## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>5 min.</td>
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<tr>
<td>Debrief Telehealth Assembly Hearings</td>
<td>10 min.</td>
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<tr>
<td>DHCS Telehealth Policy Recommendations &amp; Trailer Bill Language Fact Sheet</td>
<td>10 min.</td>
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<tr>
<td>Webinar and Fact Sheet Discussion</td>
<td>15 min.</td>
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<tr>
<td>Next Steps and Wrap-up</td>
<td>10 min.</td>
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Coalition Priorities for 2021

- Make temporary coverage expansions permanent and expand access to new modalities
- Build the evidence base for telehealth in California
- Bridge the digital divide and addressing health equity
- Advance state leadership on telehealth and health IT
## Education Committee Work Plan 2021

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Host webinar on a key topic</td>
<td>Host webinar on a key topic</td>
<td>Host webinar on a key topic</td>
<td>Host Policy Briefing</td>
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<tr>
<td>Develop and publish 2 fact sheets on Key Topics</td>
<td>Develop and publish 2 fact sheets on Key Topics</td>
<td>Develop and publish 2 fact sheets on Key Topics</td>
<td>Host Annual meeting</td>
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<tr>
<td>Oversee strategic communications work with regular reports from chairs</td>
<td>Oversee strategic communications work with regular reports from chairs</td>
<td>Oversee strategic communications work with regular reports from chairs</td>
<td>Oversee strategic communications work with regular reports from chairs</td>
</tr>
<tr>
<td>Review and finalize charter for 2021</td>
<td>Develop a telehealth data clearinghouse on our website</td>
<td>Discuss proposed Physician Fee Schedule Changes and craft response</td>
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<tr>
<td>Chair outreach to administration and legislative staff to formally introduce the Coalition</td>
<td>Create a state telehealth report</td>
<td></td>
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<tr>
<td>Develop and launch recruitment strategy</td>
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<tr>
<td>Coordinate on policy and initiative tracking (e.g., CalAIM, Master Plan on Aging)</td>
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Assembly Health Telehealth Informational Hearing

Date: February 23

Agenda:

I. Opening Remarks by Assemblymembers

II. Overview of the Telehealth Law and Policy in California
   I. Mei Kwong, JD, Executive Director, Center for Connected Health Policy

III. What is the Current State of the Evidence on Telehealth?
   I. Garen Corbett, MS, Director, California Health Benefits Review Program

IV. What Should the Post-Pandemic Regulatory and Payment Landscape Look Like for Telehealth?
   I. Ateev Mehotra, MD, Associate Director of Health Care Policy and Medicine, Harvard Medical School
   II. Yohualli B. Anaya, MD, MPH, Assistant Clinical Professor, Department of Family Medicine, Family Medicine Clerkship, Co-Chair, David Geffen School of Medicine UCLA

V. Department of Health Care Services Proposed Changes to Telehealth Policy
   I. Will Lightbourne, Director, Department of Health Care Services
   II. Jacey Cooper, Chief Deputy Director, Department of Health Care Services

VI. Public Comment

Key Takeaways:

- Cost concerns, health equity major competing interests in continuing telehealth coverage in Medi-Cal
- Competing definitions for and against “payment parity” have reappeared
- Cost and quality of telephonic services at issue
- Potential for Medi-Cal telehealth coverage to slide backwards, especially for FQHCs/RHCs
Assembly Health HIE Informational Hearings

Date: March 2, 2021

Agenda:

I. Opening Remarks by Assemblymembers

II. Priorities for California: Jonah Frohlich, Manatt Health Strategies Author, “Expanding Payer and Provider Participation in Data Exchange: Options for California”

III. Stakeholder Perspective
   I. California Medical Association
   II. California Pan-Ethnic Health Network
   III. Inland Empire Health Plan
   IV. Partnership Healthplan of California
   V. Riverside County Medical Association

IV. Public Comment

Key Takeaways:

- High interest in expanding health information exchange across California
- Competing visions of whether HIE focus should be regional or statewide
- Differing views on whether new ONC/CMS rules, national networks satisfy interoperability needs
DHCS Telehealth Policy Recommendations & Trailer Bill Language

