

CCHP DMHC Managed Care Plan E-Consult Subgroup

August 2018



Content

Content	
Overview of CMS Proposed Codes for Interprofessional Internet Consultation	
Discussion of Annual Network Reporting Format	
Discussion of Format of E-Consult Sample Filing by MCOs	
Next Steps	

Framing the options for plan reporting of e-consult

Managed Care Regulators

The CCHP E-Consult Workgroup is supporting California DMHC to determine how MCOs (DMHC) and COHS (DHCS) can include e-consult in provider network reporting to demonstrate how e-consult expands networks and improves access

MCOs have shared how e-consult saves patient and provider time and resources spent on unnecessary specialty care visits; improves system capacity by optimizing specialist time for high-value visits

State Medicaid

We will work to encourage Medicaid adoption of nationally accepted CPT codes for interprofessional consultation (e-consult)

States follow CMS proposed payment examining how e-consult increases members' specialty care touches without increasing the number of FTF visits and should be acknowledged in rate setting

CMS Proposed Payment for Interprofessional Consultation

If this proposal is finalized, e-consults could be reported using the following two new CPT codes:

- 994X0 - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes
- 994X6 - 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 or more minutes of medical consultative time

PROPOSED CY 2019 PHYSICIAN FEE SCHEDULE

On July 12, 2018, the Center for Medicare and Medicaid Services (CMS) published their CY 2019 proposed revisions related to the Physicians Fee Schedule (PFS). Comments on the proposals are due no later than 5 pm on September 10, 2018. The proposal aims to modernize the healthcare system and help "restore the doctor-patient relationship" by reducing administrative burden. The changes related to telehealth are significant, as it not only expands Medicare telehealth services, but communicates a new interpretation by CMS of the applicability of their statutory requirements for reimbursement of remote communication technology as separate from telehealth, and adds new services based on this interpretation. Additionally, CMS adds new codes to the Medicare telehealth list, as well as new codes for chronic care management and remote patient monitoring and expands telehealth reimbursement for end stage renal disease and acute stroke based on requirements in the Bipartisan Budget Act of 2018. Each of these elements is discussed in detail below.

In addition to the two new codes, the CPT Editorial Panel also revised four codes:

CPT Code	Description
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	...11-20 minutes of medical consultative discussion and review
99448	...21-30 minutes of medical consultative discussion and review
99449	...31 minutes or more of medical consultative discussion and review

CCHP Analysis - <http://www.cchpca.org/sites/default/files/resources/PROPOSED%20PFS%20CY%202019%20FINAL.pdf>

<https://www.regulations.gov/document?D=CMS-2018-0076-0001>

Discussion of Revised Annual Network Reporting Form

Kacey Kamrin, Caily Langston and DMHC team members have revised the Annual Network Report form to reflect recent workgroup meetings.

Discussion:

- Goals in revising network reporting form to reflect payers' telehealth efforts
- How template can be implemented in 2018
- Questions regarding fields/format of form

Discussion of Sample Filing of MCO E-Consult Programs

Elizabeth Spring, Kacey Kamrin, Bill Prather and DMHC team members have made recommendations as to exhibits required for a filing to be submitted by MCOs to reflect their programs, and workgroup member plans have expressed interest in submitting these reports.

Recommended exhibits include:

Exhibit	Description
<p><u>E-1:</u> Description of telehealth services</p>	<ol style="list-style-type: none"> a. How plan defines “telehealth” b. What benefits can or must be delivered via telehealth c. Enrollee eligibility, any limitations or exclusions on access d. Cost-sharing charged for telehealth, and any other fees unique to services provided via telehealth e. Whether plan is contracting with a vendor or with individual providers for the provision of telehealth or e-consult f. Security and confidentiality standards for the plan and its telehealth or e-consult providers
<p><u>I-1, I-2 and I-3:</u> List of Contracting Providers:</p>	<ol style="list-style-type: none"> a. Identify all providers who will be delivering telehealth, including all of the regular provider fields (e.g. name, specialty, medical group, etc.) b. Indicate whether the provider will also be treating patients in person c. Identify type of telehealth being delivered: <ol style="list-style-type: none"> 1. Asynchronous PCP-to-Specialist (eConsult) 2. Asynchronous patient-to-PCP (remote monitoring) 3. Asynchronous patient-to-Specialist (store and forward) 4. Synchronous PCP-to-Specialist (videoconference or distance learning) 5. Synchronous patient-to-PCP (live two-way communication between patient and PCP) 6. Synchronous patient-to-Specialist (live two-way communication between patient and Specialist)

Discussion of Sample Filing of MCO E-Consult Programs (Cont'd)

Recommended exhibits (continued):

