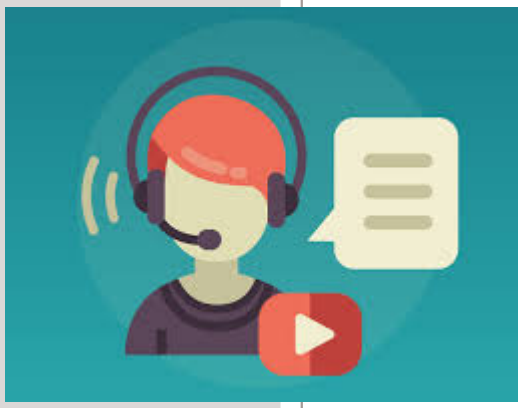
ITUP POLICY FORUMS

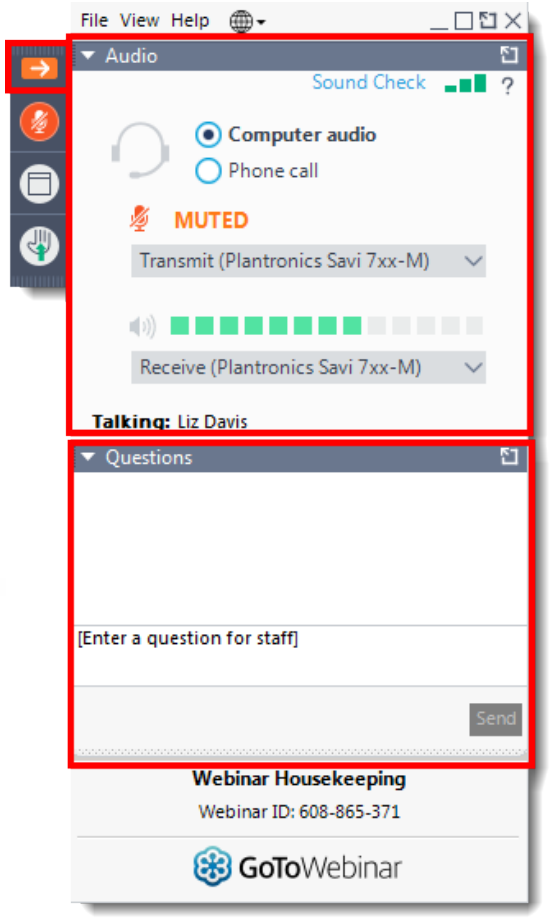
Telehealth and COVID-19: What's Next and Why?

December 8, 2020

ITUP
Insure the Uninsured Project

Welcome to the Webinar!





Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments at any time via the Questions panel

Reminder: Today's presentation is being recorded and will be available within 48 hours.

ITUP
Insure the Uninsured Project

Who We Are

Insure the Uninsured Project

- Nonpartisan, independent 501 (c)(3) organization, founded in 1996
- The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of Californians
- ITUP implements its mission through policy-focused research and broad-based stakeholder engagement

ITUP
Insure the Uninsured Project

ITUP Vision / Values

ITUP Seeks a Health Care System that is:

Universal – All Californians are eligible for comprehensive health coverage and services, including primary, specialty, behavioral, oral, and vision health services, as well as services that address the social determinants of health

Equitable – All Californians receive health care coverage, treatment, and services that address the social determinants of health regardless of health status, age, ability, income, language, race, ethnicity, gender identity, sexual orientation, immigration status, and geographic region

Accessible – All Californians have access to coverage options and services that are available, timely, and appropriate

Effective – Health, health care, and related services that address the social determinants of health are person-centered, value-based, coordinated, and high-quality

Affordable – Coverage and services are affordable for consumers at the point of purchase and care; and, at the health system level for public and private purchasers

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Today's Agenda

ITUP POLICY FORUMS

Telehealth and COVID-19: What's Next and Why

December 8, 2020
12:00 – 2:00 p.m.

https://attendee.gotowebinar.com/register/4716181815283164943

AGENDA	
12:00 – 12:1 p.m.	**Welcome and Introductions**
12:10 – 12:40 p.m. *Includes Q&A*	**Telehealth During COVID-19: State Perspective** **Erica Bonnifield, JD**, Assistant Deputy Director for Health Care Benefits and Eligibility, Department of Health Care Services **Dan Southard**, Deputy Director, Office of Plan Monitoring, Department of Managed Health Care
12:40 – 1:50 p.m. *Includes Q&A*	**Future of Telehealth: Transforming the Delivery System and Health Equity** **Mei Wa Kwong, JD**, Executive Director, Center for Connected Health Policy **Andie Martinez Patterson, MPP**, Vice President of Government Affairs, California Primary Care Association **Diana Douglas, MA**, Policy and Legislative Advocate, Health Access **Greg Garrett, MPH**, Chief Operating Officer, Native American Health Center **Gerard Jenkins, MD, MA, MA**, Chief Medical Officer, Native American Health Center **Genevieve Flores-Haro, MPA,** Associate Director, Mixteco/Indigena Community Organizing Project **Katie Heidorn, MPA**, Executive Director, Insure the Uninsured Project (Moderator)
1:50 a.m. – 2:00 p.m.	**Takeaways and Wrap Up**
2:00 p.m.	**Adjourn**

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Telehealth During COVID-19: State Perspective

Erica Bonnifield, JD

Assistant Deputy Director for Health Care Benefits and Eligibility, Department of Health Care Services

Dan Southard

Deputy Director, Office of Plan Monitoring, Department of Managed Health Care

Medi-Cal Telehealth Policy

Erica Bonnifield
Assistant Deputy Director
Health Care Benefits & Eligibility, DHCS

Pre-COVID-19 Telehealth Policy

- Medi-Cal's telehealth policy operates as follows:
  - Has very few enumerated restrictions on Medi-Cal covered benefits or services that may be delivered via traditional telehealth.
  - Allows for the standardize the use of telehealth modalities across all delivery systems, where possible and clinically appropriate.
  - Affords substantial flexibility to enrolled, licensed Medi-Cal providers to make individualized and clinically appropriate decisions regarding the use of telehealth modalities for individual patients.
  - Supports beneficiary choice.
  - Using certain codes and appropriate modifiers to identify whether services are provided via telehealth.

