Telehealth Policy Coalition Meeting  
September 20, 2019  
MEETING NOTES

I. Introduction/Updates

Ms. Kwong informed the Coalition that there will be a webinar hosted by CCHP later this year. The webinar will discuss recent changes to Medi-Cal. More information on the webinar will be available at a later date. She also informed the Coalition that some questions for DHCS have been collected from members, although those are currently without answer. Many of the questions are regarding the FQHC SPA.

Mr. Glassman noted that a provision in the new provider manual requiring health centers to have a face-to-face encounter with a patient adds an additional burden to some providers. He continued, saying the policy is not supported elsewhere and noted that it may be due to an occurrence of private practice dentists contracting with health centers and billing under the health center rate.

Registration for the November in-person meeting is available here:  
https://www.eventbrite.com/e/72574531377

II. Legislation Committee Update

Ms. Kelly provided a brief overview of the Legislative Committee’s September 10th meeting. The committee has been continuing to track relevant policy, including some bills which are awaiting the Governor’s signature. Ms. Kwong added that last week, DHCS requested volunteers for a series of workgroups focused on reworking Cal-Aim. The email was distributed to all Coalition members. Volunteering for a workgroup is not a guarantee that a person will be selected to participate, however if any Coalition members are selected, it would be helpful if they are able to provide updates to the full Coalition.

III. AB 744 Update

Ms. Durbin updated the Coalition on AB 744. The amendments which were taken at the end of session were at the request of Medi-Cal and DHCS, which requested clarification regarding network adequacy and payment parity regarding managed care plans. The network adequacy amendment was specifically due to an interpretation that the bill would require plans to amend their plans and do compliance differently.
IV. Legislative Update

Mr. Franceschini provided an overview of current legislation being tracked:

**A.B. 744** (payment parity): Passed with amendments in Senate and Assembly 9/13. Engrossed and enrolled. Sent to Governor. Amended to include qualified autism service providers/professionals within scope; specifies that A.B. 744 does not affect network adequacy; payment parity would not apply to Medi-Cal managed care plans.


**A.B. 1642** (DHCS approval, EQRO review of alternative access plans including telehealth; consideration in capitation): Passed with amendments Senate 9/4, Assembly 9/9. Engrossed and enrolled. Sent to Governor. Amended to specify that provision on alternative access reporting take for contract period commencing on or after 7/1/20; provisions allowing DHCS Director to terminate MCP contracts for good cause for noncompliance with network adequacy; specifies civil monetary sanctions that can be imposed for noncompliance.

**S.B. 24** (college abortion access and telehealth startup funding): Passed with amendments Assembly 9/13, Senate 9/13. Amended to include additional technical assistance on billing, training and reporting; legislative liaison role for state Commission on the Status on Women and Girls.

V. Draft Policy Priorities for 2020

Ms. Kwong and Ms. Leslie provided an overview of the draft policy priorities which will be discussed in greater detail during the November in-person Coalition meeting. The areas were selected by the Legislation Committee and are based off of information from interviews with Coalition members and other feedback. The areas will serve as broad subject matters for a slate of policy for the next legislative session and would include new legislation and regulations. The broad topics include broadening coverage of and access to telehealth services, expanding reporting to state agencies on telehealth utilization and coverage, and support of efforts to require state and agencies to devote resources to telehealth. The policy priorities will be discussed during the in-person meeting as breakout sessions.
VI. **Education Committee Update**

Ms. Bates updated the Coalition on the last Education Committee meeting. The Committee has been working on developing the Fall briefing. A date was originally set for October 30-31st; however, due to a lack of venues, this date will need to be changed. Ms. Kwong added that the Committee is now looking into early November for scheduling the briefing. Additionally, the briefing has been shortened to approximately two hours in consideration of attendance by legislative staff.

Ms. Kwong also informed the Coalition on the status of the educational materials. The materials are currently being formatted with the help of content and design professionals offered by CHCF.

Additionally, Ms. Kwong and Ms. Leslie updated the Coalition on the proposed executive outreach strategy. BluePath has initiated contact and is waiting to hear back regarding opportunities to discuss. The goals are to understand the executive branch’s vision of telehealth, invite members to the November meeting, and discuss a model being seen in other states involving an executive steering committee on telehealth.

VII. **E-Consult Workgroup**

Ms. Sagara provided the Coalition with an overview of the current developments within the E-Consult Workgroup. She provided some background into the forming of the workgroup and its purpose to address a need for improving managed care reports to DHCS on the use of telehealth. She informed the Committee that some Managed Care Plans are working with DHCS to do informational filing reports, including sample questions, to understand what information DHCS needs to capture. Coalition members who are interested in joining the E-Consult Workgroup may contact Ms. Sagara (libby.sagara@bluepathhealth.com), Robby (robby.franceschini@bluepathhealth.com), Trey (treyb@cchpca.org), or Mei (mei@cchpca.org).

