E-Consult Advocate Toolkit:
Advancing Your State's E-Consult Use During the COVID-19 Pandemic

E-consult ensures that primary care providers are equipped to offer sound patient treatment enabling patients to avoid in-person appointments at medical facilities where they are put at higher risk of contracting COVID-19.

E-consult champions can take action on several fronts to expand e-consult coverage and ensure payment, as outlined below.

Ensure Payment for E-Consults

State policies vary whether they mandate e-consult coverage, and for what types of payers. For example, approximately 15 state Medicaid programs cover some e-consult billing codes in their fee schedules for primary care or specialty providers. In addition, variation of state PPS payment policies or face-to-face encounter requirements often do not enable FQHCs and RHCs to bill for e-consults. For private payers, e-consults may be covered under state insurance mandates for asynchronous store-and-forward coverage, depending on the language of the mandate. For example, a state might require coverage of asynchronous telehealth specialties.

Steps to Determine and Ensure Your State's E-Consult Coverage during COVID-19

- **Check your state Medicaid provider manual, regulations or laws for Medicaid and private payer coverage and any mandates.**

  Search your state Medicaid fee schedule for the following CPT codes: 99446, 99447, 99448, 99449, 99451, 99452.

- **Reach out to your local health plans and provider organizations to understand the full extent of e-consult programs in your area.**

  Scan plan documents (e.g., provider manuals, billing policies and procedures) and websites to capture what plans already have existing e-consult programs.

- **Request your state Medicaid agency to seek a 1135 waiver from CMS that asks for waiver and flexibility to reimburse all Medicaid-serving facilities for e-consults, specifically CPT codes 99446-9, 99451-2.**

  As an example, California's DHCS 1135 waiver request submitted on March 16, 2020 included the following:
  …

"Waiver of face-to-face encounter requirement for reimbursement in 42 C.F.R. §405.2463(a)(B)(3) and 42 C.F.R. §440.90 (a) for FQHCs, RHCs, and Tribal 638 Clinics relative to covered services via telehealth provided by clinic providers. Additionally, allow flexibility to provide these covered services via telehealth without regard to date of last visit and for new or established clinic patients."

…

"Waiver of face to face encounter requirement for reimbursement in 42 C.F.R. §405.2463(a)(B)(3) and 42 C.F.R. §440.90 (a) for FQHCs, RHCs, and Tribal 638 Clinics to allow for interprofessional consultation reimbursement for e-consult provided by clinic providers for new or established clinic patients."

Secure Technical Assistance and Grant Program Funding

E-consult champions may be able to garner support from their Governor, legislature and/or health agencies for emergency funding for e-consult and other telehealth services technical assistance and grant funding.

Steps for securing technical assistance and funding during COVID-19:

- **Assess stakeholder needs.**

  Example: Reach out to your primary care association, medical group association, and health plan association to understand what stakeholders need technical assistance and/or financial resources to stand up telehealth programs quickly.

- **Work with government affairs colleagues or other advocates to draft language outlining what a technical assistance and grant program would look like.**

  Example: California [A.B. 2164, E-Consult Services and Telehealth Assistance Program](#) (2020) (See [bill language](#) for details.)

  "(a) The department may award grants to eligible health center-controlled networks, health centers, and rural health clinics to conduct projects to implement and test the effectiveness of e-consult services and related telehealth services furnished at those networks, centers, and clinics for purposes of addressing the objectives described in subdivision (b). Funding for the grant program shall be contingent upon an appropriation in the annual Budget Act.
  (b) A project conducted using a grant awarded pursuant to subdivision (a) shall address the following objectives:
  (1) Improving patient access to specialty care.
  (2) Reducing specialty care patient wait times.
  (3) Reducing patient specialty referrals.
  (4) Reducing patient miles traveled for specialty care consultations.

(5) Increasing support for primary care physicians and other providers of primary care as demonstrated by job satisfaction measures.
(6) Increasing patient satisfaction as demonstrated by quality surveys.
(7) Increasing health care cost savings.
(8) Other objectives the department may identify."

Loosen Medicaid Provider Enrollment and State Licensing Requirements

Federal and state provider enrollment requirements often hinder the speed at which providers can begin serving Medicaid patients and submitting encounters for telehealth visits. Additionally, given provider shortages around the country and the pressing need to deliver remote care to patients, there may be a need to loosen your state's physician licensing requirements.

Steps for changing your state's provider enrollment and licensing requirements during COVID-19:

- Request your State Medicaid Agency submit an 1135 waiver seeking waiver of federal provider enrollment requirements and plan credentialing flexibility

  From the California DHCS 1135 waiver (submitted March 16, 2020):

  "Waiver of certain provider enrollment requirements in order to maintain capacity to meet beneficiary access needs during the emergency and to enable payment to affected providers for rendered services. During the approved emergency period, DHCS proposes to streamline enrollment of providers using relatively limited information, i.e. provider information sufficient to build a case file for claims processing....

  Waiver/flexibility with MCO and PIHP requirements to complete credentialing of providers required under 42 C.F.R. § 438.214."

- Check to see what statutory and regulatory requirements your state and/or State Medicaid Agency have for provider licensing, and whether it has joined the Interstate Medical Licensing Compact, which allows providers licensed in other states to practice in your state.

- Confirm whether your state has issued an emergency waiver of licensing requirements.

  Check the Center for Connected Health Policy's Coronavirus Telehealth Fact Sheet (Updated Daily)