Temporary COVID-19 Flexibilities

- During the COVID-19 PHE, DHCS and the federal government (via blanket waivers) has implemented broad flexibilities relative to telehealth modalities, which enabled Medi-Cal's delivery systems to adjust to meet the health needs of our beneficiaries and reduce risk of potential exposure.
- Temporary policy changes during COVID-19 PHE included:
  - Waiving site limitations for FQHC/RHC
  - Opening to all eligible Medicaid providers and services covered under CA Medicaid State Plan
  - Allowing payment parity between in-person, synchronous telehealth, and telephonic services
  - Allowing some telephonic (audio only) services
  - HIPAA, granted by the Office for Civil Rights, have expanded access to good-faith provision of telehealth through non-public technology platforms that would otherwise not be allowed

Potential Post-COVID-19 PHE Flexibilities

- DHCS will continue to evaluate what flexibilities are appropriate and/or desired to remain post-COVID-19, and will include analysis of:
  - What flexibilities are working well versus which are not.
  - Potential federal barriers.
  - Pathways for maintaining flexibilities where there are no known federal barriers.
  - Identifying other possible areas for consideration
- For those flexibilities that are identified to continue post-COVID-19 PHE, DHCS will engage stakeholders relative to policy development, and also assess what federal approvals may be required.

Questions to Consider

- What opportunities did you see in providing Medi-Cal covered benefits/services via telehealth modalities, and more specifically those additional flexibilities implemented during the COVID-19 PHE?
- What challenges and/or barriers did you experience in providing or receiving Medi-Cal covered benefits/services via telehealth modalities?
- How did Medi-Cal beneficiaries react to the use of telehealth modalities to receive Medi-Cal covered benefits/services?
- What concerns have you heard relative to the provision of Medi-Cal covered benefits/services via telehealth modalities?
- How will your own experiences and lessons learned change your approach to telehealth modalities and related health care services post-COVID-19 PHE?

DMHC Telehealth Presentation

December 8, 2020

Dan Southard, Deputy Director,
Department of Managed Health Care (DMHC)
Office of Plan Monitoring

DMHC Mission Statement

The California Department of Managed Health Care
protects consumers' health care rights
and ensures a stable health care delivery system.

Telehealth during Covid-19

- The DMHC has issued three, telehealth specific All Plan Letters (APLs) since March 18, 2020
  - **20-009** - Reimbursement for Telehealth Services (issued on 3/18/2020)
  - **20-013** - Telehealth Services (issued on 4/7/2020)
  - **20-032** - Continuation of DMHC's All Plan Letters Regarding Telehealth (issued on 9/4/2020)

Telehealth post-Covid-19

- AB 744
  - Effective January 1, 2021
  - Section 1374.13 of the Health and Safety Code was amended and is applicable to Commercial and Individual/Family and Medi-Cal Managed Care Plans
  - Section 1374.14 was added to the Health and Safety Code and is ***not*** applicable to Medi-Cal Managed Care Plans

Telehealth and Timely Access/Network Adequacy

- The DMHC has participated in the Blue Path Health E-consulting workgroup
- Telehealth Checklist (DMHC e-filing portal)
- Timely Access
- Annual Network Review

Erica Bonnifield, JD

Assistant Deputy Director for Health Care Benefits and Eligibility, Department of Health Care Services

Dan Southard

Deputy Director, Office of Plan Monitoring, Department of Managed Health Care

Q&A

Telehealth During COVID-19: State Perspective

Future of Telehealth: Transforming the Delivery System and Health Equity

Mei Wa Kwong, JD

Executive Director, Center for Connected Health Policy

Andie Martinez Patterson, MPP

Vice President of Government Affairs, California Primary Care Association

Diana Douglas, MA

Policy and Legislative Advocate, Health Access

Greg Garrett, MPH and Gerard Jenkins, MD, MA, MA

Chief Operating Officer and Chief Medical Officer , Native American Health Center

Genevieve Flores-Haro, MPH

Associate Director, Mixteco/Indigena Community Organizing Project

TELEHEALTH POLICY IN CALIFORIA

December 8, 2020
Insure the Uninsured Project

Center for Connected Health Policy®
The National Telehealth Policy Resource Center

Mei Wa Kwong, JD,
Executive Director, CCHP

CENTER FOR CONNECTED HEALTH POLICY (CCHP)

