COVID-19 Telehealth Flexibilities for FQHCs

Who is CPCA?

Who We Are

Statewide leader designated by the Federal Bureau of Primary Health Care as the state primary care association and receives federal program support to develop and enhance services for community clinics and health centers. Community Health Centers improve the health of patients and communities by increasing access to crucial primary care services. They do this by reducing significant barriers such as cost, lack of insurance, distance, and language for patients.

Mission

To lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

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.*

Current Telehealth Flexibility for FQHCs

- **Federal**
  - March 27 – Congress passed and the President signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which included provision to expand Medicare telehealth.
  - April 29 – CMS promulgated guidance to allow FQHCs to serve as a telehealth distant site provider.
  - Late May/early June – CMS added new telephonic service code to the list of eligible Medicare telehealth services.
- **State**
  - March 16 – Department of Health Care Services (DHCS) submitted a 1135 waiver to CMS requesting greater flexibilities in delivering care via telehealth and telephonic
  - March 19 – DHCS released guidance to Medi-Cal providers outlining changes to current policies during the current state of declared emergency
  - March 23 – CMS approved California's 1135 waiver without telehealth flexibility
  - April 3 – DHCS submitted State Plan Amendment (SPA 20-0024) seeking telehealth flexibility for FQHCs
  - May 13 – CMS approved SPA 20-0024

Medicare Telehealth During COVID-19

The CARES Act* waives the geographic restrictions for originating sites during COVID-19, allowing FQHCs and RHCs to serve as originating sites regardless of its geographic location.

	Before COVID-19	During COVID-19**
Modality	- Synchronous telehealth (audio and visual communication)	- Synchronous telehealth (audio and visual communication) - Telephone (audio only)
Eligible provider	- FQHC/RHC billable provider	- FQHC/RHC billable provider
Eligible service	- Originating site facility fee	-Act as a distant site provider -Expanded list of covered Medicare telehealth services (https://www.cms.gov/files/zip/covid-19-telehealth-services-phe.zip) - New Medicare telephone services (E&M 99441, 99442, 99443)
Patient's location	- Patient must be located at clinic	- Patient must be located at clinic in order to bill for originating site facility fee - Patient can be located anywhere for telehealth distant site services, including telephone
Established patient	- Limited to established patients	-Services can be provided to both new and established patients

*CARES Act Text: https://www.congress.gov/bill/116th-congress/senate-bill/3548/text; ** These changes only apply to traditional Medicare, not Medicare Advantage