*CCHP serves as the convener of the Telehealth Policy Coalition monthly conference calls. The purpose of these calls is to share relevant information and provide a forum for strategy discussions.*
<table>
<thead>
<tr>
<th>Agenda</th>
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<tbody>
<tr>
<td><strong>Introductions and Agenda Overview</strong></td>
<td>5 min</td>
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<tr>
<td><strong>DHCS Telehealth Provider Manual- Update</strong></td>
<td>15 min</td>
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<tr>
<td><strong>Legislation Committee</strong></td>
<td>20 min</td>
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<tr>
<td>• Recap of August meeting</td>
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<td>• State and federal updates</td>
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<td><strong>Education Committee</strong></td>
<td>15 min</td>
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<td>• Recap of July meeting</td>
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<td>• Fall briefing update</td>
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<td>• Executive and administrative outreach</td>
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<tr>
<td><strong>News and Announcements</strong></td>
<td>5 min</td>
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<tr>
<td><strong>Wrap up</strong></td>
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DHCS Telehealth Provider Manual and APL Update

*CCHP will be hosting a webinar on the new Provider Manual updates to DHCS programs.*
Legislation Committee Update

Updates from September 10 meeting:

- Advocacy-support discussion

- Legislation update
  - Reviewed legislative developments and discussed fall briefings
  - See next slide for full update

- Draft Policy Priorities for 2020 – to be discussed at November in-person convening
  - Broaden coverage of and access to telehealth
  - Expand reporting to state agencies on utilization and coverage
  - Support efforts to require agencies to devote resources to telehealth

- Capitol Briefing Update
  - See slide 8 for more information

- Coverage on DHCS Cal AIM workgroups
California Legislation Update: Seven telehealth bills passed Legislature; Governor has until October 13 to sign or veto

<table>
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<tr>
<th>Bill</th>
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| **A.B. 744** (payment parity) | Passed with amendments in Senate and Assembly 9/13. Engrossed and enrolled.  
*Sent to Governor.*  
Amended to include qualified autism service providers/professionals within scope; specifies that AB 744 does not affect network adequacy; payment parity would not apply to Medi-Cal managed care plans. |
*Sent to Governor* |
*Sent to Governor.* |
| **A.B. 1494** (Medi-Cal telehealth reimbursement in emergencies) | Passed Senate 9/5, Assembly 9/9 with amendments. Engrossed and enrolled.  
*Sent to Governor.*  
Amended to require DHCS guidance by 7/1/2020. |
*Sent to Governor.* |
| **A.B. 1642** (DHCS approval, EQRO review of alternative access plans inc. telehealth; consideration in capitation) | Passed with amendments Senate 9/4, Assembly 9/9. Engrossed and enrolled.  
*Sent to Governor*  
Amended to specify that provision on alternative access reporting take affect for contract period commencing on or after 7/1/20; provisions allowing DHCS Director to terminate MCP contracts for good cause for noncompliance with network adequacy; specifies civil monetary sanctions that can be imposed for noncompliance. |
| **S.B. 24** (college abortion access and telehealth startup funding) | Passed with amendments Assembly 9/13, Senate 9/13.  
Amended to include additional TA on billing, training and reporting; legislative liaison role for state Commission on the Status on Women and Girls |
1 Broaden coverage of and access to telehealth services
   - E.g., support efforts around RPM coverage, expansion of broadband access, encourage MA plans to include telehealth in bids

2 Expand reporting to state agencies on telehealth utilization and coverage
   - E.g., work with regulators to include telehealth in plan reporting measure when implementing legislation

3 Support efforts to require state and agencies to devote resources to telehealth
   - E.g., funding for pilots, central repository for telehealth resources, TA funding

Coalition Principles
   • Promote access and coverage
   • Enhance care coordination
   • Increase provider engagement
   • Reinforce quality
   • Ensure data privacy and security

Policy Priorities from 2019 Interviews
   • Coverage and access
   • Payment
   • Workforce expansion
   • Transparency and reporting
   • Resources

Gaps in California Law
   • To be analyzed after Governor’s final actions, October 13

CHCF Medi-Cal MCP Telehealth Survey
   • Publication forthcoming

Inputs:
Updates from September 9 meeting:

- Strategy for executive branch and administrative agency outreach

- Fall briefing and educational materials update
  - See next slide for more information

- September meeting agenda items
  - Further develop outreach strategy for legislature, executive, administrative agencies
  - Discuss agenda for November convening
  - Further plan fall briefing
Capitol Briefing And Educational Materials Update

Date: Late October or early November

Time: Approx. 2 hours

Proposed Agenda

- Check-in, opening speaker: welcome, overview of shared vision and how to achieve it
- Telehealth 101: modalities, applications, what is to come
- Moderator and panelist discussion
- Q&A

Educational materials

- Telehealth 101, What can telehealth do?, and Coalition Fact Sheet are currently being refined for use at the briefing

*Formal invites were sent with materials for today’s call. We hope to see you there!*
Proposed executive outreach strategy

Education committee members have discussed the idea of engaging the Governor’s office to lead efforts on telehealth. What might a state steering committee or stakeholder group on telehealth look like?