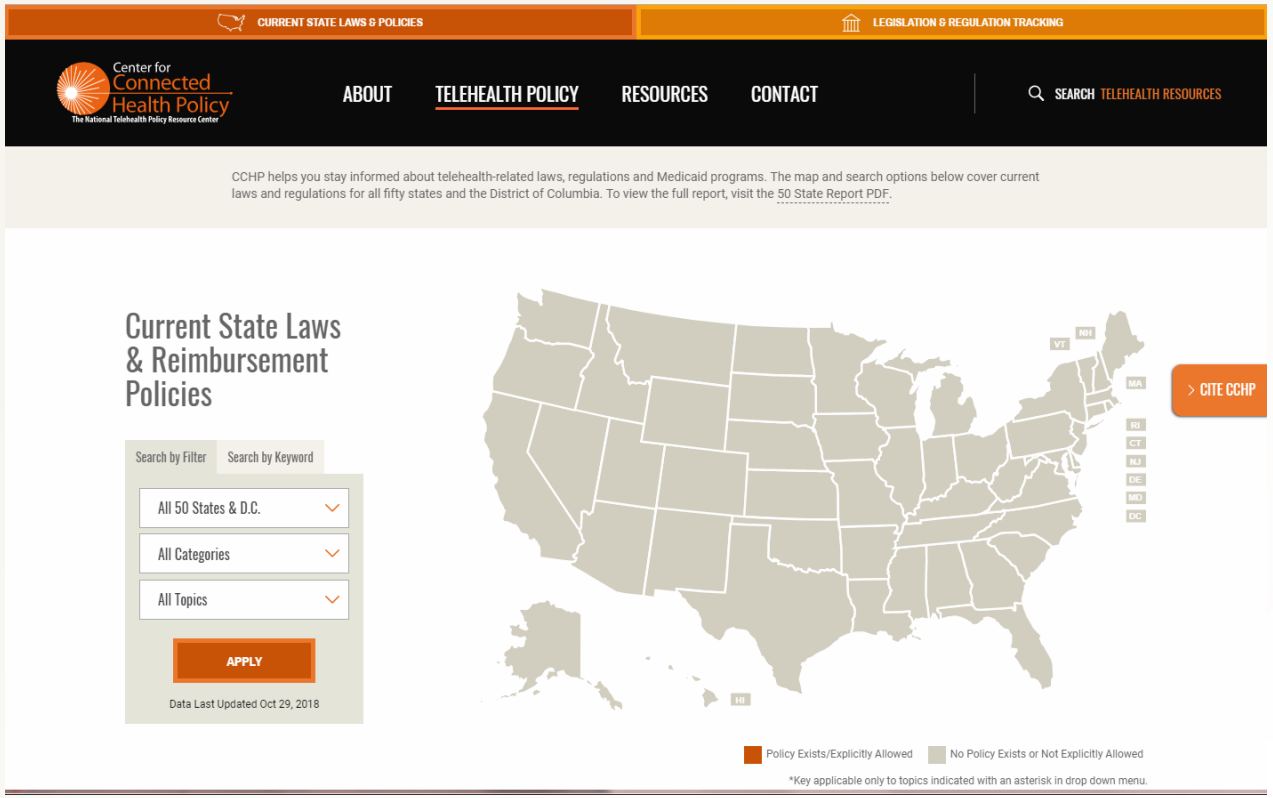
is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- 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
- 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



TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

•DEA – PHE prescribing exception/allowed phone for suboxone for OUD
•HIPAA – OCR will not fine during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

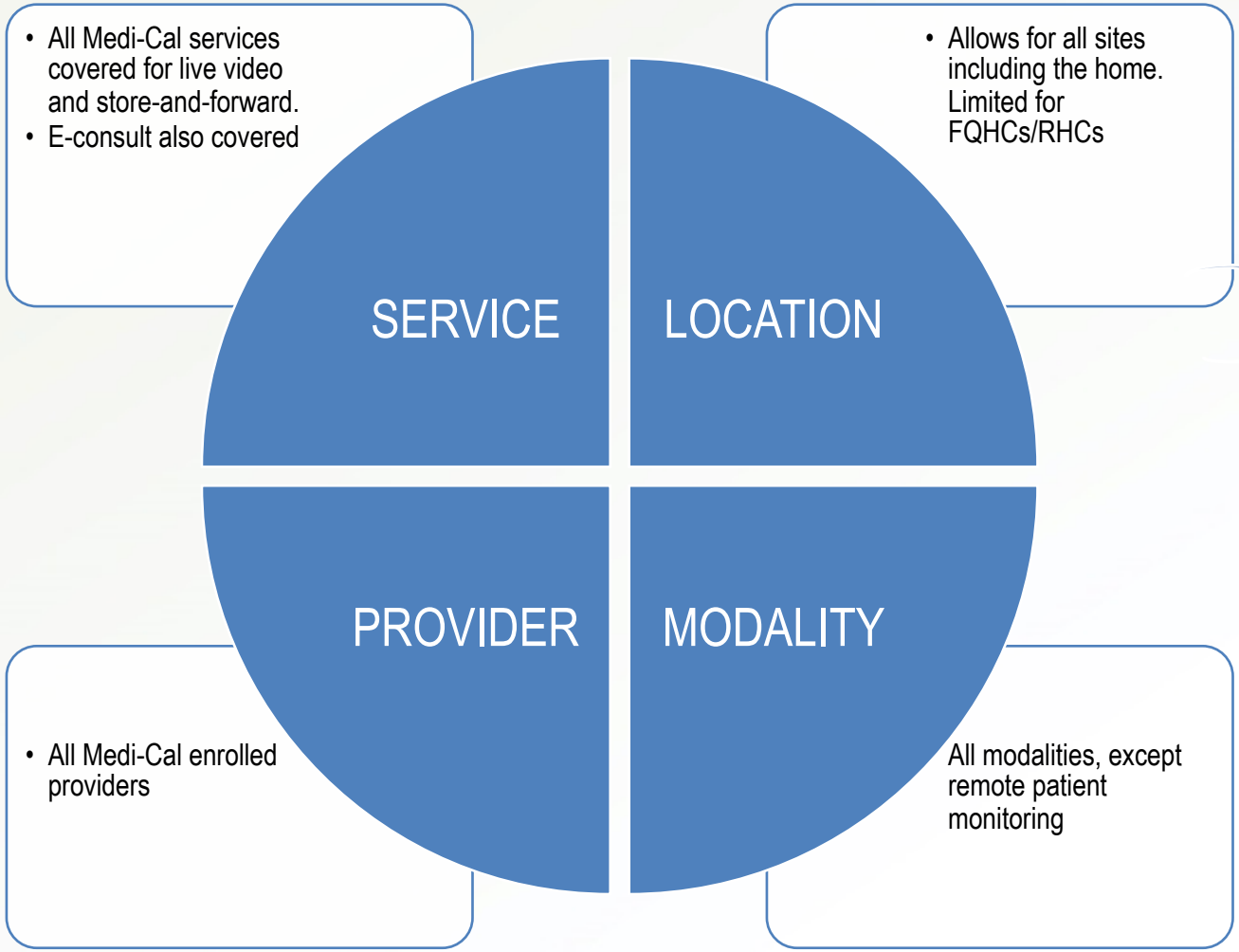
Center for Connected Health Policy
The National Telehealth Policy Resource Center

