



# Provider Network Training

Tuesday, October 19, 2021



# Agenda

Agenda Item	Presenter
<b>Welcome and Housekeeping</b> <ul style="list-style-type: none"><li>Connect with your peers and the CCHP team</li></ul>	Dennis Hsieh, MD, JD Chief Medical Officer
<b>Quality Update</b> <p>We'll cover health education self-management tools for your patients, how to refer to our asthma management program, CCHP's performance on HEDIS clinical measures and what you can expect for this upcoming season, and how you can earn incentive dollars from CCHP.</p> <ul style="list-style-type: none"><li>Health Education</li><li>Asthma Management Program</li><li>HEDIS Data</li><li>Provider Incentive Programs</li></ul>	Tammy Fisher Quality Director  Shea Gaier Community Health Worker  Shari Jones Subject Matter Expert  Nicole Branning Quality Manager
<b>Pharmacy Update</b> <p>Dr. Cardinalli will walk you through the steps to get ready for the transition of pharmacy services to Medi-Cal RX.</p> <ul style="list-style-type: none"><li>Medi-Cal Rx</li></ul>	Joseph Cardinalli, PharmD Clinical Pharmacist
<b>Utilization Management Update</b> <p>Learn about streamlined processes for ordering DME, submitting authorization requests, and new gastric bypass guidelines.</p> <ul style="list-style-type: none"><li>Provider Portal</li><li>Gastric Bypass Form</li><li>Supply Ordering</li></ul>	Dennis Hsieh, MD, JD Chief Medical Officer
<b>Telehealth Update</b> <p>Ms. Durbin will provide an update on state and federal telehealth policies, as well as trends in telehealth adoption.</p>	Amy Durbin, Policy Advisor <i>Center for Connected Health Policy</i>
<b>Closing: Survey and Incentive</b> <p>Take the last few minutes to complete our survey and save-the-date for the next Provider Network Training.</p>	Vanessa Piña Clerical Support



# Welcome & Housekeeping

Dennis Hsieh, MD, JD  
Chief Medical Officer

# Overall Updates

- Finished DHCS Audit
- Going through DMHC Audit
- CalAIM is Coming



# CalAIM/Community Supports

## Specific Services



# Quality Update

Tammy Fisher  
Quality Director

Nicole Branning  
Quality Manager

Shari Jones  
Subject Matter Expert

Shea Gaier  
Community Health Worker





# ▶ CCHP Asthma Mitigation Program

Shea Gaier, MSBH, CHW Specialist

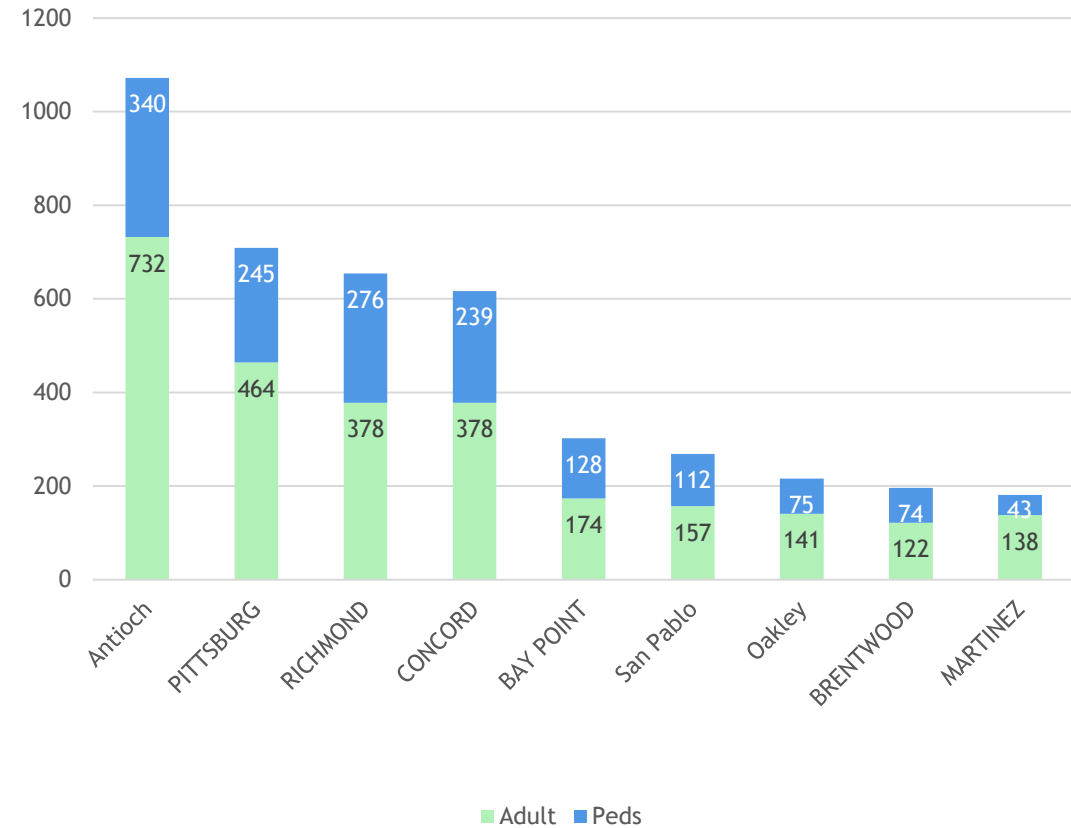
Kathie Phun, BSN, Quality Improvement Nurse



# Background

- ▶ Recent asthma reports show that children and adults are having higher rates of moderate to severe asthma in Contra Costa County
- ▶ Contra Costa Health Services partnered with the Environmental Services and Weatherization Assistance Program to help provide our services to our patients
- ▶ 3 year grant

Count of Moderate to Severe Asthma Patients by City



# Program Components

Referral to an Asthma and Allergy specialist if needed

Health education

In-home asthma trigger assessment

Free supplies to help patients control asthma triggers

Home remediation to help control asthma

Referral and additional follow up to community resources



- ▶ Improve health outcomes for CCHP members with persistent moderate to severe asthma
- ▶ Decrease asthma-related hospitalizations
- ▶ Improve asthma symptoms and management
- ▶ Improve medication management - ratio of controller medications to total asthma medications of .50 or greater

