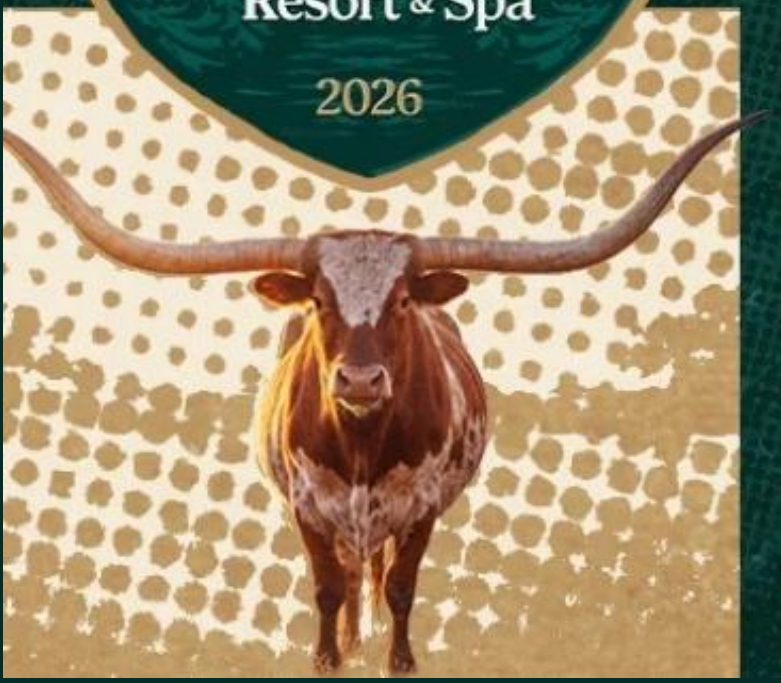
the sequoia project + carequality

Oct 28-29

Annual Meeting

Lost Pines Resort & Spa

2026



SESSION:

Who is a Provider?



MODERATOR
Erin Whaley, *JD*

Thursday, October 29th

11:35- 12:15 PM CT



SPEAKER
Pryce Ancona



SPEAKER
Jessica Pizzolato, *JD*



SPEAKER
AJ Peterson



SPEAKER
Dr. Matthew Eisenberg

HIPAA's Definition of a Health Care Provider
(45 CFR 160.103)

- *Health care provider* means a provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

- *Health care* means care, services, or supplies related to the health of an individual. *Health care* includes, but is not limited to, the following:

  (1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and

  (2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

Scenario 1: Rural Free Clinic

- A nonprofit free clinic operates from a physical storefront in a rural county, offering primary care visits, chronic disease management, and basic labs to uninsured residents. It is staffed by volunteer physicians and nurse practitioners and bills no payer.

Scenario 2: Telehealth Hair Loss Prescribing

- A direct-to-consumer telehealth company lets patients complete an online questionnaire and, after asynchronous review by a licensed clinician, prescribes hair loss medications that ship from an affiliated pharmacy. Patients never speak with the clinician live, and the company does not offer any other services.

Scenario 3: NP-Staffed Care Management and Navigation

- A telehealth company employs nurse practitioners who provide care management and navigation services, such as medication reminders, coordinating appointments, helping members understand benefits, and following up after discharge. They follow care plans established by the patient's provider and do not otherwise diagnose, treat, or prescribe. The company contracts with providers, health plans and employers rather than billing patients.

Scenario 4: Assisted Living Facility Medication

- An assisted living facility provides housing, meals, and personal care to residents, and its trained staff distribute and administer residents' prescribed medications each day. The facility is licensed by the state as a residential care setting.

Scenario 5: Registered Dietitian Weight Loss Services

- A registered dietitian in private practice provides individualized weight loss counseling, meal planning, and ongoing coaching, with some clients paying out of pocket and others billing insurance. She is credentialed and licensed in her state but does not prescribe medication or diagnose conditions.

Scenario 6: Physician-Overseen AI Diabetes Care Management

- An AI agent delivers diabetes care management by reviewing glucose data, adjusting care plans, and messaging patients, all under protocols set by a licensed physician who supervises the program and reviews flagged cases. The physician does not review every interaction.

Scenario 7: AI Diabetes Education and Wellness

- An AI agent offers people with diabetes general education, lifestyle tips, meal ideas, and motivational check-ins through a mobile app, with no clinician involvement and no individualized treatment recommendations. The company describes the product as wellness rather than medical care.

Scenario 8: Accountable Care Organization (ACO)

- An ACO is a legal entity formed by a group of physician practices, a hospital, and other participating providers that jointly agree to be accountable for the cost and quality of care for a defined population of Medicare beneficiaries (or commercial or Medicaid members). The ACO coordinates care for the population, provide care management for its members' chronic conditions, analyzes data, and shares in savings or losses with the payer.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