



Check List

Telehealth Credentialing and Privileging Sec. 485.635. Condition of participation: Critical Access Hospitals (CAHs). Provision of Services.

The Centers for Medicare and Medicaid Services' (CMS) final rule on credentialing and privileging requirements for telehealth practitioners is effective on July 5, 2011. This rule establishes a process for originating site hospitals (location of the patient) to rely on the credentialing and privileging decisions of the distant site hospital (location of the specialist) for telehealth practitioners.

Definition of Terms

- Originating Hospital: location of the patient
- Distant-Site Hospital: location of the telemedicine practitioner

* Please Note: Red = New Provisions Provided Through CMS Final Rule

Executive Summary Conditions of Participation – Critical Access Hospitals (CAHs). Provision of Services.

Section 485.635 in the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and a distant-site telemedicine entity, the distant-site telemedicine entity is not required to be a Medicare-participating provider or supplier.



Sec. 485.635 Condition of participation: Critical Access Hospitals (CAHs). Provision of Services.

- (a) Standard: Patient care policies.
 - (1) The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.
 - (2) The policies are developed with the advice of a group of professional personnel that includes one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of Sec. 485.631(a)(1); at least one member is not a member of the CAH staff.
 - (3) The policies include the following:
 - (i) A description of the services the CAH furnishes directly and those furnished through agreement or arrangement.
 - (ii) Policies and procedures for emergency medical services.
 - (iii) Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the CAH.
 - (iv) Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all



scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

(v) Procedures for reporting adverse drug reactions and errors in the administration of drugs.

(vi) A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

(vii) If the CAH furnishes inpatient services, procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of Sec. 483.25(i) is met with respect to inpatients receiving post-hospital SNF care.

(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.

(b) Standard: Direct services--(1) General. The CAH staff furnishes, as direct services, those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at another entry point into the health care delivery system, such as a low intensity hospital outpatient department or emergency department. These direct services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions.

(2) Laboratory services. The CAH provides, as direct services, basic laboratory services essential to the immediate diagnosis and treatment of the patient that meet the standards imposed under section 353 of the Public Health Service Act (42 U.S.C. 236a). (See the laboratory requirements specified in part 493 of this chapter.) The services provided include:



- (i) Chemical examination of urine by stick or tablet method or both (including urine ketones);
 - (ii) Hemoglobin or hematocrit;
 - (iii) Blood glucose;
 - (iv) Examination of stool specimens for occult blood;
 - (v) Pregnancy tests; and
 - (vi) Primary culturing for transmittal to a certified laboratory.
- (3) Radiology services. Radiology services furnished at the CAH are provided as direct services by staff qualified under State law, and do not expose CAH patients or staff to radiation hazards.
- (4) Emergency procedures. In accordance with the requirements of Sec. 485.618, the CAH provides as direct services medical emergency procedures as a first response to common life-threatening injuries and acute illness.
- (c) Standard: Services provided through agreements or arrangements.
- (1) The CAH has agreements or arrangements (as appropriate) with one or more providers or suppliers participating under Medicare to furnish other services to its patients, including:



- (i) Inpatient hospital care;

 - (ii) Services of doctors of medicine or osteopathy; and

 - (iii) Additional or specialized diagnostic and clinical laboratory services that are not available at the CAH.

 - (iv) Food and other services to meet inpatients' nutritional needs to the extent these services are not provided directly by the CAH.
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- (2) If the agreements or arrangements are not in writing, the CAH is able to present evidence that patients referred by the CAH are being accepted and treated.
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- (3) The CAH maintains a list of all services furnished under arrangements or agreements. The list describes the nature and scope of the services provided.
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- (4) The person principally responsible for the operation of the CAH under Sec. 485.627(b)(2) of this chapter is also responsible for the following:
 - (i) Services furnished in the CAH whether or not they are furnished under arrangements or agreements.

 - (ii) Ensuring that a contractor of services (including one for shared services and joint ventures) furnishes services that enable the CAH to comply with all applicable conditions of participation and standards for the contracted services.



(5) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and a distant-site telemedicine entity, the distant-site telemedicine entity is not required to be a Medicare-participating provider or supplier.

(d) Standard: Nursing services. Nursing services must meet the needs of patients.

(1) A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available.

(2) A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care in a swing-bed CAH.

(3) All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or, where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws.

(4) A nursing care plan must be developed and kept current for each inpatient.

(e) Standard: Rehabilitation Therapy Services. Physical therapy, occupational therapy, and speech-language pathology services furnished at the CAH, if provided, are provided by staff qualified under State law, and consistent with the requirements for therapy services in Sec. 409.17 of this subpart.



DISCLAIMER

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