

# Telehealth Credentialing Challenges

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# Learning Objectives

- Understand the history and purpose of credentialing
- Telemedicine credentialing requirements and standards
- Implementing new telemedicine programs
- Future of telemedicine credentialing

# Why Credential



## Licensure

1100s – Ancient Persian cult Zoraster outlined qualifications for physician “licensure”

13<sup>th</sup> Century – Formation of College de Saint Come dividing the barbers into long coat and short coat barbers

1500s – Licensure required to practice



## Accreditation

Benjamin Franklin helped establish minimum credentialing criteria to be on-staff at the Philadelphia Hospital

1917-1918: American College of Surgeons develops the *Minimum Standard for Hospitals*

1950-1951: The Joint Commission on Accreditation of Hospitals developed

1965: Congress passes the Social Security Amendments of 1965 establishing CMS as an accrediting body



## Legal Precedence

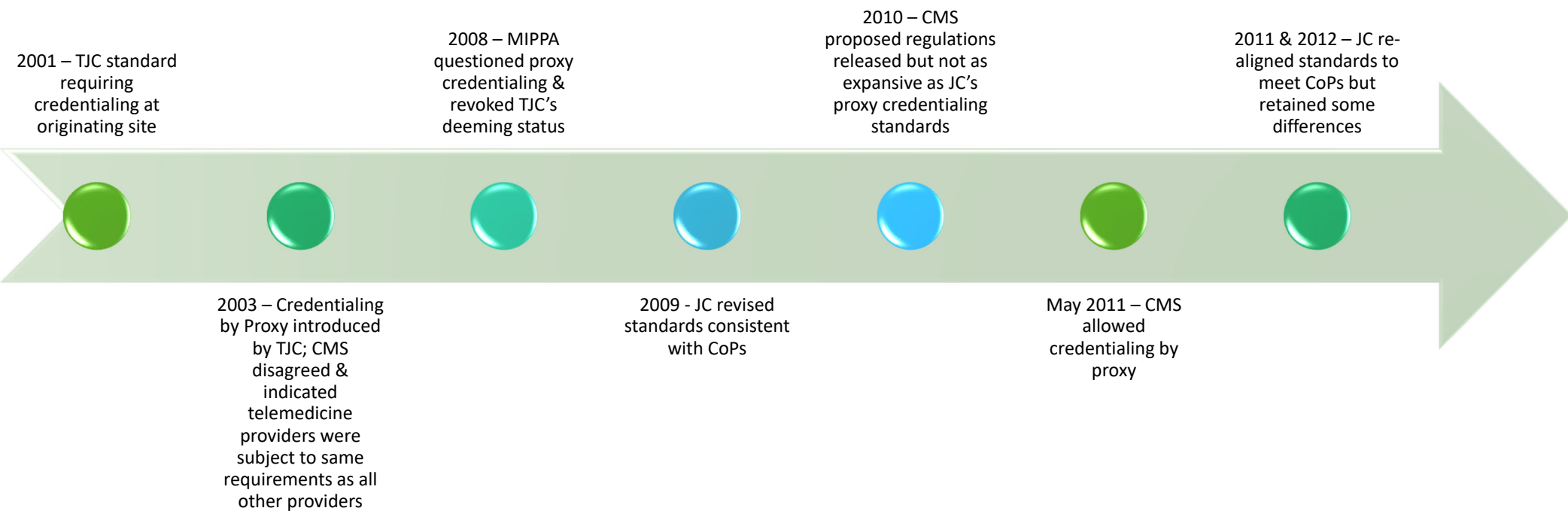
1963: *Darling v. Charleston Memorial Community Hospital*. **The hospital was responsible for ensuring the competence of its practicing physicians setting the standard that hospitals are responsible for care provided**

1981: *Johnson v Misericordia Community Hospital*. **Established that credentialing and privileging is mandatory and not optional**

1982: *Elam v College Park Hospital*. **“Have a duty to credential carefully as patients rely upon the effectiveness of the credentialing process to assure competent practitioners”**. Hospitals are liable under corporate negligence doctrine.

1988: *Patrick v. Burget*. **Basis for the Healthcare Quality Improvement Act, anti-trust and anti-competitive peer review**

# History of Telemedicine Credentialing



# Telemedicine Credentialing

## FULL CREDENTIAL

- Does not require any changes to Medical Staff Bylaws or policies
- Medical Staff Office conducts **ALL** primary source verification
- Approval process by the Governing Board based on Medical Staff recommendation

## PROXY CREDENTIALING

- Requires changes to Medical Staff Bylaws and policies, and must have CMS language
- Decision needs to be made on what to accept for proxy credentialing:
  - Partial Proxy – accept distant site primary source verification as own
  - Full Proxy – accept distant site's credentialing decision as own
- Approval process by the Governing Board based on Medical Staff recommendation

# Telemedicine Accreditation Standards

## CMS (DNV, HVAC, URAC)

- Agreement required if utilizing proxy credentialing

## Joint Commission

- Proxy credentialing only permitted with another TJC facility

## NCQA

- Not required for Locum Tenens

# Telemedicine Agreement for Full Proxy Credentialing

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## DISTANT SITE/ENTITY REQUIREMENTS

- The distant site is a contractor of services to the hospital
- The distant site furnishes services in a manner that allows the originating site to comply with Medicare CoPs
- Telemedicine practitioners are licensed in the State where the patient is located
- The distant site maintains and provides a list of practitioner's approved privileges to the originating site

## ORIGINATING SITE REQUIREMENTS

Periodic appraisal of the telemedicine practitioner's services rendered for the distant-site/entity's use in performance evaluations.

Minimally, must contain information on adverse events or complaints related to the telemedicine practitioner's services provided.

# On Staff or Privileges Only?

- May need to check Bylaws requirements
- Hearing and Appeal rights
- Peer review
- State requirements



# Sharing Agreement

Outlines information to be shared between the entities:

- Primary source verifications
- Peer review
- Corrective action
- OPPE/FPPE
- Process for addressing quality issues

# Health Plan Credentialing Challenges

- Limited reimbursement
- Few willing to enroll telemedicine providers
- Pushback when listing telemedicine on applications, even when telemedicine is accepted by the plan
- Time consuming process
- Pushback from providers and groups

# Reappointment and Ongoing Appraisal

- Re-evaluation every 24 months similar to initial credentialing
- OPPE
  - QA/PI must still be done at the originating site
  - What metrics are being used?
  - How is the information obtained?

# Implementation!



# Successful Strategies

- Involve your MSPs during the contracting phase
- Educate the Medical Staff on telemedicine credentialing differences
- Plan ahead for possible changes to Bylaws, Rules & Regulations, Policies & Procedures, and privilege forms
- Have the MSP staff offices speak early on during the implementation phase
- Set realistic expectations!!!

# Future of Telemedicine Credentialing

- FSMB Multi-State Compact License
- Universal credentialing application
- Blockchain credentialing

# Questions

