

# E-Consult Workgroup Webinar

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September 26, 2019



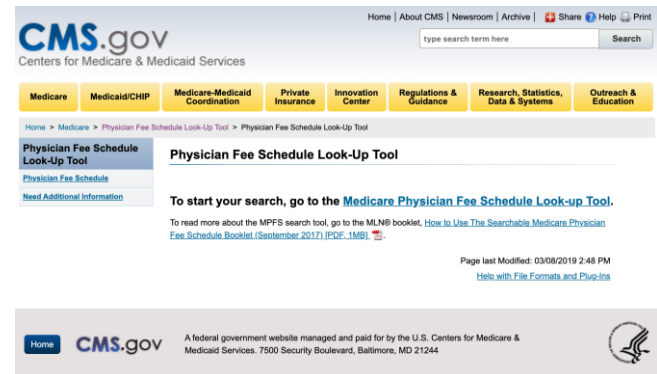
# Agenda

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- Policy Updates – Request for Comment on CMS Physician Fee Schedule 2020
- Partnership Health Plan Telehealth Program Update – William Kinder, Senior Manager, OpEx/PMO
- Frequently Asked Questions on Medi-Cal Telehealth Policy and E-Consult
- Managed Care Plan / DMHC Subgroup on E-Consult and Telehealth
- Preview of Annual E-Consult Workshop on November 4

# Comments to CMS on Physician Fee Schedule 2020

**CMS has requested comments on the Physician Fee Schedule for 2020. Comments are due Friday, September 27**



The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Share, Help, and Print. Below this is a search bar with the text "type search term here" and a "Search" button. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "Physician Fee Schedule Look-Up Tool" and includes a breadcrumb trail: Home > Medicare > Physician Fee Schedule Look-Up Tool > Physician Fee Schedule Look-Up Tool. There are links for "Physician Fee Schedule" and "Need Additional Information". A prominent message states: "To start your search, go to the Medicare Physician Fee Schedule Look-up Tool." Below this, there is a link to a booklet: "To read more about the MPFS search tool, go to the MLNB booklet, How to Use The Searchable Medicare Physician Fee Schedule Booklet (September 2017) [PDF, 1MB].". A footer note indicates the page was last modified on 03/08/2019 at 2:48 PM and provides a link for help with file formats and plug-ins. The bottom of the page features the CMS.gov logo, a federal government website disclaimer, and the CMS eagle logo.

The E-Consult Workgroup has drafted a response that requests the following:

- **CMS should adopt a single advance beneficiary consent for a number of communication technology-based services**
  - CMS continues to receive concerns that obtaining verbal consent for each e-consult is overly burdensome, but that CMS would like to continue due to e-consult co-pays
- **CMS should allow for practitioners billing for Principal Care Management services to bill separately for interprofessional internet consultations as these are not duplicative services/payments**
  - CMS has proposed a new Principal Care Management program for PCP management of single chronic condition; concern about duplicative billing

**Please let us know by Friday morning if you would like for your individual or organizational name to be included on this letter.**



PHC Telehealth Program

William Kinder

Senior Manager of OpEx/Project  
Management Office

# PHC & Telehealth



Sometimes telehealth is the *only* option

# Modes of Telehealth

## Synchronous Traditional

- Video Consultations

## Asynchronous Store & Forward

- \*eConsult

\*eConsult has proven to be a valuable telehealth service to assist PCP's to provide improved member care at sites lacking specialty providers.

# Specialty Access through Telehealth

## PHC Telehealth Program:

- Contracted with TeleMed2U to provide a telehealth specialty network
- Contracted with Safety Net Connect to provide the eConsult platform
  - Specialty Network available to PCP's utilizing a secure HIPAA compliant system provided by PHC.
  - Specialist (TeleMed2U) costs directly billed to PHC



# Specialties

## Current eConsult Specialties Available

- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Diseases
- Neurology
- Pain Management
- Rheumatology
- Urology



# Telehealth Program

## PHC Telehealth Locations

### Del Norte County

Open Door - Del Norte Community Health Center (V, EC)

### Humboldt County

Open Door - Eureka Community Health Center (V, EC)

Open Door - Ferndale Community Health Center (EC)

Open Door - Fortuna Community Health Center (EC)

Open Door - Humboldt Open Door Clinic (V, EC)

Kimama Medical Center (V, EC, IHS)

Open Door - McKinleyville Community Health Center (EC)

Open Door - North County Clinic (EC)

Open Door - Redwood Community Health Center (EC)

