Telemedicine Credentialing by Partial Proxy with Summit Healthcare

An overview of the Credentialing Process

Medical Staff Services

Summit Healthcare
REGIONAL MEDICAL CENTER

Table of Contents

Telemedicine Services at Summit Healthcare

As a rural regional hospital, Summit Healthcare provides needed services to patients via telemedicine in line with our mission *"**to deliver exceptional, compassionate care close to home.**"* These services include:

- Tele-radiology
- eICU
- Tele-stroke
- Tele-neurology
- Tele-psychiatry & tele-psychology
- Tele-nephrology
- Tele-pediatric cardiology
- Tele-pediatric neurology
- Tele-perinatology
- Tele-urgent care (in partnership with NEAR)
- Remote patient monitoring

We are continuously expanding our telemedicine programs to better serve our community.

Partial Proxy Credentialing

The Medical Staff recognizes the credentialing burden associated with telemedicine programs and offers a partial proxy pathway to better partner with telemedicine organizations for credentialing and quality purposes. **The Medical Staff <u>does not</u> offer telemedicine via full proxy due to different credentialing standards with the various telemedicine programs we work with.**

Credentialing Procedures Manual

7.4   **TELEMEDICINE AND TELERADIOLOGY PRIVILEGES**

7.4.1   <u>**Definitions**</u>**:** Telemedicine: the provision of clinical services to patients by physicians and practitioners from a distance via electronic communication. The distant-site telemedicine physician or practitioner provides clinical services to the hospital either simultaneously or non-simultaneously. Source: Centers for Medicare & Medicaid Services (CMS). Distant Site: site where the practitioner providing the telemedicine services is located.

7.4.2   The Medical Executive Committee shall determine which patient care, treatment, and services may be provided by practitioners through a telemedicine link. The clinical services offered must be consistent with commonly accepted quality standards. Telemedicine and Teleradiology services may be used in the event of a disaster when the emergency preparedness plan has been activated, and the organization is unable to meet immediate patient needs with resources on hand. Under such circumstances, the requirements in the Hospital's Emergency Preparedness (Disaster Plan) shall apply.

7.4.3   Practitioners providing care, treatment, and services of a patient via telemedicine link are subject to the credentialing and privileging process of Summit Healthcare. The practitioner may be privileged at Summit Healthcare using credentialing information from the distant site if the distant site is a Medicare-accredited organization. Under this option, the applicant would complete the Summit Healthcare application, and Summit Healthcare would obtain and utilize the distant site's primary source verified information including, but not limited to, licensure, education, training, the ability to perform privileges requested, and health status (that was obtained within 180 days from the receipt of the application with the exception of education and training verifications). At a minimum, Summit Healthcare will re-verify Arizona medical licensure, perform a query of the National Practitioner Data Bank (NPDB), perform an Office of the Inspector General (OIG) (LEIE) Exclusions query, an Excluded Parties List System (EPLS) query, perform an AOA-/AMA-Profile query, and a Criminal Background Screening. The information will be used for decision making in regard to granting of telemedicine privileges and membership. The application approval process outlined in the Credentialing Procedures Manual will be utilized.

7.4.4   The Medical Executive Committee shall continually evaluate the hospital's ability to provide these services safely, and must evaluate the performance of the services by practitioners at reappointment, renewal, or revision of clinical privileges.

What does this mean?

In essence, Summit Healthcare will accept copies of verifications from a telemedicine group as our verifications, provided the document is not older than 180 days. We will also gladly accept copies of static verifications such as education and training, and past hospital affiliations and work history/employment. Any verification older than 180 days will be obtained by Summit Healthcare's Medical Staff Office (MSO) with assistance from the telemedicine program/provider as needed.

Additionally, the Summit Healthcare MSO will run the following verifications for all providers:

- Arizona State license verification
- Federal State Medical Board (FSMB) license verification
- National Practitioner Data Bank (NPDB)
- AMA/AOA Profile
- Board Certification verification
- DEA verification
- Sanctions screening (Federal and State)
- Background screening

Summit Healthcare MSO Contact Information

928-537-6526
medicalstaffservices@summithealthcare.net

- Hospital Credentialing
    Lisa Fox & Paige Gray

- Health Plan Credentialing
    Jill Bluse & Courtney Butler

Credentialing Process

Hospital Credentialing - Online Application

Summit Healthcare utilizes an online initial and reappointment application system through MD-App. The practitioner will be provided with a user name and password for access, data entry, upload of documents and submission of all application form. A credentialing coordinator or assistant can be associated with the provider's online application to assist with the completion of the process.

