

e-Health Entities

Stakeholder Update

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Purpose

The purpose of today's meeting is to share the work the Department has been doing since last August to define policy around organizations that provide services exclusively via telemedicine

Agenda

- Setting Expectations
- Presentation
- Facilitated Discussion

Questions?



Raise your hand



Use the Chat Box

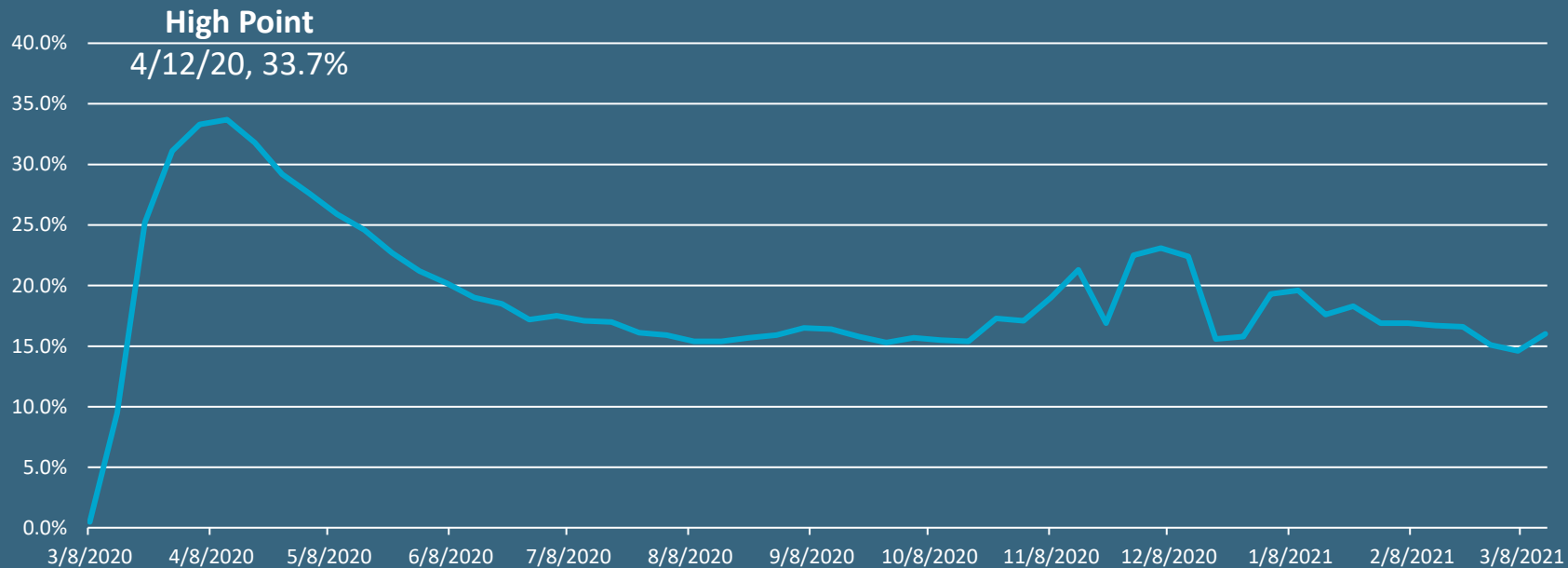
Telemedicine Policy Goals

The Department is committed to developing a comprehensive telemedicine policy that:

- improves access to high-quality services
- promotes health equity
- integrates with medical home & neighborhood
- encourages innovation through aligned payment policy
- ensures value for the taxpayer dollar

Utilization Growth

Percentage of Eligible Fee-for-Service Visits Conducted Via Telemedicine
March 8, 2020 - March 14, 2021



Source: Department of Health Care Policy & Financing, Analysis of Fee-For-Service Claims

Background

HB21-1256, signed by Gov. Polis on *May 27, 2021*, gives the Department the authority to set rules designed to guide provider entities that operate exclusively or predominately via telemedicine.

Why Create e-Health Entities?

- Gain insight into how e-health entities function and what unique benefits they can offer
- Encourage integration with medical home and neighborhood
- Enable the eventual creation of quality metrics specific to these providers with the goal of:
 - Improvement
 - Innovation

Policy Challenges

- Providing a method for communication between providers
- Ensuring telemedicine visits become part of the patient's medical record
- Identifying utilization trends

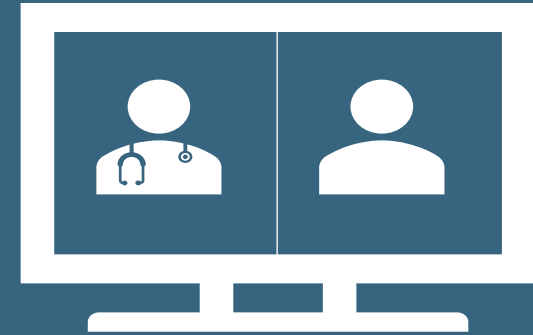
3 Typical Business Models



Brick-and-mortar
clinic/organization with
telemedicine completely
integrated



Brick-and-mortar
clinic/organization with
separate telemedicine
division with a telemedicine
provider service



No brick-and-mortar clinic,
only telemedicine service

Update



Services delivered in-person
and via telemedicine.
Services delivered in person.



All services delivered via
telemedicine

What is an e-Health Entity?

- A group practice that delivers services exclusively through telemedicine and is enrolled in a provider type that has an e-health specialty
 - E-Health entities
 - Cannot be PCMPs
 - Can provide facilitated visits
 - Can be either in-state or out of state

Temporary adjustments for the PHE

- Many providers have adopted the use of telemedicine during the PHE
 - The e-health entity designation is not intended to apply to providers that are operating via telemedicine temporarily but intend to return to in-person care in the future

Which provider types will be impacted?

- Clinic and non-physician practitioner group practices that provide services exclusively via telemedicine
 - This includes:
 - Providers of services delivered via facilitated visits
 - In-state and out-of-state providers
 - These providers will need to update their enrollment with Medicaid
- Additional provider types may be added in the future

Enrollment

Clinic - Practitioner
Provider Type:16
Enrollment Type: Group

Must have at least one enrolled, licensed practitioner (MD, DO, OD or DPM) affiliated with the clinic
For new enrollments, the clinic must be approved prior to enrollment of the individual practitioners

Non-Physician Practitioner - Group
Provider Type:25
Enrollment Type: Group

Must have at least one licensed Behavioral Health Clinician, Psychologist, Nurse Practitioner, Nurse Midwife, Certified Registered Nurse Anesthetist, Physical Therapist, Occupational Therapist, Speech Therapist, Audiologist, or Behavioral Therapist affiliated with the clinic.

Enrollment

- Providers meeting the definition of an e-health entity must enroll in this provider specialty
- Enrolled e-health entities will:
 - Be able to participate in the development of a new telemedicine landscape
 - Be included in quality metrics geared towards e-health

Does reimbursement differ for telemedicine services?

- Services rendered via telemedicine are reimbursed at the same rate as those rendered in-person
- e-health entities will be limited to allowed telemedicine services



Questions?



Next steps

- Proposed policy/rule development
 - Definition will be in rule
- Planned timeline
 - Draft rule to MSB in CY 2022
- Evaluate data
- Additional stakeholder engagement

Resources

- [Telemedicine Stakeholder webpage](#)
- [Telemedicine Evaluation Report](#)
- [Utilization data](#)
- [HB21-1256](#)
- [Find Your Provider Type](#)

Contact

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Thank you!