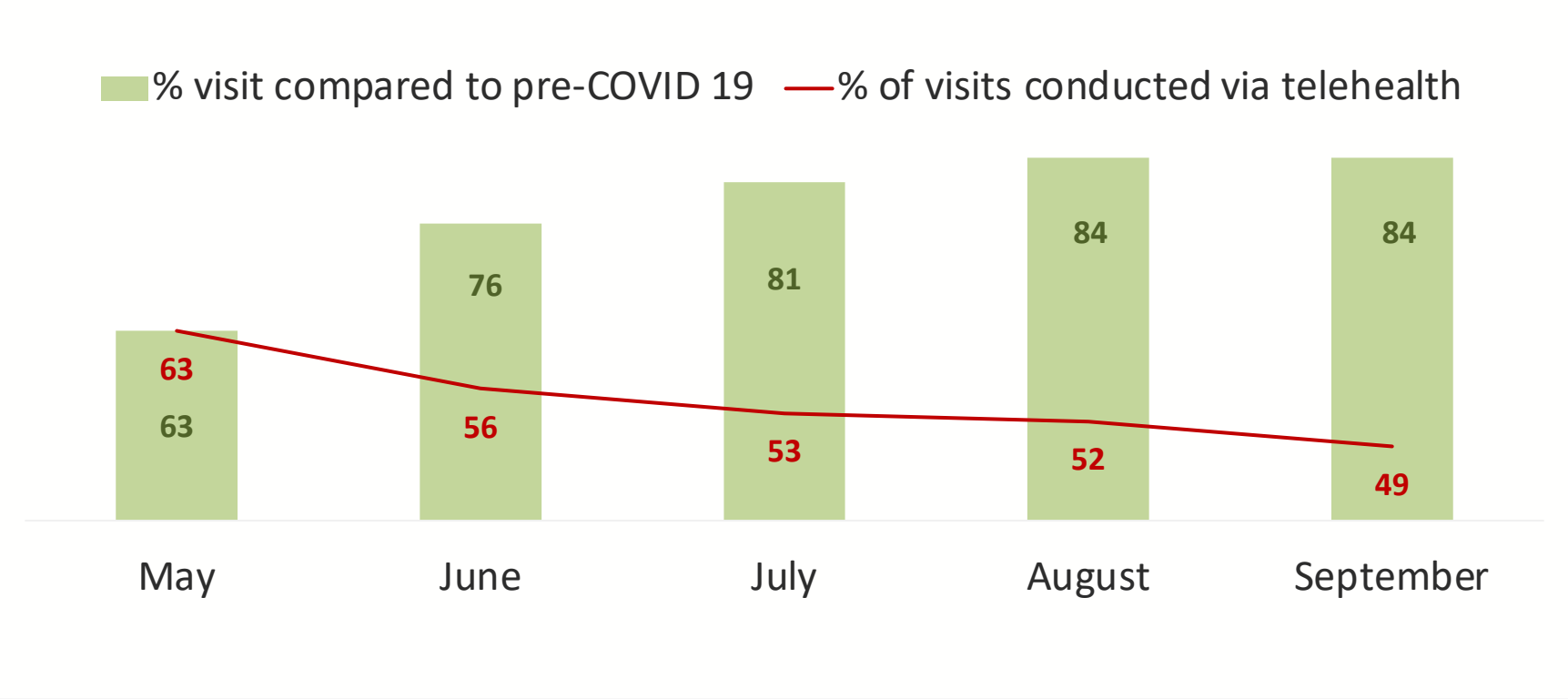
Medi-Cal Telehealth During COVID-19

Implementation of AB 1494* under the National Emergency declaration and Public Health Emergency (PHE) declaration granted telehealth care flexibility to FQHCs.

	Before COVID-19	During COVID-19
Modality	-Synchronous -Asynchronous	-Synchronous -Asynchronous ***-Telephone***
Eligible services	-All appropriate Medi-Cal services that are FQHC covered services	-No change
Billable provider requirement	-A billing provider must be a billable provider	-No change
Established patient requirement	-Patients must be established -Asynchronous can't be used to establish a patient	-The established patient requirement is ***waived***
Face-to-face requirement	-A visit must be a face-to-face encounter	-The face-to-face requirement is ***waived***
Four-wall requirement	-Service must be rendered within the clinic's four walls	-The four-wall requirement is ***waived***

*SPA 20-0024 Text: https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-20-0024-COVID-Approval.pdf