CALIFORNIA POLICY PRE-COVID-19

- **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 DURING COVID-19

Key temporary California policy changes during COVID-19:

- Medi-Cal and commercial plans are required to reimburse for **services provided by telephone**
- In Medi-Cal, **FQHCs/RHCs have expanded ability to recoup reimbursement for telehealth**
- Governor relaxed **consent and privacy requirements**
- Commercial health plans are required to **cover telehealth, at payment parity**
- Many temporary **changes tied to federal public health emergency (PHE)**

ISSUE	MEDI-CAL	COMMERCIAL HEALTH PLANS
Geographic Limitation	N/A – Did not have limitation pre-COVID-19	N/A – Did not have limitation pre-COVID-19
Site Limitation	Waived restrictions for FQHCs/RHCs	N/A – Did not have limitation pre-COVID-19
Provider Limitation	Allowed greater flexibilities to providers at FQHCs/RHCs	DMHC requested plans not limit provider types eligible for reimbursement
Services Eligible	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	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	N/A	N/A
Modality	Expanded coverage to include phone as a modality to deliver services	Expanded coverage to include phone as a modality to deliver services
Licensing	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

CALIFORNIA POLICY DURING COVID-19

- Where do we stand now?
  - Still only have temporary changes, nothing made permanent yet
  - No significant telehealth legislation was signed this past session
  - In Governor Newsom's veto message, DHCS "is currently in the process of evaluating its global telehealth policy to determine what temporary flexibilities should be extended beyond the COVID-19 pandemic."

COALITION RECOMMENDATIONS FOR 2021

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.

CCHP

- CCHP Website – cchpca.org
  - Telehealth Federal Policies - https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
  - State Emergency Waivers/Guidances - https://www.cchpca.org/resources/covid-19-related-state-actions
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe

Thank You!

www.cchpca.org

info@cchpca.org

COVID-19 Telehealth Flexibilities for Federally Qualified Health Centers (FQHCs)

COVID-19 Response Vision

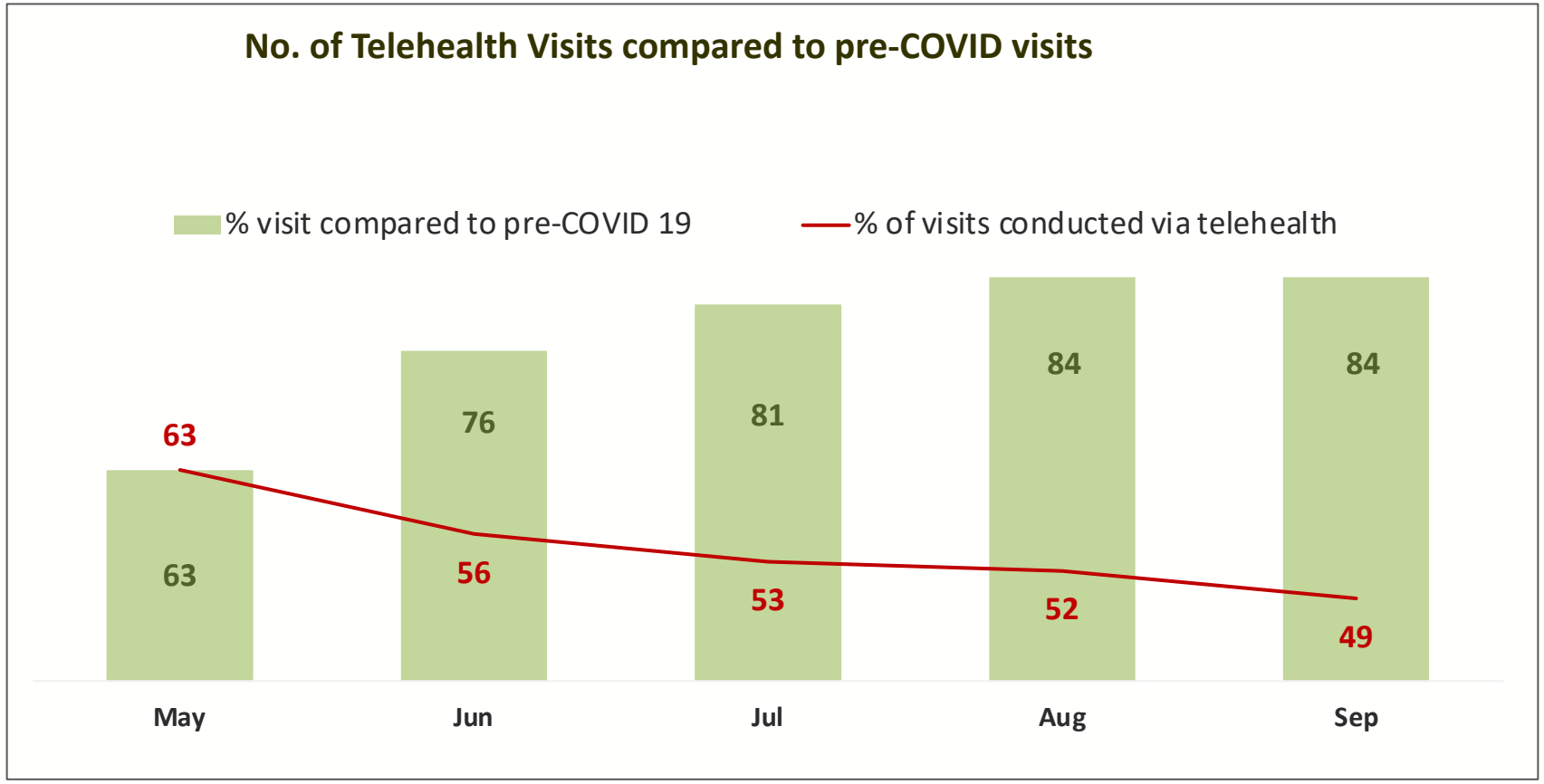
Guarantee that COVID-19 testing, treatment, and vaccine distribution recognizes the higher burden of the disease *in disproportionately impacted communities – including Black, Asian and Pacific Islander, Indigenous and Latinx persons – and places those groups at the center of COVID-19 response and recovery.*

