Credentialing Telemedicine Providers and Practitioners

In 2011, the Centers for Medicare and Medicaid Services (CMS) revised the Medicare Conditions of Participation (CoP) for Hospitals and Critical Access Hospitals (CAH) to create a new process for the credentialing and privileging of telemedicine physician and practitioners with the intent of remove the hardship and financial burden imposed on Hospitals and CAHs by current telemedicine credentialing and privileging requirements.

Prior to the 2011 CoP revisions, a hospital or CAH was required to thoroughly examine and verify credentialing information and make independent decisions to privilege providers and practitioners providing telemedicine services, as if the telemedicine provider or practitioner practiced on-site at the hospital or CAH.

Under the 2011 CoP revisions, the hospital or CAH may grant telemedicine privileges, by relying on the credentialing and privileging information of the distant site Medicare-participating hospital or distant site telemedicine entity (DSTE), i.e. teleradiology entity.

Originating site hospital or CAH is where the patient is located. The Distant site hospital or entity is where the provider/practitioner is located.

Applicable Regulations:

CAH: 42 CFR §485.616(c) Standard: Agreements for credentialing and privileging telemedicine physicians and practitioners (CoP – C-0196 and C-0197).

Hospital: 42 CFR §482-12(a)(8) and (a)(9) (CoP – A-0052) and 42 CFR §482.22(a)(3) and (a)(4) (CoP – A-0342 and A-0343).

Hospitals and CAHs may elect to continue to thoroughly examine and verify credentialing information and make independent decisions to privilege providers and practitioners providing telemedicine services, as if the telemedicine provider or practitioner practiced on-site at the hospital or CAH or use a “proxy” credentialing and privileging process if the following requirements are met:

1. When the Medical Staff, Governing Board and Administration staff of the “originating” hospital or CAH decide to credential and privilege telemedicine providers and practitioners by “proxy”, the hospital or CAH Medical Staff Bylaws must be modified to allow and accept “proxy” credentialing and privileging and the Medical Staff Bylaws modifications must be approved by the Medical Staff and Governing Board. The hospital or CAH may elect to add a Telemedicine Medical Staff Category.
2. The originating site Hospital or CAH must have a written agreement directly with the distant site hospital or DSTE. There may not be an intervening third party involved in the agreement, i.e., the Hospital/CAH radiology physicians contract with a DSTE to provide overnight interpretations
3. If the distant-entity is a Medicare-participating hospital, the governing body of the “Originating” Hospital or CAH must ensure the agreement that it is the distant site hospital’s responsibility to comply with current CMS credentialing and privileging requirements.
4. If the distant site entity is a DSTE, the governing body of the “Originating” Hospital or CAH must ensure the agreement requires the DSTE to furnish credentialing services, in a manner that enables the originating hospital or CAH to comply with all applicable CoPs and standards.
5. The Originating site hospital or CAH must ensure, through written agreement, that:
   1. If the distant site is a DSTE, the DSTE’s medical staff credentialing and privileging process and standards meet CMS standards. A copy of these privileges should be maintained in the originating site hospital or CAH.
   2. If the distant site is a Medicare-participating hospital, the distant site practitioner is privileged at the distant site hospital and the distant site hospital provides a current list of the provider’s or practitioner’s privileges. A copy of these privileges should be maintained in the originating site hospital or CAH.
   3. The distant site provider or practitioner holds a valid license issued or recognized in the State in which the originating site hospital or CAH whose patients are receiving telemedicine services is located. A copy of the license should be maintained in the originating site hospital or CAH.
   4. The originating site hospital or CAH has evidence of an internal review of the distant site provider’s or practitioner’s performance under the telemedicine privileges and has sent the distant site hospital or DSTE this information for use in its periodic appraisal of the distant site provider or practitioner. This information should include all adverse events and complaints resulting from telemedicine services. (Note: compliance with state peer review privilege laws will be important when structuring this transfer of information.)
   5. The originating hospital or CAH remains responsible for complying with applicable state regulations regarding the credentialing and privileging of providers and practitioners and performing the primary source verification of medical licensure, professional liability insurance, Medicare/Medicaid eligibility/exclusion and query of the National Practitioner Data Bank (NPDB). A copy of this should be maintained at the originating site hospital or CAH.
   6. The distant site provider or practitioner’s file must be presented to the originating hospital’s or CAH’s Medical Staff for recommendation and approved by the Governing Board. The appropriate signature pages should be maintained the provider’s or practitioner’s file.

If the provider or practitioner provides in-person services at the Originating Hospital or CAH and also performs services via telemedicine, i.e., radiological interpretations, the provider or practitioner may not be credentialed and privileged through the telemedicine “proxy” process but through the in-house credentialing and privileging process of the Hospital or CAH. The originating hospital or CAH may elect to grant specific telemedicine privileges to these providers.

