing codes for covered Family PACT services, providers may refer to the Medicine: Telehealth section in the appropriate Part 2 Medi-Cal manual. Family PACT services rendered by the use of the telehealth modality must follow ICD-10-CM diagnosis code billing policy as noted in this section."
- Health center APM update: No response yet from DHCS on addition of e-consults codes to list of alternative touches.

DEA Issues Temporary Rule Extending Prescribing Flexibilities

The [Drug Enforcement Administration](#) (DEA) released a temporary rule titled “[Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medicines](#)” this week. The temporary rule was made in response to nearly 39,000 comments the DEA received on their proposed rules regarding what would happen post-public health emergency (PHE) in regards to prescribing of controlled substances via telehealth.

The temporary rule is issued jointly between the DEA and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) and – effective May 12, 2023 – would do the following:

- *The full set of telemedicine flexibilities regarding prescription of controlled medications [as were in place during the COVID-19 PHE will remain in place through November 11, 2023.](#)*
- *Additionally, for any practitioner-patient telemedicine relationships that have been or will be established on or before November 11, 2023, the full set of telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 PHE will continue to be permitted via a one-year grace period through November 11, 2024.*

2023 Coalition Policy Priorities

➤ **Maintain and expand coverage of telehealth**

- Advocate for continued coverage of telehealth modalities across all types of coverage, e.g., expand remote patient monitoring
- Support continued FQHC/RHC coverage for telehealth
- Revisit cross-state provider considerations (e.g., practicing and prescribing across state lines)

➤ **Build the evidence base for telehealth in California**

- Showcase research and evaluation findings from California organizations on monthly calls
- Work with members to highlight health outcomes and patient stories to impact state policy
- Collect member input to provide input on the DHCS Research and Evaluation Plan

➤ **Bridge the digital divide to ensure patient and provider internet access**

- Work with other health care stakeholder to provide comments and recommendations on California's broadband work
- Showcase the inequitable distribution of internet access/ telehealth for certain communities (i.e., communities of color, the disabled community, older adults)

➤ **Ensure California maintains leadership at the state level on telehealth policy**

- Continue to educate Coalition members and others on new and developing state telehealth policies
- Advocate for state coordination on telehealth and related health technology issues
- Conduct outreach to state agency telehealth leaders and legislative leaders

