



Medi-Cal Telehealth Guidance During the COVID-19 Emergency

Fabiola Carrión

The COVID-19 pandemic has highlighted the importance of telehealth in delivering critical health care when people are not able to receive health services and supplies in person. Consequently, the state is implementing many policy changes to make sure that Californians are receiving the health care they need. Fortunately, California already had a robust set of policies that advance telehealth for individuals with Medi-Cal, including the Medi-Cal Manual on Telehealth, which was updated in 2019.¹ This fact sheet provides a review of existing Medi-Cal policies that facilitate telehealth delivery and coverage and new guidance issued as a result of the COVID-19 emergency in California.

Medi-Cal coverage of services rendered via Telehealth prior to COVID-19

Since 2011, California has defined 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 person's health care while the person is at the originating site and the health care provider is at a distant site.²

Medi-Cal offers providers flexibility to determine if a particular service or benefit is clinically appropriate based on evidence-based medicine. It has traditionally covered two main telehealth modalities: (1) audio-visual, two-way, real time communication (synchronous) or (2) "asynchronous store-forward communication," including e-consults.³ It has not typically reimbursed for consultations initiated by patients, including through mobile phone applications or simple telephonic calls.

Medi-Cal pays the same rate for professional medical services provided by telehealth as it pays for services provided in-person.⁴ A health care provider determines if a benefit or service is clinically appropriate to be provided via a telehealth modality, subject to oral or written consent by the patient.⁵ The recently released Telehealth Medi-Cal Manual also permits the person's originating site to be anywhere, including but not exclusive to, a hospital, medical office, community clinic or the person's home.⁶

The Medi-Cal Manual establishes that the telehealth provider must be enrolled as a Medi-Cal rendering provider or non-physician medical practitioner, or affiliated with an enrolled Medi-Cal provider group. This provider group must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.⁷

The Department of Health Care Services (DHCS) guidance to Medi-Cal Managed Care Plans was released along the 2019 Telehealth Medi-Cal Manual, which contained the same requirements related to consent, standard of care, telehealth modality, confidentiality, and record documentation. The same requirements to licensure and enrollment also apply.⁸

The Medi-Cal Telehealth Manual also includes a special chapter on California's family planning Medicaid program, Family PACT (Planning, Access, Care and Treatment). Family PACT services are designed to support the use of contraceptive methods by assisting individuals who have a medical necessity for family planning services. This program allows providers to utilize existing telehealth policies as an alternative modality for delivering Family PACT-covered services when medically appropriate.⁹

Changes to Medi-Cal as a result of COVID-19

With the spread of COVID-19, several changes were made to Medi-Cal's telehealth policy. DHCS has reiterated that Medi-Cal providers may bill DHCS or their managed care plan for any covered Medi-Cal benefits or services. The health provider must still believe that the health service or benefit is medically necessary for the patient and that it is clinically appropriate to be delivered via a telehealth interaction.¹⁰

One of the most significant changes is the ability to reimburse for Medi-Cal covered services provided via telephone without video - both in Fee-for-Service as well as in Managed Care Plans. Virtual or telephonic communication may include a brief communication with another practitioner or with a person, who because of COVID-19, cannot or should not be physically present.¹¹ DHCS and Managed Care Plans must provide the same amount of reimbursement for a service rendered via telephone or virtual communication, as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the beneficiary.¹²

Although the Family PACT program has offered family planning services through telehealth, one key change is the availability of telehealth or other virtual and telephonic communications modalities to enroll and recertify people who are eligible for Family PACT in order to slow the spread of COVID-19.¹³ This was a change that advocates had sought during the Medi-Cal Telehealth Policy comment process and hopefully will continue after the pandemic.

Finally, beginning March 23, 2020 (and effective retroactively to March 1, 2020), providers may apply for enrollment in the FFS Medi-Cal program. Among other flexibilities, these providers can be licensed to practice in another state only. This also allows providers located and/or licensed in other states to offer telehealth services to Medi-Cal beneficiaries in California. The provider must provide services to a Medi-Cal beneficiary who has been affected by COVID-19. These providers will be granted enrollment for only 60 days (retroactive to March 1, 2020). This 60-day emergency enrollment period may be extended.¹⁴

Conclusion

California has taken important steps to ensure that Californians on Medi-Cal have access to the services they need during the COVID-19 pandemic. Medi-Cal Managed Care Plans should work with their provider networks to ensure that services are available by telehealth to the extent appropriate. Californians who are unable to access needed services should file a grievance with their plan, and file for a state fair hearing if the plan does not comply with these requirements.

ENDNOTES

¹ Cal. Dep't Health Care Servs., Revised Medi-Cal Telehealth Manual (Jan. 2020) (Telehealth Manual).

² AB 415, the Telehealth Advancement Act (2011), http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.html.

³ See *supra* note 1, Telehealth Manual. Asynchronous store and forward involves the transmission of a patient's medical information from a provider at the originating site (where the patient is located) to a provider in the distant site (the treating provider).

⁴ See *supra* note 1, Telehealth Manual.

⁵ See *supra* note 1, Telehealth Manual.

⁶ See *supra* note 1, Telehealth Manual.

⁷ See *supra* note 1, Telehealth Manual.

⁸ Cal. Dep't Health Servs., All Plan Letter 19-009 (Oct. 16, 2019), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009.pdf>.

⁹ Cal. Dep't Health Care Servs., Family PACT (Planning, Access, Care and Treatment) Program: Clinical Services: An Overview (Aug. 2019).

¹⁰ Cal. Dep't Health Care Servs., COVID-19 Medi-Cal Services and Telehealth Notice (Mar. 27, 2020), http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30375.asp.

¹¹ *Id.*

¹² *Id.*

¹³ Cal. Dep't Health Care Servs., Update to Information on Coronavirus (COVID-19) for Family PACT Providers (Mar. 27, 2020), http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_16.asp.

¹⁴ Cal. Dep't Health Care Servs., Requirements and Procedures for Emergency Medi-Cal Provider Enrollment, <https://www.cchpca.org/sites/default/files/2020-03/California%20PED%20Emergency%20Waiver%20Bulletin.pdf>.