Telehealth Policy Landscape in 2020

- **COVID-19 Shelter-in-Place/Stay-at-Home orders**
  - March 2020: FQHCs across California begin to modify operations and services; immediate implications to patient care and financial stability
- **Telehealth Flexibility**
  - Medicare: FQHCs can act as distant site providers and provide telehealth services
  - Medi-Cal: FQHCs can provide ***true*** telehealth services
    - No four-wall requirement – Patients can receive services at home or anywhere
    - No face-to-face requirement – Patients can receive telephonic (audio only) care
    - No established patient requirement – New patients can immediately use telehealth
    - Prospective Payment System (PPS) billable regardless of modality
- **Department of Health Care Services (DHCS) guidance**, Medi-Cal telehealth services must:
  - Be **clinically appropriate**
  - Meet the **procedural definition and components of the CPT or HCPCS code(s)**
  - Satisfy all laws regarding **confidentiality** of health care information and **patient's right** to his or her medical information

Telehealth Utilization

*As of November, **96%** of CHCs using telehealth, and **47%** of all visits are being conducted virtually.*

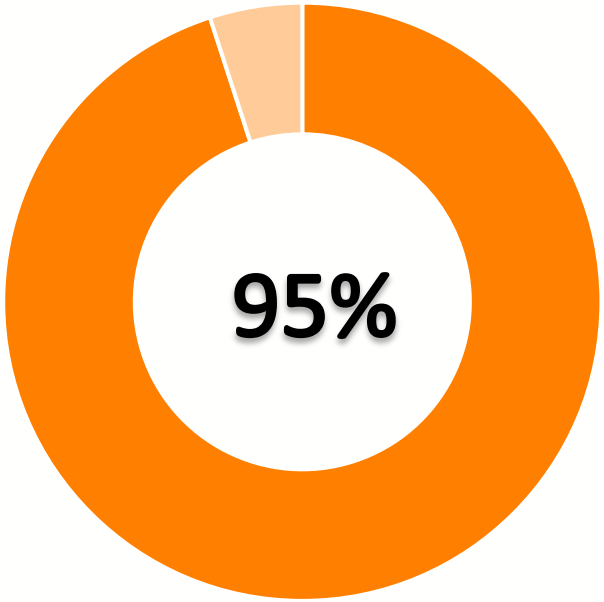


Source: HRSA BPHC Health Center COVID-19 survey collected from April 3 to November 6th. Survey data do not reflect all California Health Centers. CPCA California Telehealth Survey 2020.

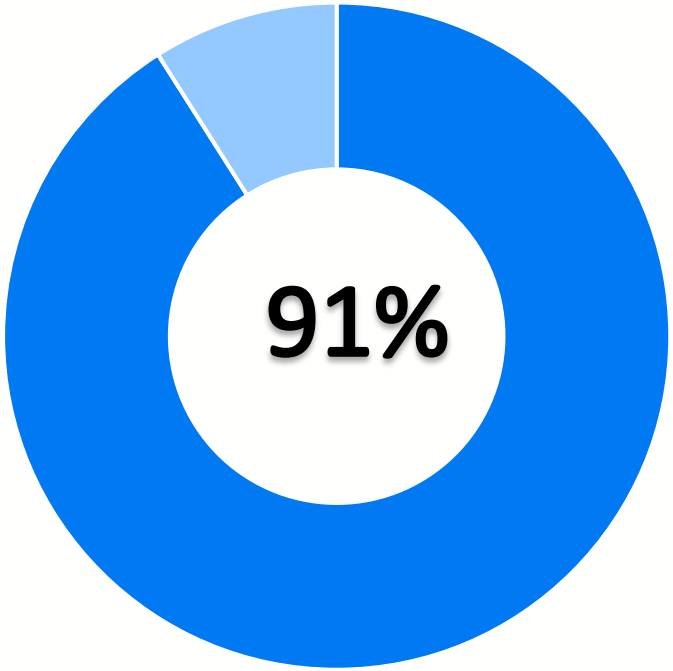
Patient Privacy & Consent

In March, HHS Office for Civil Rights announced enforcement discretion to support provider in using audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency.