Redwoods Rural Health Clinic (V)

Open Door - Willow Creek Community Health (V, EC)

### Lake County

Lakeview Health Center (V)

Adventist Health - St. Helena Family Health Center (V)

### Lassen County

Northeastern Rural Health Clinic (V, EC)

Westwood Family Practice (V, EC)

### Mendocino County

Mendocino Coast Clinic (V)

Long Valley Health Center (V)

Consolidated Tribal Health Center (V, IHS)

### Modoc County

Modoc Medical Center (V)

Surprise Valley Medical Clinic (V)

### Shasta County

Mayers Memorial Hospital (V, EC)

Shasta Community Health Center (V)

### Siskiyou County

Fairchild Medical Center (V)

Karuk - Happy Camp Clinic (V, EC, IHS)

McCloud Community Health (V, EC)

Karuk - Yreka Medical Clinic (V, EC, IHS)



### Solano County

Planned Parenthood (V)

### Sonoma County

Petaluma Health Center (V)

West County - Sebastopol Health Center (V, EC)

### Trinity County

Hayfork Community Clinic (V)

Trinity Community Health (V)

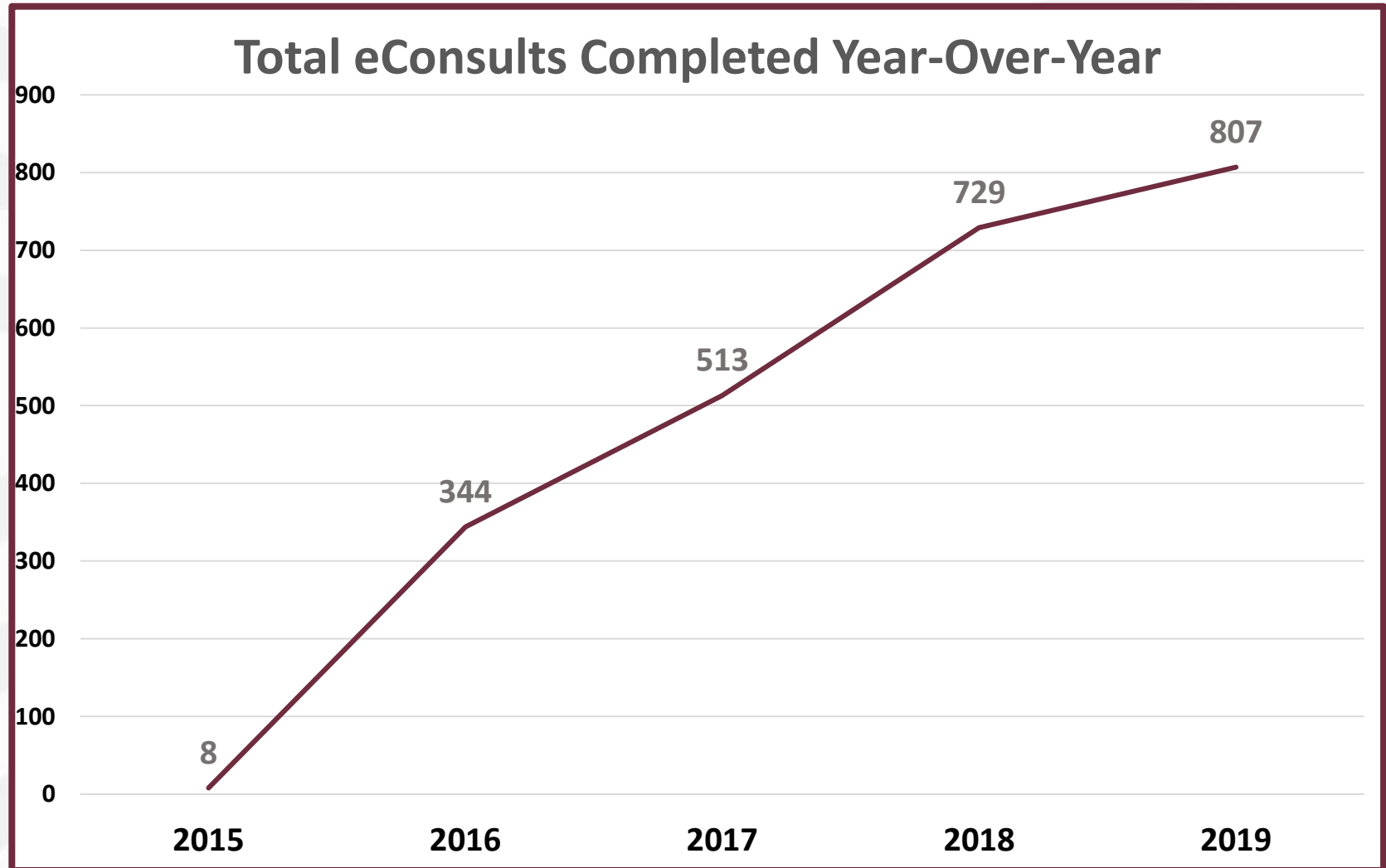
Redding Rancheria Trinity Health Center (V, IHS)

