



Telehealth in Medi-Cal

Presented by:

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Telehealth Policy Updates

- DHCS shared the draft Telehealth policy documents, including Provider Manual Section “Medicine: Telehealth” and draft All Plan Letter, to more than 1,500 stakeholders statewide on October 25, 2018.
- DHCS received feedback from more than 30 organizations.
- Responses to all comments are available at <https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>



Highlights of Proposed Policy

- Allows Medi-Cal providers flexibility to determine if a particular service or benefit is clinically appropriate for telehealth via audio-visual two-way real time communication.
- Places no limitations on originating or distant sites.
- Implements Place of Service Code 02 and modifier 95 for services delivered via telehealth.
- Maintains modifier GQ for store and forward, originating site fees, and transmission fees.
- Authorizes e-consults under the auspice of store and forward.



Policy Updates: Benefits or Services Covered

Stakeholder feedback:

- Does Medi-Cal's telehealth policy address remote patient monitoring? What codes are being used?
- Will DHCS provide a specific list of services that may be provided via telehealth?
- Will DHCS ensure alignment and coordination of telehealth across program lines, such as California Children's Services?



Policy Updates: Documentation Requirements

Stakeholder feedback:

- Who is responsible – the originating site or distant site provider – for maintaining documentation of consent?
- What type of documentation is required to substantiate the appropriateness of services provided via telehealth?



Policy Updates: Consent

Stakeholder feedback:

- DHCS should remove the word “informed” from the consent requirements for telehealth.
- DHCS should allow written and verbal consent.
- Asynchronous communications do not involve patients directly, so documentation of consent should not be required (e-consult, teledermatology, etc.)
- Can telehealth consent be rolled up into other consent documents, such as “Conditions of Admission”?



Policy Updates: E-Consults

Stakeholder feedback:

- DHCS should consider reimbursing for CPT-4 codes for e-consults that CMS recently approved for Medicare.
- DHCS should remove or greatly decrease time requirements for less complicated e-consults that last less than 30 minutes.



Policy Updates: Provider Enrollment Requirements

Stakeholder feedback:

- Please remove the requirement that a provider reside in California and allow out-of-state providers for telehealth. DHCS should allow interstate licensing agreements.
- Please clarify that both a billing provider rendering services via telehealth and a rendering provider must be licensed in the State of California.



Managed Care: All Plan Letter

Stakeholder feedback:

- The APL should clarify who is responsible – the patient, health care provider, or managed care plan (MCP) – for providing the equipment needed for synchronous telehealth.
- The APL seems to require the telehealth provider be available to all members in the service area, not just members assigned to a particular medical group. This may create an incentive for a MCP to use a telehealth vendor, unless each medical group can provide telehealth to all members in the service area.
- Ensure consistency between DHCS policy guidance in the Medi-Cal Provider Manual and the APL.



Provider Manual: Family-PACT

Stakeholder feedback:

- The definition of “asynchronous store and forward” should be updated to require the use of a secured mobile application to support consultation between interdisciplinary health care teams.
- The Family-PACT eligibility determination should be allowed remotely.



Dental Provider Handbook

Stakeholder feedback:

- The existing language states that “live transmissions are only to be used at the beneficiary’s request.” A dental provider’s professional judgment should also be considered when it comes to live transmissions requests.
- Is the “within 30 days” window to allow for an “in-person” consultation following a virtual visit in conflict with existing time/access standards?



Provider Manual: FQHCs/RHCs and IHS-MOAs

Stakeholder feedback:

- FQHCs, RHCs, and IHS-MOAs are not provided with the same flexibility to decide whether services could be delivered via live video or store-and-forward as other providers. The definition of a “visit defined” eliminates the ability of these entities to be reimbursed for services via store-and-forward.
- Are e-consults allowed for FQHCs, RHCs, and IHS-MOA clinics?



Comments? Questions?

On behalf of DHCS, we want to thank you for your helpful comments and feedback.

The information provided has been invaluable in further informing our internal efforts around this policy clarification.

For additional questions or comments related to DHCS' telehealth policy, please email: Medi-Cal_Telehealth@dhcs.ca.gov