Provider Responsibility (at a minimum)
- Completing the online attestation questions at the bottom of the application and provide a response to any question, as indicated
- Selecting requested privileges which s/he has current documented clinical competence and are appropriate for the specific telemedicine program
- Reviewing all information in the DocuSign forms and electronically signing, where indicated
- Electronically signing and submitting the online application **after review of accuracy of all information**. This is important as the provider has signed acknowledgement (in multiple places)

> *"that information submitted in this [re/application] and any addendum thereto…is true, current, correct, and complete to the best of my knowledge and belief and furnished in good faith. **I understand that a material omission or misrepresentation from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and denial of my application or termination of my privileges, medical staff membership,** employment or physician participation agreement. In the event of my termination for this reason, I agree that I will not be entitled to any hearing, appeal or other due process rights as may be provided in the medical staff bylaws, rules and regulations, policies or procedures of this hospital or its medical staff. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the hospital/NEAR may immediately terminate my medical staff membership and privileges."*

Data Entry Assistance

- Data entry in the online application (except as noted above)
- Data entry of the DocuSign forms
- Assist with downloading and printing the additional forms in the online application portal for the provider to complete
- Upload all required documentation into the application portal, *or* email to the MSO

Application Elements

There are 4 parts to the online application:

A. Status Bar
B. Applications
C. Documents to Sign
D. Documents to Download

Submitted applications can be accessed by clicking the link at the bottom of the screen.

A. *Status Bar*

The status bar will provide a guide to identify what is still needed to be completed for the online application.

B. *Applications*

The provider's information will be data entered in this section and documents uploaded (Files). Any section with a red triangle needs to be addressed before the provider can submit the application.

Areas to note:
List **all** affiliations, work experience, including employment, teaching, military assignments, temporary agencies and government agencies **for the past 10 years. (Reference to CV or printout of work experience is not acceptable)**

Introduction
✔ Personal Information
✔ Alias
✔ Addresses
✔ Education / Training
✔ Affiliations
✔ Work History/Employment
⚠ Gaps
✔ Peer Professional References
✔ Board Certifications
⚠ Licenses / Credentials (1/3)
✔ Professional Insurance
✔ Malpractice Claims
✔ Medical History
⚠ Attestation Questions
⚠ Privileges
✔ Files
Review Application

For Telemedicine Providers ONLY – a minimum of 20 facilities reflective of a 10 year affiliation/work history (or from end of training to present, as applicable) **must be entered** into the online application **AND** accompanied with a detailed listing of ALL OTHER affiliations/work history for the past 10 years which includes facility name, address, status and from and to dates.

Failure to list all affiliations, work history/employment, and malpractice carriers may result in automatic termination and/or denial of the application.

C. Documents to Sign

DocuSign is utilized to electronically complete and sign the following documents online:

- Pre-Application Questionnaire/Minimum Qualifications
- Background form
- CME Audit form
- Code of Conduct form
- DEA Waiver form
- Conflict of Interest form
- Malpractice Claims form
- Provider contact preference form
- Release of Information
- Supplemental Acknowledgment form
- Acknowledgement of Materials
- Attestation of Time Gaps
- Health Assessment Questionnaire
- Business Associate Agreement (BAA), as applicable

DocuSign will stop at each filed requiring data entry which can be pre-filled on behalf of a provider. The provider will need to review and electronically submit the forms.

D. Documents to Download

Documents to Download

Document	Download Required	
All - Initial Application Instructions/Checklist (Download)	✔	Download
All - Addendum B (Download Documents)	✔	Download
All - Signature Request (Download)	✔	Download
All - List of Helpful Agencies		Download
All - Application Fee Request (Download)	✔	Download
Employee - Health Plan Forms to Sign	✔	Download

A check mark will indicate if there is a required form to download, complete and return to complete the application. It is strongly suggested to download these documents at the start of the application, have the practitioner complete, and upload into the "File" section of the online application.

Credentialing Process

The MSO will conduct a brief review of submitted information to ensure required elements are met. Applications will be rejected if incomplete and a notice will be provided indicating what needs to be corrected. ***If an application is rejected, the applicant will need to a) resign all of the DocuSign forms, and b) re-attest and re-submit the application***. This is time-consuming for all parties and frustrating to the applicant. Refer to the Data Entry Elements below to ensure initial acceptance of the application.

