Blue Skies Ahead

Maryland Association Medical Staff Services
Presents MAMSS Educational Series

AUGUST 25, 2022 • 12:00 - 1:00 PM EDT

MAKING CONNECTIONS

Telemedicine & Credentialing by Proxy

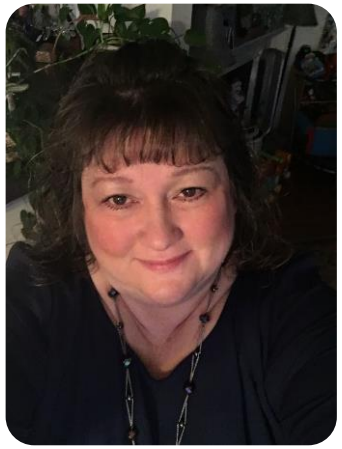
Presented by: Donna Goestenkors, CPMSM®, EMSP and Rachelle Silva, BS, CPCS®, CPMSM®

MEET YOUR PRESENTERS

Donna Goestenkors, CPMSM®, EMSP
Team Med Global

Rachelle Silva, BS, CPCS®, CPMSM®
Team Med Global

MAMSS 2022 LEADERSHIP TEAM



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EDUCATION PARTNERS

- *Quality*
- *Education*
- *Professionalism*

Maryland Association
Medical Staff Services

MSP
MEDICAL SERVICES PROFESSIONAL

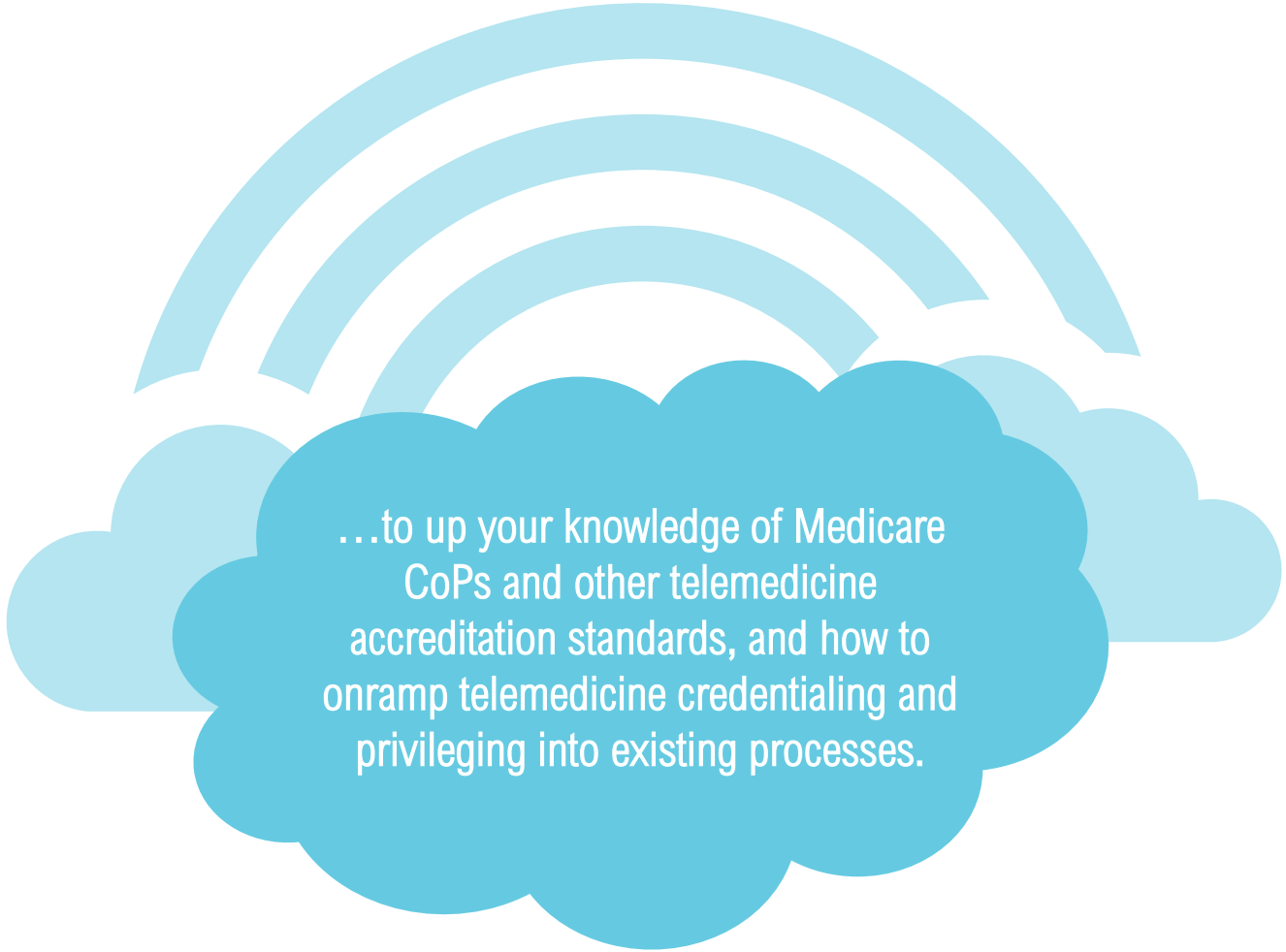
Team MedGlobal
INNOVATE. MOTIVATE. EXCEL.