Key Dates in the Legislative Calendar 2023

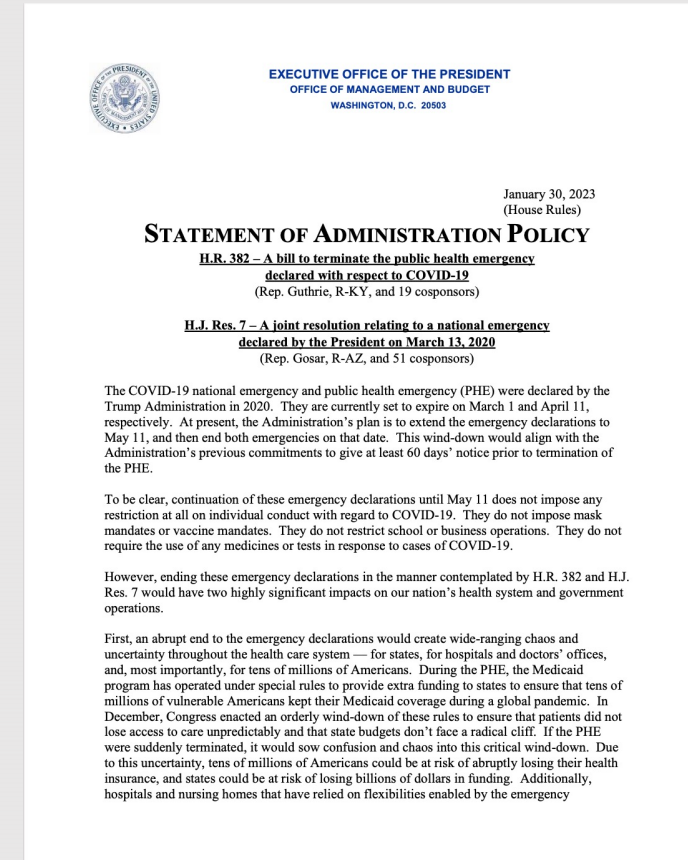


- Jan. 4: Legislature reconvenes
- Jan. 10: Governor submits budget
- Feb. 17: Last day for bills to be introduced
- June 7: Last day for each house to pass bills introduced in that house
- June 15: Budget bill must be passed by midnight
- July 14: Last day for policy committees to meet and report bills
- Sept 14: Last day for each house to pass bills
- Oct 14: Last day for Governor to sign or veto bills passed by the Legislature

Full calendar available at: <https://www.assembly.ca.gov/legislativedeadlines>

Public Health Emergency Announcement

- January 30, 2023 [Statement of Administration Policy](#) declaring that the COVID-19 national emergency and public health emergency will end **May 11, 2023**



DMHC Telehealth All Plan Letter Review

All Plan Letter	Summary	Ending?
DMHC APL 20-009 (March 19, 2020)	<ul style="list-style-type: none"> Reimburse providers at same rate for telehealth services w/ FTF equivalent May not subject enrollees to higher cost-sharing for telehealth than if service was provided in-person Reimburse providers at same rate for telephone visits as video visits 	<ul style="list-style-type: none"> Ends with CA State of Emergency
DMHC APL 20-013 (April 7, 2020)	<ul style="list-style-type: none"> Outlined coding procedures for synchronous and asynchronous telehealth Instructed plans that they cannot require enrollees only use third party vendors during COVID in lieu of in-network providers using telehealth 	<ul style="list-style-type: none"> Ends with CA State of Emergency
DMHC APL 20-032 (September 4, 2020)	<ul style="list-style-type: none"> Clarified that APL 20-009 and APL 20-013 remain in effect for the duration of the California declared state of emergency or until further notice from the Department, whichever is earlier 	<ul style="list-style-type: none"> Ends with CA State of Emergency
DMHC APL 21-022 (October 26, 2021)	<ul style="list-style-type: none"> Summarized APLs issued prior during the PHE, including APL 20-009 and 20-013 	<ul style="list-style-type: none"> N/A







DMHC Telehealth All Plan Letter Review

All Plan Letter	Summary	Ending?
DMHC APL 22-003 (January 21, 2022)	<ul style="list-style-type: none">Sets forth AB 457 guidance on conditions required of plans if offering services through a third-party corporate telehealth provider	<ul style="list-style-type: none">None stated
DMHC APL 22-024 (October 27, 2022)	<ul style="list-style-type: none">Includes the new and amended Annual Network Report forms, including the telehealth report form (Form No. 40-271)	<ul style="list-style-type: none">None stated
DMHC APL 23-003 (January 24, 2023)	<ul style="list-style-type: none">Sets forth AB 1982 guidance on reporting requirements related to dental services offered through a third-party corporate telehealth provider	<ul style="list-style-type: none">None stated


Federal Telehealth Policy (1/11/2023)

