Medical Staff recommends and Governing Board approves telemedicine services and amends Medical Staff Bylaws and creates “Telemedicine” category

Create a Credential file and Quality file for each telemedicine provider

Enter into a DIRECT contract with the distant site hospital or entity. There may not be an arrangement involving an intermediate hospital or entity, i.e., Radiology group use TeleRad Group A to do overnight reads. Hospital must contract directly with TeleRad Group A

Perform In-House Credentialing Process

No

Yes

Utilize Proxy credentialing and privileging process outlined for CAHs: 42 CFR §485.616(c) Standard: Agreements for credentialing and privileging telemedicine physicians and practitioners (CoP – C-0196 and C-0197) and 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). Does the distant site hospital or entity meet these requirements?

Perform all credentialing and privileging of telemedicine providers using the same process used for providers providing services in the hospital (In-House Credentialing Process)

How does Medical Staff and Governing Board want to do the credentialing and privileging of the telemedicine providers?

Hospital wishes to use telemedicine providers and services