

TELEMEDICINE CREDENTIALING

Washington State Telehealth Collaborative

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A Hospital's Options...



When a hospital contracts for staffing or services to be provided via telemedicine, it has three options with regards to privileging and credentialing:

1. Engage full privileging and credentialing process through its own medical staff
2. Use telemedicine company as “CVO”
3. Credentialing by Proxy / Telemedicine Credentialing

What is Telemedicine Credentialing?



- The Medicare Conditions of Participation (CoPs) require hospitals (and certain other provider types) to have a credentialing and privileging process for practitioners providing services to their patients.
- This includes practitioners who provide services via telemedicine.
- In 2011, the CoPs incorporated a new process for streamlined privileging and credentialing of telemedicine-based practitioners.
- This streamlined process permits the Originating Site hospital to **rely on the privileging and credentialing decisions** made by the telemedicine provider, if certain requirements are met.

Legal Issues to Consider?



- Medicare CoPs
- Accrediting Organizations
- Written Agreement with Telemedicine Provider
- State Hospital Licensing Laws
- Hospital Medical Staff Bylaws

CMS Requirements for Proxy Credentialing



- There must be a **written agreement** between the two parties.
- The telehealth practitioner is **privileged and credentialed** by the telemedicine provider in a CoP-compliant manner.
- A **current list** of the telehealth provider's privileges is given to the originating site hospital.
- The distant hospital is a Medicare participating **hospital** or a **telemedicine entity**
 - A “telemedicine entity”: (a) provides telemedicine services, (b) is not a Medicare-participating hospital, and (c) provides its services in a manner that allows the originating site hospital to comply with all applicable CoPs
- The telehealth practitioner holds a **license** issued or is recognized by the state in which the originating site hospital is located
- The originating site hospital has an **internal review** of the telehealth practitioner's performance and provides this information to the telemedicine provider hospital or entity.
- The originating site hospital must inform the distant site hospital of all **adverse events** and **complaints** regarding the services provided by the telehealth practitioner.

Tips for Written Agreement



- Reps and Warranties
 - Telemedicine provider's privileging and credentialing process complies with CoP/TJC/DNV standards
 - Licensure status of practitioners
- Processes for:
 - Info exchange to hospitals with current list of practitioners
 - Info exchange to telemedicine provider with internal review, complaints, adverse events, etc.
- Commitments to integration telemedicine providers into hospital policies and programs (e.g., QAPI, UR, etc.)
- Language to protect hospital (indemnification? No Limitation of Liability? Etc.?)

Accrediting Org Issues



- Beware of any differences between CoPs, TJC and DNV standards regarding proxy credentialing
- Example – The Joint Commission Element MS 13.01.01
 - A.1: All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:
 - The originating site fully privileges and credentials the practitioners according to Standards MS.06.01.03 - .13, OR
 - The originating site privileges practitioners using credentialing information from the distant site **if the distant site is a Joint Commission-accredited organization**, OR
 - The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decisions if . . . **the distant site is a Joint Commission-accredited hospital or ambulatory care organization**.

State Licensing Law – CA



- **California B&P Code Section 2290.5(h):**
 - (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, **providers** of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, **as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.**
 - (2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).
 - (3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

State Licensing Law – MD



Maryland Health General §19–319:

- (6) Notwithstanding any other provision of this subsection, in its credentialing and privileging process for a **physician** who provides medical services to patients at the hospital only through telemedicine from a distant–site hospital or distant–site telemedicine entity, a hospital may rely on the credentialing and privileging decisions made for the physician by the distant–site hospital or distant–site telemedicine entity, as authorized under 42 C.F.R. Part 482, if:
 - The **physician** who provides medical services through telemedicine holds a license to practice medicine in the State issued under Title 14 of the Health Occupations Article; and
 - The credentialing and privileging decisions with respect to the physician who provides medical services through telemedicine are: (a) approved by the medical staff of the hospital; and (b) **recommended by the medical staff of the hospital to the hospital’s governing body**.

Hospital Bylaws



- CoPs, state hospital licensing law and TJC/DNV all require hospitals to establish in their medical staff bylaws the procedures they will follow for credentialing and privileging practitioners who will provide services to hospital patients (via telemedicine or otherwise).
- Before CMS issued its regulations regarding telemedicine credentialing:
 - Hospital medical staff bylaws typically provided for credentialing information to be gathered by hospital employees or an affiliated credentials verification service.
 - They did not allow decisions to be based on information assembled by and received from entirely an unrelated organization.
 - Thus, medical staff bylaws must be amended to permit this.
- New categories of privileges may also be needed.

Pros and Cons?



- Mostly Pros
- Telemedicine credentialing can allow hospitals to:
 - Save time and money
 - Reduce onboarding and go-live time from months to days
 - Implement telemedicine practitioners into care delivery much more quickly
- Cons could arise if proxy credentialing is not executed properly
 - Telehealth company does not adhere to contract
 - Practitioners not sufficiently monitored or integrated by hospital