

Examples of Payer-Supported Electronic Consult Programs

BluePath Health
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California payer, provider and county programs are exploring payment options to reimburse eConsults

Program	Status	Payment
LA Care Health Plan	<ul style="list-style-type: none"> • Began as pilot with Synermed and rural providers, grew to over 30 specialties • Using Safety Net Connect eConsult platform • Los Angeles County CHCs and FQHCs partner with Health Care LA IPA specialists • Moving to a focus on behavioral health due to MMC/county MOU 	Specialists paid \$45 per consult, PCPs paid monthly stipend for participation
Los Angeles County Dept of Health Care Services	<ul style="list-style-type: none"> • County funded 7m, 4 year program in 117 clinics. • Uses Safety Net Connect along with county software scheduling system and department at 4 different sites • Started with ophthalmology, dermatology, orthopedics, gastroenterology and surgery, now 30 specialties 	PCPs and specialists are salaried (not reimbursed per episode or consult)
Partnership Health Plan	<ul style="list-style-type: none"> • Piloting using Safety Net Connect with a limited number of specialties and FQHCs in Marin County and Eureka • In process of adding specialists then additional PCPs. Seeking acknowledgment of eConsult as telehealth and specialist reimbursement by Medi-Cal 	Specialists paid per consult. PCPs not reimbursed (considered part of PPS)
California Health & Wellness	<ul style="list-style-type: none"> • CH&W is in early stages of use of eConsult with Safety Net Connect as part of its telehealth pilot in three counties with selected high demand specialty disciplines 	eConsult platform will offer specialist network as part of license agreement
Central California Alliance for Health	<ul style="list-style-type: none"> • Uses RubiconMD platform in tandem with local network of specialists to provide e-consults 	Plan supports payment of vendor with a remote network of specialists


State Medicaid programs are exploring payment options to reimburse eConsults

State	Status	Reimbursement
Colorado	<ul style="list-style-type: none"> Colorado Medicaid convened several stakeholder meetings with PCPs and specialists, and engaged CO medical board to support eConsult reimbursement. eConsults will be transmitted using CORHIO's proprietary portal (Patient Care360, Medicity). Next steps include finalizing pilot payment rates and program implementation details. 	Transactional payment for both PCP and specialist
Connecticut	<ul style="list-style-type: none"> New England eConsult Network uses Safety Net Connect platform and plans to use Direct Messaging. Alternative Payment Methodology Payments includes FQHC maintaining quarterly volume of Medicaid encounters to receive an incentive payment for e-consults occurring during that quarter in order to avoid unnecessary referrals to physician specialists and to expand access. Incentive payments will be paid as Medicaid supplemental payments on a quarterly basis... up to a maximum of \$89,500 per quarter per qualifying FQHC. 	Transactional payment for specialist, PCP payments vary by setting
Oklahoma	<ul style="list-style-type: none"> SoonerCare HAN pilot reimburses both PCPs and specialists \$20 per timely completion of eConsult. Providers submit and receive referrals in Doc2Doc. Referrals pass directly in to OKHCA MMIS. Effects include reduction in professional fees among patients receiving the online telemedicine consultations (\$140.53 vs. \$78.16) and reduction in costs for patients receiving an online consultation vs. those referred of \$130.18 PMPM. 	Transactional payment for both PCP and specialist
Washington	<ul style="list-style-type: none"> WA State Medicaid Waiver provides upfront investment for PCMH Transformation. Allows FQHCs to replace billable visits with most appropriate modality of care (patient "touches" such as telephone visits, group visits, secure email, encounters with non-billable providers, etc.) Yakima Valley Farm Workers' Clinic are working with OR and WA Medicaid managed care plans to form a pilot using the Waiver. 	Through Medicaid waiver, plans to support through managed care plans

