

**Telehealth Work Group
Meeting Minutes
November 9, 2010**

Present (in person and on the phone):

Name	Organization
Jim Anfield	Blue Cross Blue Shield of Illinois
Sandy Anton	IL Foundation for Quality Healthcare (IFMC-IL)
Kay Berdusis	Children's Memorial Hospital
Julie Bonello	Access Community Health Clinic
Connie Christen	IL Department of Healthcare and Family Services (HFS)
Sunil Hazaray	American Telemedicine Association (ATA)
Alan Kraus	IL Rural Health Net
Mary McGinnis	IL Office of Health Information Technology (OHIT)
Bob Peterhans	3NetWise
Deborah Seale	Community Member
Wesley Valdes	University of Illinois at Chicago/OHIT
Sherrod Woods	3NetWise

In light of missing documentation, **Wesley Valdes (Wes)** requested that members review the mission statement and tentative top five focus areas to prepare themselves for a discussion next meeting when the documentation would be present. He also requested that members review and comment on the categorization of action items prepared by **Kay Berdusis (Kay)**. The original planning document draft and excerpts will be posted with these minutes.

Kay asked about the prioritization of initiatives and wondered what time lines were attached to the objective. **Wes** agreed that considering each objectives respective timeline was very important.

Mary McGinnis (Mary) elaborated on the work group's role as an advisor to the HIE Authority and the timing of the creation of that group. She agreed that both short and long term goals were important, but stressed the helpfulness of short term goals.

Wes asked the group if they were receiving Medicaid or Medicare reimbursements for telehealth services. **Deborah Seale (Deb)** outlined two philosophies: initiate a discussion, or simply just start billing. **Wes** raised the point that there are a number of states that mandate telehealth coverage and suggested that a list be posted with these minutes on the website. **Deb** felt that licensure requirements should also be examined. **Wes** agreed, saying that credentialing and legal issues surrounding telehealth should also be brought into the conversation. He added that Amanda, the legal intern at the HIE office, would be addressing credentialing issues.

Alan Kraus (Alan) asked the group what HIE means to the hospitals. He pointed out that there had not been much specific discussion on telehealth and remote monitoring and that the focus remained primarily on the uncertainty rather than the specific issues. **Deb** felt that content and disclosure were issues that needed to be addressed and suggested collecting templates from other states as a

resource. **Mary** said that the legal work group is very active and could possibly review these templates for HIPAA compliancy.

Wes asked **Sunil Hazaray (Sunil)** if the ATA could identify experts to help collaborate with payers. **Sunil** said that it was possible and agreed to locate those resources at the ATA.

Wes asked **Julie Bonello (Julie)** about telehealth reimbursement at an FQHC. **Julie** replied that she had read the information but did not understand the credentialing issue. Does an FQHC credential a site or an individual physician? **Deb** replied that the credentialing is for the provider and that the facility needs to credential each provider that provides a service at the site, even virtual. She added that the process of credentialing is cumbersome. **Kay** said CMS's final decision should be available in March, 2011, and there should be no problem if remote hospitals elect to maintain current processes. **Wes** asked **Kay** if she had submitted telehealth bills at Children's Memorial; **Kay** replied that she will ask the person who handles that for the hospital, Susan Hayes Gordon.

Wes asked **Jim Anfield (Jim)** if the group could help private payers develop reimbursement plans for telehealth. **Jim** explained that Medicare and Medicaid models will set the precedent. He felt the best thing the group could do was to get the dialogue going, emphasizing that it will take time for that conversation to gain momentum. **Wes** wondered if it worth forming a subcommittee to foster that conversation and asked **Sunil** if he had any perspective on the existence of this conversation going on at a national level. **Sunil** offered to reach out to Gary Capistrant at the ATA for this information. **Kay** brought up the "state by state" portion of the ATA website that discusses different payer situations in different states. She also pointed out that even though new Medicaid regulations were released, outdated technical requirements almost five years old have remained in place and caused restrictions. **Mary** requested technical details and offered to provide feedback to HFS. **Wes** said he would add the additional points of concern about rules and regulations. **Mary** explained that the new regulations may be rules rather than legislation, making them easier to effect, and stressed the importance of maintaining a consideration for the expansion of services, as well as any impact of that expansion. **Julie** asked if FQHCs were currently billing for telehealth, to which **Mary** replied that she would request a report from HFS regarding telehealth payments.

Wes solicited comments on the third point, "expanding telehealth in Illinois." **Kay** raised the scarcity of information on urban opportunities, commenting that urban telehealth is often left out of grants. **Wes** agreed with this point, and went on to say that the issue has been brought up at the federal level with the ONC, and that the rural mindset appears to be the issue. **Mary** agrees that this should be discussed. **Alan** suggested leveraging the issue with some of the City of Chicago's initiatives and efforts. To this point, **Kay** gave the example of local hospital Children's Memorial is servicing, saying that they could avoid expensive transfers even in an urban area. **Mary** highlighted the importance of documenting these issues and said that they could be brought up through Matt Guiliford at the city level. **Alan** offered to talk to Cook County and address near suburban areas. **Wes** clarified that the issue was the rules, not the technology. **Alan** requested that those technical requirements be sent out to the group.

Kay emphasized the importance of credibility and accountability, saying she would like to “plant a few seeds” to grow over the next 18 to 24 months. **Wes** asked her if she had health care economists. **Kay** replied that she is doing the analysis internally, but would like to put the processes in “at the start” with the Illinois HIE.

Wes then reminded the group about the November 16 meeting with the ATA at the UIC forum. The next work group meeting will be on December 7. The group discussed some action items. **Mary** said she would await the technical restrictions from **Kay** and review them with HFS, as well as request a report from them on FQHC telehealth billing. **Sunil** said he would talk to Gary about reimbursement and might even address the issue at the November 16 meeting.

Meeting adjourned.