

Regulatory Update: CMS Provides NAMSS with Guidance on Common Credentialing and Privileging Questions

In January, NAMSS met with the Centers for Medicare and Medicaid Services (CMS) Survey and Certification Group and the Office of Clinical Standards and Quality. We discussed the importance of credentialing and privileging as the first-line of protection for quality patient care. CMS was very supportive of NAMSS' mission to promote high standards in credentialing and privileging; recognizing the valuable role that medical staff departments play in ensuring the quality of care in Medicare-participating hospitals.

CMS receives many questions from medical staff departments on how to interpret various CMS policies and requirements. The following communicates guidance from CMS in response to some of the most common questions on telemedicine and paper copies of credentials:

Telemedicine

How are hospitals expected to evaluate the performance of telemedicine providers at every facility where they have provided services? Many telemedicine providers work with a large number of facilities and collecting and analyzing data from every location is difficult.

When credentialing telemedicine practitioners/multi-facility doctors, bylaws do not have to require evaluations to be collected from every facility where the doctor practiced. Bylaws should be written to show that due diligence has been performed to assess the doctor's current competency. For example, bylaws can be written to indicate that a certain percentage of past performance records must be evaluated.

Why does the proposed rule on telemedicine credentialing only allow hospitals to accept credentialing by proxy from other hospitals? What if we use a teleradiology service?

The proposed rule on credentialing telemedicine providers would allow credentialing and privileging by proxy; however, a hospital must rely on information provided by another *Medicare-participating hospital*. The rule will only apply to those Medicare-participating hospitals (and critical access hospitals) using the telemedicine services of other Medicare-participating hospitals. Therefore, at this time, a hospital would still have to perform its own credentialing and privileging of a telemedicine physician or practitioner providing services from a non-hospital setting (e.g., Virtual Radiologic).

Paper Copies Requirement

My facility requires me to keep paper copies of a practitioner's credentials on file. This seems unnecessary since we verify these credentials electronically on a regular basis. Does CMS require that paper copies be kept on file?

Last year, NAMSS conducted a survey to identify redundant standards and requirements in credentialing. Many respondents stated that they did not understand why they were required to keep paper copies of expirable credentials on file when these documents could be verified online.

CMS states that MSPs should follow their state's policy regulations for the collection and verification of credentials, even if the state requires the maintenance of paper copies of credentials. However, CMS recognizes that paper copies of credentials are vulnerable to forgery and fraud and that verification is becoming an increasingly electronic process. A surveyor will not look to whether or not paper copies of practitioners' credentials are kept on file. What they look for is whether or not the appropriate medical staff committees were provided with "quality information" when making their privileging decisions.

A medical staff department can keep practitioner credentials in paper files if they wish even if it is not a state requirement. CMS surveyors do not solely review paper copies however, and they will accept evidence of verification such as a copy of an e-mail or query screen as long as it can be proven that verification was performed within a reasonable timeframe before the medical staff committee met (the interpretation of a "reasonable timeframe" is flexible, though 30-60 days prior to committee meeting is suggested). For hospitals that store their files electronically, the surveyor may ask to sit down in front of the computer and have the MSP show him or her records proving that verification was performed before the medical staff committee met.

The bottom line is that a medical services department needs to prove that the medical executive committee was provided with quality information when making its privileging decision. CMS will not question the privileging decision, nor will they question whether or not this information is filed electronically or on paper.

The NAMSS Strategic Plan for 2011 is focused on increased outreach to government agencies, policymakers, and organizations to educate the public on the importance of credentialing and the role of medical services professionals in ensuring safe, quality healthcare.