If the in-house provider or practitioner also utilizes distant-site providers or practitioners, through a separate arrangement between the provider/practitioner and distant site provider/practitioner, the originating Hospital or CAH may not utilize the “proxy” credentialing process for the distant site providers or practitioners as the originating Hospital or CAH does not have a direct contractual arrangement with distant site hospital or entity.

The Hospital Medical Staff shall make recommendations to the Governing Board regarding which clinical services are appropriately delivered through the medium of telemedicine and the scope of such services. Clinical services offered through telemedicine shall be provided consistent with commonly accepted qualify standards. The Governing Board shall vote on which clinical services may be delivered through telemedicine and the scope of such services. The vote of the Governing Board shall be duly recorded in the Governing Board minutes and incorporated in the Medical Staff Bylaws and policies.

Sample Telemedicine Bylaws Language:

Telemedicine physicians and practitioners

Any physician or practitioner who prescribes, renders a diagnosis, provides radiologic interpretation, or otherwise provides clinical treatment from a distance via electronic communications, must be credentialed and privileged through the Medical Staff pursuant to the credentialing and privileging procedures described in this section, as applicable. *The appropriate paragraph may be selected.*

1. When the Hospital is not a party to a written agreement with a distant-site Medicare [Joint Commission] -participating hospital or distant-site entity containing all of the requirements of the CMS Hospital Conditions of Participation [and Joint Commission standards] related to distant-site telemedicine credentialing, the telemedicine physician must be credentialed and privileged through the Medical Staff pursuant to the general credentialing and privileging procedures described in these Medical Staff Bylaws. Recognizing that telemedicine physicians may be privileged at many healthcare facilities and entities, the Hospital shall conduct the primary verification procedures for an adequate number of hospitals, health care organizations and/or practice settings with whom the telemedicine physician is or has previously been affiliated in order to ensure current competency. In order to assist in this credentialing and privileging process, the Hospital may request information from the telemedicine physician’s primary practice site to assist in evaluation of current competency. The Hospital may also accept primary source verification of credentialing information from the physician’s primary practice site or the telemedicine entity to supplement its own primary source verification.
2. When the Hospital is a party to a written agreement with a distant-site Medicare [Joint Commission] -participating hospital or distant-site entity containing all of the requirements of the CMS Hospital Conditions of Participation [and Joint Commission standards] related to telemedicine credentialing and privileging, the Board has the option to have the Medical Staff rely upon (i) the telemedicine physician’s credentialing and privileging information from a distant-site Medicare [Joint Commission] -participating hospital or distant-site entity and (ii) the credentialing and privileging decisions of a distant-site Medicare [Joint Commission] participating hospital or distant-site entity related to the telemedicine physician. However, the Hospital will remain responsible for complying with applicable state regulations regarding the credentialing and privileging of practitioners; and performing the primary source verification of medical licensure, professional liability insurance, Medicare/Medicaid eligibility/exclusions, and query of the National Practitioner Data Bank.

For the purposes of this Section, the term “distant-site entity” shall mean an entity that: (1) provides telemedicine services; (2) is not a Medicare [Joint Commission] -participating hospital; and (3) provides contracted services in a manner that enables the hospital to meet all applicable CMS Hospital Conditions of Participation [and Joint Commission standards] related to the credentialing and privileging of physicians and contracted services. For the purposes of this Section, the term “distant-site hospital” shall mean a Medicare [Joint Commission] -participating hospital that provides telemedicine services.

Sample Language for Telemedicine Category of Membership:

Telemedicine Providers: The Hospital may establish relationships with physicians and practitioners located outside of the community who will provide patient care services remotely via the use of telemedicine technology. Such Physicians and Practitioners shall be credentialed and be awarded appropriate Clinical Privileges in accordance with *Article XX (may be several Articles).* The services provided via telemedicine technology will be subject to all quality and peer review activities of the regular Medical Staff. Membership terminates upon termination of the telemedicine service or telemedicine service agreement, without due process rights.

Sample Language for Granting Clinical Privileges for Telemedicine Providers:

The Medical Staff shall determine which patient care services, if any, are appropriate for delivery remotely electronic or other technological means. Specific Privileges for the diagnosis and treatment of patients at the Hospital in this manner must be developed and delineated based upon common accepted quality standards.

1. The Hospital will perform certain primary source verifications, i.e., medical licensure, professional liability insurance, Medicare/Medicaid eligibility/exclusions, and query of the National Practitioner Data Bank (NPDB) when credentialing by proxy has been approved by the Governing Board. The Hospital must take into consideration the capabilities and capacities of the Hospital when granting specific clinical privileges and will not grant clinical privileges beyond the scope of the capabilities and capacities of the Hospital.
2. The Hospital takes into account in its credentialing decision the appropriate use by the applicant of the relevant telemedicine equipment to be used.
3. Clinical Privileges terminate upon termination of the telemedicine service or telemedicine service agreement, without due process rights.

Policy Approved By:

Medical Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date