Percent of CHC whose Telehealth Software is HIPAA Compliant



Percent of CHC that collect patient consent prior to *each* virtual care service

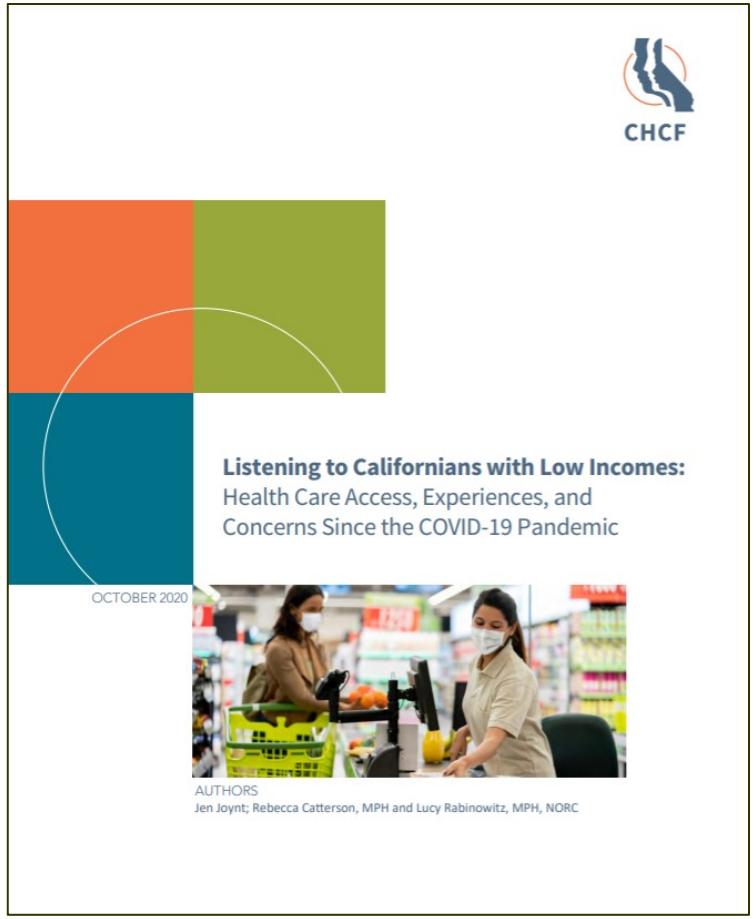


Source: CPCA's California Telehealth Survey 2020.

Patient Satisfaction

- **CHCF Statewide Survey (Oct 2020)**
  - More than **70% of respondents** reported they were more satisfied or just as satisfied with their phone visit than with their last in-person visit
  - **65% of respondents** reported they were more satisfied or just as satisfied with their video visit than with their last in-person visit
  - **68% of respondents** said they would like the option of a telephone or video visit, and **56 %** said that they would likely choose a phone or video visit over an in-person visit whenever possible

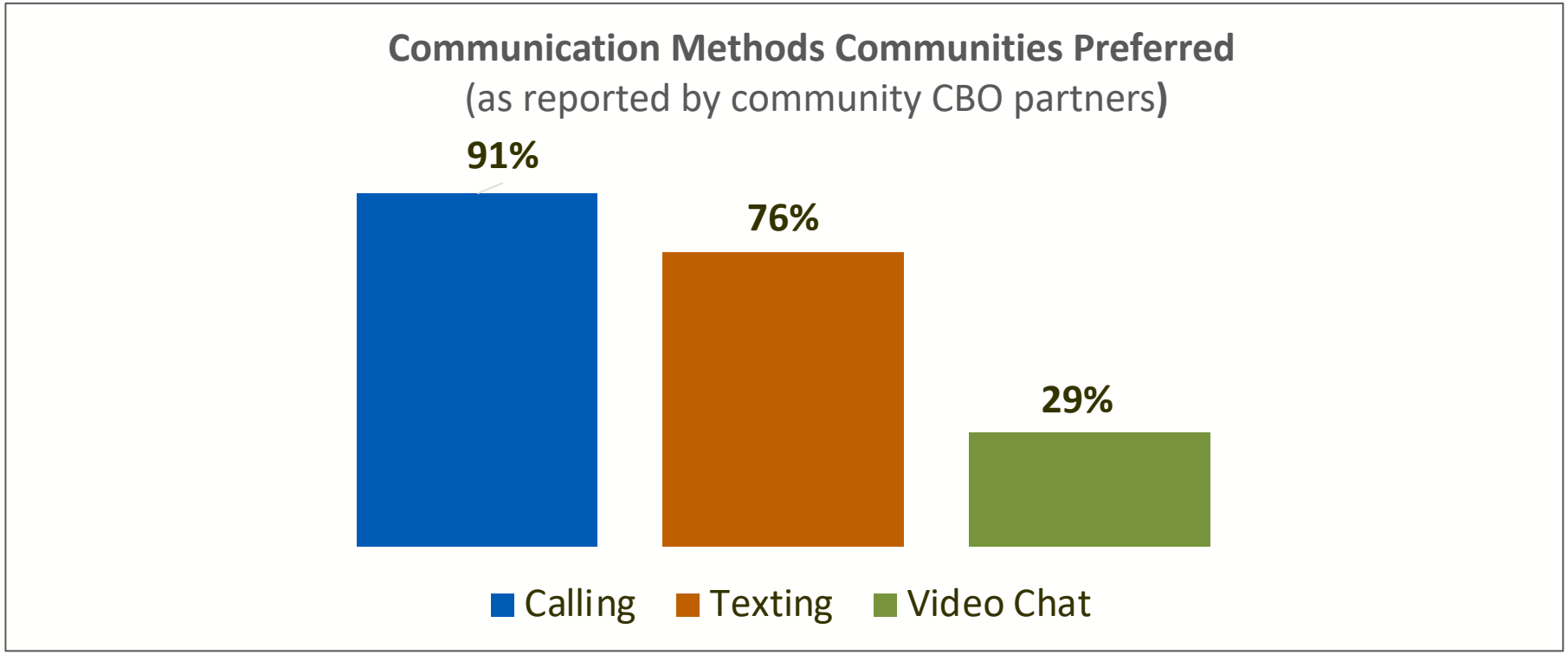
- **Other surveys**
  - Individual CHCs conducted patient satisfaction surveys that share similar results – **positive patient perception** toward telehealth, including telephonic care.
  - Other organizations (e.g. AARP, the Children Partnership, Essential Access Health) have also conducted patient satisfaction surveys.