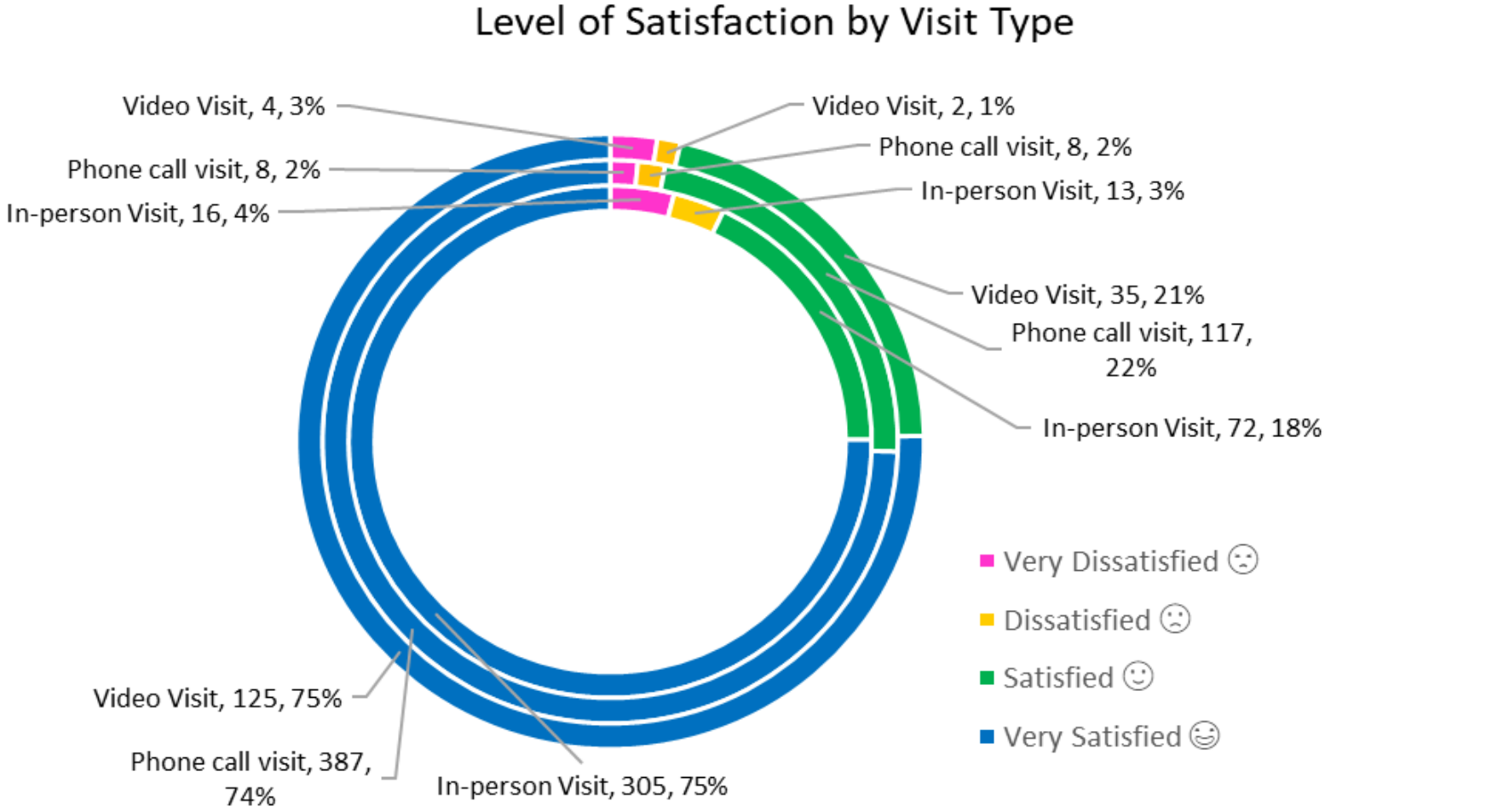
Telehealth Visits in CHCs



*As of November, **96%** of CHCs identified 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.*

