

## POLICY AND OPERATIONAL STANDARDS

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### **KTHN004 – CREDENTIALING/PRIVILEGING POLICY**

Telehealth providers shall comply with the credentialing/privileging policies when conducting clinical telehealth encounters over the KTHN  
(10 KAR 3:050 – Establishing protocols and standards for telehealth network training centers and rural sites)  
**BOARD REVIEW AND APPROVAL – MARCH 25, 2014**

The Centers for Medicare & Medicaid Services (CMS) final rule (76 FR 2550), effective July 5, 2011, governing the agreements under which a hospital, critical access hospital (CAH), or any other Joint Commission or CMS approved healthcare facility may provide telemedicine services to its patients allows credentialing-by-proxy if the distant site (where the patient is located) medical staff approves. Distant site medical staff determines whether they shall allow credentialing-by-proxy or mandate primary source verification. The rules regarding credentialing-by-proxy are noted below.

Under the new and revised hospital and critical access hospital regulations, located at 42 CFR, Part 482 and Part 485, Subpart F respectively, telemedicine services must be provided under a written agreement between the hospital or critical access hospital and one or more:

- Distant-site hospitals that participate in Medicare; or
- Distant-site telemedicine entities. For the purposes of this rule, a distant-site telemedicine entity is defined as an entity that (1) provides telemedicine services; (2) is not a Medicare-participating hospital; and (3) provides contracted services in a manner that enables a hospital or critical access hospital using its services to meet all applicable Conditions of Participation (CoPs), particularly those requirements related to the credentialing and privileging of practitioners providing telemedicine services to the patients of the hospital or critical access hospital.

The written agreement must contain provisions requiring the distant-site hospital or telemedicine entity to use a credentialing and privileging process that at least meets the Medicare standards that hospitals have traditionally been required to use (found at 42 CFR 482.12(a) and 42 CFR 482.22(a)). The written agreement must also ensure that the distant-site hospital or telemedicine entity has granted privileges to the individual telemedicine physicians and practitioners providing telemedicine services to hospital/critical access hospital patients, and that the distant site telemedicine physicians or practitioners hold a license issued or recognized by the State where the hospital or critical access hospital is located. The distant site hospital or telemedicine entity must provide a list of telemedicine physicians and practitioners who are privileged there and their current privileges at the distant site hospital or entity to the hospital or critical access hospital. In the case of an agreement with a distant site telemedicine entity, the agreement must also state that the entity is a contractor of services to the hospital or critical access hospital which furnishes contracted telemedicine services in a manner that permits the hospital or critical access hospital to comply with all applicable CoPs. The hospital or

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critical access hospital must, under the terms of the agreement, review the services provided to its patients by telemedicine physicians and practitioners covered by the agreement and provide written feedback to the distant site hospital or telemedicine services provided at the hospital or the critical access hospital.

In addition, under the revised critical access hospital regulations at 42 CFR 485.616(c)(1), an exception is made in the case of telemedicine services to the requirement that critical access hospital agreements for clinical services may only be with a Medicare participating provider or supplier, since telemedicine entities do not participate as such in Medicare.