V = Video

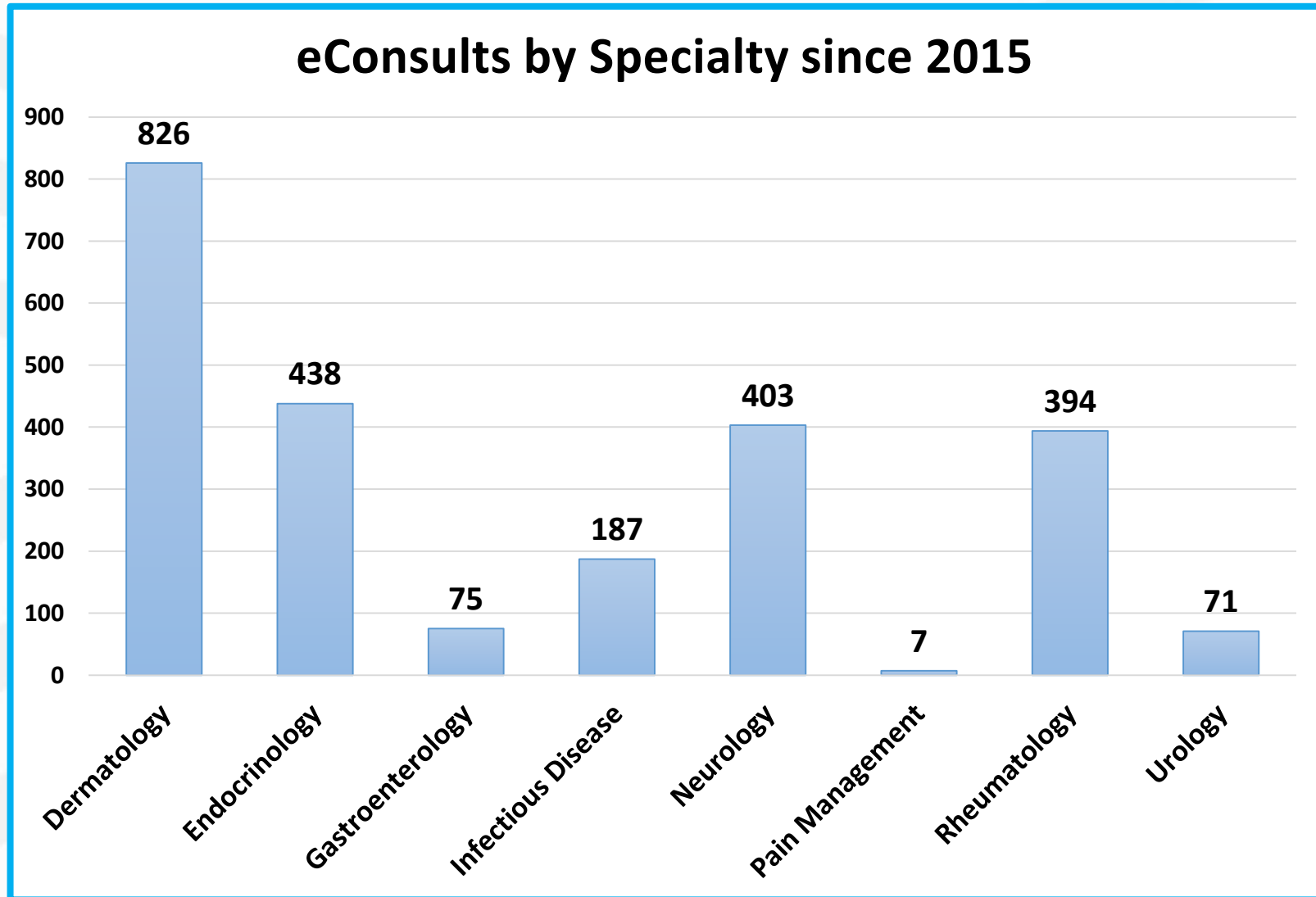
EC = eConsult

IHS = Indian Health Services

# eConsult Specialty Utilization

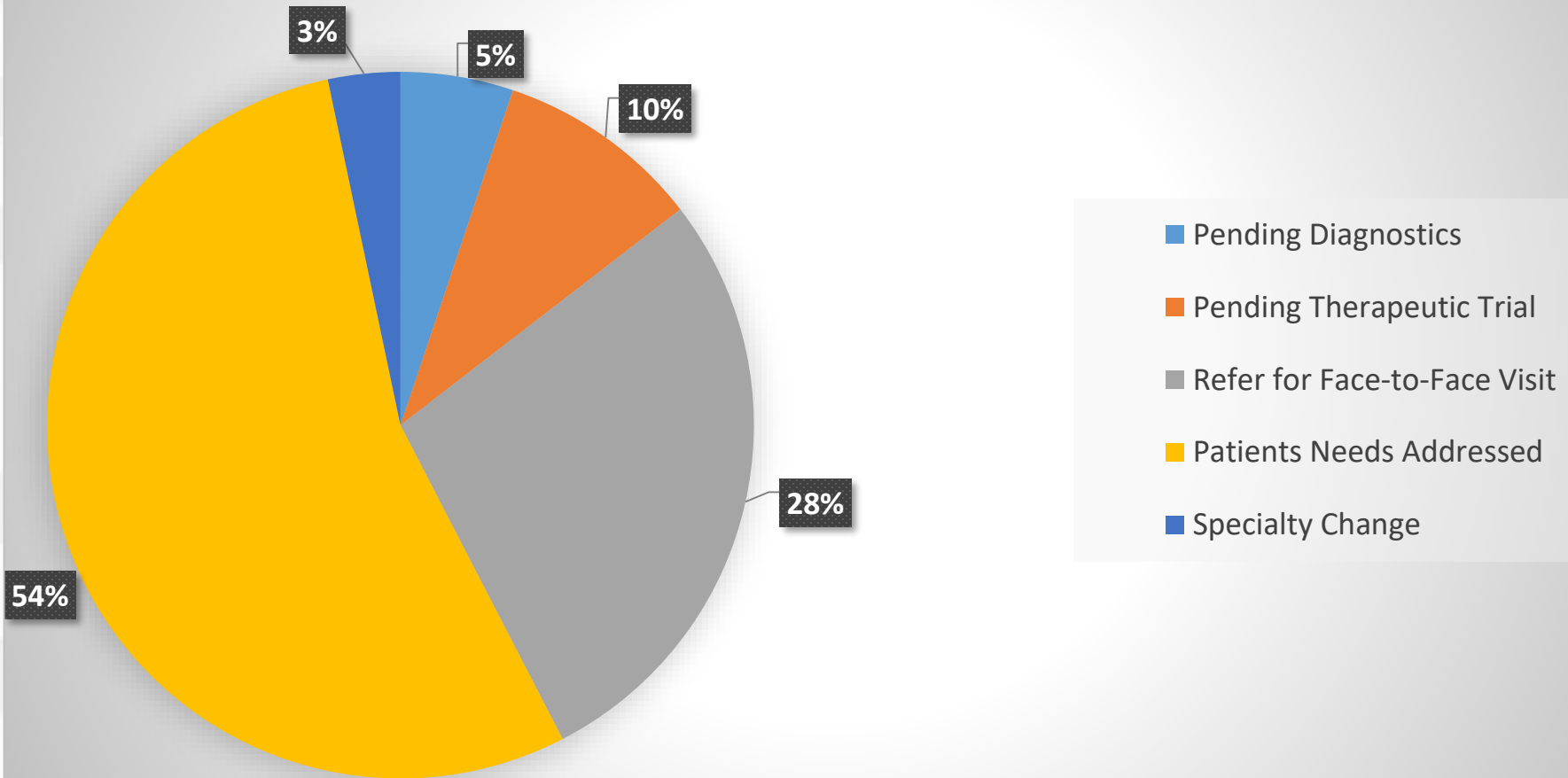


# eConsult Specialty Utilization



# eConsult Close Codes

## Breakdown of eConsult Close Codes



# Challenges and Barriers

- Lack of space/staff/equipment
  - Physical space for live video visits
  - Administrative/coordination staff time
  - Equipment
- Internal adoption (sites)
  - Staffing - coordination
  - Executive team and physician engagement
  - Revised workflow
  - Key staff retention