# Asthma Mitigation Program Goals

# Eligibility

- ▶ Children and adults with moderate to severe asthma
- ▶ All patients must be living in a home (apartment, townhouse, single family home, mobile home)
- ▶ Adult patients must be free of severe uncontrolled mental health conditions
- ▶ All patients **MUST** be enrolled with CCHP Medi-Cal





# Three Visits



# How to Refer Patients

- ▶ Please send an encrypted email to [shea.gaier@cchealth.org](mailto:shea.gaier@cchealth.org) to refer patients or contact us over Epic/ccLink via in-basket
- ▶ We will inform you of enrollment status
- ▶ We will inform you of interventions completed with your patients
- ▶ We will collaborate with you on the Asthma Action Plan
- ▶ Referrals until May 2023




# Information to include in referral

- ▶ Patient Identification Number (MRN)
- ▶ Patient's full name
- ▶ Patient's DOB
- ▶ Patient's Preferred Language

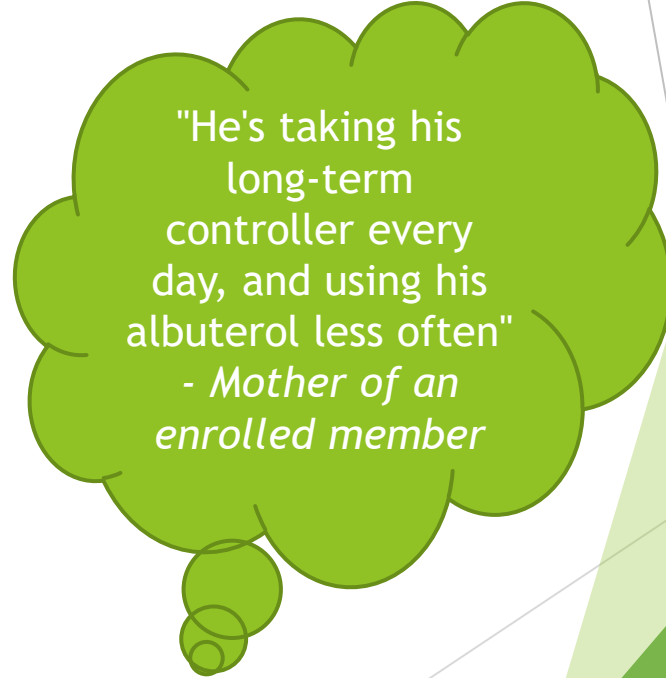


# How is the program working?

- ▶ 51 patients enrolled in the program. 38 patients have completed at least one visit.
  - ▶ Of the 38 patients, all but 3 patients are scheduled or completed a second visit
- ▶ 36 supplies delivered to patients:
  - ▶ 22 HEPA air purifiers
  - ▶ 32 HEPA air filters
  - ▶ 2 storage container packs
  - ▶ 7 bed covers
  - ▶ 7 bed sheets
  - ▶ 1 HEPA vacuum cleaner
  - ▶ 1 spacer
  - ▶ 1 trash can
  - ▶ 2 scouring pads
  - ▶ 2 spray bottles
  - ▶ 2 rags
  - ▶ 2 bottles of vinegar (for cleaning)



"I really appreciate you taking your time and presenting this information to me. I learned a lot."  
- Guardian of an enrolled member



"He's taking his long-term controller every day, and using his albuterol less often"  
- Mother of an enrolled member



What questions  
do you have for  
us?

