Telehealth and COVID-19

How to Protect and Expand Telehealth Coverage in California

California Telehealth Policy Coalition

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Telehealth policy falls under the purview of several state agencies and must consider all stakeholders including payers, providers, and patients. For example, quality telehealth requires policy that ensures providers are compensated for their work and that patients have access to secure broadband services. Below are more examples of the interconnected priorities that support the successful implementation of telehealth.

COVERAGE & BILLING	PROVIDER PRACTICE	PROVIDER SUPPORT	CONSUMER PROTECTIONS
• Requirements for telehealth coverage • Originating site requirements • Federally Qualified Health Center and Rural Health Center policies • State Medicaid billing system • Network adequacy considerations	• Plan credentialing and administrative requirements • Medi-Cal enrollment • Licensing • Scope of practice • Malpractice insurance • Triage protocol • Tele-prescribing	• Grant funding for technical assistance and implementation • Telehealth training in medical education • Transparency and uniformity in plan policies • Sharing of best practices	• Data privacy and security • Consumer education • Health plan member materials • Broadband access • Mobile device access

In response to COVID-19, significant telehealth policy changes were temporarily enacted on the federal and state levels. Although California had a policy landscape more favorable to telehealth than many other states did, California was not completely without its barriers at the start of COVID-19, particularly in how Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) were able to utilize telehealth.

The spread of COVID-19 has ushered in an expansion in policies supportive of telehealth. However, many policies expire when the current public health emergency ends.

Many of the temporary changes outlined on the next page have been linked to the federal declaration of a public health emergency. **Once the public health emergency ends, policy will revert back to the pre-COVID-19 state that could leave many patients who have relied on receiving services via telehealth going without, and providers and clinics who have invested in telehealth with lost investment.** This abrupt "cliff effect" could have significant impacts on patients and providers. The question now becomes, what policies should remain permanent and when must policymakers act to avoid these significant impacts?

Overview Of Telehealth Policy Changes Made

ISSUE	MEDICARE	MEDI-CAL	COMMERCIAL HEALTH PLANS
Geographic Limitation	Waived	N/A – Did not have limitation pre-COVID-19	N/A – Did not have limitation pre-COVID-19
Site Limitation	Waived	Waived restrictions for FQHCs/RHCs	N/A – Did not have limitation pre-COVID-19
Provider Limitation	Opened to all eligible Medicare Providers	Allowed greater flexibilities to providers at FQHCs/RHCs	DMHC requested plans not limit provider types eligible for reimbursement
Services Eligible	Increased list of codes from approx. 100 eligible codes to 240	DHCS required Medi-Cal Managed Care Plans to cover telehealth services to the same extent as in-person equivalents	DMHC required health plans to cover telehealth services to the same extent as in-person equivalents
Payment Parity	N/A – Medicare already paid for telehealth services at the same rate as in-person equivalents	DHCS required Medi-Cal Managed Care Plans to cover telehealth services at same rate as in-person equivalents	DMHC required health plans to cover telehealth services at same rate as in-person equivalent
Billing Frequency Limitations	Waived certain limitations	N/A	N/A
Modality	Live video & allowed some services to be delivered via audio-only phone	Expanded coverage to include phone as a modality to deliver services	Expanded coverage to include phone as a modality to deliver services
Licensing	Relaxed Medicare requirements	Limited exceptions for certain facilities that apply for a waiver through the California Emergency Services Agency	Limited exceptions for certain facilities that apply for a waiver through the California Emergency Services Agency

For California, necessary policy changes for 2021 include:

- Continue to require payment for the use of telephone to deliver services, including for FQHCs and RHCs.
- Continue to allow FQHCs and RHCs to provide services to their patients in the home.
- Expand payment parity for telehealth-delivered services to Medi-Cal Managed Care.
- Require reimbursement of remote patient monitoring and e-consult in Medi-Cal, including for FQHCs and RHCs.
- Allow FQHCs and RHCs to establish a patient-provider relationship via telehealth.
- Create more provider education materials on how to bill for telehealth.
- Generate more patient education on the availability of telehealth and how to access it.
- Update outdated forms that don't allow billing for telehealth.

California has the opportunity to learn from COVID-19 so that when our next major emergency occurs, the state and its providers are prepared to use telehealth to meet Californians' needs.

The California Telehealth Policy Coalition

The coalition is the collaborative effort of over 80 statewide organizations and individuals who work collaboratively to advance California telehealth policy. The group was established in 2011 when AB 415 (The Telehealth Advancement Act) was introduced and continues as telehealth becomes integral in the delivery of health services in California. Convened by the Center for Connected Health Policy, the coalition aims to create a better landscape for health care access, care coordination, and reimbursement through and for telehealth.

Visit the coalition online at **www.cchpca.org/about/projects/california-telehealth-policy-coalition**.