# PHC Support

- Telehealth coordinator support grant
- Comprehensive onboarding
- Full-time PHC telehealth support team
- PHC hosted telehealth coordinator forums

# Who Benefits from eConsult?

Benefits of eConsult	PHC	Member	Clinic/HC
Lowers cost of care	<b>X</b>		
Lowers time to care	<b>X</b>	<b>X</b>	<b>X</b>
Limits out of network referrals	<b>X</b>	<b>X</b>	<b>X</b>
Increases quality of referrals	<b>X</b>	<b>X</b>	<b>X</b>
Reduces distance to care	<b>X</b>	<b>X</b>	<b>X</b>
Reduce wasted coordinator time			<b>X</b>
PCP can gain knowledge			<b>X</b>
Continuity of care		<b>X</b>	<b>X</b>
Reduce "no shows"	<b>X</b>		<b>X</b>

# Open Door/PHC Specialty Care Model

- 54% Patients needs addressed
- 28% Patients referred for F2F

eConsult

Live Video

Traditional  
Brick & Mortar

Pull versus Push



# Open Door/PHC Specialty Care Model

## eConsult First

- 54% patient needs addressed without referral
- Patient time to care – average 4 days vs 51 days for traditional specialty appointment
- Reduced travel out of area and travel cost
- Reduced cost of care - 25% cost of traditional out of area specialty services
- PCP/Patient relationship – patient history and local care
- Referrals for face to face visits based on assessed need (pull versus pushed referrals)
  - Continuity of care – same specialist for eConsults as live video
  - More productive clinic
- Opens capacity for specialty face to face visits through improved referral management
- HIPAA compliant platform and specialist network costs paid directly by PHC

Requested F2F

Live Video

# Open Door/PHC Specialty Care Model

“In our rural setting, we have limited access to specialists. I’m an advocate for eConsult and Telehealth as it addresses the barriers that often come with care in the rural setting. Our goal is to provide timely, quality care. Utilizing eConsult, we’ve seen a reduction in travel and wait times for our patients; a significant drop in the number of days the patient’s health care needs are addressed; and a reduction in face to face specialty visits.

Every referral, that is feasible, should be sent to eConsult. If a specialist can review it, there is no downside. Let’s meet our patients where they are at.”

Dr. Willard Hunter,  
Open Door Community Health Center, CMO

# Questions?

Contact:

PHC Telehealth Program

[telemedicine@partnershiphp.org](mailto:telemedicine@partnershiphp.org)

# E-Consult in DHCS Telehealth Provider Manual

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## Definition

Asynchronous health record consultation services that provide an assessment and management service in which the patient's treating health care practitioner (attending or primary) requests the opinion and/or treatment advice of another health care practitioner (consultant) with specific specialty expertise to assist in the diagnosis and/or management of the patient's health care needs without patient face-to-face contact with the consultant

## CPT Code 99451 under Medi-Cal Rates

**\$31.45** - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

# Reporting and Reimbursement Guidelines

*CPT code 99451 is not separately reportable or reimbursable if any of the following are true:*

- **The distant site provider (consultant) saw the patient within the last 14 days.**
- **The e-consult results in a transfer of care or other face-to-face service with the distant site provider (consultant) within the next 14 days** or next available appointment date of the consultant.
- **The distant site provider did not spend at least five minutes of medical consultative time, and it did not result in a written report.**

## **Notes:**

- **If more than one contact or encounter is required...the entirety of the service and cumulative discussion and information review time should be reported only once using CPT code 99451.**
- **CPT code 99451 is not reimbursable more than once in a seven-day period** for the same patient and health care practitioner.
- **Claims for e-consults using 99451 cannot be submitted by FQHCs and RHCs, however, FQHC/RHC/IHS PCPs can send e-consults to external specialists who use 99451 to submit their claims.**
- **The health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal rendering provider or non-physician medical practitioner (NMP) and affiliated with an enrolled Medi-Cal provider group.**

\*For policy and billing information specific to FQHCs, RHCs or IHS-MOA clinics, providers may refer to the Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) and Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics sections in the appropriate Part 2 manual.

# Frequently Asked Questions

The E-Consult Workgroup has submitted e-consult-related questions to DHCS for review. Initial responses are as follows.