Once an application has been accepted and imported, the application will be reviewed for completion and accuracy and all remaining primary source verifications (not submitted with the application) will be conducted. **A notice will be sent of any outstanding items which need to be received in the MSO within 30 days or the application will be automatically terminated resulting in an applicant being required to wait 6 months before a new application can be offered**.

Credentialing Timeframes

Applications are processed on a "first come, first served" basis, however the MSO will work with each program to ensure deadlines are met. Applications take an average of 50 days to complete *after receipt of all data elements*.

Committee Approvals & Temporary Privileges

Applications are typically reviewed and approved monthly on the following schedule:

- Credentials Committee –   1st Thursday at 7:00 am
- Medical Executive Committee –   3rd Tuesday at 6:00 pm
- Governing Board –   4th Thursday at 4:00 pm

Approval notices will be sent within 10 business days from the Governing Board date. Summit Healthcare does offer an online verification site for those programs needing approval dates sooner; dates are typically available within 1-2 business days of approval.

Temporary privileges are rarely granted, and only under extreme or special circumstances.

Data Entry Elements

The following data elements need to be entered into the system and/or provided as part of the application:

Application Area	Element	Information	Copy Needed?
Documents to Download	Addendum B – Signature form	If hand-written notes will be part of the provider's medical record a "wet signature" is required, otherwise a digital signature is acceptable **Upload to the File section of the application**	
Documents to Download	Invoice/Fee	This form is provided as a courtesy under the Download Documents section and may be used for multiple providers. Credit Cards are accepted for payment	
Application	Personal information	Required information: • Legal name as listed on Arizona professional license • SSN • NPI • Degree • Date of Birth • Place of Birth • Gender	
Application	Education	List all education and training programs, whether completed or not.	✓ Upload verification(s), diploma and certificate(s) to the File section of the online application
Application	Affiliations Work History/ Employment	List all current or previous healthcare affiliations within the past 10 years. • Affiliations include hospitals, surgery centers, locum tenens hospitals, institutions, corporations, military and government agencies listing current affiliations first. • Work History / Employment includes employment, teaching, military assignments, temporary	✓ Upload verification(s) that are less than 180 days old to the File section of the online application

Application Area	Element	Information	Copy Needed?
		agencies and government agencies NOTE: A minimum of 20 facilities reflective of a 10 year affiliation/ work history (or from end of training as applicable) must be entered into the online application AND accompanied with a detailed listing of ALL OTHER affiliations/work history for the past 10 years (as noted above). Information must include facility name, address, status and from and to dates. Email, fax, or online verification URL is helpful to expedite credentialing.	

Application	Gaps	All gaps within the past 10 years greater than 30 days must be explained. Provider:
		   a) From and to dates of gap
		   b) Reason for gap
		
		Time gap form must be completed as well.	

Application	Peer References	Provide contact information for a minimum of 4 peers who have personal knowledge (within the past 12 months) of the provider's current clinical abilities, ethical character, and interpersonal skills, who are not partners in group practice and are not relatives. At least 1 of these must be an individual practicing in a similar field. Include either email and fax number to expedite the process	

Application	Licenses / Credentials	A minimum of 3 licenses / credentials must be entered. This should include:
		   • AZ professional license
		   • State license(s) where provider will physically provide services
		   • DEA
		   • Government ID
		   • Certificates
		   • BLS Certification – AHPs only
			✓
			
			Upload copies of certificates and ID to File section
			
			AHPs are required to provide BLS certificate.

Application Area	Element	Information	Copy Needed?
Application	Board Certification	List all board certification (past & present) with primary board first. • **Specialty** – Provider's practicing specialty (i.e. Critical Care Medicine) • **Specialization** – Provider's *Board* specialization (i.e. Internal Medicine, Critical Care Medicine, etc.)	✔ Upload copies of certificates to File section
Application	Professional Insurance	Data enter <u>all</u> malpractice carriers for the past 10 years, *including locum tenens* <u>Current</u> certificate of insurance (COI) for coverage of services at Summit Healthcare needs to be provided. Copies of past COIs are helpful but not required **Upload to the File section of the application**	✔ Upload current COI to File section
Application	Malpractice Claims	Provide information regarding all pending, settled or otherwise concluded professional liability lawsuit or arbitration filed and served against the provider, in which the provider was named a party in the past ten (10) years, whether the lawsuit or arbitration is pending, settled or otherwise concluded, and whether or not any payment was made by any insurer, company, hospital or other entity. *Note: If this section is completed please direct the provider to pay particular attention to the attestation questions when completing*	Any additional documentation can be uploaded to the File section
Application	Medical History	Not required for Telemedicine only providers	
Application	Attestation	**This section to be completed by the applicant.** Please direct the applicant to provide explanation in the pop-up box as appropriate.	
Application	Privileges	**This section to be completed by the applicant.**	