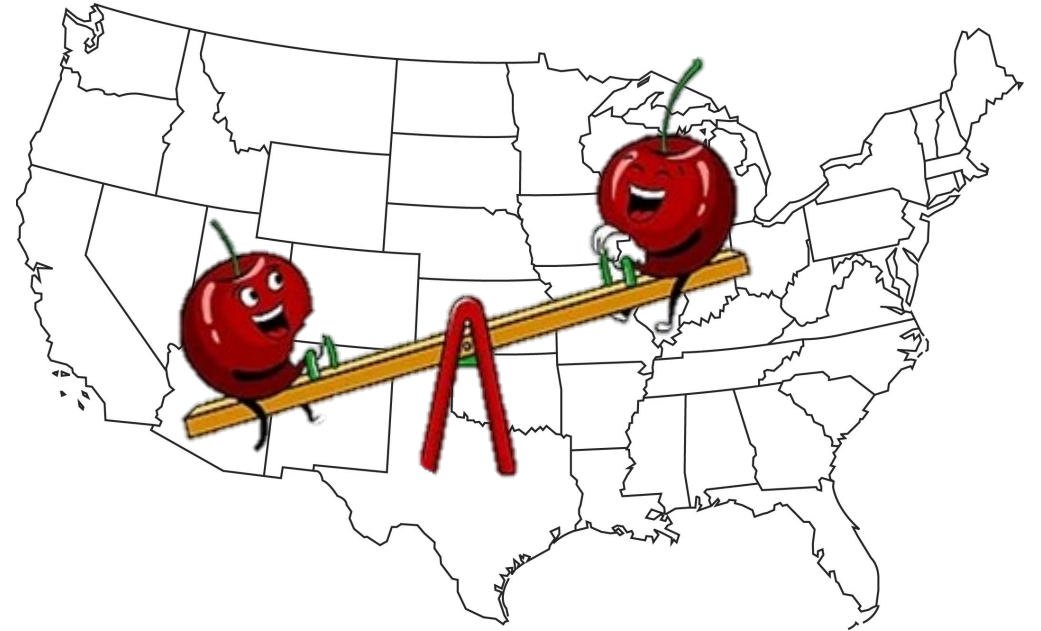


# HEDIS for Providers

CCHP

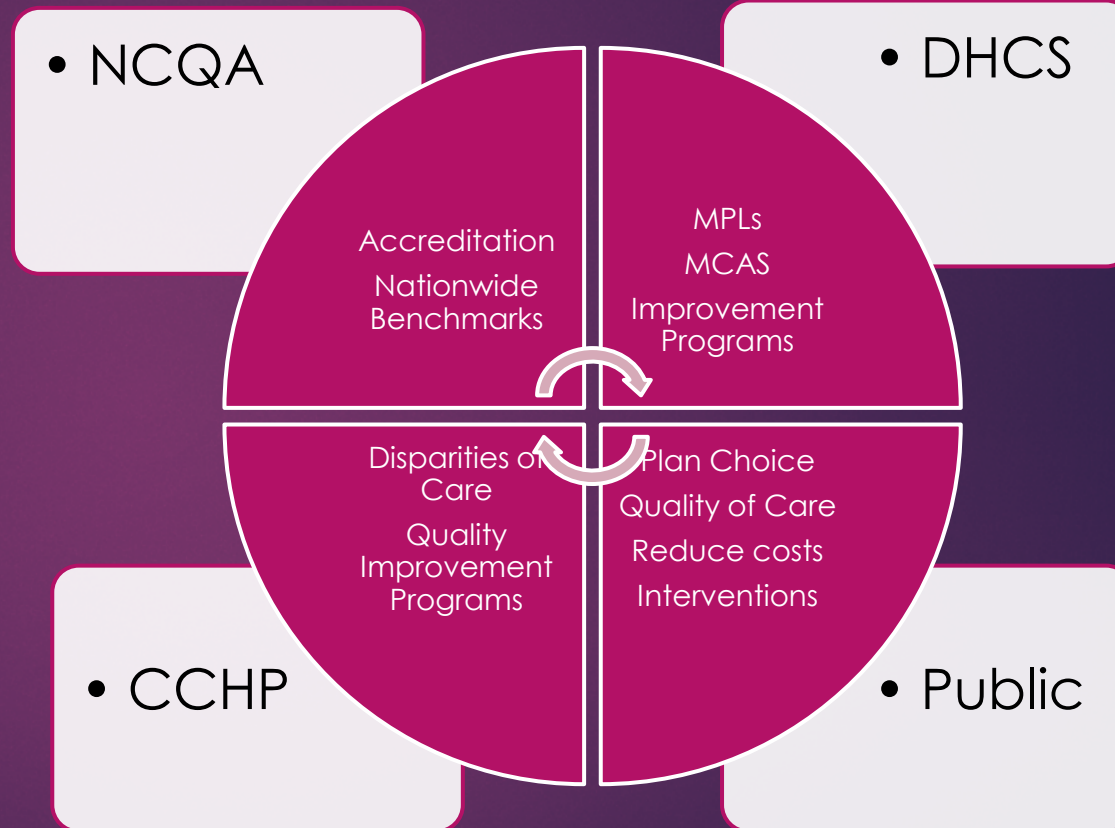
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# Healthcare Effectiveness Data & Information Set (HEDIS)





# HEDIS IMPACTS





- ▶ EPIC/CareEverywhere
- ▶ EHR
- ▶ Pharmacy
- ▶ Claims
- ▶ Encounters
- ▶ Labs
- ▶ CAIR
- ▶ Remote into Provider's Office
- ▶ Faxing Records
- ▶ Provider Office Visit



Data Collection  
Rates Require Proof of Service

# Prevention & Screening

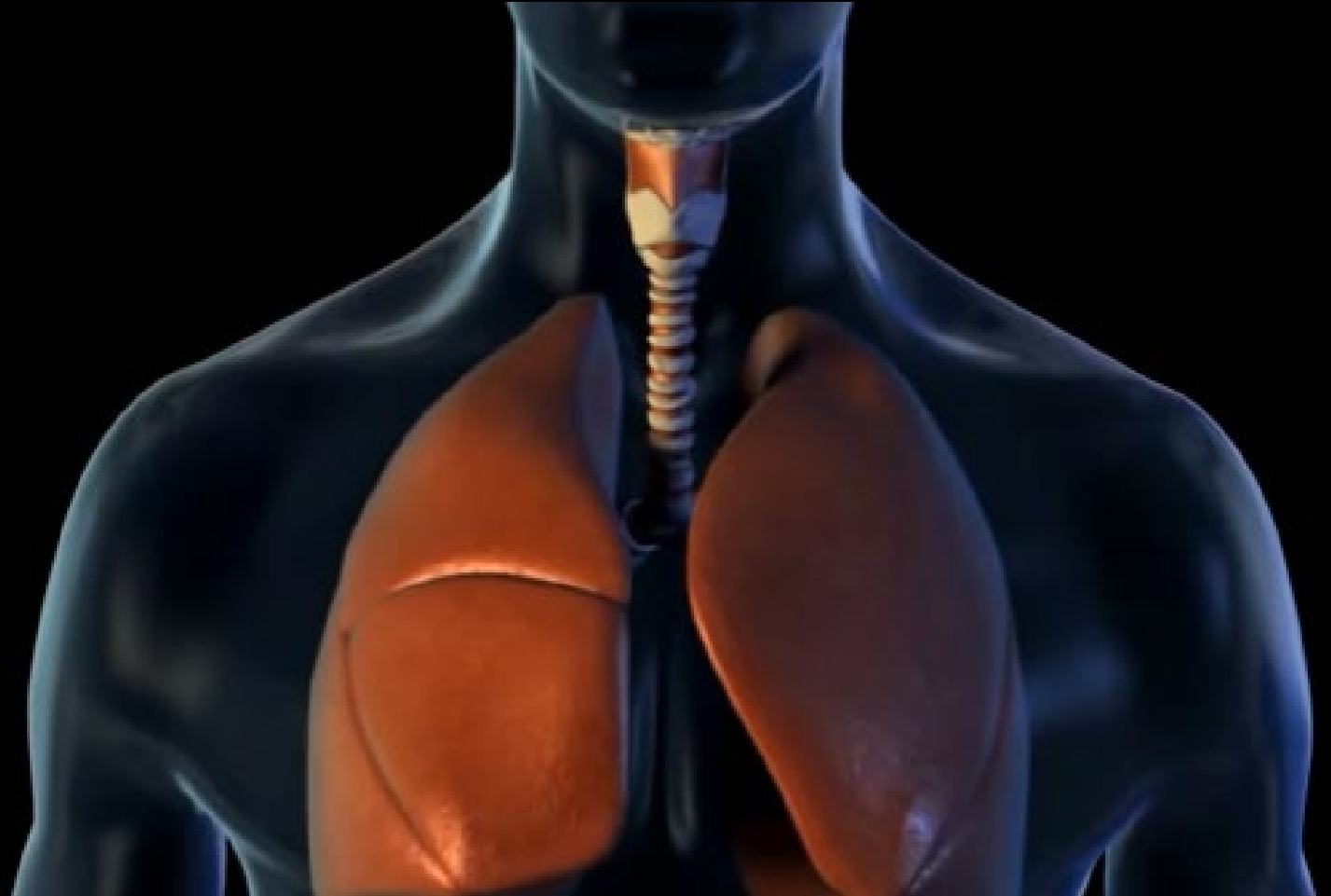
- ▶ BMI Percentile, Counseling for Physical Activity and Counseling for Nutrition for Children & Adolescents \*
- ▶ Childhood & Adolescent Immunizations \*
- ▶ Breast Cancer Screening
- ▶ Cervical Cancer Screening \*
- ▶ Chlamydia Screening in Women