Topic	Workgroup Question	DHCS Response
<b>PCP Reimbursement</b>	<p>CMS has included a code for primary care provider reimbursement for e-consult (CPT code 99452 (Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes). Will Medi-Cal consider the use of this code in future analysis?</p>	<p>No. DHCS does not plan to activate CPT code 99452, which would reimburse the requesting/treating physician for submitting a request to a consulting (distant site) provider for an e-consult. Only the consulting (distant site) provider can bill for e-consults.</p>
<b>E-Consult Resulting in FTF Visit</b>	<p>99451 is not billable if the e-consult results in a transfer of care or other face-to-face service with the distant site provider (consultant) within the next 14 days or next available appointment date of the consultant. How can we adjudicate/confirm that a face to face visit does not occur with the specialist within 14 days of an e-consult response?</p>	<p>The frequency limitations and other similar requirements listed in the Provider Manual are consistent with those published by the AMA in its latest iteration of the Current Procedural Terminology (CPT) codes. Given the AMA guidance and the purpose of the e-consult policy, DHCS agrees that it is appropriate not to report CPT 99451 if a transfer of care or request for a face-to-face consult occurs as a result of the consultation within the next 14 days, or if the patient was seen by the consultant within the past 14 days . In fee-for-service Medi-Cal, CPT code 99451 would be entered into the system to have various data elements, including frequency limits, consistent with our policy. In Med-Cal managed care, contracted MCPs have flexibility to establish their own utilization management protocols based upon our published policy, so this would be handled at the plan level. In addition, DHCS will conduct compliance checks and post-audit reviews of telehealth billing activity for program integrity purposes according to its standard audits processes.</p>

# Frequently Asked Questions (continued)

Topic	Workgroup Question	DHCS Response
<b>E-Consult Frequency</b>	<p>CPT code 99451 is not reimbursable more than once in a seven-day period for the same patient and health care practitioner. With an e-consult, what is considered a discrete episode of care (when does one encounter end and another begin?)</p> <p>What if an e-consult is closed by the primary care provider and a separate question/request is initiated?</p>	<p>For the e-consult visit, the requesting/treating physician is responsible for documenting for purposes of substantiating billing the start and end of the consulting (distant site) provider. Per the requirements of CPT 99451, the e-consult by the consulting (distant site) provider must last at least 5 minutes and culminate with a written report to the patient’s requesting/treating physician. To ensure e-consults are being used appropriately, DHCS will conduct compliance checks and post-audit reviews of telehealth billing activity and supporting documentation for program integrity purposes according to its standard audits processes.</p>
<b>Rate Setting</b>	<p>Many managed care plans are collaborating with FQHCs, RHCs and IHS clinics to support e-consult programs. How can managed care plans demonstrate this support and ensure that financial support is included in rate setting?</p>	<p>DHCS collects historical cost and utilization data from Medi-Cal managed care health plans (MCPs) for use in rate setting. DHCS reviews the reported data for reasonableness and makes appropriate adjustments, as needed, to support the development of rates that provide reasonable, appropriate, and attainable funding levels to MCPs. While DHCS does not require MCPs to separately identify expenditures related to e-consult programs (data is collected at a more aggregate level), MCPs should be reporting their allowable e-consult expenditures as part of the data collected by DHCS for use in rate setting. E-Consults cannot be used to improve network adequacy due to state law. If an MCP has a subcontracting agreement with a Network Provider who provides E-Consults, it must report the Network Provider in its 274 per Attachment B of All Plan Letter (APL) 19-002.</p>

# Frequently Asked Questions (continued)

Topic	Workgroup Question	DHCS Response
Encounter Data	Must managed care plans capture encounter data from their contracted providers who participate in e-consult?	If the MCP has incurred any financial liability, the answer is yes as MCPs are required to submit Encounter Data for <u>all</u> services for which they have incurred any financial liability, whether directly or through subcontracts or other arrangements.
MCP Reporting	What contract (or other) information must managed care plans conducting e-consult programs provide to DHCS and DMHC?	DHCS does not have any specific reporting requirements for E-Consult programs. DHCS does have specific reporting requirements related to an MCP's subcontractors which are outlined in its contract with DHCS and various APLs. As mentioned above if an MCP has a subcontracting agreement with a Network Provider who provides E-Consults, it must report the Network Provider in its 274 per Attachment B of All Plan Letter (APL) 19-002.

