



**COLORADO**

Department of Health Care  
Policy & Financing

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# eConsults November MSB Update

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## Summary

In the October Medical Services Board meeting the board requested that the Department provide an update at the November meeting regarding the actions taken in response to stakeholder feedback. Since October 13, 2023, the Department has reached out to several hospital systems, including the two that provided written testimonials to the Medical Services Board, requesting information about their existing eConsult processes. The Department is incorporating this information into criteria for Department approved platforms. Additionally, the Department is making changes to the rule that broaden the definition of Primary Care Medical Provider (PCMP) to match definitions found in the Regional Accountable Entity (RAE) contracts, overcoming challenges to enable Fee for Service (FFS) billing for 3<sup>rd</sup> party platforms, and creating a pathway to facilitate Specialty to Specialty eConsults.

## Stakeholder Questions

### **What percentage of the total cost of specialty care is the 3.8 million in cost savings for specialty care?**

- The estimated total net savings that are calculated after implementation of the eConsult program, is derived by taking the difference between the total savings, or total costs avoided, from less members choosing face-to-face visits with a specialist and instead using eConsult and the cost of reimbursing providers for each eConsult.

For example, suppose that the Department estimated that in Fiscal Year (FY) 22-23 that there would be a total of 1,000 specialty visits in a fiscal year. The department estimated that a percentage of those people would see a specialist via eConsult and not in person or face-to-face. Since these people are seeing a specialist via eConsult, then we assume that the Department will see savings from the people not seeing a specialist in person and instead seeing a specialist via eConsult. To calculate those savings, we took the estimated number of people seeing a specialist via eConsult, multiplied it by the average cost of an in-person visit, and then negated that number since the assumption is that they're not going in-person to see a specialist.

### **CMS/Medicare billing guidance is already in use by providers, what obstacles prevent adoption of code-based FFS billing?**

- The Department has identified and addressed the following obstacles:

- Requested a consult with CMS to determine if SPA changes are necessary to reimburse specialists via FFS when they utilize platforms other than the Department's platform.
- Reviewed the Advance Planning Document (APD) for the platform development and determined updates are not needed.
- Reinitiated System Change Request (SCR) to identify specialists by specialty in claims ensuring compliance with the State Health Official letter.

## **Current reimbursement rates do not incentivize Providers to integrate with the Department's platform, can rates be reviewed?**

- The current reimbursement rates are part of the budget that was approved by the Joint Budget Committee. Physician services are reviewed on a three-year cycle through the [Medicaid Provider Rate Review Advisory Committee](#), this includes eConsult rates.

## **Why does Medicaid have to have its own platform?**

- A Department platform allows for statewide availability of eConsult services. The intention was to ensure services meet our payment parameters, which are based on CMS guidance.

## **What have other states done?**

- Other states are implementing a variety of different options. Some states, such as California and Michigan, currently reimburse using a FFS model while other states include eConsult services as part of their larger capitated payment model. Due to the changes in CMS guidance regarding eConsults, there is limited information about other states' programs at this time.

## **Stakeholder Concerns**

- The current policy restricts the range of providers who are eligible to initiate a consultation, which may limit access.
- The adoption of a new platform may interfere with the existing workflow, especially for providers who are already using eConsult platforms that are accepted by other payers besides Medicaid.
- The selection of a platform should be based on the current and future needs of the providers, rather than on a platform that requires immediate modifications or improvements.
- The integration costs of the platform may pose a financial burden for rural and low-volume providers, who are the intended beneficiaries of this initiative.

## **Department Actions**

- The current definition of PCMP is being changed to match definitions found in the RAE contracts, which broadens the providers defined as PCMPs. This will allow more providers to initiate eConsults, specifically psychologists.

- Criteria is being developed to allow FFS billing outside of the Department's eConsult platform.
- The Department is engaging with stakeholders during the design process with an intent to develop a platform that meets Provider needs now and is developing criteria mentioned above for Department approved platforms.
- There are several different ways that Providers can access the platform. Through a web-portal, through Single Sign On (SSO), and through EHR integration. The web-portal and SSO options are at no cost to Providers. As a result of changes to the rule, the vendor will have more capacity for outreach to rural and low-volume providers to make the Department platform more useful.

## Timeline

- 10/2023 - 12/2023:
  - Consult with CMS on possible SPA changes
  - SPA and Rule Updates
  - Reinitiate SCR for Specialist Identification
  - Determine criteria for "Department Approved" Platforms
- 12/2023:
  - December MSB Meeting with Update Rule Language
- 2/1/2024:
  - eConsult Platform Go-Live Date and System Operational Date
- 11/2024:
  - Check-in: SCR status, SPA/Rule update for Specialty-to-Specialty eConsults
- 7/1/2025:
  - Targeted Specialty to Specialty Go-Live Date