\*Includes Chart Review



# Respiratory Conditions

- ▶ Appropriate Testing for Pharyngitis
- ▶ Pharmacotherapy Management of COPD Exacerbation
- ▶ Asthma Medication Ratio





# Cardiovascular Conditions

- ▶ Controlling High Blood Pressure\*
- ▶ Statin Therapy For Patients w/Cardiovascular Disease



\*Includes Chart Review



# Diabetes

- ▶ Comprehensive Diabetes Care\*
  - ▶ HbA1c Testing\*
    - ▶ Control, Poor Control
  - ▶ Diabetic Eye Exams\*
  - ▶ BP Control\*
- ▶ Statin Therapy for Patients w/Diabetes

\*Includes Chart Review



# Access/Availability & Utilization Measures

- ▶ Initiation & Engagement Of Alcohol & Other Drug Abuse Or Dependence Treatments
- ▶ Prenatal & Postpartum Care \*
- ▶ Use Of First-line Psychosocial Care For Children & Adolescents On Antipsychotics

- ▶ Well-child In The First 30 Months Of Life
- ▶ Child & Adolescent Well-care Visits
- ▶ Ambulatory Care
- ▶ Plan All Cause Readmissions



\*Includes Chart Review





## Behavioral Health

- ▶ Use Of Imaging Studies For Low Back Pain
- ▶ Use Of Opioids At High Dosage
- ▶ Use Of Opioids From Multiple Providers
- ▶ Risk Of Continued Opioid Use
- ▶ Non-recommended Cervical Cancer Screening In Adolescent Females
- ▶ Appropriate Treatment For Upper Respiratory Infection
- ▶ Avoidance Of Antibiotic Treatment For Acute Bronchitis/Bronchiolitis

Antidepressant Medication Management

- ▶ Follow-Up Care for Children Prescribed ADHD Medication
- ▶ Follow-Up After Hospitalization for Mental Illness
- ▶ Follow-Up After Emergency Department Visits for Mental Illness
- ▶ Follow-Up After High-Intensity Care for Substance Use Disorder
- ▶ Follow-Up After Emergency Department Visits for Alcohol and Other Drug Abuse or Dependence
- ▶ Pharmacotherapy for Opioid Use Disorder
- ▶ Metabolic Monitoring for Children and Adolescents on Antipsychotics
- ▶ Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications



- ✓ 2021 Patient Check in
- ✓ Update Contact Info
- ✓ Retake High BPs

CCHP THANKS YOU FOR ALL YOU DO!



# Provider Incentive Program

All CCHP contracted primary care providers are eligible for the Provider Incentive Program



# Strategy for October

## **Pay for Service**

- All CCHP contracted primary care providers
- \$100 per vaccinated member in subgroups below in CAIR
  - Focus is on Black/African Americans and American Indian/Alaskan Native

# Care Delivery Providers

## Strategy Nov 2021 – March 2022

### Pay for performance (P4P)

- For Medical Groups, community clinics, and contracted medical groups with at least **1,000** assigned members 12 and older AND have resources to do outreach and quality improvement
- One-time payment for vaccination plan submission and to “seed” money for efforts (\$10,000-\$30,000 depending on org size)
- Pay for reaching performance thresholds, total payment based on percent of assigned members 12 and older as of October 1, 2021

### Pay for service

- Primary Care Providers that don't meet criteria for P4P
- Pay per vaccination entered in CAIR
- \$75 per vaccinated member

Register for one of our informational webinars to learn more

10/25/21, 12:00PM – 1:00 PM <https://bit.ly/2Z0hy7e>

10/28/21, 8:30 AM – 9:30 AM <https://bit.ly/3vBve5b>

For questions, please email Tammy Fisher, Quality Director, at [tammy.fisher@cchealth.org](mailto:tammy.fisher@cchealth.org)

# Provider Incentives

- Staying Healthy Assessment form
  - Complete with all new members within 120 days of enrollment with CCHP
  - DHCS Website:  
<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx>
  - **99212 SH (\$12.12)**
- Alcohol Misuse Screening and Counseling (AMSC)
  - If members respond “Yes” to alcohol question in SHA or at *any time* the PCP identifies a potential alcohol misuse problem
  - **G0442 for alcohol screening (\$24.00 once)**
  - **G0443 for brief interventions (\$48.00 up to 3X per year).**



# Pharmacy Update

Joseph Cardinalli, PharmD  
Clinical Pharmacist



# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## Retail Prescription Drug Carve Out Background

1. Per Governor Newsom's Executive Order N-01-19

- standardize the Medi-Cal pharmacy benefit statewide
- improve access to pharmacy services
- apply statewide utilization management protocols
- achieve cost savings for drug purchases made by the state

2. Go live will be January 1<sup>st</sup>, 2022

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## What Will Change for Providers?