PERMANENT TELEHEALTH POLICY	AUTOMATICALLY GOES AWAY	POST-PHE THROUGH DECEMBER 31, 2024	POST-PHE THROUGH END OF THE YEAR PHE ENDS
<p>Medicare</p> <ul style="list-style-type: none"> Limited the use of telehealth to take place in specific geographic locations and sites (mostly medical facility) Primarily only live video allowed Limited list of providers eligible to provide services Mental health services provided w/o geographic requirement & in the home & audio-only can be used if certain conditions met like prior in-person visit. FQHC/RHC allow use live video & audio-only for mental health visits <p>Prescribing of Controlled Substances (Ryan Haight Act)</p> <ul style="list-style-type: none"> Narrow exceptions to the use of telehealth one of which is when a PHE is declared 	<ul style="list-style-type: none"> OCR exercising discretion on HIPAA PHE exception of prescribing controlled substances 	<p>Medicare:</p> <ul style="list-style-type: none"> Geographic limitation <u>temporarily suspended</u> Home temporarily continues to be an eligible originating site for services Can continue to use audio-only to provide some services, not just mental health FQHCs, RHCs, OTs, PTs and some other can continue to be eligible providers Suspension of the prior in-person visit requirement to provide mental health services or use audio-only to provide mental health services to Jan. 1, 2025 <p>* At this point, the COVID list of eligible services is still on the 151-day grace period track unless CMS takes further action</p>	<p>Medicare:</p> <ul style="list-style-type: none"> Category 3 services Virtual presence for direct supervision

DHCS Post-COVID-19 Public Health Emergency Telehealth Policy

Policy Area	Continues PHE Policy?	Additional Detail/Notes
Baseline coverage of synchronous telehealth		<ul style="list-style-type: none"> Continue coverage of synchronous video, audio-only telehealth
Baseline coverage of asynchronous telehealth		<ul style="list-style-type: none"> Continue coverage across services and systems, including 1915(c) waivers, TCM and LEA-BOP
Payment parity		<ul style="list-style-type: none"> Continue to exclude virtual communications from payment parity Continue use of cost-based reimbursement for TCM/LEA-BOP; county-behavioral health to be cost-based via CalAIM payment reform
Virtual Communications & Check-Ins		<ul style="list-style-type: none"> Continue coverage in physical health To be added to 1915(c) waivers, TCM and LEA-BOP Excluded from payment parity
Telehealth in FQHCs & RHCs		<ul style="list-style-type: none"> Continue reimbursement at PPS rate for otherwise billable visits delivered via all telehealth modalities including audio-only and asynchronous Continue exemption from site limitations for patient or provider
Establish New Patients via Telehealth		<ul style="list-style-type: none"> Providers may only establish a relationship with new patients in-person or via synchronous video telehealth visits Providers may establish new patients via audio-only synchronous interaction(including FQHCs/RHCs): when the visit is related to sensitive services, when the patient requests audio-only or attests they do not have access to video, or when the visit is designated by the Department to meet another exception

DHCS Post-COVID-19 Public Health Emergency Telehealth Policy

Policy Area	Continues PHE Policy?	Additional Detail/Notes
Patient Consent	<p style="text-align: center;">  <i>+ additional requirements</i> </p>	<ul style="list-style-type: none"> • New consent requirements for additional information be shared with beneficiaries regarding: <ul style="list-style-type: none"> • Right to in-person services • Voluntary nature of consent • Availability of transportation to access in-person services • Limitations/risks of receiving services via telehealth • Notification of the right to make complaints
Third Party Corporate Telehealth Providers	<p style="text-align: center;"><i>New policy</i></p>	<ul style="list-style-type: none"> • Monitor and assess the implementation of AB 457 and the implementation of complimentary policy approaches in Medi-Cal that promote continuity and quality of patient care
Utilization Review	<p style="text-align: center;"><i>New policy</i></p>	<ul style="list-style-type: none"> • 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"> • Up-coding time and complexity of services provided. • Misrepresenting the virtual service provided. • Billing for services not rendered. • Kickbacks

DHCS Post-COVID-19 Public Health Emergency Telehealth Policy

Policy Area	Continues Current Policies?	Additional Details/Notes
New Video Requirement	<i>New policy</i>	<ul style="list-style-type: none"> 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. 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.
New In-Person Services Requirement	<i>New policy</i>	<ul style="list-style-type: none"> 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"> 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. 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.
Network Adequacy	<i>New policy</i>	<ul style="list-style-type: none"> 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. DHCS will develop policies for granting credit in the determination of compliance with time or distance standards.