Option for engagement:

- **Target audience:** Governor’s advisers
- **Outreach method:** In-person meetings with coalition staff
- **Topics for Discussion:**
  - Understand the Governor’s priorities for telehealth and wider health technology in 2020
  - Extend invite to participate in November meeting
  - Float the idea of an executive steering committee on telehealth in California, based on similar committees in Hawaii and Florida

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<th>Alaska Model:</th>
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<tr>
<td>- Telehealth Workgroup created by legislation</td>
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<td>- Tasked with providing state HHS on ways telehealth could expand access to care</td>
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<td>- Report and recommendations available <a href="#">here</a></td>
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<tr>
<th>Hawaii Model:</th>
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<tr>
<td>- Legislation sent to governor would create Telehealth Advisory Council and permanent Telehealth Coordinator position within HHS</td>
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<tr>
<td>- Bill available <a href="#">here</a></td>
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DMHC and Managed Care Plan Workgroup
### Starting the conversation with DMHC: Key Tenets of E-Consult

<table>
<thead>
<tr>
<th><strong>Access</strong></th>
<th><strong>Network</strong></th>
<th><strong>Quality</strong></th>
<th><strong>Effectiveness</strong></th>
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<tr>
<td>E-consult results in improved timely access rates of compliance for the patients who receive FTF visits</td>
<td>E-consult does not result in a narrower network – it expands the list of specialists available for specialty access</td>
<td>E-consult for routine and non-urgent cases improves the quality of care delivered - FTF visits that occur are those of high value</td>
<td>Rates of satisfaction and resolution without the need for a FTF visit are tracked at the specialty level</td>
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**E-CONSULT WORKGROUP**
California MCOs involved in DMHC subgroup discussions to-date

*The e-consult program in the plan’s coverage area is supported by a hospital or clinic network
Plans are sharing e-consult and telehealth through DMHC filings

In order to provide DMHC with additional information on e-consult, MCOs are presenting sample filings to demonstrate the impact of their e-consult programs on timely access to specialty care and network adequacy.

Criteria included (but not limited to) MCO E-Consult Program Detail

- Description of the Telehealth Services
- List of Contracting Providers
- Calculation of Provider-to-Enrollee Ratios
- Standards of Accessibility
- Referral Process
- Internal Quality of Care Review System
- Language Assistance
- Provider Contracts
- Administrative Service Agreements
- Contracts with Government Agencies/MOU with Government Agencies
- Subscriber Contracts
- EOCs and Disclosure Documents
- Grievance Policy and Procedure

DMHC team members revised the draft Annual Network Report to reflect workgroup input and have released the draft to MCOs for additional input on format and usability. Form is optional in 2019, may be required in 2020.
How do DHCS 2019 telehealth policy updates and DMHC discussions impact safety net payers?

**Progress**

- Telehealth allowed for all covered services (e.g. asynchronous not limited to 3 specialties)
- E-consult acknowledged as an accepted modality
- No limitation on telehealth originating site
- Clarification on consent requirement (blanket member consent, not per encounter)
- DMHC acknowledged that e-consult improves access

**Challenges Remaining**

- Engaging providers who are not reimbursed for e-consult (e.g. PCP team)
- Determining how plan investment in telehealth will be reflected in DHCS rates
- Reflecting telehealth specialty panels in efforts to expand networks
- Supporting telehealth in both fee for service and capitated settings
- Administrative limitations and provider/EHR billing challenges

*How can we leverage these to engage payers in the Coalition’s work?*
What’s new on the Coalition webpage

The Coalition webpage has been updated to serve as a member resource for policy developments and meeting notes.

Links to the recent Medi-Cal updates, newsletter and charter

HIGHLIGHTS
- Medi-Cal Fee-for-Service Telehealth Policy Changes
- California Telehealth Policy Coalition Quarterly Newsletter: July, 2019

ADDITIONAL RESOURCES
- State Telehealth Laws and Reimbursement Policies Report
- California Telehealth Policy Coalition Charter

Meeting decks and minutes will be added after each meeting

Meeting Minutes
- August 16, 2019: Telehealth Policy Coalition Meeting Notes and Slides
- July 19, 2019: Telehealth Policy Coalition Meeting Notes and Slides
- June 21, 2019: Telehealth Policy Coalition Meeting Notes and Slides
- May 17, 2019: Telehealth Policy Coalition Meeting Notes and Slides
- April 19, 2019: Telehealth Policy Coalition Meeting Notes and Slides

Visit: https://www.cchpca.org/about/projects/california-telehealth-policy-coalition
News and Announcements

UPMC researchers use RPM for postpartum hypertension. Researchers publishing in Obstetrics & Gynecology found that loss to follow-up dropped 22% when women were provided blood pressure cuffs and mHealth. “We’re meeting women where they are instead of saying they have to come to the hospital for all these blood pressure checks when they have a new baby,” said the lead author. Read more here.