Source: CHCF, Listening to Californians with Low Incomes: Health Care Access, Experiences, and Concerns Since the COVID-19 Pandemic. 2020. https://www.chcf.org/publication/listening-californians-low-incomes/#discrimination

The Digital Divide

Lack of access to a camera for live-video telehealth visit remains a challenge for many patients. ***CPCA Digital Divide Survey showed that the majority (> 65%) of patients have access to a cell phone, and about one-third (30% or less) have access to a laptop, tablet or desktop computer.***



Source: Digital Divide Survey distributed by CPCA to community based organizations (CBOs) working closely with patients and communities being served by CHCs. Data was collected in Summer 2020.

2021 Telehealth Priorities

- **CPCA Top Priority:** Make permanent current Medi-Cal FQHC telehealth flexibilities

- **Additional Priorities:**
  - Digital Divide: Support funding and policies that address broadband, low-cost internet access, and personal technology inequities
  - Remote Patient Monitoring: Support adding RPM as an eligible Medi-Cal covered services
  - Outreach and Enrollment: Authority to enroll and recertify patients using telehealth for all Medi-Cal programs
  - Payment Parity: Remove the Medi-Cal exemption

- **Engagement To Date**:
  - Summer 2020 Telehealth Campaign
  - Ongoing dialogue with the Administration
  - Ongoing engagement with Capitol

- **2021 Legislation**
  - Assembly member Aguiar-Curry introduced new legislation that would make permanent current telehealth flexibilities, guarantee enrollment via telehealth and payment parity for Medi-Cal
  - Senator Gonzales introduced new legislation that would improve and expand broadband access; parallel legislation by Assembly member Aguiar-Curry expected.

HEALTH ACCESS

California's Health Consumer Advocacy Coalition

Future of Telehealth – Consumer Perspectives

Diana Douglas

Policy & Legislative Advocate

www.health-access.org

Potential Benefits

Telehealth potentially offers significant benefits during the pandemic...

- **Staying home & staying safe**
- **Increased provider access**
- **Stability for providers**

… and post-pandemic!

- **Greater access**
- **No transportation burden**
- **Flexible around work/family**

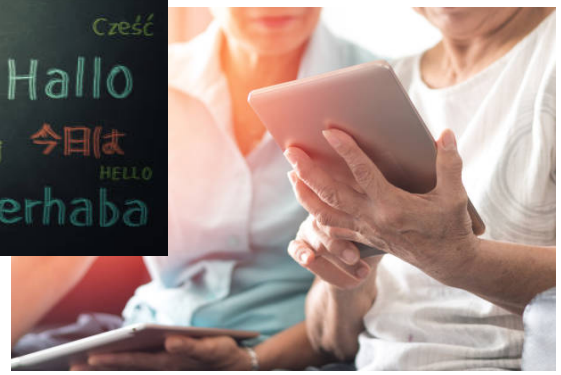
Consumer Protections

Strong consumer protections from the start ensure quality keeps up with expansion

- **Consent**
- **Privacy**
- **Choice in modality**

Equity

- **Language access**
- **Technology**
- **Quality**



Data-Driven Expansion

Expansion & evaluation should go hand-in-hand to protect consumers

- How is telehealth affecting access?
- Different experience for different populations?
- How are disparities affected by telehealth?
- Differences in physical vs behavioral health delivery?
- What health outcomes are affected by telehealth?

Thank you!

Diana Douglas
ddouglas@health-access.org

Lessons of Telehealth and the Impact on FQHC Care Delivery

Greg Garrett, MPH - COO
Gerard Jenkins, M.D., M.A., M.A. - CMO

NATIVE AMERICAN
HEALTH CENTER
Serving the community since 1972

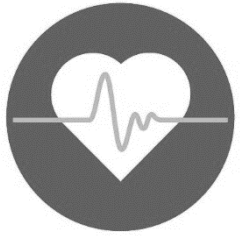
OUR **MISSION**

To improve the health and well-being of American Indians, Alaska Natives, and residents of the surrounding communities, with respect for culture and linguistic differences.