LEARNING & GROWING 15 2007 2022

OBJECTIVES

1. Explain telemedicine standards across regulatory agencies and accrediting bodies.
2. Identify telemedicine credentialing challenges.
3. Describe efficient onboarding strategies for telemedicine practitioners.

PREPARE YOURSELF



STARTS WITH…

EXECUTIVE MSP
Competency Model

Team MedGlobal
INNOVATE. MOTIVATE. EXCEL.

KNOWLEDGE
Expertise

SKILL
Effectiveness

IMPACT
Direction

Knowledge + Skill + Impact = COMPETENCE

EXECUTIVE MSP
Competency Model

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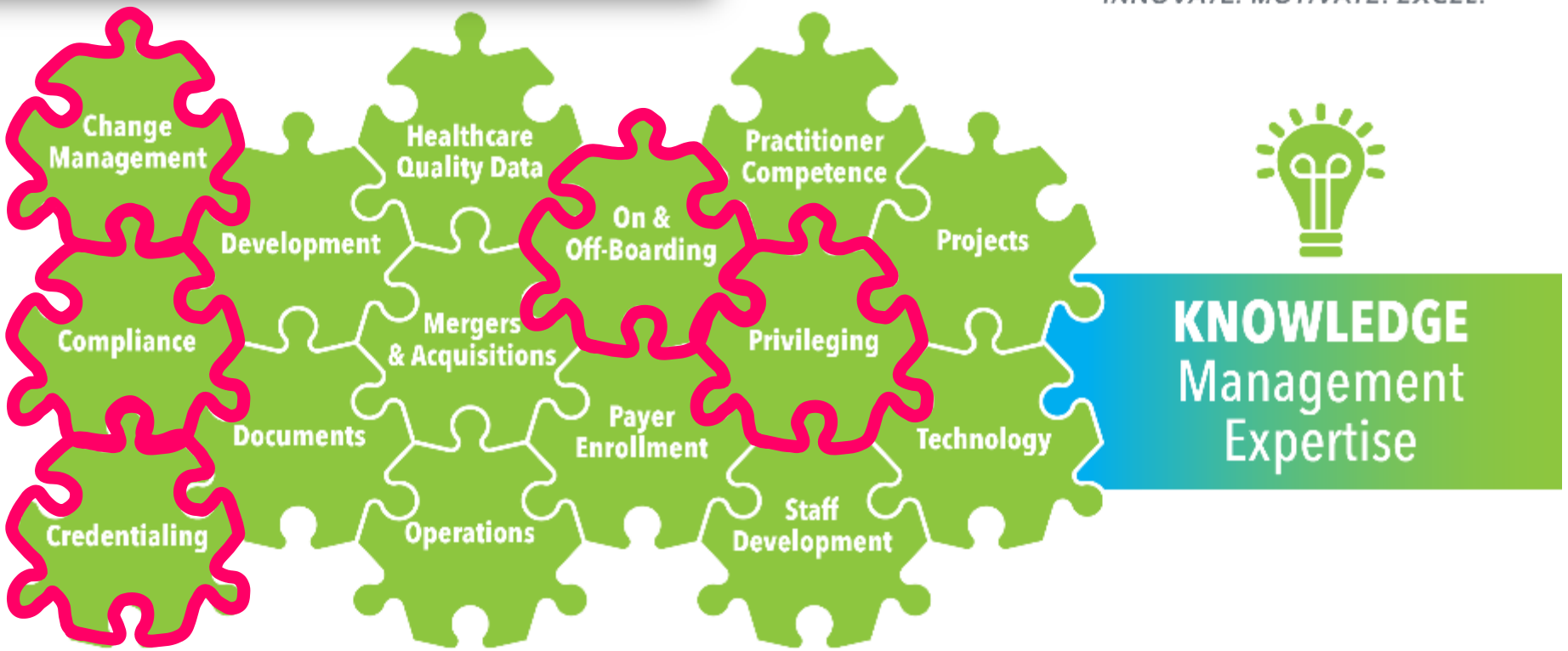
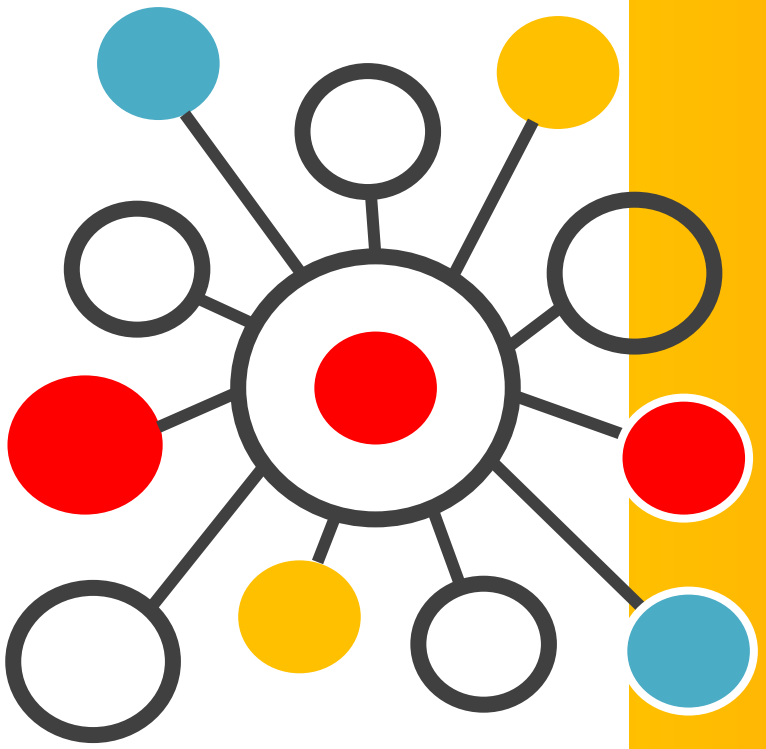


