



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Questions & Answers: E-health entities

This document summarizes questions and answers received during the e-health entity stakeholder meeting on February 23, 2022. This policy is still in development. The Department's responses below reflect the Department's position as of 06/01/2022.

Item 1

Does the requirement to enroll as an e-health entity apply to_____?

The requirement to enroll as an e-health entity applies to any providers that meet the definition of an e-health entity. The current definition is:

A group practice that delivers services exclusively through telemedicine and is enrolled a provider type that has an e-health specialty.

Initially, the provider types that will have e-health specialties are clinics (provider type 16) and non-physician practitioner groups- (provider type 25). More information about these provider types can be found on the Department's [Provider Enrollment page](#).

Telemedicine includes facilitated visits, which may be provided by e-health entities. Facilitated visits occur when a rendering provider is at a distant site while the member is physically present with a support staff team member who can assist the provider with in-person activities.

Examples of providers that will not be included in this definition include:

- A provider without a physical location that performs home visits
- Orthodontists or dentists - unless part of a non-physician practitioner group or clinic (provider types 25 or 16)
- A provider that sees members in person once every 24 months
- Psychologists in private practice
- Individual providers that are not part of a clinic



- Home health agencies and therapists that provide a combination of in-person and telemedicine services

Item 2

Does the Department expect that e-health entity rules created for group practices will eventually extend to individual practitioners?

Adding this specialty to additional provider types is an option the Department will evaluate in the future.

Item 3

How will e-health entity enrollment requirements be enforced?

Enforcement mechanisms are still being developed. The Department will review claims data and address instances of providers meeting the definition of e-health entities that do not enroll as such.

Self-identification early in the process allows for providers to have greater interaction and input into policies being created.

Item 4

Will telemedicine rates be the same as those for services rendered in person? Does this apply to e-consults?

Per C.R.S. 25.5-5-320-2, the Department is required to reimburse telemedicine services at the same rate as a comparable in-person service.

This statutory requirement applies to both physical and behavioral health services.

As this is a statutory requirement, it would require action from the state legislature to be changed.

E-consults are remote by definition and do not have a comparable in-person service with which to compare the rate.

Item 5

The evaluation report indicates that the Department is looking at lowering the rate for telemedicine. Is this just for a subset of services, or is the Department moving towards lowering all telemedicine rates over time for any service delivered this way?



This is an option the Department would explore if given legislative authority. At the time the report was written, the Department was reviewing all options for telemedicine utilization management.

Currently payment parity is still required by statute.

Item 6

Does the Department recognize modifier-95?

The Department does not currently use modifier-95. The Department uses places of service 02 (Telehealth) and 10 (Telehealth Provided in Patient's Home) to identify telemedicine services. Additional information and updates can be found in the Department's [telemedicine billing manual](#).

Item 7

If an e-health entity would like to serve as a medical home, would they need to partner with a PCMP?

E-health entities cannot be PCMPs or serve as a medical home. However, the telemedicine landscape is changing, and the Department developed this specialty to allow for innovation. This is why it is vital to have continuous stakeholder engagement.

Item 8

How would the Department encourage integration of e-health entities into the ACC and Medicaid generally to preserve the medical home?

Information sharing between e-health entities and RAEs/PCMPs is an important aspect of maintaining the Department's medical home model. This may involve connection with Health Information Exchanges (HIEs) to facilitate the flow of information.

The Department is evaluating ways that encourage this integration without placing undue burden on providers.

Item 9

Who makes the decision about what services are allowable for telemedicine and how?

This currently occurs in a variety of ways. Typically a provider requests a particular code to be opened for telemedicine it is reviewed for appropriateness.

The Department would like to proactively involve stakeholders in this process. A regular meeting of telemedicine providers would allow stakeholders the opportunity to give the Department feedback on allowable services and propose innovations the Department should consider.



For more information contact

Raine Henry

Raine.henry@state.co.us

Christopher Lane

Christopher.lane@state.co.us

