
Background: Telehealth Expansion

The pandemic amplified the need for telehealth flexibilities and demonstrated how telehealth increases access to healthcare services for underserved patients, especially for low-income populations and /or BIPOC (Black, Indigenous and people of color). Along with our cosponsors and Assembly member Aguiar Curry, CPCA introduced AB 32 at the end of 2020 as a bill vehicle to get permanent telehealth flexibilities post December 2022. This led to a negotiated agreement where Governor Newsom signed AB 133, which was an omnibus health trailer bill that made a commitment to maintain all current telehealth flexibilities, including PPS payment for audio-only modalities, through December 31, 2022.

Thanks to the persistent advocacy efforts by community health centers (CHCs) and the support by the legislature, the final trailer bill language contained in SB 184 includes details regarding permanent FQHC/RHC telehealth policy. This includes a commitment to payment parity for synchronous and asynchronous care, including audio only visits. There are also details regarding the establishment of patients through video synchronous interaction for FQHCs, and establishment of patients via asynchronous modalities under specific conditions. Additionally, AB 32 was signed by the Governor on September 25, 2022, further expanding access to telehealth and telephonic visits for Medi-Cal recipients post-pandemic.

Telehealth 2022 and Beyond

1. What is telehealth?

California law defines telehealth as “a mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and health care provider is at the distant site.”

2. Are current Medi-Cal telehealth flexibilities permanent?

The current Medi-Cal telehealth flexibilities will end at the end of the Federal Public Health Emergency (PHE). However, The [Governor signed the budget and related trailer bills](#), including the Health budget trailer bill, [SB 184](#). SB 184 makes clear that DHCS will be continuing coverage of and payment parity for synchronous telehealth, including both video and audio-only, as well as asynchronous telehealth modalities for all Medi-Cal providers. These are permanent telehealth flexibilities that go into effect at the end of the Federal Public Health Emergency.

3. When do the current Medicare telehealth flexibilities end?

The current Medicare telehealth flexibilities will end 151 days after the Public Health Emergency (PHE). Congress passed this extension to provide additional time to develop a solution. The PHE was last extended in October, and we expect that the PHE will get extended again in January.

Additionally, at the end of July 2022, the [Advancing Telehealth Beyond COVID-19 Act of 2021](#) passed the House and was sent to the Senate. This bill, if passed, would extend most Medicare telehealth flexibilities through December 31, 2024, if the PHE ends before that date.

4. What is considered a Telehealth Visit?

A “Visit” is generally defined as a face-to-face encounter between an FQHC (Federally Qualified Health Centers) or RHC (Rural Health Clinic) patient and a specified health care professional including a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist.

The permanent telehealth flexibility expands the definition of “visits” to include an encounter between an FQHC or RHC patient and any specified health care professionals using video synchronous interaction, audio-only synchronous interaction, or asynchronous store and forward modality.

5. [Where do providers and/or patients need to be located when rendering telehealth services?](#)

DHCS does not require the provider or Medi-Cal beneficiary to be at a specific location when providing or receiving telehealth or audio only services. Thus, providers may deliver services via telehealth or telephone from anywhere in the community, including outside a clinic and beneficiaries may receive services via telehealth or telephone in their home or in other locations.

6. [Can a provider be located physically out of the state to provide telehealth services?](#)

Yes, providers can provide telehealth services out of state so long as they are licensed in California, enrolled as a Medi-Cal rendering provider or non-physician medical practitioner, and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.

7. [Can a provider be located outside of the country when providing telehealth services?](#)

No, under [42 C.F.R 411.9\(a\)](#), telehealth services rendered outside of the United States are ineligible for Medicare reimbursement. This prohibition on payments for services provided outside the United States remained in effect during the public health emergency and was not affected by telehealth flexibilities for the COVID-19 pandemic.

8. [What is a synchronous telehealth visit?](#)

A Synchronous interaction is a real-time interaction between a patient and a health care provider located at a distant site. Synchronous telehealth happens in live, real-time settings where the patient interacts with a provider, usually via phone or video. Providers and patients communicate directly, often resulting in a diagnosis, treatment plan, or prescription.