Knowledge + Skill + Impact = COMPETENCE



TELEMEDICINE STANDARDS ACROSS REGULATORY AGENCIES AND ACCREDITING BODIES

REGULATORY & ACCREDITATION BODIES

HOSPITALS

- Centers for Medicare/Medicaid Services (CMS)
- The Joint Commission (TJC)
- Accreditation Commission for Healthcare (ACHC) - formerly known as HFAP
- DNV (formerly known as Det Norske Veritas)

HOSPITAL
Accreditation
& Certification

MANAGED CARE ORGANIZATIONS

Centers for Medicare/Medicaid Services
(CMS Managed Care – Medicare Advantage)

National Committee for Quality Assurance
(NCQA)

URAC
(Formerly known as Utilization Review Accreditation Commission)

Accreditation Association for Ambulatory Health Care
(AAAHC)

AMBULATORY SURGICAL/PRIMARY CARE CENTERS

- Accreditation Association for Ambulatory Health Care (AAAHC)

DEFINED

Telemedicine

Defined as the provision of remote **clinical (diagnosis and treatment) services** to patients via electronic **visual and/or auditory communications.**

Types of communication:

- Asynchronous – store and forward videoconferencing
  - Not having to be present at the same time (e.g., x-rays)
- Synchronous – real-time videoconferencing

.

