November 15, 2018

Department of Health Care Services  
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Submitted via email: telehealth@dhcs.ca.gov

RE: Telehealth Policy Updates

OCHIN appreciates the opportunity to submit the following comments in response to the California telehealth policy changes. We applaud DHCS’s efforts as changes in the health delivery system require updating of applicable policy for services and reimbursement. OCHIN is a strong advocate of telehealth and virtual care, and wish to offer our insight to strengthen California’s telehealth services.

OCHIN is a 501(c)(3) not for profit community-based health information technology (HIT) collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA), and is an HRSA-designated Health Center-Controlled Network (HCCN). OCHIN’s mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and correction facilities across the nation. OCHIN’s comments come through the lens of members we serve.

We are writing these comments through the lens of telehealth policy changes with deep expertise in broadband deployment and telehealth in the State of California as well as nationally. OCHIN has been working to expand safety net clinic services in California since 2004. OCHIN has a strong presence in California, as we represent 138 member clinics, and support broadband and telehealth deployment services through 91 clinics. Last year, we absorbed the California Telehealth Network (CTN) expanding our outreach and support of communities in California through broadband infrastructure and telehealth education and services. OCHIN has extensive expertise in this field, and utilizes HRSA funds to support the California Telehealth Resource Center (CTRC) for the state of California under the CTN through OCHIN. To ensure these services can continue to be delivered with optimal reimbursement and minimal additional burden to patients and providers, we submit these comments.

OCHIN Encourages:

• Continued support for broadband expansion through the California Public Utilities Commission (CPUC) and California Telehealth Fund (CTF) to continue to reach rural and underserved communities;
• Expanding funding for access to broadband in underserved communities by continuing to adequately fund the CTFCTN, and the CTRC;
• Funding for telehealth pilot projects
• Consistent payments and standardized networks for eConsult and telehealth services;
• Removal of the requirement of a Medi-Cal provider to reside inside of the state;
• Alignment of consult codes as defined by the AMA and CPT Guidelines;

**OCHIN Comments on the Proposed Changes to the Medi-Cal Telehealth Policy Manual**

I. Remote Patient Monitoring

Remote patient monitoring (RPM) is absent from the reimbursed services. This service is critical for the care of those with special health needs or chronic conditions. RPM helps patients avoid readmissions, reducing healthcare costs significantly. In light of the recent CMS approval for remote patient monitoring (CPT codes 99453, 99454 and 99457) DHCS should match CMS. Also, in light of the proposed FCC Connected Care Pilot launching, and the ability to utilize remote patient monitoring, this availability to then use this service lends to the importance of its inclusion for reimbursement.

II. Originating Site Definition

Further, the benefit of telehealth and virtual care is allowing FPACT patients who are distant from the clinic to receive care services. Online enrollment processes are important for those who are unable to travel long distances because of transportation or time constraints. For those in desperate need of care, it is critical that they may enroll electronically to engage with a provider. It can then be left up to the discretion of the provider to determine the timeline for a physical visit based on individual circumstances.

III. Provider Requirements (Section II of the telehealth provider manual)

OCHIN believes it is important that California allow providers from outside of the state to provide telehealth services to combat the provider shortage currently experienced by many patients.

Allowing for reimbursement to behavioral and mental health providers would expand access and facilitate patients’ utilization of these services. We recommend for this reason that the terminology should be “health care provider” in order to be inclusive of mental and behavioral providers as well.

IV. Store-and-Forward & eConsults

OCHIN strongly supports standardization of networks and reimbursement rates for eConsults for both the originating and distant sites. Physicians’ time is extremely valuable, whether it is being utilized during face-to-face or virtual services. To decrease the rate of provider burnout, it is important to make sure payers apply the necessary level of value to the services they provide, and that this level is the same across all networks.
Documentation in an EHR for consent should not be required for eConsults, or asynchronous communication. Documentation for other telehealth activities creates barriers and potential administrative overhead. Further, 10 or 14 business days is the recommended time span for a distant provider to follow up after the consultation.

OCHIN recommends changing the word “complicated” on page 5 to “any or all.” This arbitrary restriction is difficult to define and restricts the use of eConsults, when the goal is to expand the capabilities of and access to eConsults. Similarly, any time restrictions or limits on eConsults should be removed. The time should be documented accurately for reimbursement.

**OCHIN Comments on the Proposed Changes to the eFQHC/RHC & IHS Manuals**

Store-and-forward as well as live video are important aspects of telehealth, especially for rural clinics. The proposed changes restrict FQHCs/RHCs and IHS-MOAs reimbursement ability around store-and-forward. Specifically, there are some clinics which don’t have consistent or reliable broadband which doesn’t always support live video. Store-and-forward is an important method in which to gain access to care. To extend this option to these clinics, the definition of “visit defined” must be expanded to include store-and-forward.

We appreciate your consideration of our comments. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
VP, Government Affairs and Public Relations