Native American Health Center (NAHC)

15 SITES

Alameda, San Francisco and Contra Costa Counties
8 School Based Health Centers
15,000 members



COMPREHENSIVE WHOLE PERSON CARE

Medical, Dental, Behavioral Health, WIC, Community Wellness Programs (SDOH) and Youth Services

NAHC COVID-19 Response

ONSITE AND MOBILE TESTING

- Onsite - 450+ tests per day (5 days per week)
- Mobile testing in community settings – 150+ test per day (3 days per week)
- 12/3/2020 surpassed 25K tests

NAHC COVID-19 Response

Required **OVERNIGHT CHANGE** to practice standards:

- From 100% in-person visits to 85% telehealth visits
- Work from home adjustments: created new protocols, distributed necessary equipment, modified staff schedules, upgraded phone technology
- Screeners at all entrances
- Weekly staff testing and installed protective barriers in staff and public areas
- Developed protocols for Telehealth and Video-health vs. In-Person
- Installed COVID isolation rooms at all locations
- Implemented Incident Command System
- Centralized all COVID inventory and supplies

Use of Telehealth and In-Person Visits

TELE-VISIT/VIDEO-VISIT

Most Useful for Stable Patients with limited comorbidities and good compliance

IN-PERSON

Most Useful for Chronic Patients w/ Multiple Co-morbidities with High-Risk of re-hospitalization

Use of Telehealth and In-Person Visits

TELEHEALTH	IN-PERSON
When the Physician-Patient relationship is well established	For new patients /re-establish care with new PCPs
For stable patients with minimal complaints Ex: URI or UTI symptoms, Rash, etc.	For complex symptoms – esp. those needing physical exam. Ex: Chest pain, Neurological symptoms, etc.
For patients with symptoms suggestive of COVID	For visits needing exams like DM eye exam and foot exam
For routine med refills and management of stable Chronic Diseases	For uncontrolled Chronic Diseases like DM Type 2, HTN, CHF, etc.
For Behavioral Health conditions like Depression, Anxiety, etc.	For Preventive Care Services like Cancer Screenings and Vaccinations
	For Well Child and Well Adolescent Visits
	Perinatal Services
	Flu Clinic

Benefits of Telehealth

ENHANCED MEMBER ENGAGEMENT

- Members reported they have more access to providers; saves time
- Helps those without paid time off
- Improved access for members who are in high risk populations, physically challenged, lack transportation and parents with children
- Piloting remote monitoring equipment integrated with EHR

DECREASED NO SHOW RATES = INCREASED BILLING

- Reflects actual demand for services

Benefits of Telehealth

- Urgent issues can be readily treated
  (e.g. rash on the arm or leg can be seen virtually
- No show rates decreased from an average of 34% to 15%
- Members are comfortable discussing sensitive topics in the comfort of home
- Increased compliance with care and improvement in health outcomes
- Decreases members' exposure to COVID-19

PROVIDER FEEDBACK

Concerns of Telehealth

In certain situations, telehealth **limits the Provider's ability to appropriately assess the patient and diagnose** the illness.

Interpreting needs can become a major barrier to effective communication.

Access to technology: Some of our members don't have reliable phone and internet services.

Technology illiteracy is challenging for our Geriatric community.

Documentation of proving good healthcare outcomes needs further time to flush out given some current constraints.

Future of Telehealth

- We predict approximately 60% Telehealth / 40% In-person
- Standardization of telehealth workflows
- Video Visits will increase
- Training of staff (Providers/MAs) is key to success
- Utilize standard templates for virtual care when possible
- Billing/Coding of virtual visits must continue to evolve
- Need for community education promoting Telehealth services

THANK YOU!

Contact Us: GregG@nativehealth.org
GerardJ@nativehealth.org

Geneveive Flores-Haro, MPA
Associate Director
Mixteco/Indigena Community
Organizing Project(MICOP)

Indigenous Migrant, Farmworkers & Telehealth

Who we are

OUR MISSION IS TO SUPPORT, ORGANIZE AND EMPOWER THE INDIGENOUS MIGRANT COMMUNITY IN CALIFORNIA'S CENTRAL COAST.

We serve 10,000 individuals annually through 19 different programs in six program areas: health and family strengthening, community organizing and advocacy, language access, education, cultural promotion and community Radio Station.

85% of our 79 staff are indigenous, as is 50% of our Board of Directors

www.mixteco.org

California's Indigenous Migrant Community

POPULATION ESTIMATES ARE 170,000 IN CALIFORNIA

- Many are monolingual in their indigenous languages, which are tonal and have geographic variants
- Life in California is fundamentally different from village life. Families are adjusting to US systems of education, medicine, bureaucracy.
- Many people are still very connected to their home village, sending money home(tequio) and participating in village associations here.
- Farmwork is seasonal and garners little pay. Many farmworkers earn less than $15,000- $20,000/year.
- Housing is extremely difficult to find/ attain and very expensive

ACCESSING TELEHEALTH

- Barriers
- Strengths
- Areas for opportunity

Community Testimony

Thank you!

genevieve.flores-haro@mixteco.org
www.mixteco.org

Q&A
Future of Telehealth: Transforming the Delivery System and Health Equity

Mei Wa Kwong, JD

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Diana Douglas, MA

Policy and Legislative Advocate, Health Access

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Thank You!

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