Patient Satisfaction

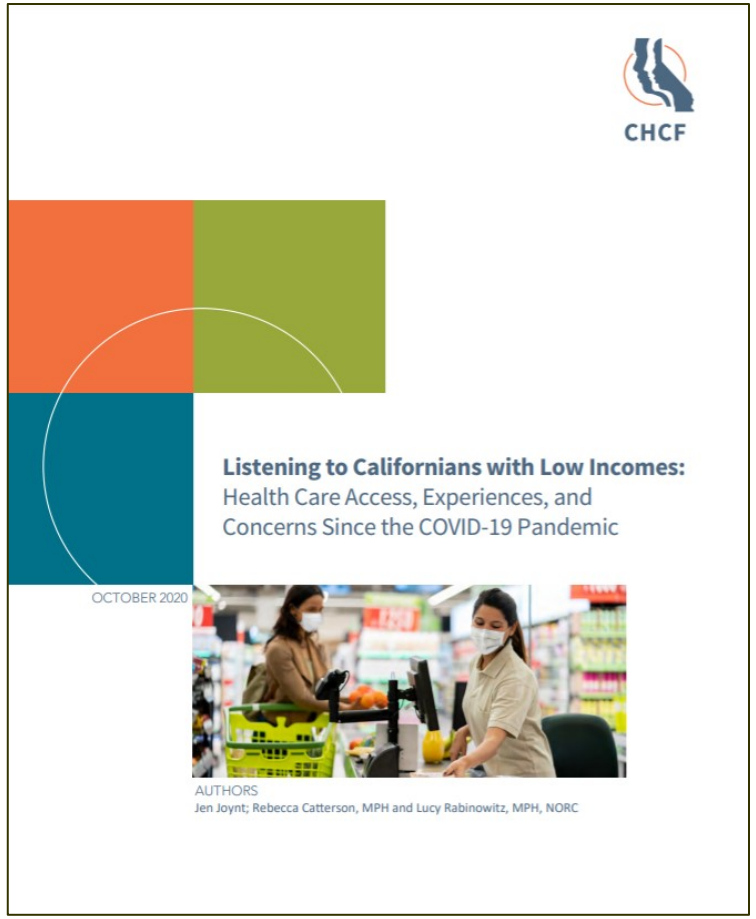


Telehealth and telephonic visits are comparable, if not slightly higher, to in-person visit in terms of patient satisfaction.

Source: *Survey conducted at a CHC between June and July 2020. Survey data do not reflect all California Health Centers.*

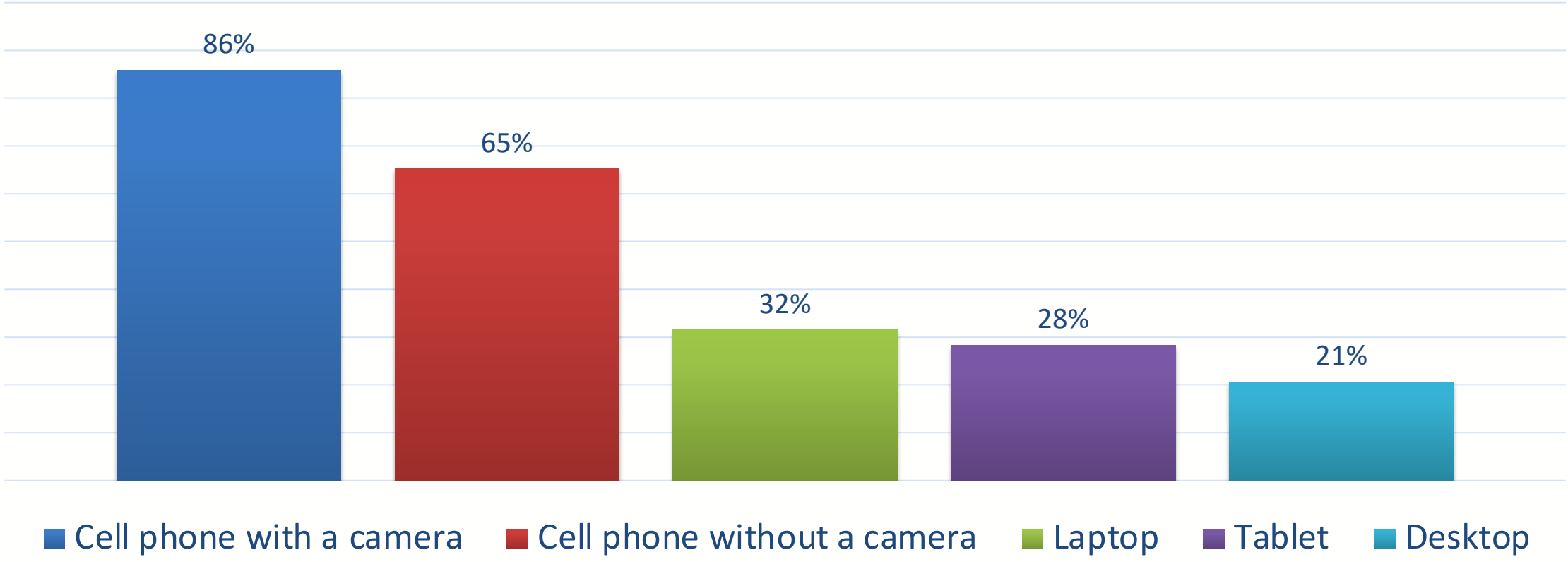
Other Surveys on Patient Satisfaction

- **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
  - See https://www.chcf.org/publication/listening-californians-low-incomes/#discrimination
- **Other survey**
  - CPEHN survey patient experience with telehealth. Results are forthcoming (more information , see https://register.gotowebinar.com/register/1864740245426781196)



