



Check List

Telehealth Credentialing and Privileging Sec. 485.616. Conditions of Participation –Agreements for Critical Access Hospitals

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 – Agreements for Critical Access Hospitals [Sec. 485.616]

Section 485.616 pertains to agreements for critical access hospitals.

Section 485.616(1) this section outlines the requirements of the written agreement between the distant –site and originating-site hospital.

Section 485.616(2) this section explains that Critical Access Hospitals (CAHs) can rely on the credentialing and privileging decisions of the distant-site hospital. The CAH must also ensure the following through its written agreement with the distant-site hospital: 1. the distant-site hospital providing the telemedicine services is a Medicare participating hospital; 2. the physician is privileged at the distant-site hospital; 3. the distant-site physician holds a license in the state where the CAH is located; where there is a formal review of the distant-site's physicians privileges.



**Sec. 485.616 Condition of participation: Critical Access Hospitals (CAHs).
Agreements.**

(a) Standard: Agreements with network hospitals. In the case of a CAH that is a member of a rural health network as defined in Sec. 485.603 of this chapter, the CAH has in effect an agreement with at least one hospital that is a member of the network for—

(1) Patient referral and transfer;

(2) The development and use of communications systems of the network, including the network's system for the electronic sharing of patient data, and telemetry and medical records, if the network has in operation such a system; and

(3) The provision of emergency and nonemergency transportation between the facility and the hospital.

(b) Standard: Agreements for credentialing and quality assurance. Each CAH that is a member of a rural health network shall have an agreement with respect to credentialing and quality assurance with at least:

(1) One hospital that is a member of the network;

(2) One QIO or equivalent entity; or

(3) One other appropriate and qualified entity identified in the State rural health care plan.

(c) Standard: Agreements for credentialing and privileging of telemedicine physicians and practitioners.



- (1) The governing body of the CAH must ensure that, when telemedicine services are furnished to the CAH's patients through an agreement with a distant-site hospital, the agreement is written and specifies that it is the responsibility of the governing body of the distant-site hospital to meet the following requirements with regard to its telemedicine practitioners:
 - (i) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff.
 - (ii) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff.
 - (iii) Assure that the medical staff has bylaws.
 - (iv) Approve medical staff bylaws and other medical staff rules and regulations.
 - (v) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients.
 - (vi) Ensure the criteria for selection are individual character, competence, training, experience, and judgment.
 - (vii) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.
- (2) When telemedicine services are furnished to the CAH's patients through an agreement with a distant-site hospital, the CAH's governing body or responsible



individual may choose to rely upon the credentialing and privileging decisions made by the governing body of the distant-site hospital regarding individual distant-site physicians or practitioners. The CAH's governing body or responsible individual must ensure, through its written agreement with the distant-site hospital, that the following provisions are met:

- (i) The distant-site hospital providing telemedicine services is a Medicare-participating hospital.

- (ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services, which provides a current list of the distant-site practitioner's privileges at the distant-site hospital;

- (iii) The individual distant-site practitioner holds a license issued or recognized by the State in which the CAH is located; and

- (iv) With respect to a distant-site practitioner, who holds current privileges at the CAH whose patients are receiving the telemedicine services, the CAH has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant-site hospital such information for use in the periodic appraisal of the individual distant-site practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site physician or practitioner to the CAH's patients and all complaints the CAH has received about the distant-site physician or practitioner.

- (3) The governing body of the CAH must ensure that when telemedicine services are furnished to the CAH's patients through an agreement with a distant-site telemedicine entity, the agreement is written and specifies that the distant-site telemedicine entity is a contractor of services to the CAH and as such, in accordance with §485.635(c)(4)(ii), furnishes the contracted services in a manner that enables the



CAH to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in this section with regard to its practitioners providing telemedicine services.

(4) When telemedicine services are furnished to the CAH's patients through an agreement with a distant-site telemedicine entity, the CAH's governing body or responsible individual may choose to rely upon the credentialing and privileging decisions made by the governing body of the distant-site telemedicine entity regarding individual distant site practitioners. The CAH's governing body or responsible individual must ensure, through its written agreement with the distant-site telemedicine entity, that the following provisions are met:

(i) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at paragraphs (c)(1)(i) through (c)(1)(vii) of this section.

(ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provides a current list to the CAH of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity.

(iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the CAH whose patients are receiving the telemedicine services is located.

(iv) With respect to a distant-site physician or practitioner, who holds current privileges at the CAH whose patients are receiving the telemedicine services, the CAH has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant-site telemedicine entity such information for use in the periodic appraisal of the distant-site practitioner. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-



site practitioner to the CAH's patients and all complaints the CAH has received about the distant-site practitioner.

DISCLAIMER

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