

# Telemedicine Requirements

## Hospital Accreditation Program

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### Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

#### Element of Performance for LD.04.03.09

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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 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: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the “Medical Staff” (MS) chapter.  
Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the 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 3: For hospitals that use Joint Commission accreditation for deemed status purposes: 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 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 hospital maintains the continuity of patient care.
9. For hospitals that do not use Joint Commission accreditation for deemed status purposes: When using the services of licensed independent practitioners from a Joint Commission–accredited ambulatory care organization through a telemedical link for interpretive services, the hospital accepts the credentialing and privileging decisions of a Joint Commission–accredited ambulatory provider only after confirming that those decisions are made using the process described in Standards MS.06.01.03 through MS.06.01.07, excluding MS.06.01.03, EP 2. (See also MS.13.01.01, EP 1)

## Hospital Accreditation Program

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10. 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.
23. For hospitals that use Joint Commission accreditation for deemed status purposes: 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 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 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). (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.

# Hospital Accreditation Program

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## 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

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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.
      - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant 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. (See also LD.04.03.09, EP 9)  
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.
      - The distant-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 hospital must verify 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: For hospitals that use Joint Commission accreditation for deemed status purposes: 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 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.