

FEDERAL TELEHEALTH POLICY UPDATE

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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.

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- 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 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



PANDEMIC CHANGED THE TRAJECTORY OF TELEHEALTH

PRE-PANDEMIC

- Telehealth not widely integrated into many practices
- Policy was advancing slowly
- The policy was mostly developed/structured with specialty care in mind and not primary care
- Example, FQHCs weren't necessarily included in policies acting as a distant site provider
 - FQHCs provide primary care services to more than 31 million people

TELEHEALTH POLICIES PRE-PANDEMIC

Entities like an FQHC face challenges when using telehealth given the policies that regulate them.

- How an encounter/visit is defined for FQHCs
 - Need that face-to-face/in-person encounter
 - Encounter needed to be in the four-walls of the FQHC
 - Limits on same day encounters

STATES TELEHEALTH POLICIES IMPACTING PRIMARY CARE

- Pre-pandemic many state Medicaid programs explicitly excluded or did not address whether FQHCs could provide services, though many did have policies allowing them to be originating sites
- During the pandemic saw many state Medicaid, like Medicare, change their policies for FQHCs and telehealth
- Many of the Medicaid programs also ensure they are paying the PPS rate, unlike Medicare that under the waiver pays a flat rate (except for mental health service)
- As of fall 2024, 38 state Medicaid program explicitly say that FQHCs may serve as originating site
- As of fall 2024, 38 state Medicaid programs explicitly say that FQHCs may act as the distant site provider
- As of fall 2024, only 26 state Medicaid programs explicitly reimburse PPS rate

STATES TELEHEALTH POLICIES IMPACTING PRIMARY CARE

CA MEDICAID FQHC ALTERNATIVE PAYMENT METHODOLOGY MODEL

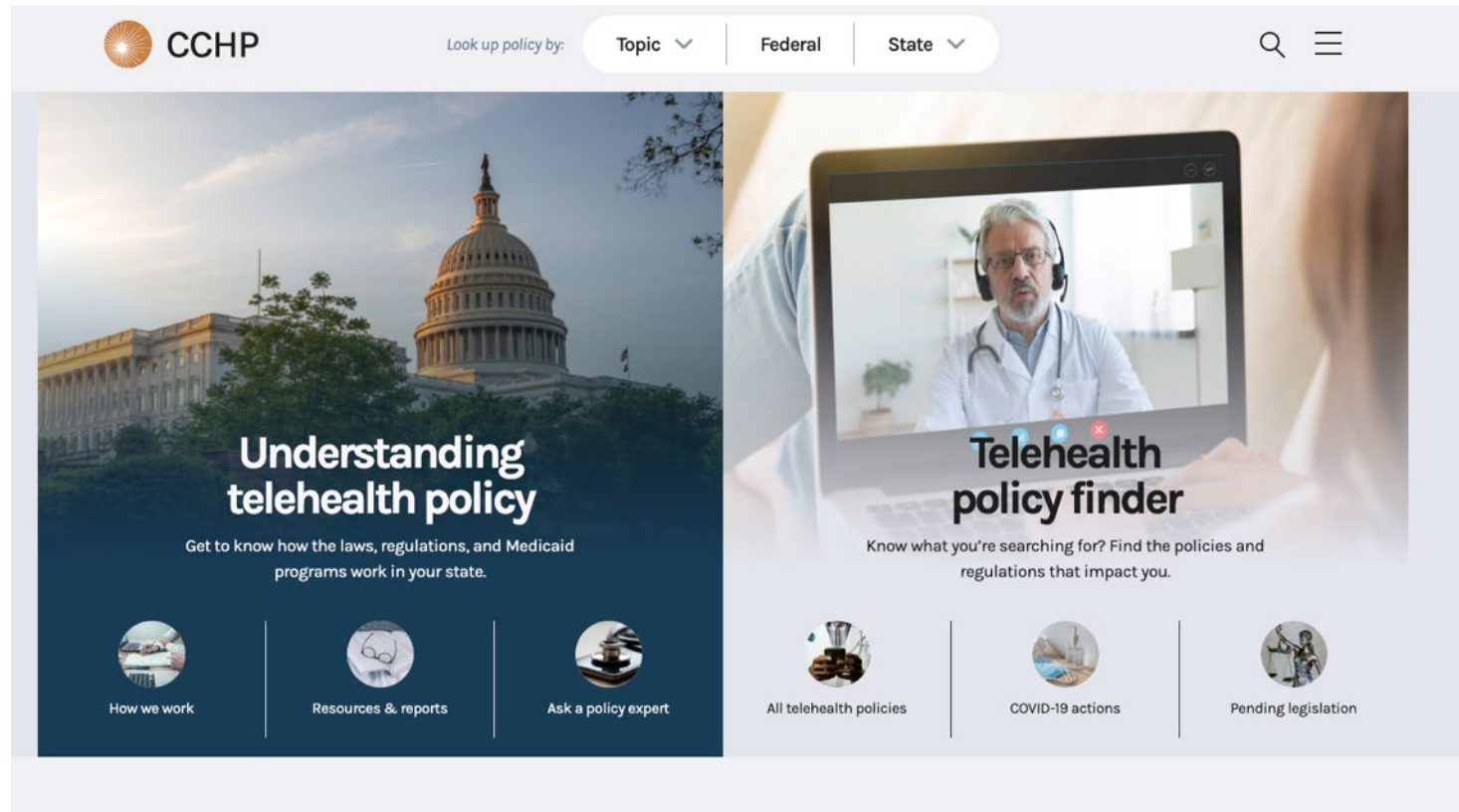
- Launched July 2024
- New model only for FQHCs participating in managed care and participation is based on approval of an application (dual-eligible members excluded)
- FQHCs paid on per member per monthly basis. FQHC will be paid based on assigned member months regardless whether member utilized services that month.
- CA Medicaid has allowed FQHCs to bill for telehealth encounters, but the APM model will allow non-PPS billable providers to bill for encounters including ones where telehealth is used

PROJECTS FOCUSING ON TELEHEALTH & PRIMARY CARE

Behavioral Health Initiative – AHA/HRSA

- 27 Grantees to integrate behavioral health services into primary care settings using telehealth
- Improve access to mental and behavioral health services in rural and underserved areas
- Grantees using a collaborative care model (CoCM) or primary care behavioral health model (PCBH)
- Launched September 2024

➤ CCHP Website – cchpca.org



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