

Acute Care Hospital

Credentialing Requirements for Telehealth Services

- Policy:** It is the policy of [Organization name here] to ensure credentialing requirements for telehealth services are followed and supports the delivery of safe and quality health care services to qualified beneficiaries in a HIPAA-compliant environment.
- Purpose:** To explain the credentialing requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective. To establish a verification process for providers utilizing telehealth services.
- Scope:** This document is applicable for acute care hospitals (ACH), in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

*Temporary PHE Guidance**

-Determination of the PHE renewal

For further reading: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-07Jan2021.aspx>

-A patient's residence may constitute as an originating site. Providers must document the provider's basis for determining that telemedicine is an appropriate and effective means for delivering the service to the recipient.

-Some states stipulate that out of state providers can provide telehealth care during the COVID-19 Public Health Emergency. Check the state regulations of the originating site. Most states require the practitioner to register with the state where they will provide telehealth services.

-Providers with telehealth privileges may not open an office in the jurisdiction of the originating facility.

*Temporary guidance related to Public Health Emergency (PHE)

This document is provided by gpTRAC as a sample/template only. This should be edited in order to meet your organization's specific needs and requirements.

The development of this toolkit is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30357. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

-State law specifies the establishment of the physician/patient relationship. Some states require the relationship to be established via a face-to-face visit while others allow the relationship to be established via telehealth.

****Appendix A**

1. *Sample Privileging and Credentialing Agreement provided courtesy of the University of California, Davis Health Systems.*
2. *Center for Connected Health Policy*

Credentialing: The approval process required by hospitals to approve members of its Medical Staff. Clinics and practices unaffiliated with a hospital do not need to go through the detailed credentialing process required in a hospital setting, although it is recommended that a verification process be identified and enumerated for all providers.

Procedures:

I. Consultant Requirements for Telehealth Services.

- A. The consultant must meet all requirements as outlined in the organization's medical staff bylaws.
- B. The consultant's documentation must be incorporated into the patient's medical record.

II. Credentialing Requirements for Telehealth Services.

- A. There must be a written agreement between the distant site and the originating site when an originating site is being used.
- B. Specific credentialing requirements for the telehealth provider must be identified.
 1. The telehealth provider must be licensed in the state where the telehealth services are being provided.
 2. There must be no adverse actions taken against the practitioner's license nor is there any pending litigation.
 3. In all cases, the National Practitioner Databank should be queried.
 4. For Medicare providers specifically, the Office of Inspector General (OIG) exclusion list must be queried.
- C. There must be an internal review process of the practitioner's practice.
- D. Two options for credentialing.
 1. For the originating site, the credentialing process may be followed as outlined in the Medical Staff Bylaws of the originating site.
 2. For the originating site, credentialing by proxy meets the Medicare Conditions of Participation. (CoP 482.22) and The Joint Commission standards for the Medical Staff. The following conditions must be met if choosing the proxy option:

Acute Care Hospital

Credentialing Requirements for Telehealth Services

- a. The distant site hospital provides the telemedicine services in a Medicare participating hospital.
- b. The practitioner is privileged at the distant site hospital providing telemedicine services and the distant site provides the originating site with a list of the practitioner's privileges.
- c. The practitioner holds a license recognized by the state in which the hospital whose patients are receiving the telemedicine services is located.
- d. The distant site has evidence of an internal review process for the practitioner's performance. All adverse events and complaints must be shared by the distant site with the originating site and vice versa. There has been no controlled license or permit suspended or revoked by any state or the United States Drug Enforcement Agency (DEA) in which the telehealth provider has practiced.
- e. The governing body of the originating site ultimately determines if the credentialing and privileging of the distant site will be accepted.

Tips:

- ***See Code of Federal Regulations Title 42- Public Health: Condition of Participation: Medical Staff 482.22***
- ***See Joint Commission Standards for Medical Staff membership.***
- ***The Center for Telehealth & e-Health Law: www.ctel.org***
- ***Great Plains Telehealth Resources and Assistance Center – Requirement by state <https://www.gptrac.org/states/minnesota.html>***

This document is provided by gpTRAC as a sample/template only. This should be edited in order to meet your organization's specific needs and requirements.

The development of this toolkit is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30357. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

****APPENDIX A-1**

SAMPLE PRIVILEGING AND CREDENTIALING AGREEMENT

This Agreement is entered into by and between the (Enter Name of Distant Site) and (Enter Name of the Originating Site).

The Distant Site (Enter Name of Distant Site) has established a telemedicine program (referred to as the Program) that provides patients and health care professionals at outlying hospitals and clinics access to (Enter Name of Distant Site) physicians and other providers practicing in a broad array of clinical specialties.