Exhibit	Description
<u>I-4</u> : Calculation Provider-to-Enrollee Ratios	<ol style="list-style-type: none">a. Identify, by county, the PCP- and Specialist-to-enrollee ratios based only on all providers who see patients in-person. If the Plan has internal ratio standards based on individual provider types, please break the data down accordingly.b. Identify, by county, the PCP- and Specialist-to-enrollee ratios based on all available providers, including in-person providers and telehealth providers. If the Plan has internal ratio standards based on individual provider types, please break the data down accordingly.
<u>I-5</u> : Standards of Accessibility	<ol style="list-style-type: none">a. Describe the full extent of telehealth services available to enrolleesb. Provide all policies and procedures that describe how the telehealth program is accessed both by patients and providersc. Include any access policies and procedures related to the telehealth programd. Describe under what circumstances telehealth is used as a substitute for an in-person visit with a providere. Describe the plan's appointment timeframes for accessing telehealth services
<u>I-6</u> : Referral Process	<ol style="list-style-type: none">a. Describe how a patient is referred to a telehealth providerb. Describe the impact of telehealth on a referral to a specialist for an in-person visit (e.g. patient must first complete a telehealth appointment before being able to schedule an in-person visit, all specialist referrals routed through telehealth vendor, etc.)

Discussion of Sample Filing of MCO E-Consult Programs (Cont'd)

Recommended exhibits (continued):

Exhibit	Description
J1-J5: Internal Quality of Care Review System	<ul style="list-style-type: none"> a. Describe the plan's system for reviewing the quality of care delivered through e-consult or other telehealth modalities to identify, evaluate and remedy problems relating to access, continuity, quality of care, and utilization. b. Specify the key persons and committees responsible for ensuring quality of care delivered through e-consult or telehealth c. Describe the standards and norms used by key persons and committees to evaluate quality of care delivered through e-consult or telehealth and how those standards and norms will be communicated to directly contracted providers delivering e-consult or telehealth services or to vendors delivering e-consult or telehealth services d. Describe the frequency and scope of plan's audits and how plan will enforce standards and norms for care delivered through e-consult or telehealth e. Describe the contractual arrangements enabling plan to monitor and require compliance with its standards and norms for e-consult or telehealth services
J-10: Language Assistance	Describe how language assistance services are provided to enrollees who require them when receiving treatment through telehealth
K-1, K-2, K-3: Provider Contracts	<ul style="list-style-type: none"> a. All written agreements between Plan and individual providers or provider groups which address e-consult or telehealth services b. b. Compliance with statutory and regulatory requirements specified in Rule 1300.51(d)- Item K-2 c. Provider compensation
N-1, N-2: Administrative Service Agreements	<ul style="list-style-type: none"> a. Submit written contract with a vendor for telehealth services b. Plan monitoring of the vendor in the delivery of telehealth services to protect plan, its plan business, its enrollees, and its providers in the event there is a failure of performance from the telehealth vendor or the telehealth ASA is terminated

Discussion of Sample Filing of MCO E-Consult Programs (Cont'd)

Recommended exhibits (continued):

Exhibit	Description
Q-7/Q-8: Contracts with Government Agencies/ MOU with Government Agencies	File these contracts or MOUs if the plan has contracted with a county or FQHC for that government agency to provide behavioral health or other M/S or MH/SUD services, and those services might be delivered to Medi-Cal enrollees via telehealth
S or P: Subscriber Contracts	Any statements of benefits in the plan's contracts with small or large group subscribers (employers) that address telehealth services
U-1/Q-1/T-1: EOCs and Disclosure documents	<ul style="list-style-type: none"> a. Disclosure to enrollees of the use of e-consult or telehealth in the delivery of specialist or other care and, if applicable, directions for how enrollees can elect to use telehealth services for their care b. Enrollee cost-sharing for services provided through e-consult or telehealth
W-1: Grievance Policy and Procedure	Submit plan's present grievance policies and procedures with revisions addressing how enrollees submit, and the plan resolves, grievances involving e-consult or telehealth

Exhibits to be Submitted in the Filing for DMHC's Office of Plan Monitoring Review.

Consult Kacey Kamrin and Bill Prather for directions on filing requirements for Exhibits H and I.

Not every exhibit listed for an e-consult filing would necessarily need to be submitted by every plan; some exhibits could be eliminated based on the plan's contractual arrangements with its e-consult providers and/or administrative services organization.

- What questions do MCOs have about data requirements?
- What questions do MCOs have about Report/Other format?
- Additional comments or questions?

Upcoming Activities

- Workgroup will present a draft response to CMS proposed payments for review in August and submission in September 2018
- DMHC and BluePath Health will convey the opportunity for Sample Filing to present e-consult programs
- This will be done in tandem with Annual Network filing submission of e-consult providers to be revised in fall for submission end of 2018