October 11th, 2023

Dear Members of the Colorado Medical Services Board,

We would like to express our thoughts and concerns about the current proposal from HCPF for eConsults. We appreciate all the work that has gone into the planning process but have significant concerns about the current proposal as summarized below.

**Current State:**

Currently both Medicare (CMS) and commercial payors pay for eConsults; they use billing codes to reflect the work done by both primary and specialty providers. The benefits are many for both providers and patients. Providers are able to keep the eConsult in their EHR and bill codes as they would any other service both internally and externally. The reimbursement amounts range between $125 - $234 for specialty and $75 for primary care per eConsult. This model allows for rapid scale up of e-consults and the avoidance of many in-person visits. With this model, it is relatively easy to take on external providers needing specialty consults, which would be a nice model for the Medicaid system in Colorado. All EHRs have the capability to complete eConsults without a separate platform, which saves money and the need for double-entry of data.

**Concerns for the current HCPF plan:**

1. It creates a separate platform that users must use to be paid for an eConsult transaction. This does not align with any EHR in Colorado and will make providers login to a separate platform to send an eConsult and to receive an eConsult. This creates another system and more work for already burned-out providers and staff. In addition, it is our understanding that providers would need to pay a third party data company to interface with this new platform. If true, this would mean added expense as well as added time.

2. Even with "full integration" providers will always need to log into a 3rd party app to place the eConsult orders. This means that eConsults will need to be placed in both the EHR (for internal documentation) and the 3rd party eConsult platform. It is our understanding that there will be functionally to send data into EHRs from the eConsult platform, but not the other way around.

3. The majority of health systems and providers in the state already have functioning systems that allow for eConsults both internally and externally and exist within the EHR without any additional costs.

4. Denver Health, University, and Kaiser were part of the planning with HCPF early on but then were not included in the developing of the current proposal. IT from various systems were also not included when developing the plan to discuss interoperability etc., despite offers to be involved.

5. The plan is expensive for providers/systems. There are dollars needed for the vendor and for maintenance of a new system. Reimbursement is much lower than from Medicare and commercial insurance, with the proposed Medicaid reimbursement for specialty care at $34, and for primary care at $17. For the amount of work and cost for providers in the new proposal, it is doubtful this reimbursement would even cover new costs, let alone incentive to conduct e-consults.

6. The plan reduces transparency to patients. Currently, patients have access to and can see the status of e-Consults within their patient portal. Removing the current status from the health system itself removes the patient's ability to track it.

**Recommendations for HCPF to go forward:**

1. Use the same logic as CMS with code-based billing for time based services and include FQHC

2. Use quadrant connections for eConsults to reduce access issues in all areas of Colorado. HCPF needs to capitalize on communities and specialists closest to the patient.

3. Allow providers to use their own EHRs but also allowing faxes, etc at provider/system discretion to enable efficient communication bi-directionally.

4. Use standard form for each specialty - HCPF gets info from specialists to create form and includes CMS requirements.

5. HCPF reimburses their said amount but through code-based billing for both specialty and primary care.

6. Start with specialties with greatest access to care needs and include behavioral health.

Sincerely,
Chuck Scully
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