DEFINED

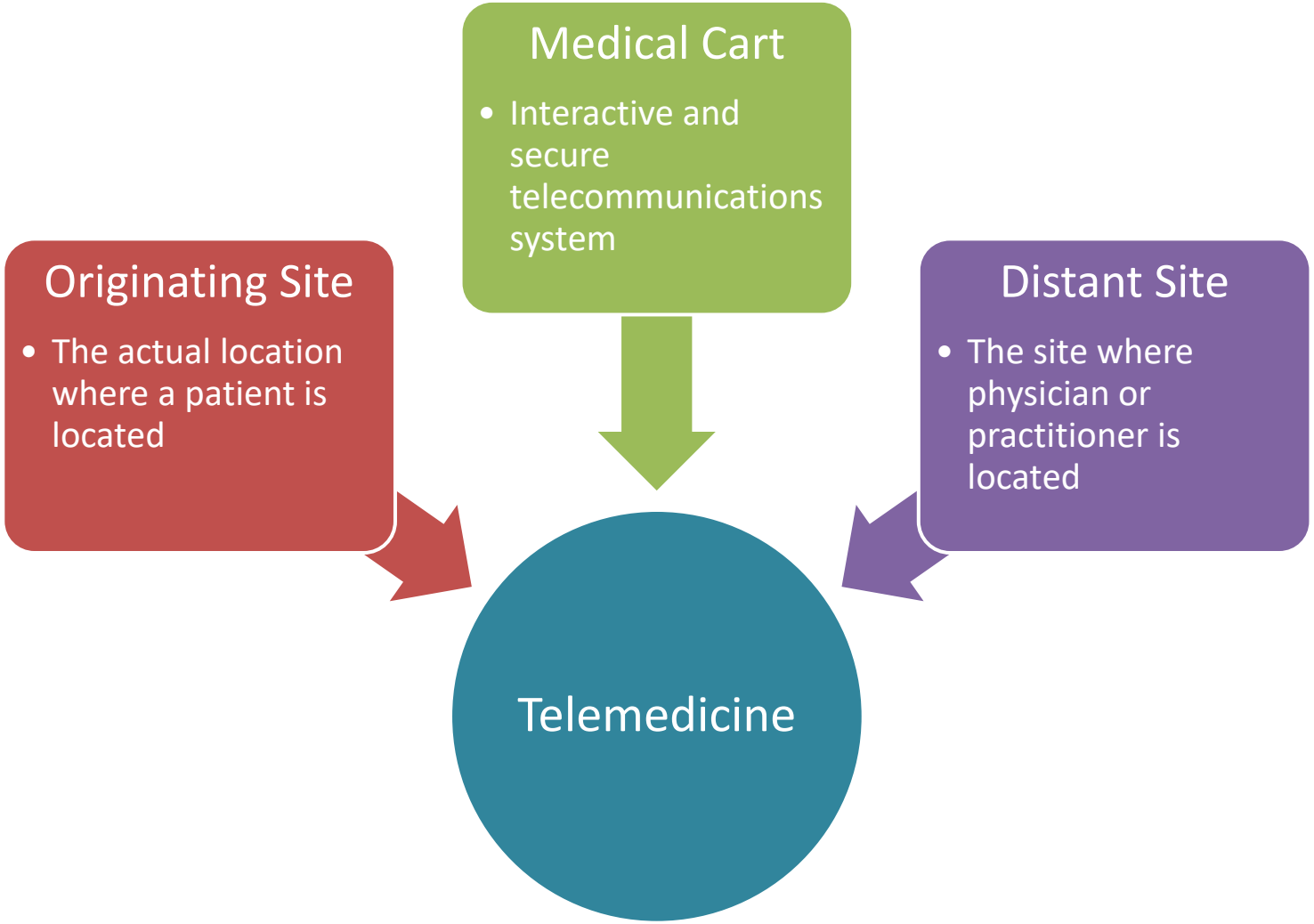
Telehealth

Defined as the provision of remote **clinical (diagnosis and treatment) and non-clinical (text/email and remote monitoring)** services to patients using digital communication technologies, such as computers and mobile devices, to remotely manage a patient's health care.

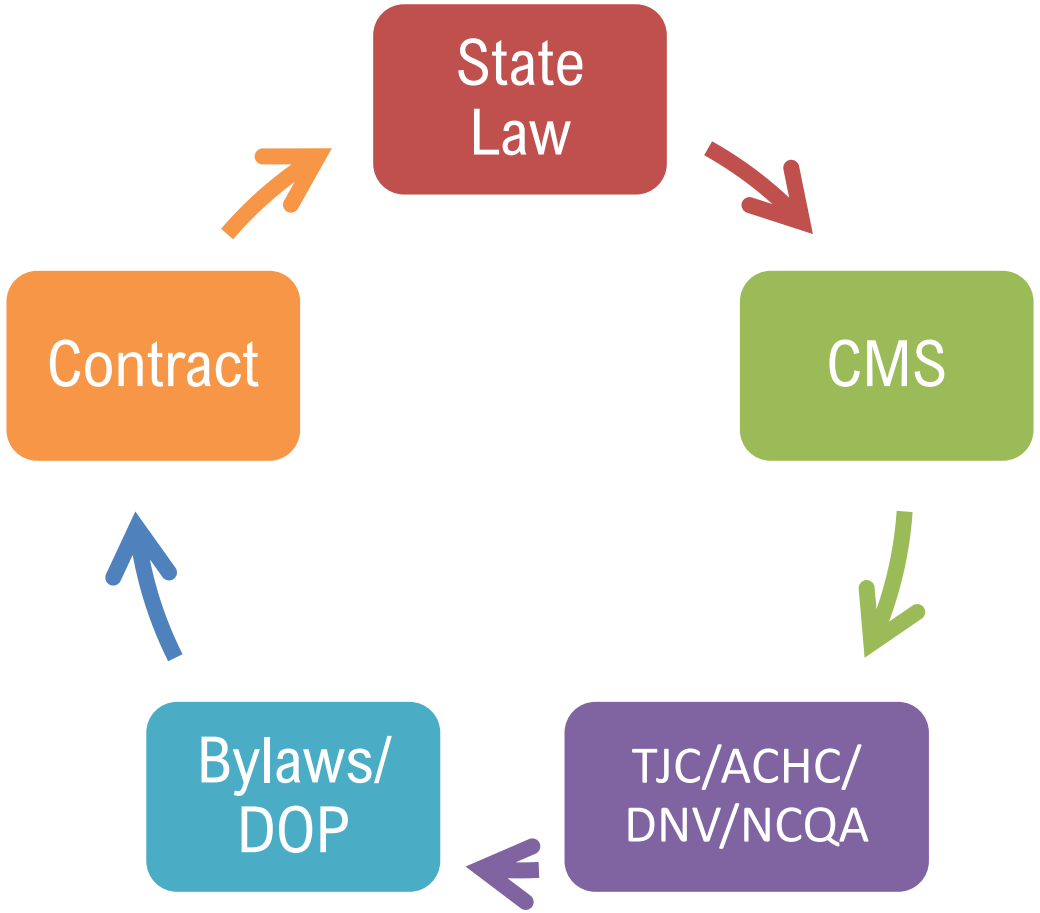
Types of communication:

- Real-time routine office visits
- Virtual check-in – patient-initiated communication via phone, text, email
- E-visit – patient-initiated communication via online patient portal

