

# Expert Telehealth Stakeholder Meeting

January 31, 2013



# Welcome

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**Medical Director**

**Department of Health Care Services (DHCS)**



# Purpose of Today's Meeting

Provide overview of and DHCS's proposed implementation plan for Assembly Bill (AB) 415

Learn from leading national experts in the field of Telehealth:

- Current Practice Models & Provider Challenges (Telehealth in California)
- Most Effective Uses for Telehealth: What the Evidence Shows Us
- How Telehealth Can Benefit Medi-Cal Populations (*What We've Learned from Telehealth in Other States' Medicaid Programs*)

Provide opportunity for expert stakeholders to:

- Provide input on Medi-Cal's DRAFT Telehealth Policy Changes
- Discuss current and future use of Telehealth in Medi-Cal

# Framing Our Discussion

In addition to ensuring access to health care, DHCS is committed to achieving the highest levels of quality.

# Framing Our Discussion

## (continued)

### Components of the DHCS Quality Strategy:

Three linked goals:

1. Improve the health of all Californians
2. Enhance quality, including the patient care experience, in all DHCS programs
3. Reduce the Department's per capita health care program costs

# Framing Our Discussion

(continued)

## Other Drivers of DHCS's Quality Strategy

- Commitment to eliminating overuse, ineffective services, and avoidable complications, and providing safe, effective care
- Medicaid 1115 Waiver, the *Bridge to Reform*
- Patient Protection and Affordable Care Act

# AB 415 Overview

**Seleda Williams, MD, MPH**

**Public Health Medical Officer III**

**Department of Health Care Services**



# AB 415 Overview

## (continued 1/4)

In January 2012, DHCS convened an internal workgroup with the focus of determining:

- necessary updates to Medi-Cal's current "telemedicine" policy to ensure compliance with AB 415; and
- the impact AB 415 on Medi-Cal programs

# AB 415 Overview

## (continued 2/4)

### AB 415:

- established the Telehealth Advancement Act of 2011
  - *This was an update to the Telemedicine Development Act of 1996, which established telemedicine as a legitimate means of receiving health care services and provided parameters for reimbursement in both private and public health coverage plans*
- replaced the word “telemedicine” with “telehealth” in five sections of state law to reflect a broader range of health services

# AB 415 Overview

## (continued 3/4)

### AB 415:

- revised and updated previous law (removed barriers) to facilitate the advancement of Telehealth as a service delivery mode in the delivery of health care
- received no opposition
- passed unanimously in both houses
- became law January 1, 2012

# AB 415 Overview

## (continued 4/4)

- Allows for broader use of technology by more providers without restrictions on settings
- Defines Telehealth as the *mode of delivering health care services and public health via information and communication technologies*
  - Eliminated definition of telemedicine as interactive, audio, video, or data communication involving real time or near real time two-way transfer of medical data and information
- All confidentiality laws apply

# AB 415 Overview – Medi-Cal (continued 1/3)

- Gives Medi-Cal greater flexibility to reimburse providers for a wide range of Telehealth services
- Does not require Medi-Cal to add benefits and/or services, but allows Medi-Cal to determine services that are appropriately provided through Telehealth, subject to reimbursement policies
- Does not provide funding to Medi-Cal

# AB 415 Overview – Medi-Cal (continued 2/3)

- Prohibits Medi-Cal from requiring in-person contact for services appropriately provided through Telehealth
- Deletes prohibition against Medi-Cal paying for phone calls, emails, faxes, and phone calls between providers
- Eliminates 2013 sunset date for store and forward teledermatology and teleophthalmology
  - Otherwise did not change store and forward law

# AB 415 Overview – Medi-Cal (continued 3/3)

- Eliminates requirement that providers document a barrier to a face-to-face visit
- Eliminates restrictions on the types of settings at both the originating and distant sites
- Eliminates the requirement that providers document written consent for Telehealth services
  - Providers at the originating site must document verbal consent

# CMS & Telehealth

- CMS distinguishes between telemedicine and Telehealth
- Telemedicine is not a “distinct service”
- Telemedicine is “cost-effective alternative to face-to-face medicine”
- Reimbursement “must satisfy federal requirements of efficiency, economy and quality of care”
- General Medicaid requirements of comparability, statewideness, and freedom of choice do **not** apply with regard to telemedicine services

<https://www.cms.gov/telemedicine/>

# Medi-Cal's DRAFT Teleheath Policy

**Tyrone Adams, MD, JD**  
**Senior Medical Consultant II**  
**Department of Health Care Services**



# Current Medi-Cal Policy

Current Medi-Cal Policy for Telemedicine authorizes:

- **Telemedicine**

  - E&M and psychiatric codes

- **Store and forward**

  - Teledermatology and teleophthalmology

- **Reimbursement for transmission costs**

  - Originating site facility & per-minute transmission fees

# Current Medi-Cal Policy (continued 2/3)

## **Current Medi-Cal Policy for Telemedicine requires:**

- Verbal and written consent
- Providers document a barrier to a face-to-face visit
- Interactive audio, video or data communication in real-time or near-real time
- Audio-video systems must meet certain standards
- Providers must be licensed where they performed service via telemedicine
- Medi-Cal does not pay for phone calls, emails, or faxes

# Current Medi-Cal Policy (continued 3/3)

Sites	Types of settings
Originating sites	Offices of physicians or practitioners, critical access hospitals, rural health clinics (RHCs), and Qualified Health Centers (FQHCs)
Distant sites	Location where the physician or practitioner provides professional services via telecommunications

# Proposed Changes to Medi-Cal's Policy

## **Proposed Changes to Medi-Cal's Policy for Telemedicine include:**

- Updating the term “Telehealth” except when making a distinction for “telemedicine”
- Removal of the requirement to document barriers
- Removal of the written consent requirement
- Removal of the limits on type of setting for originating & distant sites

# Proposed Changes to Medi-Cal's Policy (continued)

## **Proposed Changes to Medi-Cal's Policy for Telemedicine:**

- Clarifies practitioners of Telehealth must be licensed in California
- Allows interpretation and reports of X-rays & electrocardiograms to be billed as a Telehealth transmission
- Retains policy that Medi-Cal does not reimburse for phone calls, emails, or faxes
- Retains current E&M and psychiatric CPT-4 codes & transmission reimbursement policies

# Q&As