The Originating Site has determined that its Medical Staff may rely on the privileging and credentialing decisions made by (Enter Name of Distant Site) when granting privileges to (Enter Name of Distant Site) Providers and desires to efficiently credential and privilege (Enter Name of Distant Site) providers who provide Program services for the benefit of its patients.

Distant Site and Originating Site agree to the following:

Section 1. (Enter Name of Distant Site): Acknowledgements and Responsibilities

1. Distant Site confirms that its facility/Medical Center is a Medicare-participating hospital.
2. All Distant Site providers are members of the Medical Staff of (Enter Name of Distant Site) and are credentialed and privileged in their respective specialty areas.
3. (Enter Name of Distant Site): maintains a list of privileges for each Distant Site provider and upon full execution of this Agreement, (Enter Name of Distant Site) shall send Facility identifiable (Enter Name of Distant Site) Provider information for Originating Facility's National Practitioner Databank query. As necessary, (Enter Name of Distant Site) Provider information shall be updated by (Enter Name of Distant Site) and provided to Originating Facility.
4. All (Enter Name of Distant Site) providers are licensed in the state or otherwise legally permitted to practice in the state where Originating Facility is located.
5. The (Enter Name of Distant Site) Medical Staff credentialing process complies with standards required under 42 C.F.R. § 482.12.

Section 2. (Enter Name of Originating Site): Acknowledgements and Responsibilities

1. The governing body of the originating facility has chosen to have its Medical Staff rely on the credentialing and privileging decisions of (Enter Name of Distant Site) in recommending a physician or other qualified licensed health care provider for Medical Staff privileges at the originating facility.
2. The Originating Facility complies with all governing body responsibilities as required under 42 CFR §482.22 (Hospitals) or 42 CFR §485.616 (Critical Access Hospitals).

Acute Care Hospital

Credentialing Requirements for Telehealth Services

3. The Originating Facility shall review the list of the telehealth providers who have privileges and are members of the Medical Staff at (**Enter Name of Distant Site**) prior to granting privileges to a (**Enter Name of Distant Site**) provider at Originating Facility.
4. Originating Site will perform a periodic review of the (**Enter Name of Distant Site**) provider's performance at Originating Site Facility and complete the Telemedicine Professional Practice Evaluation.
5. Originating Site shall provide specific details regarding any complaints received about the provider and/or any adverse events that have occurred to the Distant Site (**Enter the Name of the Distant Site**) for use in its periodic review of the provider.

General Provisions

1. This Agreement shall be effective on the last date signed below and shall continue in effect unless terminated in accordance with General Provision 2.
2. Either party may terminate this Agreement with thirty (30) days prior written notice to the other party.

This Agreement constitutes the entire understanding of the parties with respect to the subject matter and supersedes any prior understanding between them, whether oral or written, respecting the same subject matter.

(Distant site name)

By: (Enter name of representative of Distant Site)

Date: (Enter date of signature)

Signature: (Signature of representative of Distant Site)

Title: (Enter title of representative of Distant Site)

(Originating site Name)

By: (Enter name of representative of Originating Site)

Date: (Enter date of signature)

Signature: (Signature of representative of Originating Site)

Title: (Enter title of representative of Originating Site)

This document is provided by gpTRAC as a sample/template only. This should be edited in order to meet your organization's specific needs and requirements.

The development of this toolkit is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30357. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Appendix A-2

Telemedicine Professional Practice Evaluation

Telehealth Provider Name: _____

Date of Review: _____

Reviewer: _____

1. Patient Care is compassionate, appropriate, and effective:

Acceptable_____ Marginal_____ Unacceptable_____ Unable to assess_____

2. Demonstrates knowledge of established and evolving sciences and applies it to patient care.

Acceptable_____ Marginal _____ Unacceptable_____ Unable to assess_____

3. Uses scientific evidence and methods to investigate, evaluate, and improve care.

Acceptable_____ Marginal _____ Unacceptable _____ Unable to assess _____

4. Establishes and maintains professional relations with patients.

Acceptable_____ Marginal_____ Unacceptable_____ Unable to assess _____

5. Demonstrates a commitment to professional development, ethical practice, diversity and responsibility to patients, profession, and society.

Acceptable _____ Marginal _____ Unacceptable _____ Unable to assess _____

6. Overall Impression:

Acceptable _____ Marginal _____ Unacceptable _____

7. Has the provider been the subject of any complaint? Yes_____ No _____

8. Has the provider been the subject of an adverse event? Yes_____ No _____

If Yes on either 7 or 8, please describe on separate sheet of paper to be attached to this review.

Reviewer's Signature: _____

Reviewer's Printed Name: _____

Date: _____