IMPORTANT FACTS



WORKFLOW



WORKFLOW

- State Laws Determine:
  - The practitioner types licensed to provide telemedicine services
  - Protocols – authentication, consent, system security, privacy practices, storage/maintenance/transmission of patient information
  - Established practitioner/patient relationship (Covid PHE waivers)
  - Prescribing and dispensing practices for telemedicine services (Covid PHE waivers)

WORKFLOW

- CMS/ACHC (formerly HFAP)
  - Contracted service
  - Distant site is a Medicare participating hospital or a telemedicine entity who provides services in compliance with the conditions of participation
  - Distant site practitioner is privileged by the Medicare hospital or telemedicine entity
  - Distant site practitioner is licensed in the state of the originating site
  - Originating site **MAY** rely on the credentialing process and recommendations/approvals of the distant site
    - Originating site's Medical Staff Bylaws **Must** allow for this provision
    - Originating site **MUST** query the NPDB
    - Originating site **MUST** collect and share adverse events and complaints with the distant site

WORKFLOW

- TJC
  - Contracted service
  - Distant site is a TJC accredited hospital or a telemedicine entity who provides services in compliance with the conditions of participation
  - Distant site practitioner is privileged by the TJC hospital or telemedicine entity
  - Distant site practitioner is licensed in the state of the originating site
  - Three credentialing options: Originating site's Medical Staff Bylaws Must dictate which option utilized
    - Full credentialing at originating site
    - Delegate credentialing process to the distant site but originating sites recommends and approves
    - Credentialing by proxy – distant site fully credentials/recommends/approves

WORKFLOW

- Credentialing by Proxy
  - Distant site has credential file on the practitioners
  - Distant site notifies originating site of:
    - List of practitioners who will provide services under the contract
    - Evidence of licensure in the originating site's state
    - Evidence of approved privileges
  - Originating site MUST query the NPDB
  - Originating site MUST collect and share adverse events and complaints with the distant site

WORKFLOW

- DNV
  - Contracted service
  - Distant site is a Medicare participating hospital or a telemedicine entity who provides services in compliance with the conditions of participation
  - Distant site practitioner is privileged by the Medicare hospital or telemedicine entity
  - Distant site practitioner is licensed in the state of the originating site
  - Originating site **MAY** rely on the credentialing process and recommendations/approvals of the distant site
    - Originating site's Medical Staff Bylaws **Must** allow for this provision
    - Originating site **MUST** query the NPDB
    - Originating site **MUST** collect and share adverse events and complaints with the distant site
    - **Originating site's Governing Board remains legally responsible for all privileging decisions**

WORKFLOW

- NCQA
  - Two options:
    - Practitioners with independent relationship - members choose the practitioner to see
      - Practitioner is fully credentialed by the organization
      - Ongoing monitoring of adverse events and complaints
    - Organizational provider – members are directed to a facility with no choice or which practitioner to see
      - Verify the facility is in good standing with state or federal requirements (e.g., state licensure)
      - Verify accreditation status
      - If not accredited, conduct a site visit to assess quality assessment criteria and credentialing of practitioners)
      - Ongoing monitoring of adverse events and complaints

WORKFLOW

- CMS Managed Care/URAC/AAAHC
  - Telemedicine not addressed in their regulations or standards

...good to know

WORKFLOW

- Bylaws - Taylor eligibility criteria to the practice of telemedicine
  - Develop a separate category for practitioners who only provide services using telemedicine
    - Privileges without membership
    - Remove geographic requirements
    - Remove call coverage requirements
- Delineation of Privileges
  - Develop specific/criteria-based privilege forms
  - Identify departments/specialties who will provide telemedicine and/or telehealth services
  - Identify which privileges will be permitted to be provided via telemedicine and/or telehealth

WORKFLOW

- Contract
  - Identifies the distant site as a contractor of services to the originating site
  - Distant site performs services in a manner that enables the originating hospital to comply with all applicable CMS CoPs and applicable accrediting body standards
  - Distant site practitioner is required to be licensed to practice in the state where the originating site is located
  - Distant site privileges are consistent with the criteria of the originating site
  - Identify performance indicators for FPPE/OPPE/Peer Review and how the information will be shared
  - Originating site may determine practitioner is ineligible even if the distant site has approved them

