



Project	Amount
<p><b>Telemedicine Innovations:</b> Projects, Provider Education and Technical Assistance, and Evaluation to inform Policy</p>	<p>\$ 4,400,000- up to \$2,000,000 in telemedicine grants for projects/pilots</p>
<p><b>Technical Connectivity/ Technical Assistance:</b> Connecting Health Providers to Colorado HIEs</p>	<p>\$ 2,100,000</p>
<p><b>COVID Reporting/Notifications/Analytics</b></p>	<p>\$1,400,000</p>
<p><b>Safety Net Provider Surveillance</b></p>	<p>\$740,000</p>

## How will telehealth look in the future?

Policy changes will be key driver for how telehealth looks in future – degree of rollback will determine how much becomes the “new normal”

# Telemedicine Policy Timeline

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	SFY21-22
Dept Work	Study Period and Benefits Collaborative											Develop New Policy		Permanent Rule	
Rule Status	Emergency Rule 1		Emergency Rule 2		Interim Rule 1			Interim Rule 2			Interim Rule 3		Permanent Rule		

# IRT

INNOVATION RESPONSE TEAM

## (3 OBJECTIVES)

### WIGS

TELEMEDICINE  
OeHi

75% aware + access  
telemed for COVID  
related care

75% health  
providers can use  
telemed during pm

POLICY  
TCHF

COMMS  
OeHi

TECH  
PRIME HEALTH CO

ME  
←

# 2020 Prime Health Innovation Challenge

- **What types of solutions are you hoping to see come through this year's Challenge?**
- **What technology type and treatment type categories would you like to see?**
- **What type of impact do you want to see from solutions this year?**

## **Senate Bill 212**

### **Reimbursement for Telehealth Services**

Was heard in Senate State, Military, and Veterans Affairs on 6/2 and is headed to appropriations. Essentially, the bill copied the HCPF emergency rules/regs re: telehealth and reimbursements, except where prohibited by federal law, as in the case of audio-only (phone) visits. The supporters are drafting a letter to the Colorado Congressional delegation about changing federal policy so phone-only would be allowed. Bills sponsors and supporters want the rules in place before the emergency rule expires\*, and rather than wait until next year for this process to be completed.

\*Emergency rule may be extended by HCPF

### **HCPF Stakeholder Process for Permanent Telehealth Rules/Regulations**

An alternative to the legislation would be a stakeholder process conducted by HCPF. Tracy expected to announce this week/launch next week a stakeholder process that will finalize rules/regs in 2021, while extending the emergency rule periodically to ensure telehealth continues to be paid for while the process is underway. This would allow for better evaluation of the impact of current rules and nuance in policy.

**Essentially: Choice between bird in the hand versus two in the bush.**

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# Experience of our Provider Network

Large systems, independent providers and behavioral health providers are using telehealth

- Getting paid at rates the same as in-person visits

Their reported experiences so far...

- No-show rates have dropped dramatically which encourages use post-COVID
- Triage mechanism – determine if/when patient needs to be seen
- Members appreciate the convenience
- Easier to expand hours remotely vs. in clinic
- Clinics conducting surveys on both provider and members satisfaction indicate high satisfaction for all
- Challenges around integrating telehealth platform with HER
- Can't bill well visits
- Practices who were hesitant about telehealth pre-COVID definitely see utility now

# Evaluating the Value Proposition

How has telehealth impacted:

- Access to care and utilization?
- Care quality and health outcomes?
- Patient and provider experience?
- Business needs and efficiency?