Access to Technology Devices

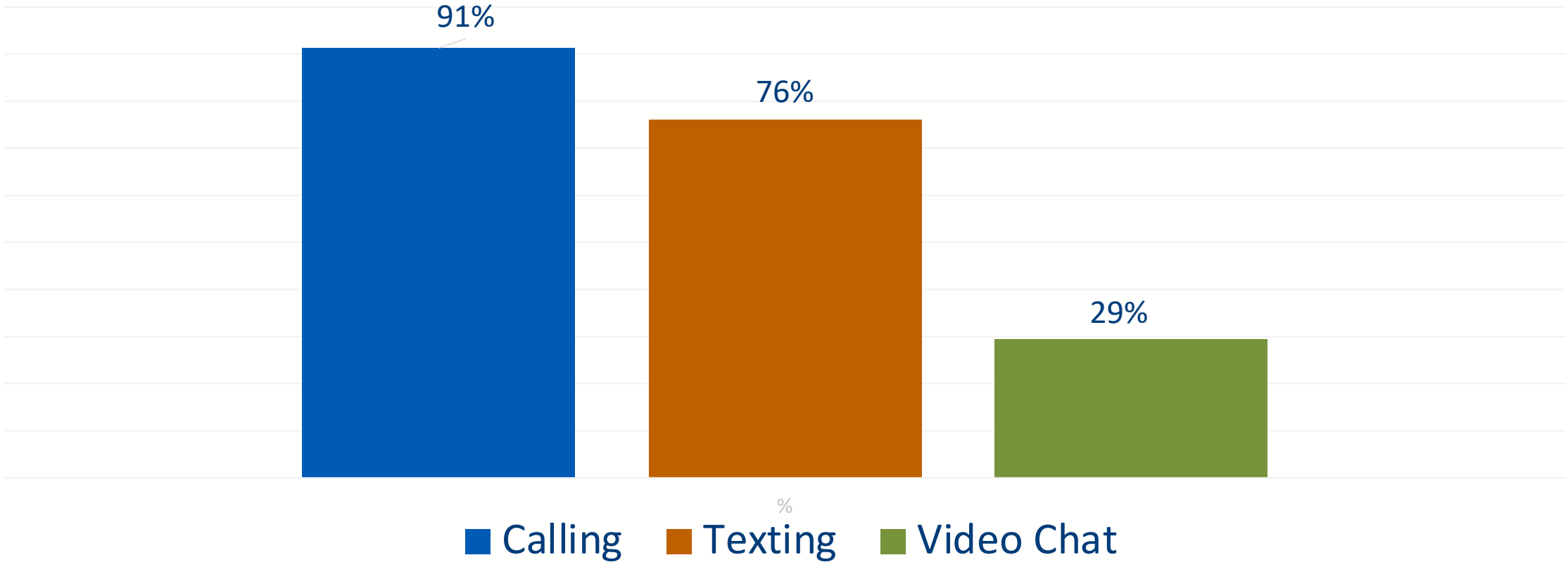
Lack of access to a camera for live-video telehealth visit remains a challenge for many patients. Our survey showed that the majority of patients have access to a cell phone, only about 30% or less have access to a computer.



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.*

Patient Preference

Our survey showed that an overwhelming preference for calling and texting as the communication method for telehealth visit versus video chat.



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

Maintain current telehealth access, including telephonic care, to meet the comprehensive health needs of all persons and communities while providing patients and providers with the necessary resources to utilize virtual care by closing the digital divide.

2021 Telehealth Priorities (cont.)

TOP PRIORITY

- Make **permanent** current FQHC/RHC telehealth flexibilities
  - Change the statutory definition of telehealth to include audio-video, audio only and virtual communication
  - Add to state law provision that includes telehealth visit as a PPS billable visit
  - Add to state law language regarding established patients, specifically allowing FQHC to use telehealth to establish a patient relationship

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 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