TELEMEDICINE CREDENTIALING CHALLENGES

COMPLIANCE APPROACH

BEST PRACTICE COMPLIANCE MODEL

Donabedian's Quality Framework

- Federal/State Regulations
- Standards
- Governance Documents
- Contract

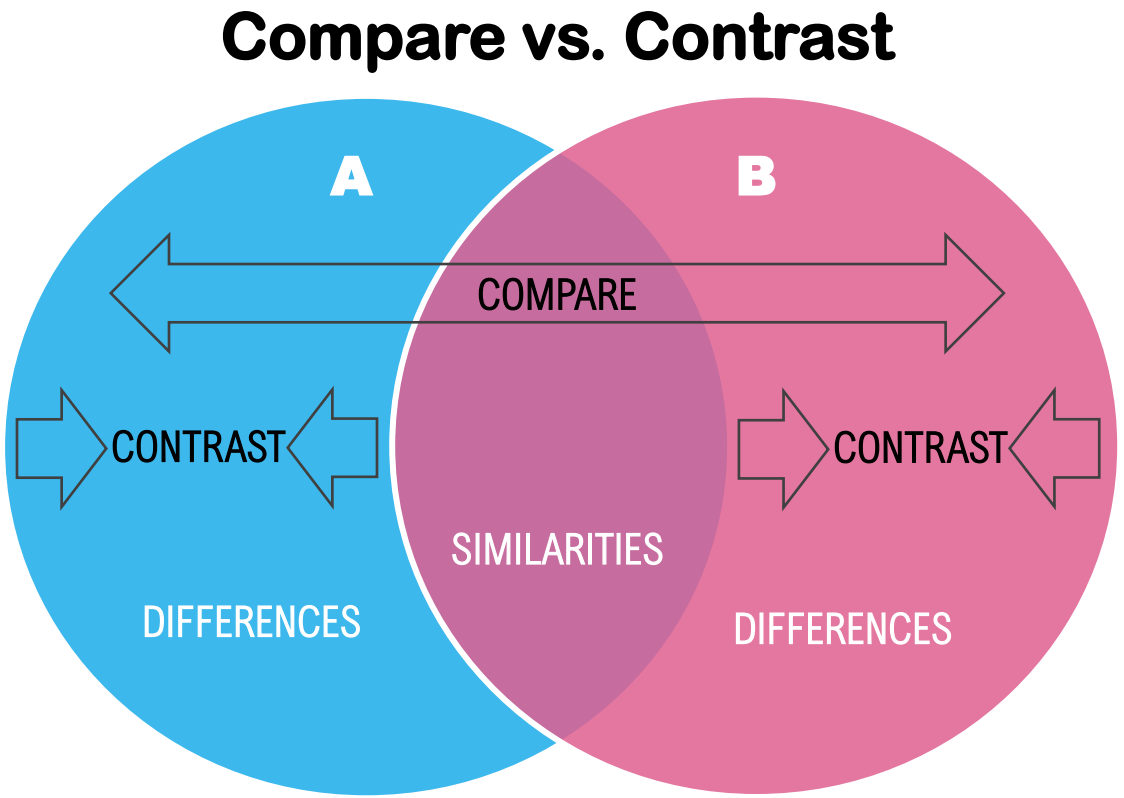
- Practices

- Results

STRUCTURE

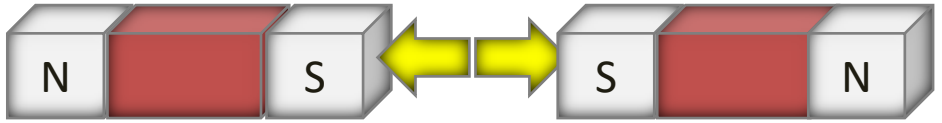
- Federal/State Regulations – defines who and how telemedicine/telehealth is performed
- Accrediting standards – defines credentialing compliance requirements for telemedicine/telehealth services
- Governing Documents (e.g., Bylaws, Rules & Regulations, Policies & Procedures) – defines facility specific criteria for telemedicine/telehealth services to include:
  - Processes
  - Stakeholders
  - Culture
    - Strategy
- Contract – defines the rights and responsibilities of both the originating site and the distant site

DIFFERENCES & SIMILARITIES



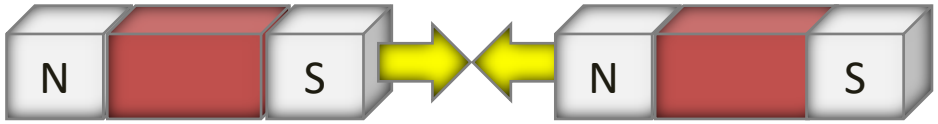
WHAT'S DIFFERENT?

- State Licensing Laws
- Protocols and Criteria (state/facility)
- Hospital vs. Managed Care standards
  - Privileging (hospital)
    - Required to query NPDB
  - Relationship to the organization (managed care)
    - Independent (member chooses the practitioner)
    - Organization provider (member chooses the facility)
  - Governing Documents
    - Medical Staff Bylaws, Rules & Regulations, Policies & Procedures (Hospital)
    - Credentialing Policies & Procedures (Managed Care)
  - Credentialing Options
    - Full (Hospital and Managed Care)
    - Delegation (Hospital and Managed Care)
    - Proxy (Hospital)
    - Organizational provider (Managed Care)



WHAT'S SIMILAR?

