California Telehealth Policy Proposals for Medi-Cal

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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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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- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
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
# Telehealth Policy Changes in COVID-19

## Federal

<table>
<thead>
<tr>
<th>Medicare Issue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Limit</td>
<td>Waived</td>
</tr>
<tr>
<td>Site limitation</td>
<td>Waived</td>
</tr>
<tr>
<td>Provider List</td>
<td>Expanded</td>
</tr>
<tr>
<td>Services Eligible</td>
<td>Added additional 80 codes</td>
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<tr>
<td>Visit limits</td>
<td>Waived certain limits</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video, Phone, some srvs</td>
</tr>
<tr>
<td>Supervision requirements</td>
<td>Relaxed some</td>
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<tr>
<td>Licensing</td>
<td>Relaxed requirements</td>
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<tr>
<td>Tech-Enabled/Comm-Based</td>
<td>More codes eligible for phone &amp; allowed Pts/OTs/SLPs &amp; other use</td>
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## Medicaid

<table>
<thead>
<tr>
<th>Medicaid Issue</th>
<th>Change</th>
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<tbody>
<tr>
<td>Modality</td>
<td>Allowing phone</td>
</tr>
<tr>
<td>Location</td>
<td>Allowing home</td>
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<tr>
<td>Consent</td>
<td>Relaxed consent requirements</td>
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<tr>
<td>Services</td>
<td>Expanded types of services eligible</td>
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<tr>
<td>Providers</td>
<td>Allowed other providers such as allied health pros</td>
</tr>
<tr>
<td>Licensing</td>
<td>Waived some requirements</td>
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- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

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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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>All Medi-Cal services covered for live video and store-and-forward. E-consult also covered.</td>
<td>Allows for all sites including the home. Removed limitations for FQHCs/RHCs</td>
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<thead>
<tr>
<th>PROVIDER</th>
<th>MODALITY</th>
</tr>
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<tbody>
<tr>
<td>All Medi-Cal enrolled providers</td>
<td>Allowed audio-only</td>
</tr>
</tbody>
</table>
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.
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
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
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

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

**Telehealth**
- 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

**Communication 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
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 Website – cchpca.org


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