

TELEHEALTH GRANT FREQUENTLY ASKED QUESTIONS

1. Why did PHC revise the grant?

- DHCS guidelines recognizes the importance of telehealth as a cost-effective alternative to in-person care and has increased flexibility in telehealth provider guidelines. Particularly in rural and underserved communities, DHCS allows health centers to determine appropriate modalities of care and has removed patient location as a barrier to receiving that care. Additionally, DHCS recognizes eConsult as an appropriate modality, which increases greater access to care for patients.

2. What has changed from the previous grant structure?

- Under the new grant, eConsults are incentivized 3:1 because we've seen strong outcomes in meeting network adequacy requirements. eConsult reduces time and distance to care for patients and strengthens video face-to-face visits and referrals.
- The new grant also incentivizes accepting outside referrals 3:1 because we understand that there are patients and other health centers in the communities that are unable to sustain telehealth services at this time.
- Bonus grant support has been added which will be issued to health centers that serve between 1-5% of their PHC patient population through means of telehealth.
- The new grant removes the restrictions on which telehealth providers can be used to receive grant support. Our only ask is that telehealth providers meet DHCS provider requirements (ie: Telehealth providers must be California licensed, California or Border Community based, and Medi-Cal enrolled) and be credentialed with PHC.
- Additionally, all telehealth modalities whether synchronous or asynchronous (ie: Live Video, eConsult, Store and Forward and Telephonic visits) are eligible services to receive grant support.

3. How does PHC's New Grant payment work?

- Payments will be issued based on a two-pronged incentive approach and data collected from each health center.
 - The first incentive is based on the total number of visits/consults completed within a six month timeframe and is considered a utilization base payment.
 - Total telehealth utilization consist of 12 low to high tiers
 - Base payments for each tier ranges from \$0 to \$6,000

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- The second incentive is a bonus payment and is based on the percent of total member population served.
 - Serving less than 1% of the assigned member population equals no bonus payment
 - Serving between 1% and 5% of the assigned member population is equivalent to 50% bonus payment
 - Serving greater than 5% of the assigned member population is equal to 100% bonus payment

- 4. Are there any other health center expectations to participate in the new grant?**
 - Health centers will still need to complete the data tracking sheets each month and submit them to PHC through the PHC secure web portal. The data tracking sheets have been revised to allow for auto-calculation on total visit/consult count which will alleviate staff from having to manually count them.
 - We ask that health centers enhance their billing practices by using correct telehealth billing codes and modifiers.
 - Review PHC's telehealth policy in depth and reach out to the PHC telehealth team to discuss any areas of uncertainty.

- 5. How do I contact PHC's telehealth team if I have questions.**
 - Email telemedicine@partnershiphp.org
 - Contact one of our team members directly:
 - William Kinder, Sr. Manager of OpEx/PMO, Administration (PMO)
wkinder@partnershiphp.org
 - Hannah Petersen, Program Manager I, Administration (PMO)
hpetersen@partnershiphp.org
 - Stacy Arndt, Program Coordinator I, Administration (PMO)
sarndt@partnershiphp.org
 - Nabila Habib, Program Coordinator I, Administration (PMO)
nhabib@partnershiphp.org
 - Tyara Ellis, Program Coordinator I, Administration (PMO)
tellis@partnershiphp.org
 - We encourage setting up some 1-on-1 time to cover the grant, tracking sheets and any billing questions needed