- Contracted Service
- Practitioner Licensed in the State of the Originating Site (Covid PHE waiver)
- Must Collect and Share Adverse Events and Complaints



PROCESS

- Streamlining Opportunities to Consider
  - Delegation of Verifications
    - Expedited approval process (clean file criteria)
  - Credentialing by Proxy
- Influence Areas
  - Provide stakeholders with credentialing statistics (e.g., # practitioners, TAT to process)
  - Stakeholder Education Regarding Options
  - Stakeholder Buy-in for Credentialing by Proxy
- Contract Evaluation
  - Ensure compliance with governance documents
  - Sharing Peer Review/FPPE/OPPE

OUTCOMES

- Track credentialing statistics
- Ensure compliance with FPPE/OPPE/Peer Review data collection and sharing
- Track quality of care concerns
- Enforce contractual changes as dictated by the organized medical staff and governing body

COMPLIANCE CHECKLIST

- Identify your facility type (e.g., hospital, managed care, organizational provider)
- Have access to current regulations/standards
- Maintain current governance documents
- Have access to contracts and ensure appropriate updates are incorporated based on standards and governance document amendments
- Ongoing readiness

CMS - 1135 WAIVER AUTHORITY

- Effective March 6, 2020, through duration of the Public Health Emergency
  - Must apply for the waiver
  - Must educate Americans of available remote services
  - Remote access to routine care
    - Keep vulnerable patients in their homes for their care
    - Limit community spread of the virus
    - Limit exposure to other patients

STRATEGIES TO MORE QUICKLY ONBOARD TELEMEDICINE PROVIDERS

SUCCESSFUL ONBOARDING

- Educate Medical Staff Leaders and governing body of telemedicine standards and available options
- Guide development of clear telemedicine criteria in the Medical Staff Bylaws and Rules/Regulations
- Embrace full credentialing by proxy if supported by the medical staff leaders and the governing body
- Communicate fully with your payer enrollment colleagues to ensure proper enrollment

POWER THOUGHT

"Process Tip Improvement:
Make sure everyone understands
the need for change."

- Benchmark Six Sigma

Blue Skies Ahead

Maryland Association Medical Staff Services
Presents MAMSS Educational Series

SEPTEMBER 29, 2022 • 12:00 - 1:00 PM EDT

GOLD STAR CREDENTIALING

Best Practices for Achieving Compliance

Verifying and evaluating practitioner credentials is critical, but so is managing decision makers' expectations and circumventing misunderstandings. Join Team Med Global's Donna Goestenkors, CPMSM®, EMSP, and Stephanie Russell, BS, CPCS®, CPMSM®, to learn how to lay the groundwork for informed discussions about competency measurements among medical staff leaders, administrative leaders, and MSPs.

LET'S STAY CONNECTED

#CareerSizzle

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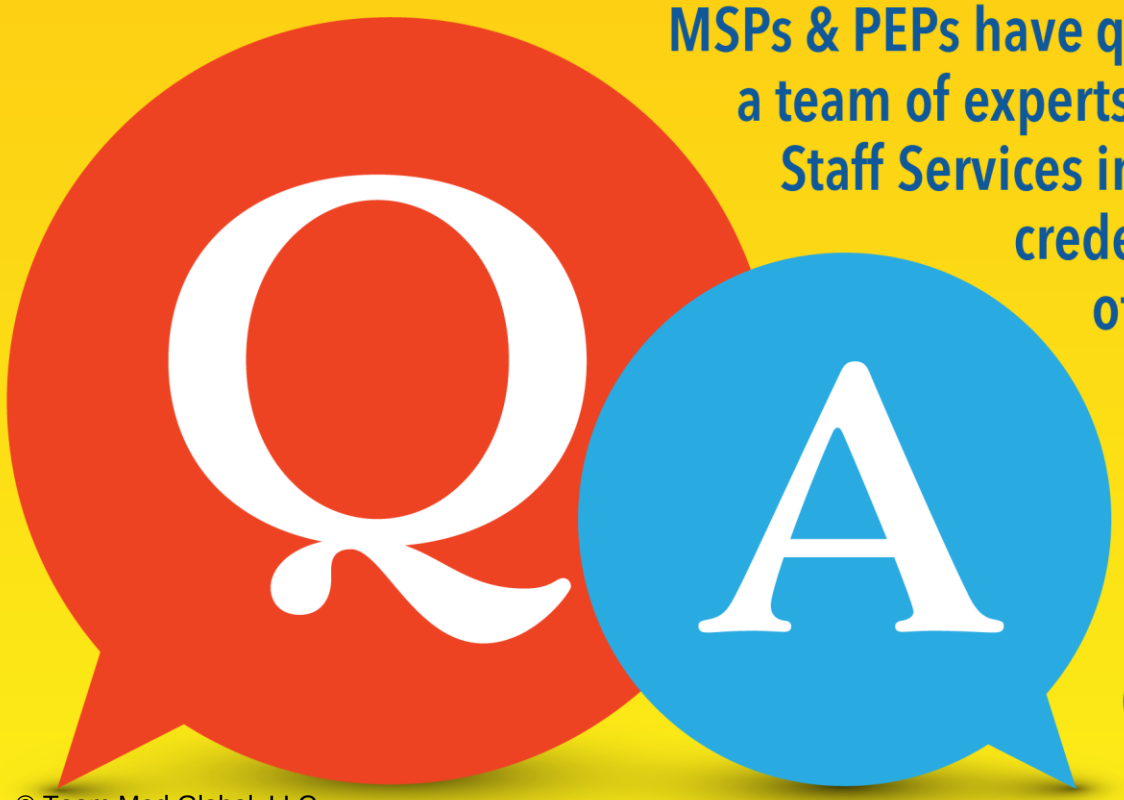
Team Med Global Presents

AUGUST 31, 2022 • 12 - 1 PM CDT

IT'S FREE!