Electronic Consult Pilot Profile – California Health & Wellness

Lead Organization	Locations	Payer or Provider Partner Organizations	Specialties Provided by Local Network
<p>California Health and Wellness/ Health Net of California</p>  	<p>Ampla Health (FQHC): 11 sites</p> <p>Chapa De Indian Health Program (FQHC): 2 sites</p> <p>El Dorado Community Health Centers (FQHC): 4 sites</p> <p>10 counties</p>	<p>Telemed2U Weitzman Institute/Community eConsult Network (CeCN)</p>	<p>Cardiology Endocrinology Gastroenterology Nephrology Neurology Pain Management Psychiatry Rheumatology (Vendor Provided Specialties)</p>
<p>Electronic Consult Platform Used</p>		<p>EHR Used (if applicable)</p>	<p>Vendor Specialist Network Used? (Y/N)</p>
<p>Safety Net Connect (Administered by CeCN)</p>		<p>Clinical site workflows are designed to dovetail into home EHR</p>	<p>Yes</p>
<p>Best Practices to Share</p>	<p>Biggest Implementation Challenges</p>	<p>Policy and Reimbursement “Asks”</p>	
<p>Robust and frequent training and “high touch” approach with clinical networks and providers is essential</p> <p>Transition from “evaluate and treat” to asking clinical question requires more effort and resource commitment than anticipated</p> <p>Incentivizing primary care providers/ organizations is likely key</p>	<p>Engagement of primary care providers as paradigm shifts to current model of referral practices to electronic consultation model</p> <p>Allocation of adequate resources to implementation efforts</p> <p>Navigating on-plan electronic consultation implementation in two-plan Managed Medi-Cal counties</p>	<p>DHCS reimbursement consideration for electronic consultations as an encounter</p> <p>DHCS consideration of the considerable financial investment over multiple year strategies required for industry adoption of electronic consultation as a standard of care</p> <p>DHCS/DMHC consideration for timely access and availability standards</p>	

Electronic Consult Pilot Profile – Central California Alliance for Health

Lead Organization	Locations	Payer or Provider Partner Organizations	Specialties Provided by Local Network
Central California Alliance for Health 	Santa Cruz – 5 clinics Monterey – 5 clinics Merced – 1 clinic (30 providers – 2-3 per clinic)	Self-funded	Dermatology (through a separate pilot)
Electronic Consult Platform Used		EHR Used (if applicable)	Vendor Specialist Network Used? (Y/N)
RubiconMD		Many different EHRs	yes
Best Practices to Share	Implementation Challenges	Policy and Reimbursement “Asks”	
<p>Monitor feedback from providers, provide assistance with usability issues.</p> <p>Establish and share efficient workflows with provider sites.</p> <p>Consider fee for service reimbursement to provide incentives for vendors to make products more usable and to assist with increasing provider adoption.</p>	<p>We have an open system and cannot require use of eConsult by our providers- widespread adoption of this technology by our providers is our biggest challenge.</p>	<p>Medi-Cal would reimburse for eConsult on a fee-for-service basis through the Health Plans.</p>	

LA Care Health Plan

Program Status	Primary Contact	
<ul style="list-style-type: none"> • Began as a pilot with Synermed and rural providers, grew to support over 30 specialties • Now, specialists reimbursed \$45 per consult, PCPs paid monthly stipend for participation • Most visits end up face to face (95%) 	Mary Franz, Executive Director, Health Information Technology	
	eConsult Locations	
	Los Angeles County CHCs and FQHCs, partnered with Health Care LA IPA specialists	
Vision and Goals for eConsult		Vendor Involvement
<ul style="list-style-type: none"> • Increase access to specialty care, reduce access times • Ensure in person visits take place, patients arrive with needed information, tests, etc. • Moving to a focus on behavioral health due to MMC/county MOU 		<ul style="list-style-type: none"> • Safety Net Connect eConsult platform
Barriers	Recommended Solutions	
<ul style="list-style-type: none"> • Sustainability of \$45 per consult specialist reimbursement and per diem payment to PCPs • Specialist relationships are “transactional”, not collaborative • Different processes depending on coverage (LA Care or county) • Medi-Cal MOU for mental health services increasing demand for specific services and demanding program focus narrows • RE MH/BH – no incentive to refer in (more of a screening tool) 	<ul style="list-style-type: none"> • Seek Medi-Cal coverage for eConsults, using LA Care best practices to spread programs across other MMC plans • Explore a population health management program • Seek CME funding and support 	

"The eConsult system has contributed to a dramatic improvement in specialty care access while reducing inappropriate specialist referrals by up to 50%." Sajid Ahmed, Chief Information and Innovations Officer, Martin Luther King Jr. Community Hospital

