Telemedicine Requirements
Critical Access Hospital Accreditation Program

**Standard LD.04.03.09**
Care, treatment, and services provided through contractual agreement are provided safely and effectively.

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**Element of Performance for LD.04.03.09**

1. Clinical leaders and medical staff have an opportunity to provide advice about the sources of clinical services to be provided through contractual agreement.

2. The critical access hospital describes, in writing, the nature and scope of services provided through contractual agreements.

3. Designated leaders approve contractual agreements.

4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services.
   - Note 1: When the critical access hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:
     - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
     - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.
   - Note 2: The leaders who monitor the contracted services are the governing body.

5. Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.
   - Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.

6. Leaders monitor contracted services by evaluating these services in relation to the critical access hospital's expectations.

7. Leaders take steps to improve contracted services that do not meet expectations.
   - Note: Examples of improvement efforts to consider include the following:
     - Increase monitoring of the contracted services.
     - Provide consultation or training to the contractor.
     - Renegotiate the contract terms.
     - Apply defined penalties.
     - Terminate the contract.

8. When contractual agreements are renegotiated or terminated, the critical access hospital maintains the continuity of patient care.

9. Reference and contract laboratory services meet the federal regulations for clinical laboratories and maintain evidence of the same.
   - Footnote *: For law and regulation guidance on the Clinical Laboratory Improvement Amendments of 1988, refer to 42 CFR 493.

10. The critical access hospital has an agreement with at least one hospital regarding patient referral and transfer. When the critical access hospital is a member of a rural health network, the agreement is with a member of the network.

11. The critical access hospital has an agreement with at least one hospital regarding the provision of emergency and non-emergency transportation. When the critical access hospital is a member of a rural health network, the agreement is with a member of the network.
20. The critical access hospital has agreements or arrangements as appropriate, with one or more providers or suppliers participating under Medicare to furnish other services to its patients, including the following:
   - Inpatient hospital care
   - Services of doctors of medicine or osteopathy
   - Additional or specialized diagnostic and clinical laboratory services not available at the critical access hospital
   - Food and other services to meet inpatient nutritional needs to the extent they are not provided directly by the critical access hospital

23. The originating site has a written agreement with the distant site that specifies the following:
   - The distant site is a contractor of services to the critical access hospital.
   - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation
   - The originating site makes certain through the written agreement that all distant-site telemedicine providers’ credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii). (See also MS.13.01.01, EP 1)

   Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.

   If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:
   - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the “Medical Staff” (MS) chapter (Standards MS.06.01.01 through MS.06.01.13).
   - The governing body of the originating site grants privileges to a distant-site licensed independent practitioner based on the originating site’s medical staff recommendations, which rely on information provided by the distant site.
Standard MS.01.01.01
Medical staff bylaws address self-governance and accountability to the governing body.

Element of Performance for MS.01.01.01

1. The organized medical staff develops medical staff bylaws, rules and regulations, and policies.

2. The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes.)

3. Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies. The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated. For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” (LD) chapter for requirements regarding the governing body’s authority and conflict management processes.)

Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.

4. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws, rules and regulations, and policies, the governing body bylaws, and the hospital policies are compatible with each other and are compliant with law and regulation.

5. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff complies with the medical staff bylaws, rules and regulations, and policies.

6. For rehabilitation and psychiatric distinct part units in critical access hospitals: The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.

7. The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.

12. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The structure of the medical staff.

13. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: Qualifications for appointment to the medical staff.

14. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (See also EM.02.02.13, EP 2 and MS.06.01.13, EP 1)

15. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy).

Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word “privileges” to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.
16. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oralmaxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy. (For more information on performing the medical history and physical examination, refer to MS.03.01.01, EPs 6-10.)

Note 1: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).

Note 2: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 and 5.

26. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for credentialing and re-credentialing licensed independent practitioners, which may include the process for credentialing and re-credentialing other practitioners.

27. The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: The process for appointment and re-appointment to membership on the medical staff.

36. For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements, in accordance with Element of Performance 3: If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff, include the following:

Qualifications:
- Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process.

Roles and responsibilities:
- Clinically related activities of the department
- Administratively related activities of the department, unless otherwise provided by the hospital
- Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges
- Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department
- Recommending clinical privileges for each member of the department
- Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization
- Integration of the department or service into the primary functions of the organization
- Coordination and integration of interdepartmental and intradepartmental services
- Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services
- Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services
- Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services
- Continuous assessment and improvement of the quality of care, treatment, and services
- Maintenance of quality control programs, as appropriate
- Orientation and continuing education of all persons in the department or service
- Recommending space and other resources needed by the department or service

Note: When departments of the medical staff do not exist, the medical staff is responsible for the development of policies and procedures that minimize medication errors. The medical staff may delegate this responsibility to the organized pharmaceutical service.
Critical Access Hospital Accreditation Program

**Standard MS.13.01.01**

For originating sites only: Licensed independent practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.

**Element of Performance for MS.13.01.01**

1. All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:
   1. The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13.
   Or
   2. The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.
   Or
   3. The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:
      - The distant site is a Joint Commission–accredited hospital or ambulatory care organization.
      - The practitioner is privileged at the distant site for those services to be provided at the originating site.
      - The originating site provides the originating site with a current list of licensed independent practitioners’ privileges.
      - The originating site has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site.
      - When telemedicine services are provided by a distant-site Medicare-participating hospital, the distant-site hospital evaluates the quality and appropriateness of the diagnosis, treatment, and treatment outcomes furnished in the critical access hospital.
      - When telemedicine services are provided by a distant-site telemedicine entity (a non-Medicare-participating provider or supplier), the quality and appropriateness of the diagnosis, treatment, and treatment outcomes furnished in the critical access hospital are evaluated by a hospital that is a member of the network, a QIO or equivalent entity, or an appropriate and qualified entity identified in the state rural health plan.
      - The originating site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Note: This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law.

- When telemedicine services are provided by a distant-site Medicare-participating hospital, the distant-site hospital evaluates the quality and appropriateness of the diagnosis, treatment, and treatment outcomes furnished in the critical access hospital.
- When telemedicine services are provided by a distant-site telemedicine entity (a non-Medicare-participating provider or supplier), the quality and appropriateness of the diagnosis, treatment, and treatment outcomes furnished in the critical access hospital are evaluated by a hospital that is a member of the network, a QIO or equivalent entity, or an appropriate and qualified entity identified in the state rural health plan.
- The originating site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Note 1: In the case of an accredited ambulatory care organization, the critical access hospital verifies that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.

Note 2: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers’ credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.

Note 3: A distant-site telemedicine entity is not required to be a Medicare-participating provider or supplier. (For more information, see 42 CFR 485.635(c)(5) in Appendix A)