



Medi-Cal Telehealth Policy during PHE and Beyond

The current Medi-Cal telehealth flexibilities are expected to end at the end of the Federal public health emergency (PHE). The permanent telehealth flexibilities granted under SB 184 and AB 32 will go into effect after the end of the PHE. SB 184 confirms that DHCS will be continuing coverage of and payment parity at PPS rate for synchronous telehealth, including both video and audio-only, as well as asynchronous store and forward telehealth for all Medi-Cal providers, including FQHCs and RHCs. Below is a comparison of the temporary policy in place during the PHE and the post-PHE permanent flexibilities. For more information, refer to this FAQ.

Telehealth Temporary Policy during PHE	Continues PHE policy?	Post-PHE Permanent Flexibilities (SB 184 and AB 32)
<p>Coverage of Synchronous, Asynchronous, RPM, Virtual Comms., and Site Limitations</p> <ul style="list-style-type: none"> Expands the ability for providers to render all applicable Medi-Cal services that can be appropriately provided via telehealth modalities through synchronous video, synchronous audio only, and asynchronous store and forward Waives site limitations for both providers and patients for FQHC/RHCs, which allows providers and/or beneficiaries to be in locations outside of the clinic to render and/or receive care, respectively. 	<input checked="" type="checkbox"/>	<p>In-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by the department, when provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities.</p> <ul style="list-style-type: none"> 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.
<p>FQHCs/RHCs: Coverage of Synchronous & Asynchronous Telehealth</p> <ul style="list-style-type: none"> Synchronous video and audio-only telehealth are covered across multiple services and delivery systems, including physical health, dental, non-specialty and specialty mental health, and SUD services (State Plan Drug Medi-Cal and Drug Medi-Cal Organized Delivery System) Asynchronous telehealth (e.g., store and forward and e-consults) is covered by Medi-Cal across many services and delivery 	<input checked="" type="checkbox"/>	<p>A visit includes an encounter between an FQHC or RHC patient and 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 using video synchronous interaction, using audio-only synchronous interaction, using an asynchronous store and forward modality, when services delivered through that interaction meet the applicable standard of care.</p>

<p>systems, including physical health, dental, and DMC-ODS (e-consults only).</p>		
<p>Payment Parity</p> <ul style="list-style-type: none"> Allows payment parity between services provided in-person face-to-face, by video, and by audio-only when the services met the requirements of the billing code by various provider types, including Federally Qualified Health Centers (FQHCs)/Rural Health Centers (RHCs). FQHCs/RHCs are reimbursed at the Prospective Payment System (PPS) rate for (1) synchronous video, (2) synchronous audio only, and (3) store and forward, and are not subject to site limitations for either patient or provider 	<p>✓</p>	<p>A visit shall 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</p>
<p>Patient Establishment via non-live video modalities</p> <ul style="list-style-type: none"> During the PHE, DHCS allows providers to use synchronous and asynchronous telehealth for new and established patients in Medi-Cal (including patients served by FQHCs/RHCs), including audio-only. 	<p>✗ (New policy)</p>	<ul style="list-style-type: none"> <i>Video synchronous</i>: A health care provider and FQHC/RHC may establish a new patient relationship with a Medi-Cal beneficiary via <i>video synchronous interaction</i>. <i>Asynchronous</i>: FQHC/RHC may establish patients asynchronously (store and forward) under limited circumstances: <ul style="list-style-type: none"> Patient is present at an originating site that is a licensed/intermittent site of the clinic; person who creates the record is a FQHC/RHC employee/contractor; patient is otherwise eligible to receive in-person services per HRSA requirements <i>Audio-only</i>: Under AB 32, FQHCs (Federally Qualified Health Centers), RHCs (Rural Health

		<p>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, when the patient requests an audio-only modality or attests they do not have access to video.</p>
<p>Patient Consent</p> <ul style="list-style-type: none"> For all telehealth modalities, providers are required to document verbal or written consent and provide appropriate documentation to substantiate that the appropriate service code was billed. During PHE, providers are required to document in the patient’s medical record circumstances for audio-only visits and that the visit is intended to replace a face to-face visit 	<p style="text-align: center;">✘ (Additional Requirements)</p>	<p>DHCS 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:</p> <ul style="list-style-type: none"> 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 <p><i>Providers must document consent in the patient record. DHCS to develop model language and an informational notice for beneficiaries</i></p>
<p>Research and Evaluation Plan</p> <ul style="list-style-type: none"> DHCS currently conducts reviews of in-person care delivery based on fraud complaints, results of fraud data analytics, statutorily required reviews, and other reviews as needed to ensure Medi-Cal program integrity. Similarly, DHCS conducts targeted reviews of outlier and high-risk telehealth provider activity and service 	<p style="text-align: center;">✘ (New Policy)</p>	<p>“On or before January 1, 2023, the department shall develop a research and evaluation plan that does all of the following:</p> <ul style="list-style-type: none"> 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

<p>claims identified from fraud complaints and data analytics.</p>		<p>geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care.</p>
<p>Video Requirement</p> <ul style="list-style-type: none"> Medi-Cal does not require providers offering services via telehealth to offer a specific set of telehealth modalities (e.g., video and audio-only). Patient choice of telehealth modality is limited to those modalities offered by any given Medi-Cal enrolled provider 	<p style="text-align: center;">✘ (New Policy)</p>	<p>Pursuant to an effective date designated by the department that is no sooner than January 1, 2024, a Medi-Cal provider furnishing applicable health care services via audio-only synchronous interaction shall also offer those same health care services via video synchronous interaction to preserve patient choice.</p> <ul style="list-style-type: none"> <i>The department may provide specific exception based on a Medi-Cal provider's access to requisite technologies and broadband access which shall be developed in consultation with affected stakeholders.</i>
<p>In-Person Services Requirement</p> <ul style="list-style-type: none"> DHCS's Medi-Cal telehealth policy gives providers flexibility to use telehealth as a modality for delivering medically necessary services to their patients. DHCS does not require providers to offer in-person services if they also offer services via telehealth. 	<p style="text-align: center;">✘ (New Policy)</p>	<p>Effective on the date on which the video requirement takes effect, a provider furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:</p> <ul style="list-style-type: none"> Offer those services via in-person, face-to-face contact. 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.
<p>Network Adequacy</p> <ul style="list-style-type: none"> Managed care plans that are unable to meet time or distance requirements for patient access to care in their provider networks may request an Alternative Access Standard 	<p style="text-align: center;">✘ (New Policy)</p>	<p>The department may authorize a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction... as a means of demonstrating compliance with the time or distance standards</p>



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for greater distance or travel time than the
access to care standard.