From:DMHC Licensing eFilingSubject:APL 19-004 (OPL) - Telehealth and Teledentistry Sample QuestionsDate:Wednesday, January 23, 2019 2:26:03 PMAttachments:APL 19-004 (OPL) - Telehealth and Teledentistry Sample Questions(1-23-19).pdf

Dear Health Plan Representative,

Please find attached All Plan Letter, regarding OPL's approach to review of telehealth and teledentistry contracts, services, and benefits.

Thank you.



ALL PLAN LETTER

DATE: January 23, 2019

TO: All Health Care Service Plans

FROM: Sarah Ream, Deputy Director Office of Plan Licensing

SUBJECT: APL 19-004 (OPL) Telehealth/Teledentistry Sample Questions

The Department of Managed Health Care (DMHC), Office of Plan Licensing (OPL), is issuing this All Plan Letter (APL) to provide health care service plans, including specialized health care service plans (plans), with general information regarding OPL's approach to the review of telehealth and teledentistry contracts, services, and benefits (collectively "telehealth"). Specifically, included in this APL is a set of sample questions reviewers may ask when reviewing a filing that mentions telehealth.¹ The sample questions are provided to give the plans a sense of the types of questions OPL may ask when reviewing filings that involve telehealth or teledentistry.

The DMHC fully supports the development of programs to offer services, when appropriate, and coverage through telehealth/teledentistry. Our purpose in asking questions regarding telehealth/teledentistry is to better understand how plans use or will use telehealth to deliver services to enrollees, and to ensure telehealth is provided in a manner consistent with the requirements of the Knox-Keene Health Care Service Plan Act of 1975.²

If in the course of reviewing exhibits submitted for review it becomes apparent that some portion of the service or benefit at issue is being offered through telehealth or teledentistry, licensing counsel reviewing your filing may ask some variation of the sample questions below, as appropriate and relevant to the filing.

¹ Please note, sample questions set forth in this APL do not necessarily constitute the entire universe of questions OPL reviewers might ask regarding telehealth or teledentistry, nor will reviewers necessarily ask all of the sample questions while reviewing a particular filing.

² California Health and Safety Code section 1340 et seq. All subsequent statutory references refer to the California Health and Safety Code.

As a general guideline, as with all delegations of plan functions, contracts with telehealth vendors and/or providers should be drafted or updated and filed as administrative service agreements (Exhibit N-1) or provider contracts (Exhibit K-1), as appropriate. The plan's telehealth services and policies should be described in Evidence of Coverage and Disclosure Forms in a manner that allows enrollees to know when and how telehealth services are available.

Sample Questions

 Telehealth Services 1. Identify the telehealth method(s) Plan-contracted providers, specialized or restricted plans (plans), or telehealth vendors might use to deliver care, or support the delivery of care, to Plan enrollees: a. Asynchronous PCP-to-specialist (e.g., eConsult) b. Asynchronous patient-to-PCP (e.g., remote monitoring) c. Asynchronous patient-to-specialist (e.g., store and forward) d. Synchronous patient-to-PCP (e.g., remote monitoring) e. Synchronous patient-to-PCP (e.g., live two-way communication between patient and PCP) f. Synchronous patient-to-specialist (e.g., live two-way communication between patient and specialist) 2. Do Plan-contracted providers, plans, or vendors deliver services via telehealth for enrollees in all Plan products? If not, identify the plan products that use telehealth. 3. Do Plan-contracted providers, plans, or vendors use telehealth only when delivering outpatient services? Is it used in any of the following? a. inpatient services b. prescription drug services c. urgent care d. emergency services 4. Identify the medical/surgical and mental health/substance use disorder conditions for which Plan-contracted providers, plans, or vendors via telehealth covered based on where an enrollee lives (e.g., covered if an enrollee lives in a rural area but not for enrollees in urban areas)? b. Who decides which conditions are eligible for telehealth diagnosis or treatment? c. Describe the criteria used to determine the conditions and types of	1000			
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Telehealth Services
services for which the telehealth delivery of care is appropriate.*
5. Is it possible for a Plan enrollee to receive services via telehealth from any Plan- contracted provider, plan, or telehealth vendor?
a. Conversely, are services available only from those providers, plans, or vendors who elect to deliver services via telehealth?
b. If services are only available from those providers, plans, or vendors who elect to deliver services via telehealth, how can enrollees tell which providers, plans, or vendors provide services via telehealth?
6. Does the Plan contract with a vendor for telehealth services?
 If yes, please identify that vendor and the nature of the telehealth services provided.
b. If yes, has this contract been submitted to the DMHC for review?*
7. Do any Plan-contracted providers, plans, or vendors provide their services only through a telehealth modality and not through in-person visits?
 Are any Plan-contracted providers or vendors that deliver their services via telehealth located outside California? *
9. Are the clinical providers or vendor-contracted clinical staff who deliver synchronous patient-to-PCP or specialist services to Plan enrollees licensed in California?*
10. For synchronous patient-to-PCP or specialist services, who makes the decision to use telehealth to deliver medical/surgical or mental health/substance use disorder services instead of via an in-person visit? (Provider, plan, enrollee?)
11. Is the delivery of care via a telehealth modality optional for enrollees or is it required in some instances?
a. If it is <i>required</i> in some instances, describe how notice is provided to enrollees regarding those requirements.*
12. Do the Plan's contracted providers, plans, or vendors require enrollee consent before scheduling and delivering care via telehealth? If consent is required, is it verbal or written consent?
13. Describe any exclusions and limitations, including any enrollee age or condition restrictions, on the use of telehealth.*
14. Explain whether an enrollee must own certain equipment to access services delivered via telehealth, or if the Plan-contracted provider, plan, or vendor provides the necessary equipment.
15. For synchronous patient-to-PCP or specialist telehealth services using live two- way video, describe where the enrollee receives those services.
a. In his or her home?

