



# Idaho Telehealth Council

## Reimbursement Subcommittee Meeting Minutes:

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**Subject:** Idaho Telehealth Council Reimbursement Subcommittee      **DATE:** November 05, 2015

**LOCATION:** 450 W State St, Boise, ID 83702

**Attendees:** Tracey Sessions, Co-Chair – Idaho State Hospital South  
Stacey Carson, Telehealth Council Chairman – Idaho Hospital Association  
Molly Steckel – Idaho Medical Association

**Teleconference:** Rick Goodwin, MS – Eastern Idaho RMC  
David Morledge, PhD – Neurostatus, LLC  
Rhonda Robinson Beale, MD – Blue Cross of Idaho  
Matt Wimmer – IDHW Division of Medicaid

**Members Absent:** Marc Chasin, MD – St. Luke’s Health System  
Melissa Christian – Regence BlueShield  
Kathy McGill – Department of Insurance  
Casey Meza – Kootenai Health  
Debbie Ransom – IDHW Division of Licensing and Certification  
Ken Schaecher, MD, Co-Chair – Select Health  
Tiffany Whitmore Seibert – Saint Alphonsus Health System

**DHW Staff:** Kate Creswell, Project Coordinator – Office of Healthcare Policy Initiatives

**STATUS:** Draft 11/17/15

## Summary of Motions/Decisions:

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**Motion:**

David Morledge, PhD moved to approve the Reimbursement Subcommittee meeting minutes from the September 10, 2015 and October 21, 2015 meetings.

Stacey Carson seconded the motion.

**Outcome:**

Motion Carried.

## Agenda Topics:

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**Welcome and Introductions – Tracey Sessions, Co-Chair**

- Co-Chair Tracey Sessions welcomed everyone.
- Participants provided brief introductions.

**Service Delivery Models – Stacey Carson, ITC Chair**

- Stacey Carson, ITC Chair, reminded the subcommittee that as reimbursement policies are discussed, it is important for subcommittee members to clarify whether they are speaking in reference to direct-to-consumer or consultative models.

- Stacey Carson, ITC Chair, stated that the end product of the reimbursement committee will be data and observations, and asked the subcommittee to share that data with the Council at the December 11<sup>th</sup> ITC meeting. These findings will also be included in the report to Director Armstrong, which will be completed at the end of December.

#### **Approve Minutes – Tracey Sessions, Co-Chair**

- David Morledge, PhD moved to approve the Reimbursement Subcommittee meeting minutes from the September 10, 2015 and October 21, 2015 meetings. Stacey Carson seconded the motion, motion carried.

#### **Payer Reimbursement Matrix**

- Responses to the payer reimbursement matrix have been collected from six of the seven payers.
- Once the matrix is completed, Kate Creswell will send the matrix to the payers for final approval and will ask payers to highlight any responses that are not being reimbursed in 2015, but are expected to be reimbursed in 2016. Kate Creswell will also ask for clarification of the time frame for 2016 policies and whether the policies are pending or approved.

#### **IMA's Telehealth Reimbursement Legislation**

- Molly Steckel stated the Idaho Medical Association (IMA) plans to introduce telehealth reimbursement legislation in 2016. The IMA has reached out to several legislators and has not received any push back. The IMA believes that although the market is consumer driven, it is not appropriate for providers to perform services via telehealth for free, and the IMA does not believe providers should have to wait for the market to catch up for reimbursement.
- The subcommittee briefly discussed IMA's proposed legislation.

#### **Review of Patient Identification and Benefit Verification Data**

- Tracey Sessions, Co-Chair, informed the subcommittee that Kathy McGill, Idaho Department of Insurance, reached out to several states, asking if insurers in their state had concerns about patient identification or fraud. Missouri was the only state to respond.
  - Missouri enacted a state-wide parity law for private insurance coverage of telehealth in 2013 and non of their insurers have expressed concern with telehealth patients claiming to be someone they are not. They believe the potential for fraud, and the methods to avoid it by contractually obligating the provider to collect a copy of the photo ID, would be the same for telehealth as it is for face-to-face.
- Tracey Sessions, Co-Chair, let the subcommittee know that Kathy also spoke with the Department of Insurance's fraud division to see if they had experienced cases in which a patient had impersonated another person in order to receive health care services to be reimbursed by an insurer. The fraud supervisor was only aware of one instance, which involved a face-to-face visit.
- Tracey Sessions, Co-Chair, told the subcommittee that Dr. Schaecher, Co-Chair, emailed Brian Wayling with Intermountain Health Care who suggested that patient identification and benefit verification for telehealth be considered in context of existing services and held to the same standards as current care. Brian Wayling also addressed the concern of overutilization, stating that while a small group of patients may have frequent telehealth visits, they must pay for each visit and it is considerable less expensive for a telehealth visit than it would be for that person going to the ER on a regular basis.
- Kate Creswell, ITC Project Coordinator, let the subcommittee know that she contacted Latoya Thomas with the American Telemedicine Association to find out if she was aware of any recommended processes or best practices for patient identification and benefit eligibility, if she know of any available statistics pertaining to the incidence of fraud, and if she was aware of any processes currently in place in other states to avoid fraud.
  - Latoya Thomas indicated that she had not received similar inquiries from other states previously; however, she stated that no incidences of fraud have been reported and anecdotally she can confirm that no state has gone back to previous policies because of challenges related to the implementation of telehealth and incidences of fraud.
  - Latoya Thomas also stated that telehealth data is sparse and difficult to obtain, especially in regards to payer benefits and cost savings.
- Rhonda Robinson Beale, MD, stated Blue Cross of Idaho's primary areas of concern have more to do with patient location, particularly in reference to behavioral health when the patient location is the patient's home. Dr. Robinson Beale emphasized the importance of recognizing HIPAA issues and the need for clear instructions to the patient.

#### **Provider Survey**

- Stacey Carson, ITC Chair, and Kate Creswell, ITC Project Coordinator, developed a provider survey to assess telehealth services in Idaho. The survey will be administered via key survey and links will be provided to ITC council members, who can then distribute the survey.

**Reimbursement Data Comparison**

- Tracey Sessions, Co-Chair, asked subcommittee members to review the reimbursement data comparison and identify the sections that are most important to the subcommittee, as well as any observations.

**Next Steps**

- Payers will review the reimbursement matrix and send any revisions or updates to Kate Creswell, ITC Project Coordinator.
- Subcommittee members will review the reimbursement data comparison and note key sections or observations.
- Subcommittee members will review the provider survey and send any revisions or additions to Kate Creswell, ITC Project Coordinator.

There being no further business Co-Chair Tracey Sessions adjourned the meeting at 4:20 pm.