See Fact Sheet

HIGHLIGHTS OF PROPOSED CHANGES IN COMPARISON TO Pre & DURING COVID POLICIES

<table>
<thead>
<tr>
<th></th>
<th>Pre-COVID</th>
<th>COVID Temporary Changes</th>
<th>Proposed Permanent Changes (DHCS)</th>
<th>Trailer Bill Language</th>
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<tbody>
<tr>
<td><strong>PARITY:</strong></td>
<td></td>
<td></td>
<td></td>
<td>A asynchronous and telephonic would be subject to utilization management policies established by DHCS</td>
</tr>
<tr>
<td>Allow reimbursement for live video &amp; store and forward based upon provider’s decision if certain conditions met. Option not available to FQHCs/RHCs. While not explicitly stated, payment parity appeared provided for both modalities</td>
<td>Allow for payment parity for live video &amp; store and forward based upon provider’s decision if certain conditions met. Allow this option to FQHCs/RHCs. Payment parity in fee-for-service &amp; managed care.</td>
<td>Allow payment parity for synchronous telehealth including for FQHCs. Separate pay schedule for asynchronous and telephonic.</td>
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<tr>
<td><strong>No audio-only</strong></td>
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<td></td>
<td>Cannot establish relationship through audio-only in Drug Medi-Cal</td>
</tr>
<tr>
<td>Allow audio-only as a modality if certain conditions met</td>
<td>Allow audio-only for Drug Medi-Cal. No parity of payment. Separate fee schedule may be established.</td>
<td>Allow RPM for established patients as well as audio-only and other virtual communication. All are subject to separate fee schedule. FQHC/RHCs not allowed to use.</td>
<td></td>
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<tr>
<td>RPM not reimbursed</td>
<td>N/A</td>
<td></td>
<td></td>
<td>hospital will specify what services and what providers can utilize RPM</td>
</tr>
<tr>
<td>Allow for the use of telehealth to be part of a submitted plan to meet network adequacy.</td>
<td>N/A</td>
<td>N/A</td>
<td>Medi-Cal managed care plan may use clinically appropriate synchronous interaction as way of annual compliance with time or distance standards. Must submit plan to DHCS for approval.</td>
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Webinar Proposal: California Telehealth Policy Update

**Purpose:** Educate stakeholders on legislative and administrative proposals for telehealth coverage post-pandemic

**Timing:** Late March/ April

**Panelist Ideas:**
- LAO Representative
- DHCS
- Consumer group (e.g., The Children’s Partnership)
- FQHC Representative
- Medi-Cal Managed Care Plan Representative
- Other?

**Accompanying Fact Sheet:**
- CCHP Fact Sheet on DHCS Proposal
- Fact Sheet on 2021 Bills
Webinar Planning Discussion- Webinar #2

**Webinar Proposal:** Audio-only telehealth

**Purpose:** Educate stakeholders on audio-only telehealth: what it is, the current and proposed state for coverage and reimbursement, and the evidence base

**Timing:** Late April/May

**Panelist Ideas:**
- Patient/caregiver (e.g., AARP member)
- Telehealth researcher (e.g., Lori Uscher Pines, RAND)
- Health system representative (e.g., Farhan Fadoo, CEO, San Joaquin General Hospital)
- Health plan representative (e.g., Malaika Stoll, BSC)

**Accompanying Fact Sheet:** What is audio-only telehealth?
- Definition
- Coverage and reimbursement
- Evidence base
Next Steps

- Sent out webinar invitation
- Draft and review fact sheets
- Develop webinar materials and reach out to speakers
- Discuss and develop recruitment strategy
Appendix
Subgroup Administration

- **Meeting Cadence:** Monthly through the end of 2020
- **Membership:** Open to all Coalition members
- **Staff Contacts:**
  - Mei Kwong: meik@ccpca.org
  - Robby Franceschini: robbby.franceschini@bluepathhealth.com
Priority 1: Make temporary coverage expansions permanent and expand access to new modalities

Example work:

- Support payment parity for Medi-Cal Managed Care
- Support remote patient monitoring coverage for Medi-Cal and commercial plans
- Support continued FQHC/RHC coverage for telehealth
- Work with members to highlight patient stories on webinars, other materials aimed at policymakers and consumers
Priority 2: Build the evidence base for telehealth in California

Example work:

- Showcase research on monthly calls
- Develop a telehealth data clearinghouse on our website and leverage members’ data dashboards
- Release annual report for DHCS and the state legislature - align publication date with Fall Briefing
- Host Capitol Briefing in Fall 2021 (third annual)
- Host and co-host educational webinars. Key Topics: Equity, Telehealth & Triple Aim, RPM, broadband policy/Lifeline program, interoperability
Priority 3: Bridge the digital divide and addressing health equity

Example work:

- Promote heightened standards for broadband access and consumer subsidies for smartphones and internet access
- Demonstrate and build evidence base on the efficacy and quality of telephonic visits
- Track and highlight distribution of internet access/telehealth across communities (i.e., geographies, communities of color, the disabled community, older adults, teens and young adults)
- Identify resources for additional telehealth adoption including grants and technical assistance
Priority 4: Advance state leadership on telehealth and health IT

Example work:

- Advocate for state coordination on telehealth and related IT issues (i.e., telehealth integrations, public health reporting, health information exchange)
- Track regulatory requirements and required updates
- Conduct outreach to state agencies on telehealth policy in 2021
- Emphasize the need for modernization of telehealth and data sharing through state policy initiatives (i.e., CalAIM, Managed Care procurement)