Telehealth Services

- b. In a local Plan office or the office of a Plan-contracted provider, facility, plan, or vendor?
- c. In another location?
- 16. Submit the Evidence of Coverage text informing Plan enrollees about the potential use of telehealth for delivering medical/surgical or mental health/substance use disorder services and the cost-sharing for services delivered through telehealth.*
- 17. Describe how the Plan's contracted providers, plans, or vendors integrate their services delivered via telehealth with the Plan's overall approach to care delivery and routine processes of care.
- 18. Describe the geographic location and length of time books and records related to telehealth-delivered services are stored.*
- 19. Describe any Plan oversight of its telehealth vendors or the telehealth delivery of care by Plan-contracted providers or plans to ensure telehealth services are provided securely and patient health information is protected.*
- 20. Did the Plan revise its provider contracts to include the provision of telehealth services?
- 21. Explain whether services delivered via telehealth are subject to the Plan's grievance policy.

Teledentistry Questions

- 1. Identify the teledentistry modalities the Plan's contracted dentists or teledentistry vendor might use:
 - a. Asynchronous general dentist-to-specialist dentist (e.g., eConsult)
 - b. Asynchronous patient-to-general dentist (remote monitoring)
 - c. Asynchronous patient-to-specialist dentist (store and forward)
 - d. Synchronous general dentist-to-specialist dentist (videoconference or distance learning)
 - e. Synchronous patient-to-general dentist (live two-way communication between patient and generalist dentist)
 - f. Synchronous patient-to-specialist dentist (live two-way communication between patient and specialist dentist)
- 2. List or describe plan products, including market, network and line of business that may use teledentistry in the delivery of covered services.
- 3. Are all Plan-contracted providers able to provide dental services via teledentistry?
 - a. Conversely, is the benefit limited to only those providers who are able

Teledentistry Questions		
and willing to deliver services via teledentistry?		
b. If so, how do enrollees identify those providers willing and able to deliver services via teledentistry?		
4. Does the Plan contract with a telehealth vendor for teledentistry services?		
a. If yes, please identify that vendor.		
b. If yes, has this contract been submitted to the DMHC for review?*		
5. Does the Plan contract with any providers or vendors that deliver dental services solely via teledentistry?		
 Are any of the Plan-contracted dental providers that may perform teledentistry services located outside California?* 		
7. Follow-up comment: The Plan indicates enrollees may receive teledentistry services from out-of-state providers. Please note providers must be licensed in California pursuant to the Business and Professions Code and affirm the Plan's enrollees are receiving teledentistry services from California-licensed providers.*		
8. For synchronous patient-to-general or patient-to-specialist dentist teledentistry, who makes the decision to use remote access to dental services instead of an in-person visit when delivering dental services to enrollees?		
9. Is teledentistry an optional service for enrollees?		
 a. If it is required in some instances, describe how notice is provided to enrollees regarding those requirements.* 		
10. Does the Plan or its contracted dentists require consent from an enrollee before scheduling and delivering teledentistry services? If consent is required, is it verbal or written consent?		
11. Please describe the criteria the Plan or Plan-contracted dentist uses to determine whether services and/or enrollees are eligible for teledentistry.*		
12. Describe any exclusions and limitations for teledentistry, including any enrollee age restrictions on receiving teledentistry services.*		
13. Explain whether an enrollee must own certain equipment to access teledentistry services, or if the Plan-contracted dentist or the Plan provides any necessary equipment.		
14. The Plan explained that for synchronous patient-to-general dentist teledentistry using live two-way video the enrollee receives services at a remote location, whereas the contracted dentist is located in his or her office.		
 Describe the facility where the enrollee receives services at a remote location. 		
b. Is it a secondary office owned by the dentist or is it a facility owned by someone other than the contracted dentist?		

Teledentistry Questions
15. Submit the Evidence of Coverage/Disclosure Form text informing Plan enrollees about the possible use of teledentistry for delivering dental services and the cost- sharing for services delivered through teledentistry.*
16. Describe what oversight the Plan has over its telehealth vendor, and/or its teledentistry providers, to ensure teledentistry services are provided securely, and patient health information is protected.*
17. Did the Plan revise its provider contracts to include the provision of telehealth services?
 Explain whether services delivered via teledentistry are subject to the Plan's grievance policy.