1. New medication formulary (CDL) and non-formulary medication criteria is now hosted by DHCS not CCHP
2. Non-formulary medication authorization requests will now be sent to Medi-Cal Rx (Magellan) instead of CCHP
3. Complaints/grievances and appeals will all go through Medi-Cal Rx
  - a. Member appeal option is a state fair hearing
  - b. Provider appeal option via mail, fax or provider portal (15 to 60 day turnaround)-must indicate "Appeal"
  - c. PA Appeal Submissions may be sent within 180 days from the initial denial



# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## How to Submit PAs to Medi-Cal Rx

1. Mail
2. Fax
  - a. 1-800-869-4325
3. Pharmacy
  - a. NCPDP P4
4. Provider Portal
  - a. Registered providers will be able to login to perform multiple functions related to the submission of PA requests
5. Cover My Meds
  - a. PA submission channel available for prescribers

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## How to Register For the Provider Portal

ASAP but before 12/31/2021

1. Go to <https://medi-calrx.dhcs.ca.gov/home/>
2. Click on Provider Portal on the bottom of the page



Provider Portal



# CCHP Pharmacy Department

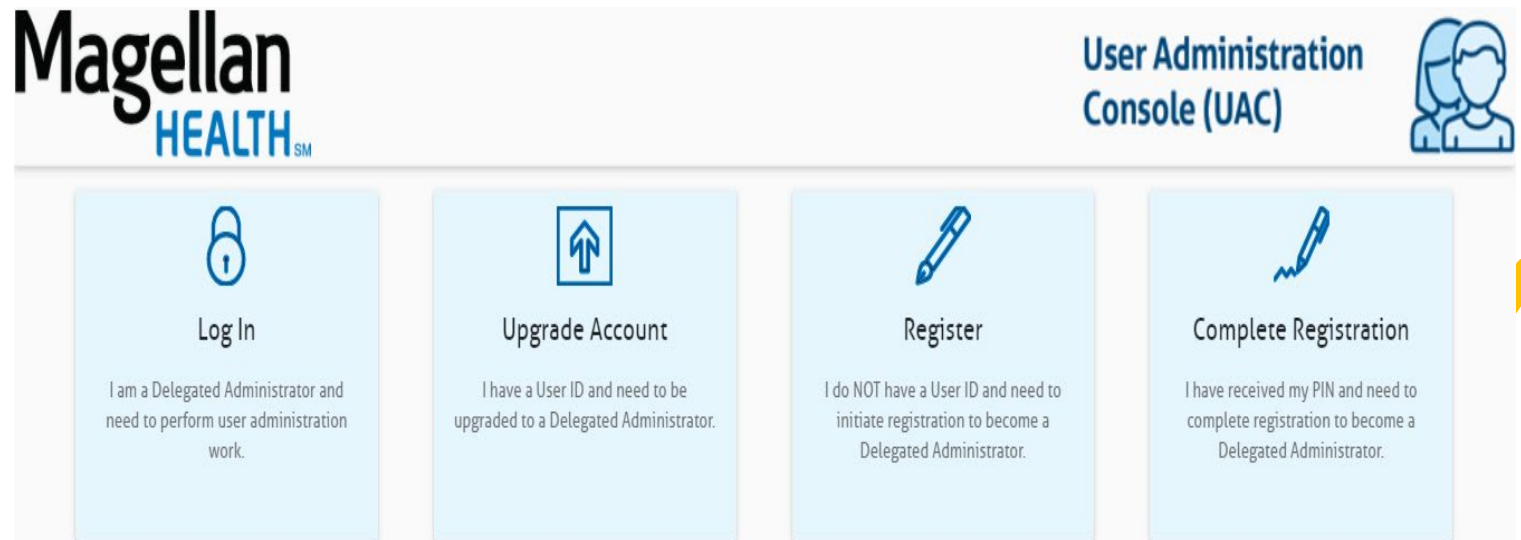
Joe Cardinalli, PharmD

## How to Register For the Provider Portal

3. Click Link to Register for Access

4. Go through Registration Procedure With  
Magellan through the User Administration  
Console (UAC)

(CCRMC staff please check with Med Staff office for coordination of  
this registration)





# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## Transition Period

1. TARs sent directly to Medi-Cal Rx
2. 180 day transition period for medications members are currently taking
3. Grandfathering of existing PAs for up to 1 year
  - a. Possible multi-year extension of existing PAs (up to 5 years) for chronic conditions

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## What Stays With CCHP vs. What Goes to Medi-Cal Rx

1. Medi-Cal Rx=retail pharmacy benefit for Medi-Cal members (including call center)
2. For Medi-Cal members, CCHP retains physician administered drugs, DME (when billed as a medical claim) and medications used in LTC
3. CCHP responsible for clinical oversight of Medi-Cal member's pharmacy benefit
4. CCHP retains 100% of commercial member pharmacy benefit

# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## Medi-Cal 101 Webinar (Presented by Magellan)

Thursday October 21, 2021

10:00 am-11: 00 am

Being given for exclusively for CCHP providers





# CCHP Pharmacy Department

Joe Cardinalli, PharmD

## Medi-Cal Prescription Drug Carve Out (Medi-Cal Rx)

Questions?