*What questions remain for DHCS?*

*What discussion topics should be addressed with DMHC in our upcoming discussions?*



# Managed Care Plan Role in E-Consult



- APL on telehealth posted August 2019 - [https://econsulttoolkit.com/wp-content/uploads/2019/08/Medi-Cal\\_All\\_Plan\\_Letter\\_0819.pdf](https://econsulttoolkit.com/wp-content/uploads/2019/08/Medi-Cal_All_Plan_Letter_0819.pdf)
- Electronic consultations (e-consults) are permissible using CPT-4 code 99451, modifier(s), and medical record documentation as defined in the Medi-Cal Provider Manual
- Report telehealth for purposes of network adequacy
- Share e-consult programs with Department of Managed Health Care
- Include telehealth in Annual Network Reporting

*Thank you to MCPs IEHP and LA Care Health Plan for volunteering to share your e-consult programs with DMHC. We appreciate MCP involvement from California Health & Wellness, Partnership Health Plan and Promise Health Plan. All managed care plans are encouraged to participate in the discussion.*

***Managed Health Care Subgroup Meeting – October date to be confirmed***  
***Topic: Presenting E-Consult Programs to DMHC***  
***RSVP to [libby.sagara@bluepathhealth.com](mailto:libby.sagara@bluepathhealth.com)***

# Acknowledging Health Plan Efforts to Support E-Consult



## New ten-year study shows lagging quality improvement in Medi-Cal managed care

September 25, 2019



California Health Care Foundation Publication  
[A Close Look at Medi-Cal Managed Care: Statewide Quality Trends from the Last Decade](#)

What can the E-Consult Workgroup do to highlight the efforts of MCPs in collaboration with hospital and clinic partners to use telehealth to improve quality and patient experience?

More than 10 million Californians — mostly children, their parents and caretakers, people with disabilities, and adults typically in low-wage jobs — get their health care through a managed care plan in Medi-Cal, the state's Medicaid program. Today CHCF [released a new study](#) on the quality of care provided by Medi-Cal managed care plans over the last decade. It examined rates of preventive health screenings, pre- and post-natal care for women, and access to primary care for kids, among many others measures.

Among its key findings, the study shows that quality of care, on average, stayed the same or declined for over half of the measures analyzed, with some particularly disappointing declines in quality of care for children. Furthermore, the study showed that those enrolled in nonprofit or public managed care plans received, on average, better quality than those in for-profit plans. Those who lived in counties with a County Organized Health System received, on average, better quality than those who lived in counties with any of the other five models of managed care.

In [CHCF's latest blog](#), Chris Perrone, director of Improving Access at CHCF, responds to these findings by outlining five recommendations California can pursue to ensure that all Medi-Cal managed care enrollees, regardless of where they live or their plan, have timely access to high-quality care. This includes establishing measurable plan-specific quality goals with a focus on continuous improvement, as well as starting to pay plans for quality.

If you are a reporter and would like to request an interview with Chris Perrone or the study authors, contact [Anne Sunderland](#).

# Annual E-Consult Workshop – November 4, 2019

## Sierra Health Foundation, Sacramento

9-4 PM, Cocktail Reception Immediately Following

View your calendar to accept meeting request or  
RSVP to [electronic\\_consult@bluepathhealth.com](mailto:electronic_consult@bluepathhealth.com)

### *Organizations Registered To-Date*

- AARP
- Anthem Blue Cross
- AristaMD
- Blue Shield of California
- Bruyere Institute, Ottawa, CAN
- California Health & Wellness
- California Medical Association
- California Primary Care Association
- CAPH/Safety Net Institute
- Chapa De Indian Health
- Children's Coalition
- Community Clinic Assn of LA County
- Community Health Center Network
- ConferMed
- Department of Managed Health Care
- Inland Empire Health Plan
- Kaiser Permanente Colorado
- Loma Linda Health System
- Los Angeles Dept of Health Services
- Partnership Health Plan
- Peterson Center on Healthcare
- RubiconMD
- Safety Net Connect
- San Joaquin General Hospital
- San Mateo Medical Center
- Santa Clara County Health Services
- Shasta Community Health Center
- 2020 Mom
- UC Davis
- UC San Francisco
- Ventura County Medical Center
- Veterans Health Administration
- Zuckerberg SF General



Reducing health disparities  
in Northern California  
begins with a strong vision.