Application Area	Element	Information	Copy Needed?
		The applicant does not need to list the number of procedures/cases done for each requested privilege. Comments can be made to further clarify the privilege request.	
Application - File	Curriculum Vitae (CV)	Current CVs should be uploaded into the File section of the application. Publication information does not need to be included	✓ Upload copies to File section
Application - File	Color Photo	**Upload to the File section of the application**	
Application – File	Activity Summary	A HIPAA compliant activity summary as indicated on the privilege form should be obtained from the provider's primary facility (or recent training program if less than 2 years). **Upload to the File section of the application**	✓ Upload copies to File section
Application – File	NPDB Self Query	This can be upload to the File section of the online application, securely emailed or via USPS	✓ Upload copies to File section
Documents to Sign	Pre-Application	This is completed through the DocuSign forms. For any "STOP", where indicated, a letter of explanation may be submitted for consideration by the Credentials Committee	
Documents to Sign	Addendum A	This is completed through the DocuSign forms	
Documents to Sign	CME Audit form	This form is provided as a courtesy to list CME activity. Copies are not required provided the course name, date and credit hours are listed. If not using indicate N/A on the form **Upload to the File section of the application**	
Documents to Sign	Health Assessment Form	For any "Yes" question, please submit a separate response as directed on the form **Upload to the File section of the application**	

Application Area	Element	Information	Copy Needed?
Documents to Sign **Download Section**	Claims	This is a downloaded form. Complete the form for each claim, lawsuit, or arbitration you have been named in for the past 10 years whether pending, settled or otherwise concluded and whether or not a payment was made on the provider's behalf. *Note:* If a provider has a claim, the form may refer to the information contained in the online application. Additional forms can be accessed under the Download section. **Upload to the File section of the application**	
Documents to Sign	Business Associate Agreement (BAA)	This form is included with the DocuSign forms. If your organization does not feel its providers are required to complete this form please contact the MSO *prior* to applications being sent.	
Documents to Sign	Background form	This will be completed via the DocuSign platform	

Application Fees & Dues

Initial Application Fees

All applicants are required to pay an application fee as determined by the Medical Executive Committee (MEC). This is **_not_** an administrative fee and cannot be waived except by the MEC. Current fees are outlined in the Credentialing Procedures Manual (CPM) and can be paid via check or credit card.

Reappointment Fees

Reappointment fees are assessed on all reapplications by the MEC and are outlined in the CPM. For larger telemedicine groups, the MEC has determined to cap reappointment fees to a maximum of 10 providers per year.

Medical Staff Dues
The MEC has determined to not assess dues for our providers.

Appointment Terms

A. *Provisional Term*
All providers are provisionally appointed for 12 months with the expectation that the facility will be appropriately utilized to determine clinical competence and quality/peer review monitoring. An extension may be granted for an additional 12 months if the conditions for advancement in the CPM are not met.

B. *Reappointment Term*
Reappointment terms shall not exceed 24 months. At the time of provisional advancement, provider's terms will be modified to coincide with the month and year expiration of Arizona professional license. In some instances, providers may undergo more frequent reappointments to "sync" the reappointment term with Arizona license expiration term. Under these circumstances a reappointment fee will not be assess.

Reappointment Application
Reappointment applications will utilize the same online application system described above. An email will be sent to the applicant and credentialing assistant as listed in the initial application (changes can be made by contacting the MSO) approximately 6 months prior to expiration with an expiration date of 4 months prior to expiration date.

Late Fees
There is a $10 per business day late fee for applications not submitted by the expiration date *unless there are extenuating circumstances*. Late fees can only be waived by the MEC.

OPPE & Activity Summary

A provider's activity summary (containing activity with Summit Healthcare) and OPPE information should be submitted with the online application.