Los Angeles County Department of Health Services

Program Status		Primary Contact	
<ul style="list-style-type: none"> • County funded 7m, 4 year program in 117 clinics • Started with ophthalmology, dermatology, orthopedics, gastroenterology and surgery, now doing 30 specialties • PCPs and specialists are salaried (not reimbursed per episode or consult) • Covers uninsured patients (Medi-Cal patients fall under the LA care program) • 1300-1400 eConsults per month 		Paul Giboney, Director of Specialty Care, County of Los Angeles Department of Health Services	
		eConsult Locations	
		Los Angeles county “community partner” FQHCs and CHCs	
Vision and Goals for eConsult		Vendor Involvement	
<ul style="list-style-type: none"> • Make services available and provide equity • Reduce response time (now 2.9 days rather than months) • Improving coordination and transitions through improved documentation 		<ul style="list-style-type: none"> • LA County uses its own software scheduling system (“calendar”) and department sitting at 4 different sites 	
Barriers		Recommended Solutions	
<ul style="list-style-type: none"> • Different processes depending on coverage (LA Care or county) • Costs us to do eConsult with specialists who are not seeing patients • PCPs push back because they are not paid to do it 		<ul style="list-style-type: none"> • Ensure workgroups are formed specific to each discipline so that clinical teams agree upon processes in 1-2 meetings before outset of pilot • Rollout with executive buy-in, pre-go-live sessions, workflow analysis – make it lean • Forget about old workflow since all will be new 	

“It costs us to do e-consults with specialists, but it’s all about patient care, so in the long run EC is a bargain for us.” – Paul Giboney, Director of Specialty Care, LA DHS

Colorado Dept. of Health Care Policy and Financing (HCPF)

Program Status	Primary Contact
<p>Colorado Medicaid is developing an eConsult pilot that will reimburse both specialists and PCPs on a per-transaction basis in a pilot beginning Fall 2015. eConsults will be transmitted using CORHIO’s proprietary portal (Patient Care360, Medicity). The State agreed to support the pilot with the understanding that cost reduction and reduced wait times would be measured through the program.</p>	<p>JD Belshe, Consultant, Policy & Program Analyst Colorado Health Care Policy and Financing</p>
	Vendor Involvement
	<p>CORHIO Portal, Patient Care360, Medicity</p>
Supporting Policy	Reimbursement Model
<p>In August 2015, Colorado proposed new telehealth rules noting that “telehealth” means a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a person's health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. “store and forward transfer” means the electronic transfer of a patient's medical information or an interaction between providers that occurs between an originating site and distant sites when the patient is not present.</p> <p>https://www.healthcarelawtoday.com/wp-content/uploads/sites/15/2015/07/Draft-Guidelines-40-27.pdf</p>	<p>The pilot program proposes that PCPs will be paid approximately \$15 per electronic consult request and specialists will be paid \$25 per response. Providers must be licensed within the State of Colorado.</p>

Connecticut Department of Social Security (DSS)

Program Status	Primary Contact
Econsults for dermatology, cardiology, pain management, orthopedics and endocrinology are supported through a pilot program using Safety Net Connect platform with plans to use Direct Messaging to reach to member PCPs and specialist networks using other EHRs. Partnering with specialists in the Telemed2U network along with networks in other states (e.g. CO, WA). 69% of cases have been resolved without a face-to-face visit.	Daren Anderson, VP/Chief Quality Officer, Community Health Center, Inc., New England E-Consult Network (NEECN) Director, Weitzman Institute
	Vendor Involvement
Reimbursement Model	Supporting Policy
Medicaid reimbursement and NEECN member fees cover the cost of SNC platform. Stemming from the success of the 2-year pilot, CHC received a \$500,000 grant to create the New England eConsult Network (NEECN), to link PCPs from Community Health Center, Inc. and other states to specialists from The University of Connecticut Health Center. The State Department of Social Security (DSS) allows Medicaid to cover e-consultations.	The State Plan for Alternative Payment Methodology Payments (APM) includes : A qualifying FQHC will maintain an average quarterly volume of Medicaid encounters in order to be eligible to receive an incentive payment for e-consults occurring during that quarter...in order to avoid unnecessary referrals to physician specialists and to expand access...incentive payments will be paid as Medicaid supplemental payments on a quarterly basis...up to a maximum of \$89,500 per quarter per qualifying FQHC.