INQUIRING MINDS WANT TO KNOW...

TMG's Ask Me Anything Event



MSPs & PEPs have questions. TMG has answers. We're bringing together a team of experts to answer your most pressing questions. No Medical Staff Services industry topic is off-limits! Whether you have a burning credentialing issue, a payer enrollment query, or are in search of a particular resource, our panel will help. The same holds true for career questions, technical issues, or conflict management concerns.

Team Med Global's panel of experts will include Donna Goestenkors, CPMSM®, EMSP; Rachelle Silva, BS, CPCS®, CPMSM®; and Ivonne Oladunni, MBA, CPMSM®.

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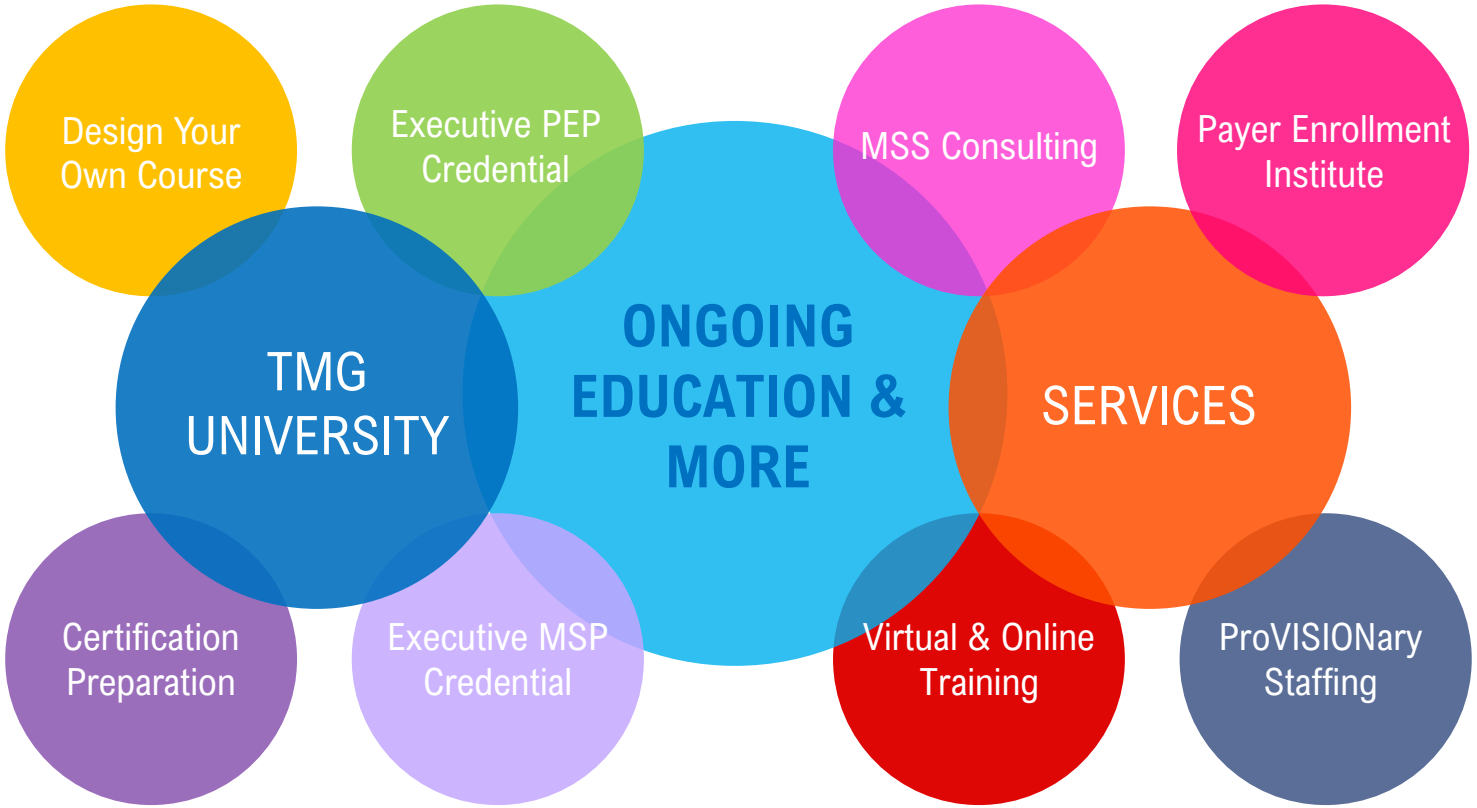

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Thank You