9. [What is an asynchronous store and forward visit?](#)

“Asynchronous store and forward” means the transmission of a Forward patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient. Consultations via asynchronous electronic transmission initiated directly by patients, including through mobile phone applications, are not covered under this policy.

10. [Who falls under the definition of a “physician”?](#)

A "physician" includes a physician, surgeon, osteopath, podiatrist, dentist, optometrist, and chiropractor.

11. [Are Tribal Health centers included in the telehealth permanent flexibilities?](#)

Yes, Tribal Health centers are included in the permanent flexibilities under SB 184 and AB 32 because they are Medi-Cal providers and/or federally qualified health centers.

12. [How will FQHC/RHC’s be reimbursed for telehealth services post December 2022?](#)

A visit described in the clause above will be reimbursed at the applicable FQHC’s or RHC’s per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter. There is continued coverage of and payment parity for synchronous video, audio-only, and asynchronous telehealth modalities for FQHCs/RHCs post December 2022.

13. [Can providers establish new patients via telehealth modalities?](#)

Yes, providers may establish a relationship with new patients via synchronous video telehealth visits. An FQHC or RHC may also establish a new patient relationship through an asynchronous store and forward modality, if the visit meets all the following conditions:

- The patient is physically present at the FQHC or RHC, or at an intermittent site of the FQHC or RHC, at the time the service is performed.
- The individual who creates the patient records at the originating site is an employee or contractor of the FQHC or RHC, or other person lawfully authorized by the FQHC or RHC to create a patient record.
- The FQHC or RHC determines that the billing provider can meet the applicable standard of care.
- An FQHC patient who receives telehealth services shall otherwise be eligible to receive in-person services from that FQHC pursuant to HRSA (Health Resources and Services Administration) requirements.

14. [Can providers establish new patients via audio-only modalities?](#)

Yes, under [AB 32](#) FQHCs (Federally Qualified Health Centers), RHCs (Rural Health Clinics), and Tribal Health Centers may establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services.

“Sensitive services” includes all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence.

Additionally, An FQHC or RHC may also establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video. There is no sensitive services requirement so long as the patient requests the specific audio-only modality or, they do not have access to video.

15. Will providers be required to provide both in-person and Telehealth Modalities?

Yes, no sooner than January 1, 2024, providers utilizing audio-only synchronous interactions must also offer those same services via live video synchronous interactions. However, the department may provide exceptions to this requirement if technology barriers exist and those will be developed in consultation with stakeholders and published in a department guidance.

No sooner than January 1, 2024, providers providing services via video or audio-only also shall offer those services via in-person, face-to-face contact, or arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.

16. Do providers need Patient Consent when utilizing telehealth?

Yes, DHCS (Department of Health Care Services) requires providers to obtain consent at least **once** before the initial delivery of telehealth services. Providers must inform the patient of the following in writing or verbally:

- That patients have rights to in-person services
- The voluntary nature of telehealth and consent for the use of telehealth can be withdrawn at any time without affecting their ability to access covered Medi-Cal services in the future
- Transportation availability to in-person visits
- Potential limitations and risks specific to telehealth

Please note that DHCS is still releasing guidance on what the consent process will look like. CPCA is participating in these stakeholder meetings and will update this FAQ to reflect any additional guidance that DHCS releases.

17. Are providers required to document patient consent?

Yes, the FQHC or RHC must document in the patient’s record the patient’s consent to a telehealth visit and the patient’s verbal or written acknowledgment that the above information was received. The department shall develop, in consultation with affected stakeholders, a model language for the purposes of the communication described in this subparagraph.

18. How will visits occurring at intermittent clinic sites be reimbursed?

Visits occurring at an intermittent clinic site of an existing FQHC or RHC, in a mobile unit, and at a location added to an existing primary care clinic license by the State Department of Public Health prior to January 1, 2017, will be reimbursed at the same rate as the parent site.

19. How does the department plan to evaluate telehealth moving forward?

The department will develop a research and evaluation plan that:

- Proposes strategies to analyze the relationship between telehealth and the following: access to care, access to in-person care, quality of care, and Medi-Cal program costs, utilization, and program integrity
- Examines issues using an equity framework that includes stratification by available geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care
- Prioritizes research and evaluation questions that directly inform Medi-Cal policy