

# Credentialing and Privileging Requirements for Telemedicine Physicians and Practitioners

## Proposed Revisions to the Hospital and CAH Conditions of Participation (CMS-3227-P)



# Learning Objectives

At the end of the webinar you will be able to locate & briefly describe the following aspects of the CMS telemedicine credentialing and privileging proposed rule:

- Content & requirements
- Goals & objectives of proposed requirements



# Locating the Proposed Rule



- Published May 26, 2010, in the *Federal Register*:

Medicare and Medicaid Programs: Proposed Changes Affecting Hospital and Critical Access Hospital (CAH) Conditions of Participation (CoPs): Credentialing and Privileging of Telemedicine Physicians and Practitioners (CMS-3227-P)

- 75 FR 29479:

<http://edocket.access.gpo.gov/2010/pdf/201012647.pdf>



# Why Change the CoPs?

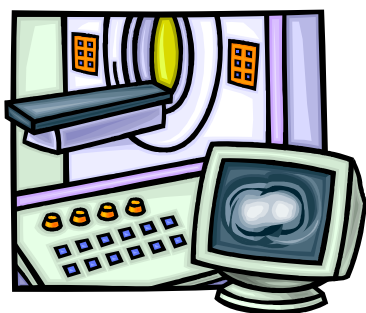


- CMS recognized that the current requirements for credentialing & privileging are often duplicative for hospitals engaged in telemedicine service arrangements
  - The process is particularly burdensome for small hospitals, which often lack the adequate resources and clinical expertise to credential and privilege all of the specialty physicians and practitioners who may be available to provide telemedicine services



# Changes to the Hospital CoPs

The proposed hospital requirements for credentialing and privileging of medical staff would be contained under the **Governing Body (§482.12)** and **Medical Staff (§482.22)** CoPs



## §482.12 Governing Body CoP

We would require the governing body of the hospital ensure that an agreement exists with a distant-site hospital to provide telemedicine services and that the agreement specifies that the governing body of the distant-site hospital ensures, in the agreement, that all current Governing Body CoP requirements (§§482.12(a)(1-7)) are met with regard to its physicians and practitioners providing telemedicine services.



## §482.12 Governing Body CoP (cont)

The governing body of the hospital would have the option of granting privileges based on the recommendations of its medical staff, which has relied upon information furnished by the distant-site hospital regarding privileges for individual physicians and practitioners providing telemedicine services.

## §482.22 Medical Staff CoP

The hospital medical staff would be allowed to rely on this information for its privileging recommendations to the governing body only if certain provisions (at proposed §482.22(a)(3)) regarding the distant-site hospital, and the individual physicians and practitioners, were met regarding:

- Medicare-participation status of distant-site hospital
- Privileges of individual physicians and practitioners, including list of current privileges provided by distant-site hospital
- State License
- Internal review for purposes of periodic appraisal of individuals providing telemedicine services, including adverse events/complaints



# Changes to the CAH CoPs

**Critical Access Hospitals (CAHs)** have CoP requirements under the Medicare regulations that are **separate and distinct from the hospital CoPs**. The term “credentialing” is used almost exclusively throughout the CAH CoPs.



# Changes to the CAH CoPs (cont)

We are proposing new CAH requirements for credentialing and privileging under the **Agreements (§485.616)** and **Periodic Evaluation and Performance Review (§485.641)** CoPs.



## Changes to CAH CoPs (cont)

The proposed requirements for CAHs are **similar to those proposed for hospitals, and/or designed to make the CAH credentialing and privileging requirements consistent with current and/or proposed hospital requirements, where appropriate, with regard to:**



# Changes to CAH CoPs (cont)

- State law and which categories of practitioners may be appointed to the medical staff
- Appoint members of medical staff based on recommendations of current members
- Assurance of medical staff bylaws and the approval of those bylaws and other medical staffs rules
- Accountability of medical staff to governing body for quality of care provided to patients
- Criteria for selection to medical staff, which is based on individual character, competence, training, experience, and judgment (cannot be based solely upon certification, fellowship or membership in a specialty body or society)



# Changes to CAH CoPs (cont)

**Similar to the proposed changes to the Hospital CoPs, the proposed requirements for CAHs would:**

- Ensure that an agreement exists between the distant-site hospital that provides telemedicine services and the CAH that receives these services
- Specify that it is the responsibility of the CAH's governing body to ensure that the distant-site hospital furnishing the telemedicine services meets the requirements for its physicians or practitioners furnishing telemedicine services
- Allow the CAH's governing body (or responsible individual) the option of choosing to rely upon the credentialing and privileging decisions made by the governing body of the distant-site hospital for individual physicians or practitioners when the governing body or responsible individual ensures that certain provisions are met, including those for periodic appraisal



## Changes to CAH CoPs (cont)

We are also proposing to amend the **Periodic Evaluation and Quality Assurance Review CoP (at §485.641(b)(4))** by adding a new paragraph that would allow for a distant-site hospital to evaluate the quality and appropriateness of the diagnosis and treatment furnished by the distant-site physicians and practitioners providing telemedicine services to the CAH's patients under an agreement between the CAH and a distant-site (as defined at section 1834(m)(4)(A) of the Act) hospital



# Summary

- Proposed rule published May 26, 2010
- Intent is to reduce burden and eliminate duplicative credentialing & privileging efforts by Medicare-participating hospitals and CAHs that have telemedicine services agreements, particularly for small hospitals
- The result of outreach efforts by CMS to the telemedicine stakeholder community
- Comment period ends July 26, 2010



# CMS Telemedicine Credentialing & Privileging Proposed Rule (CMS-3227-P)



*Questions?*