# Draft Agenda for November 4 Workshop

Session	Overview	Time
<b>Networking Breakfast</b>	Continental Breakfast at Sierra Health Foundation	9:00-10:00
<b>Welcome, Agenda and Objectives</b>	Celebration of our achievements, review of the day's agenda and objectives	10:00-10:15
<b>Keynote Speakers</b>	Perspectives on the E-Consult Journey from published experts across the US and Canada	10:15-11:00
<b>MCO Engagement and Alignment in E-Consult Programs</b>	Payer presentations on programs engaging providers and improving member satisfaction, followed by panel presentation	11:00-12:00
<b>Lunch</b>	Lunch and networking session	12:00-12:45
<b>Lightning Round: What Challenges Remain</b>	10-minute lightning round presentations on the following topics: <ul style="list-style-type: none"> <li>• Policy and Regulation</li> <li>• Engagement and Scale</li> <li>• Operationalizing</li> <li>• Payment Reform</li> </ul>	
<b>Tabletop Session on Remaining Challenges</b>	Tabletop groups gather to brainstorm and report out on strategies and best practices in each area	12:45-2:15
<b>Perspectives from State Leadership</b>	Representatives from Department of Managed Health Care and Department of Health Care Services share thoughts on outstanding needs for telehealth	2:15-3:30
<b>E-Consult Workgroup 2020</b>	Recap of day's discussion and definition of path forward in 2020	3:30-4:00
<b>Cocktail Reception</b>	E-Consult Workgroup and Telehealth Coalition reception at Chevy's on the River	4:15-6:00

What accomplishments do you want to share? What topics, priorities and challenges remain? Contact [libby.sagara@bluepathhealth.com](mailto:libby.sagara@bluepathhealth.com)

# E-Consult Toolkit

<http://econsulttoolkit.com/>

The screenshot shows the E-Consult Toolkit website. At the top is a green header with the text "E-Consult Toolkit" and the tagline "Right care, right setting, right time". Below the header is a navigation menu with links for "Background", "News", "Policy", "Case Studies", "Publications", "Contact", and "Tools" (which is highlighted in orange). A search icon is also present. Below the navigation is a blue banner with a quote: "E-consult provides better care and makes our providers happier. We've had great adoption throughout our system." attributed to Michael Mulligan, MD, Chapa De Indian Health. The main content area is titled "E-Consult News & Events" and contains three bullet points: 1. "Next CCHP E-Consult Workgroup Webinar Scheduled for October 3rd" - The first CCHP E-Consult Workgroup Webinar for Q4 2018 will be held at 12 p.m. PDT on Wednesday, October 3rd. 2. "E-Consult Workgroup Submits Comments on CMS 2019 Physician Fee Schedule (PFS)" - Final comments on CMS's proposed reimbursement for provider-to-provider communications were gathered from E-Consult Workgroup members and submitted to CMS on September 10th. 3. "Community Health Center Network (CHCN) Adopts E-Consult to Repair Speciality Referral Process" - In 2015, only 16% of CHCN's Medi-Cal patients were receiving speciality care. An analysis of its speciality referral process uncovered complexities that, in addition to lack of access and patient no-shows, contributed to this lack of speciality care. Below the news section is a blue box with the text "Expanding Safety Net Access to Specialty Care With E-Consult: Best Practices, Tools and Templates for Payers, Providers, Policymakers and Patient Advocates". At the bottom of the page are four navigation buttons: "Readiness", "Planning", "Implementing and Scaling" (highlighted in green), and "Evaluation".

**E-Consult Toolkit** *Right care, right setting, right time*

Background ▾ News Policy ▾ Case Studies Publications ▾ Contact **Tools** 🔍

**"E-consult provides better care and makes our providers happier. We've had great adoption throughout our system."**

—Michael Mulligan, MD, Chapa De Indian Health

## E-Consult News & Events

- **Next CCHP E-Consult Workgroup Webinar Scheduled for October 3rd** The first CCHP E-Consult Workgroup Webinar for Q4 2018 will be held at 12 p.m. PDT on Wednesday, October 3rd. [Contact us](#) to learn about joining the Workgroup and attending the webinar.
- **E-Consult Workgroup Submits Comments on CMS 2019 Physician Fee Schedule (PFS)** [Final comments](#) on CMS's proposed reimbursement for provider-to-provider communications were gathered from E-Consult Workgroup members and submitted to CMS on September 10th. CMS is expected to finalize the 2019 PFS rules in November.
- **Community Health Center Network (CHCN) Adopts E-Consult to Repair Speciality Referral Process** In 2015, only 16% of CHCN's Medi-Cal patients were receiving speciality care. An analysis of its speciality referral process uncovered complexities that, in addition to lack of access and patient no-shows, contributed to this lack of speciality care. [More](#)

**Expanding Safety Net Access to Specialty Care With E-Consult:**  
Best Practices, Tools and Templates for Payers, Providers, Policymakers and Patient Advocates

Readiness Planning **Implementing and Scaling** Evaluation