CCHP Pharmacy Department

(925) 957-7260 option 1

Medi-Cal Rx Customer Service (800) 977-2273

<https://medi-calrx.dhcs.ca.gov/home/>

# Utilization Management Update

Dennis Hsieh, MD, JD  
Chief Medical Officer

# Staffing Updates

- New Manager: Josephine Nwosu
- New Clerical Supervisor: Tina Levine

*Welcome*

*Congratulations*

# Provider Portal

- Transition Complete
- Please Do Not Fax





# Contacting Us



Email or Inbox Message

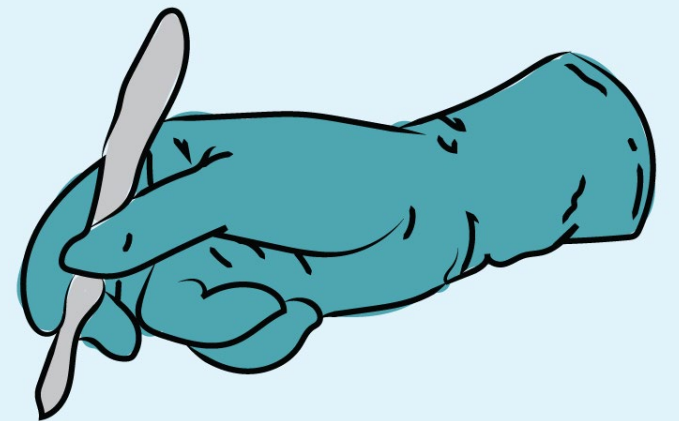


Do Not Call

# Behavioral Health Update



# Gastric Bypass Update

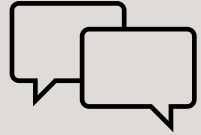


# Major Organ Transplant Update

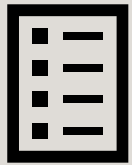




# UM Letter Update



Languages



Action Items



Specific Denial Reasons

# TELEHEALTH POLICY LANDSCAPE UPDATE

October 19, 2021  
Contra Costa Health Plan Meeting



Amy Durbin,  
*Policy Advisor, 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 (the other) CCHP

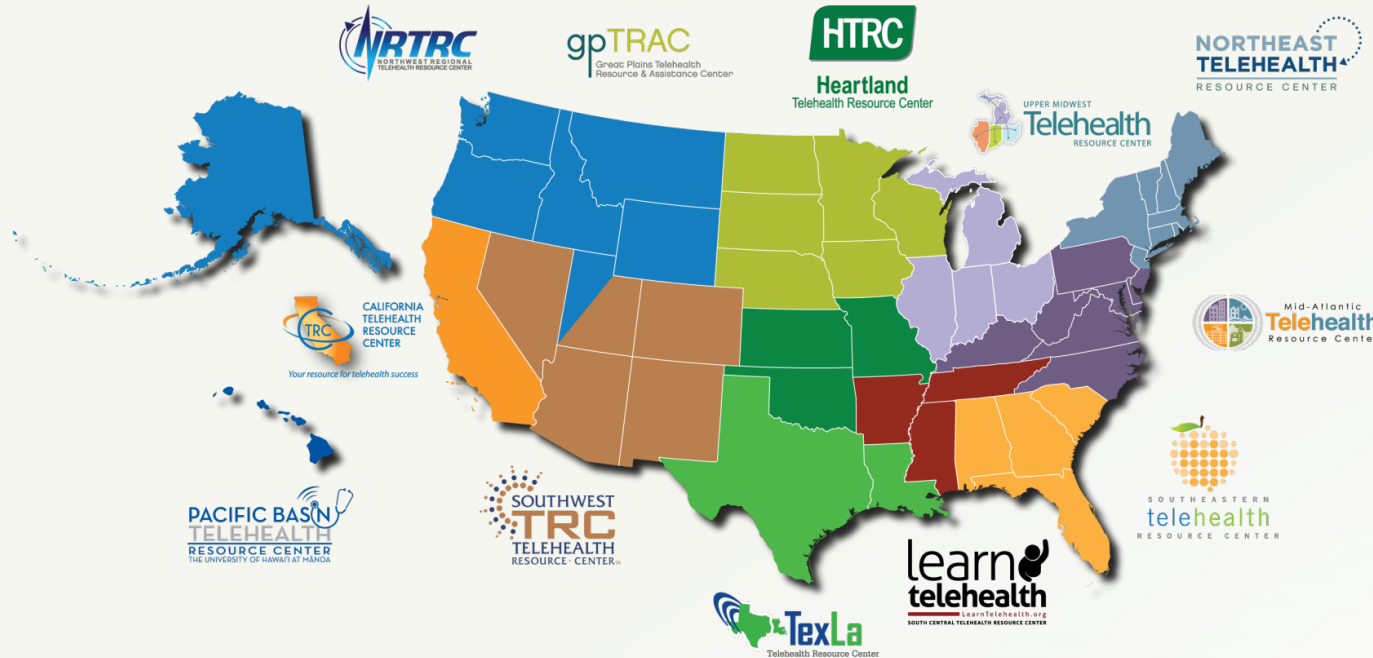
- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition





# NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

- **Technical Assistance**
  - One-on-One
  - Webinars
- **Resource and Material Development**
  - Fact Sheets
  - Issue Briefs
  - Newsletters
  - CCHP Website
  - Legislation Tracking

- **Telehealth Policy Finder Tool - <https://www.cchpca.org/all-telehealth-policies/>**
  - Includes all state and federal telehealth specific laws, regulations, policies, and active legislation
  - Separate section for all state and federal emergency COVID-19 expansions
  - Can Search by State, Federal, or by Category/Topic
    - Live Video, Store & Forward, RPM, Private Payer Laws, Professional Regulation, Licensing, Prescribing & More

# Defining Telehealth

## ➤ California law

- *AB 415 (Logue, 2011)* – Updated the original Telemedicine Act of 1996 - Replaced term “telemedicine” with telehealth; broadened range of telehealth services and providers; removed limits on location and explicit email/telephone exclusion; required consent.

Telehealth means the 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. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers. (*CA Business & Professions Code Sec. 2290.5.*)

# Telehealth Modalities

## ➤ 4 Modalities of Telehealth

### Synchronous/Live Video

Real-time

Video system

### Store & Forward

Capture, store & transmit information

Not in real-time also called “asynchronous”

### Remote Patient Monitoring (RPM)

Continuous monitoring of condition

Can be in Real-time or asynchronous

### mHealth

Use of mobile technology to provide service

Usually done through apps

➤ CMS/Medicare has another category for technology delivered health services: Communication Technology Based Services (CTBS) which utilizes telehealth technologies but is not considered telehealth by CMS. Includes audio-only.



