

Montana Department of Labor and Industry

Licensing Reform Task Force

June 8, 2026

City College, Billings MT

Blue Cross Blue Shield of Montana appreciates the opportunity to participate in the June 8th Licensing Reform Task Force and we remain committed to collaborating with all stakeholders to increase healthcare access and affordability and support the efforts of the Licensing Reform Task Force. Below please find initial responses to the questions regarding billing and reimbursement issues related to licensure, as well as responses around telehealth.

Billing and reimbursement:

- **If licensing structures changed, would that allow different or better billing outcomes?**
 - From a health insurance perspective, we consider the scope of practice associated with the license, which is based on required training and education as determined by the licensing authority.
 - If a covered benefit under the member's plan falls within the scope of a particular provider, and that provider meets our credentialing and other requirements, they are eligible to serve our members and seek reimbursement.
- **For each major occupation discussed, what can currently be billed, what cannot be billed, and why?**
 - As mentioned above, if a covered benefit falls within the provider's scope, they are eligible to serve our members and seek reimbursement.
 - To avoid instances of provider's performing services that we would not be reimbursable, we work very closely with our providers throughout the credentialing process and provide ongoing education. Providers are also given detailed guidance on coding and billing through BCBSMT's telehealth policy.
- **Where does reimbursement policy discourage employers from taking on apprentices, trainees, or candidates?**
 - From a broad standpoint, a member's covered benefit, and the provider reimbursement tied to it, are based on a fee schedule for that service. It generally does not provide any additional consideration for the inclusion of apprentices, trainees, etc.
- **Are there examples where workers are functioning at a higher level than the title or billing category under which they are employed?**
 - There are likely instances where a provider, especially in rural/underserved areas, is functioning at such a level. However, reimbursement practices are still tied to the

member's covered benefit and whether that falls within the provider's scope of practice.

- **Are there occupations where the current system effectively forces employers to absorb a loss while training workers?**
 - As mentioned above, the health insurance reimbursement process focuses on covered benefits and the ability of a credentialed provider to offer those services within their appropriate scope.
- **If Montana created apprentice or trainee licenses, would that improve billability or reimbursement?**
 - The health insurance reimbursement process focuses on covered benefits and the credentials of a particular provider. Further conversations would be needed to understand the required training and education for any licensed providers.
- **What should the ideal state look like from the employer perspective?**
 - We recognize the vital need for health care providers in Montana, while at the same time ensuring providers have the requisite education and training. The ability to access resources (including public/private partnerships) to support trainees/apprentices would be ideal.
- **What changes, if any, would require licensing reform, Medicaid policy change, or insurer action?**
 - Any changes would likely impact provider credentialing, benefit design, reimbursement processes, etc. We welcome the opportunity to be involved in further discussion, and our primary focus continues to be on health care access, quality care, and affordability for our members.

Telemedicine & telehealth reimbursement:

- **What role should telemedicine realistically play in closing Montana's workforce or service gaps?**
 - We continue to see the increased adoption of telemedicine, by providers and patients. Especially in the areas of specialty provider consults, behavioral health services, and urgent care.
 - While it can be a useful tool to close gaps, it does not eliminate the need for local, in-person health care providers in Montana's communities.
 - As the use of telemedicine continues to evolve, the ability for patients and providers to access health related data to ensure care coordination, test results, prescribed medicines/treatments are accessible electronically.

- **What are the biggest reimbursement barriers affecting telehealth deployment?**
 - Telehealth services are subject to the same requirements as in-person visits. Things to keep in mind:
 - Telehealth services must be medically necessary and are subject to the terms and limitations of the member's contract.
 - Complete and accurate medical records must be maintained including but not limited to start and end times of the telehealth service. Method of communication must also be documented.
- **Is payment parity still a central concern for providers and employers?**
 - Providers
 - For BCBSMT, health care services delivered via telehealth technology are compensated according to the established fee schedule for those services at the same rate as the same services provided in person.
 - What are the most common misunderstandings about what telehealth services qualify for reimbursement?
 - Which services are a covered benefit
 - Following applicable requirements
 - How to maintain appropriate documentation
 - Providers are given detailed guidance on coding and billing through BCBSMT's telehealth policy. If a covered benefit under the member's plan falls within the scope of a particular provider, and that provider meets our credentialing and other requirements, they are eligible to serve our members and seek reimbursement.