While patients often need to be seen face to face, there are many instances when a primary care provider just needs a specialist to weigh in on a lab result or has a quick question about management," explained Dr. Daren Anderson, Director of the Weitzman Institute and VP/Chief Quality Officer of Community Health Center, Inc. "Now we can reserve those face to face visits for the patients who really need them, and use eConsults for those that don't. We get the answer much more quickly and can get the patients the treatment they need more quickly as well."

Oklahoma Health Care Authority

Program Status	Primary Contacts
<p>Under the Tulsa, Oklahoma Beacon Community Program, the SoonerCare eConsult program reduced specialty visits and the transportation involved by approximately 50% and reduced costs. eConsults resulted in a 66% reduction in patient wait times for specialty care. Since 2007, a network of 502 providers, including 208 specialists, has combined to manage more than 110,000 patient referrals and online telemedicine consultations. Under the current Sooner HAN On-Line Consult Pilot, sending providers are paid for timely completion of request, responding to questions, and closing consult upon acceptance. Receiving Providers are paid for timely completion of the consult, creating a treatment plan to share with the PCP to implement or seeing the patient and sharing the report with the PCP.*</p>	<p>David Kendrick, MD, MPH Chief Medical Officer, MedUnison Sooner Health Access Network Tulsa Beacon Community SoonerCare/Oklahoma Health Care Authority</p> <p>Vendors: Doc2Doc/MedUnison eConsult Platform OU Sooner Health Access Network (HIE)</p>
Supporting Policy	Reimbursement Model
<p>Providers participating in the e-consult pilot submit and receive their referrals in Doc2Doc. These referrals pass directly in to MMIS. Referrals entered into Doc2Doc by the PCP are processed at the group level by MMIS. These referrals are good for any provider associated with the group NPI for the date span of the referral. Specialty providers may view referrals in either Doc2Doc or the Provider Portal. http://soonerhan.ouhsc.edu/Doc2Doc.html</p>	<p>SoonerCare agreed to pay specialists \$50 for every completed e-consultation. The current SoonerCare HAN pilot reimburses both PCPs and specialists \$20 per timely completion of eConsult. Effects include reduction in professional fees among patients receiving the online telemedicine consultations (\$140.53 vs. \$78.16) and reduction in costs for patients receiving an online consultation vs. those referred and not receiving online consultations of \$130.18 PMPM.</p>

* <http://healthaffairs.org/blog/2011/06/01/the-beacon-communities-at-one-year-the-tulsa-experience/>

Washington State Department of Social and Health Services

Program Status	Primary Contacts
<p>Health Systems Capacity Building encompasses projects designed to build providers' capabilities to succeed and effectively operate...includes projects designed to develop current workforce capacity, support the expansion and redefinition of workforce, and support work flow redesign to optimally meet the needs of Medicaid beneficiaries. (In CHCs/FQHCs) regularly scheduled, technology supported, psychiatric consultation for primary care providers supports rapid mental health diagnosis and treatment (including psychiatric medications), and training.</p> <p>http://www.hca.wa.gov/hw/Documents/waiverapplv2_091015.pdf</p>	<p>Ross Ronish, Yakima Valley Farm Workers' Clinic Frances Gough, MD, Molina Health Care, WA Washington DSHS (TBD)</p> <hr/> <p>Vendor Involvement</p> <p>Community Health Center, Inc. (CT) Safety Net Connect eConsult eConsult platform Telemed2U (specialty network provider) EPIC (EHR platform)</p>
Reimbursement Model	Supporting Policy
<p>Yakima Valley Farm Workers' Clinic worked with OR and WA Medicaid managed care plans to form a pilot (through 2017) using the Medicaid Transformation Waiver. Molina plans to support members' eConsults under fee-for-service reimbursement.</p>	<p>Provides upfront investment for PCMH Transformation. Allows FQHCs to replace billable visits with most appropriate modality of care (patient "touches" such as telephone visits, group visits, secure email, encounters with non-billable providers, etc.). Encourages workforce development. Applies to a broader range of providers working at top of license and provision of services (i.e. clinical pharmacy and behavioral health services).</p> <p>http://www.hca.wa.gov/documents_legislative/Options_for_New_Payment_Methodology.pdf</p>