# 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
Reimbursement	Parity
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

# 2021 TRENDS

## ➤ Federal Activity

- CCHP tracking around 150 pieces of federal telehealth legislation
- Re-introduction of bills to make some of the temporary changes permanent
  - Removing originating site restrictions, adding audio-only, parity, mental health focus
- CMS Proposed Physician Fee Schedule
  - Extending some temporary eligible telehealth services – just Category 3 until end of CY 2023
  - Expansions for audio-only and FQHC/RHCs but many caveats and limited to mental health

## ➤ State Activity

- Payment parity
  - Reimbursement limits by service, provider, modality
- Audio-Only
- Licensing for out of state providers
- Data requirements/workgroups established
- Broadband (infrastructure, affordability, digital literacy)

# PERMANENT FEDERAL TELEHEALTH POLICY UPDATES

## ADMINISTRATIVE

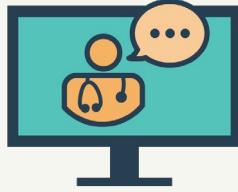
- *Physician Fee Schedule Changes*
  - Added some services from the temporary list to the permanent list
  - Created a “Category 3” for approval of services. Temporarily allows some services to continue to determine if they should be permanent

*Proposed changes extend Category 3 until end of CY 2023 and allow audio-only for mental health services with many caveats*

## LEGISLATIVE

- *HR 133*
  - Added rural emergency to originating site
  - Expansion of mental health services to be without geographic restriction and allows the home
    - BUT - one in-person visit with telehealth provider within 6-month period prior to telehealth encounter
  - Additional funding for broadband and FCC Telehealth COVID-19 Program

# PERMANENT STATE UPDATES: MEDICAID REIMBURSEMENT BY SERVICE MODALITY (Fee-for-Service)



**Live Video**  
50 states and DC



**Store and Forward\***  
22 states

*\*Some states reimburse this modality solely as part of Communication Technology-Based Services, which have their own separate codes and reimbursement rates.*

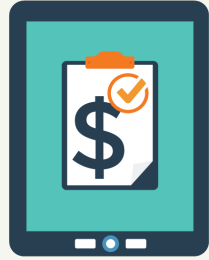


**Remote Patient Monitoring\***  
29 states

**Allow audio-only\***  
22 states

*As of Fall 2021*

# STATE REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



**43 states and DC**  
**have telehealth private payer laws**

**20 States have**  
***Payment Parity***  
**(almost half are new)**

Some states have “service parity” others have “payment parity” or both – in addition, some make their telehealth private payer laws “*subject to the terms and conditions of the contract*” which can limit true parity

*As of Fall 2021*



# 2021 STATE UPDATES

- Almost half of state PHEs ended, many telehealth waivers tied to federal PHE or other channels
- Lots of legislation seeking to codify/extend PHE waivers
- Main legislative topics:
  - **Payment Parity and Audio-Only**
    - Expanding coverage to audio-only (RI, KY, TN)
      - WA [HB 1196](#): Expands existing payment parity laws to include audio-only as well – also for RHCs
  - **Licensing/flexibility for out of state providers** (WV, KS, NY)
    - AZ [HB 2454](#): Allows out-of-state providers to deliver services via telehealth under certain circumstances
    - At least 10 states entered into one or more licensing compacts
  - **Data requirements/workgroups established** (MN, CA, MD, RI, AZ)
    - NV [SB 5](#) – Requires Dept. to establish an electronic tool to analyze certain data concerning access to telehealth and creation of a data dashboard for analysis of data related to telehealth access by different groups and populations
  - **Limited extension of emergency policies** (MD & MN – audio-only and parity – until June 30, 2023)
    - CT [HB 5596](#): Extends some policies allowing audio-only until June 30, 2023
  - **Updating Private Payer Laws**
    - Payment parity requirements (8 new states) – many have limits by service, provider, modality
    - Prohibiting insurers from contracting with just one telehealth company (AR, AZ)

# CALIFORNIA COVID-19 CHANGES & LOOKING AHEAD

- **Medi-Cal:** Proposing to maintain most payment expansions, including audio-only and parity \*subject to new billing protocols
- **Private payer:** AB 744 passed in 2019 required commercial plans to cover all services via telehealth at parity starting January 1, 2021 for new/amended contracts – emergency guidance in essence activated the bill a year early and the date/contract specific language has since been removed from law
- **Privacy:** Flexibilities consistent with federal enforcement notice still in effect under existing Executive Order
- **Consent:** While consent requirement was waived, was not extended with above flexibilities and expired September 30<sup>th</sup>
- **Prescribing/licensing:** Limited changes to existing/future policies
- **Broadband:** \$6 billion investment in broadband

# CALIFORNIA TELEHEALTH MEDICAID POLICY

## PRE-COVID-19

Live Video & Store & Forward  
Reimbursed at parity; Provider  
chooses when appropriate to use.  
FQHC/RHC Limited use of both  
modalities

FQHCs/RHCs limited in where  
patient located at time of service.  
Home not eligible

No audio-only.

No RPM.

## COVID-19

Live Video & Store & Forward  
Reimbursed at parity; Provider  
chooses when appropriate to use.  
FQHC/RHC allowed to use both  
modalities

FQHC/RHC home eligible  
originating site for all modalities

Audio-only reimbursed for  
services & parity

No RPM.