North Carolina Governor vetoes Medicaid telehealth bill. Gov. Roy cooper vetoed a bill that would have allowed a patient’s home to be the originating site, or for the provider’s home to be the distant site. The Governor cited an ongoing budget feud with the legislature as the reason for his veto. The Governor’s veto statement is available here.

AMA adds six new telehealth CPT codes for 2020. AMA has added six new codes for “electronic visits” to the 2020 Current Procedural Terminology. E-visits are patient-initiated asynchronous visits provided virtually through means such as patient portals. Access the AMA article here.

Telemedicine Engages New Moms in Cardiovascular Monitoring

Governor Roy Cooper Objections and Veto Message:

House Bill 555, “AN ACT TO APPROPRIATE FUNDS FOR THE IMPLEMENTATION OF MEDICAID TRANSFORMATION AND TO MAKE OTHER MEDICAID TRANSFORMATION-RELATED CHANGES.”

Passing mini-funding bills that simply divvy up the vetoed Republican budget is a tactic to avoid a comprehensive budget that provides for health care and other important needs like education. Health care is an area where North Carolina needs us to do more, and to do it comprehensively.
## Timeline of Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>October Coalition meeting</td>
<td>October 11, 2019</td>
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<td>Ongoing Coalition meetings</td>
<td>September through December 2019</td>
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<tr>
<td>Telehealth Coalition Legislative Briefing</td>
<td>Late October 2019</td>
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<td>Pre-Meeting Member Reception</td>
<td>November 4, 2019</td>
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<tr>
<td>In-Person Meeting</td>
<td>November 5, 2019</td>
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### Other Telehealth-Related Bills

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<thead>
<tr>
<th>Bill No.</th>
<th>Title</th>
<th>Details</th>
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<tr>
<td>A.B. 156 (Voepel)</td>
<td>Eye care: remote assessment</td>
<td>• Would prohibit use of virtual eye exams unless certain prescribed requirements are met</td>
<td>Two year bill</td>
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| A.B. 385 (Calderon) | Medi-Cal: EPSDT mental health services     | • Requires DHCS to create quality performance measurement system for mental health services within CHIP ESPDT  
• Requires DHCS to convene stakeholder group                                                                                                                                                                                                 | Held in Assembly Appropriations       |
| A.B. 537 (Wood)    | Medi-Cal Managed Care: QI and value based incentive program | • Requires DHCS to establish quality assessment and performance improvement program and value-based to ensure Medi-Cal MCPs achieve minimum performance level                                                                                       | Held in Assembly Appropriations       |
| A.B. 1676 (Maienschtein) | Health care: mental health                | • Requires DOI and DMHC regulated products to establish telehealth consultation programs to diagnose and treat child and postpartum mental illness  
• Requires communication 2x per year to enrollees regarding programs  
• Requires plans to keep utilization records                                                                                                                                                                                     | Held in Assembly Appropriations       |
| A.B. 1689 (McCarty) | College Mental Health Services Program    | • Establishes grant program for community college, UC, CSU mental health programs  
• Requires submission of program evaluation to the state regarding state-funded mental health programs  
• **Opportunity to promote use of telehealth to increase access to college mental health services**                                                                                                                                 | Held in Assembly Appropriations       |
| S.B. 12 (Beall)    | Mental health services: youth              | • Would create Integrated Youth Mental Health Programs with sites across the state based on headspace model using MHSA dollars  
• **Headspace model on which this is based includes telehealth**                                                                                                                                                                 | Sent to Assembly Appropriations       |
| S.B. 66 (Atkins and McGuire) | Medi-Cal: FQHCs and RHCs                 | • Would allow for max. of 2 visits per day to FQHC or RHC under PPS rate if second visit is for mental health or dental visit  
• **Opportunity to advocate for visits to be via telehealth, and not just in-person**                                                                                                                                              | Sent to Assembly Appropriations       |
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<td>S.B. 612 (Pan)</td>
<td>Health care data reporting</td>
<td>• Requires DOI and DMHC regulated products and medical groups to report to OSHPD on services and supports that are geographically located close to enrollees, or that are offered nontraditional settings, such as telehealth</td>
<td>Held in Senate Appropriations</td>
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