## PROPOSED

Live Video, Store & Forward along  
w/audio-only, reimbursed at parity,  
pending new DHCS billing protocols

FQHC/RHC may use all modalities  
with no site limitations and  
reimbursed at full rate

Audio-only reimbursed at parity,  
subject to new DHCS billing protocols

RPM covered subject to separate fee  
schedule

# NEW CALIFORNIA TELEHEALTH LAWS

## ➤ **AB 133 – Extends Medicaid Expansions**

- Extends temporary Medi-Cal telehealth policies to December 31, 2022
- DHCS to convene advisory group
- Protects pre-COVID-19 policies, including store-and-forward
- Allows DHCS to authorize RPM with a separate fee schedule

## ➤ **Other Provisions**

- Requires local jail provide DSH clinician access to conduct evaluation through telehealth
- Creates Children & Youth Behavioral Initiative – Incentivizes school-based telehealth
- Health Information Exchange and Health Information Technology Advisory Group
- Data requested from providers to inform health care workforce policy

## ➤ **AB 457 – Expands Private Payer Protections**

- Updates private payer law - removes contract specific language
- Ensures patient choice and third party telehealth provider protections

# NEW CALIFORNIA WORKGROUP PROCESS

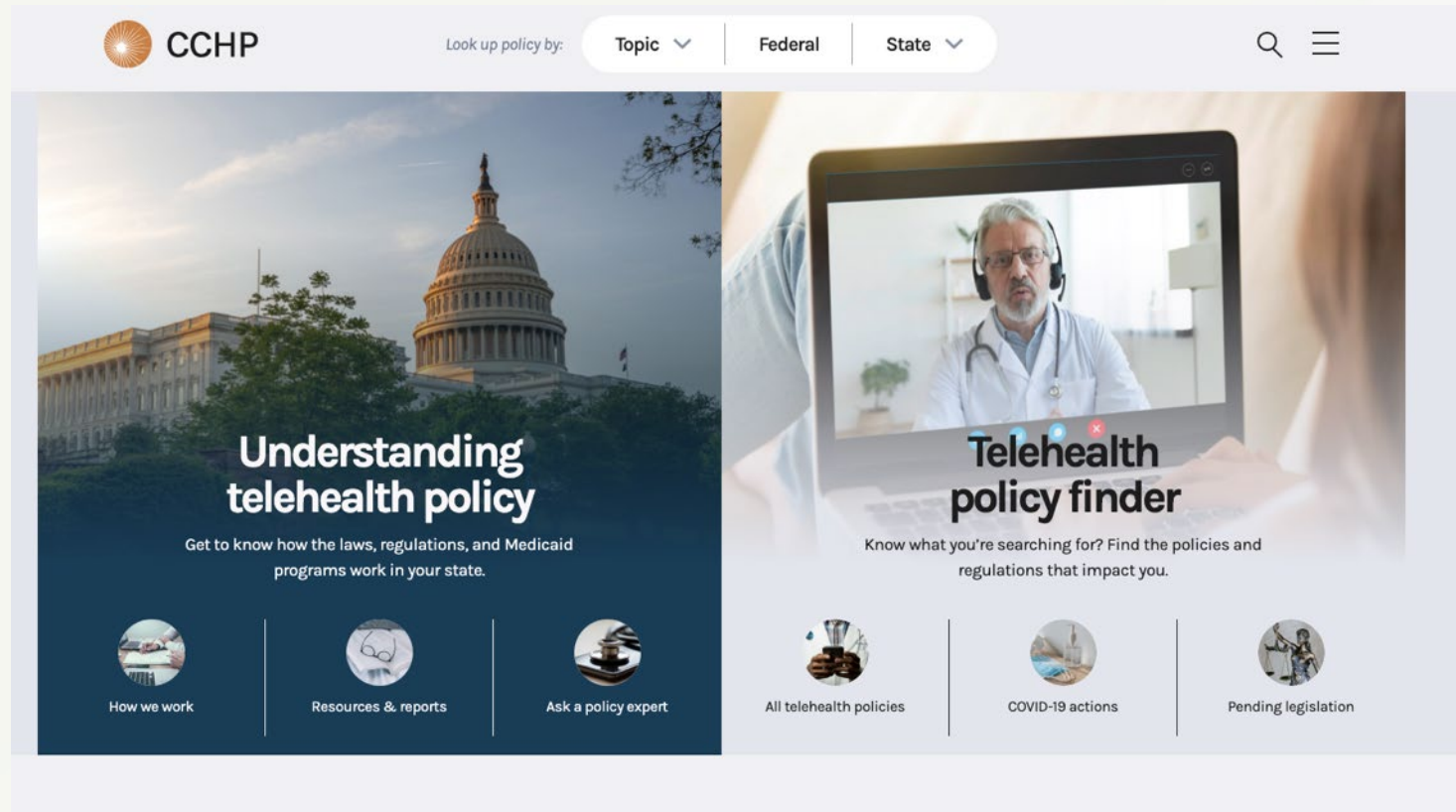


## **DHCS Convened Telehealth Advisory Workgroup**

- Group engagement will inform 2022-23 proposed Governor's Budget
- Three meetings focused on “billing protocols” and “utilization management protocols”
  - Discussing ways to track different telehealth modalities, what codes/modifiers to require
  - How to measure and review telehealth utilization
  - Limit what modalities can be used to establish a patient (synchronous only)
  - During COVID-19 required providers to document in patient record circumstances for audio-only visits and that the visit is intended to replace a face-to-face visit – may continue post-pandemic as part of new policies
- Also looking at regulating “telehealth-only” or third-party telehealth providers, requiring registration
- How to ensure patient choice of modality
- May require enrolled CA licensed providers to be located in CA with some exceptions



## ➤ CCHP Website – [cchpca.org](https://cchpca.org)



## ➤ Subscribe to the CCHP newsletter at [cchpca.org/contact/subscribe](https://cchpca.org/contact/subscribe)



# Thank You!

[www.cchpca.org](http://www.cchpca.org)

[info@cchpca.org](mailto:info@cchpca.org)





# Survey & Incentive

## Incentive Instructions:

- Complete your W-9 and submit to Vanessa.Pina@cchealth.org
  - Include your Individual Name, Tax Status, Address and Signature
- Complete our Provider Network Training Survey: <https://bit.ly/3DKB1Ib>
- **Deadline: Friday, October 29, 2021, 5:00 PM**

Date	Time
Tuesday, January 25 <sup>th</sup> , 2022	Attend one of the two sessions:  7:30 AM – 9:00 AM 12:00 PM – 1:30 PM  A registration link will be sent as the date is closer.
Tuesday, April 26 <sup>th</sup> , 2022	
Tuesday, July 26 <sup>th</sup> , 2022	
Tuesday, October 25 <sup>th</sup> , 2022	

# *Thank You!*