

CREDENTIALING AND PRIVILEGING OF TELEHEALTH PRACTITIONERS UC SYSTEM MS 131

Manual	Medical Staff	Effective Date	01/31/2011
Policy #	MS 131	Review	02/28/2016
Responsible	Manager, Medical Staff Services	Next Scheduled Review	02/28/2019
Person			

TELEHEALTH CREDENTIALING AND PRIVILEGING AGREEMENT

This Agreement is entered into by and between the organized medical staffs of The University of California, Davis Medical Center ("UCD Medical Staff"), The University of California, Irvine Medical Center ("UCI Medical Staff"), The Ronald Reagan UCLA Medical Center ("UCLA Medical Staff"), The University of California, San Diego Medical Center ("UCSD Medical Staff") and the UCSF Medical Center and Langley Porter Psychiatric Institute ("UCSF Medical Staff"). Collectively, the UCD Medical Staff, the UCI Medical Staff, the UCLA Medical Staff, the UCSD Medical Staff and the UCSF Medical Staff shall be referred to herein as the "UC Medical Staffs."

RECITALS

WHEREAS, each of the UC Medical Staffs has established a telehealth program ("Program") that provides patients and health care professionals at outlying hospitals and clinics access to telehealth services;

WHEREAS, the UC Medical Staffs have determined that each of its UC Medical Staffs may rely on the privileging and credentialing decisions made by every other UC Medical Staff when granting telehealth privileges to practitioners from the UC Medical Staffs ("UC Medical Staff Practitioners"); and

WHEREAS, UC Medical Staffs desire to efficiently credential and privilege UC Medical Staff Practitioners who provide Program services for the benefit of their respective patients.

NOW, THEREFORE, each of the UC Medical Staffs agree as follows:

AGREEMENT

Section 1. DISTANT UC MEDICAL STAFF - ACKNOWLEDGEMENTS AND RESPONSIBILITIES

- 1.1 Each UC Medical Staff confirms that it is a Medicare-participating hospital.
- 1.2 All UC Medical Staff Practitioners are members of the Medical/Allied Health Staff of its respective Medical Center, credentialed and privileged in their respective specialty areas.
- 1.3 Each UC Medical Staff maintains a roster of UC Medical Staff Practitioners, which includes each Practitioner's medical/allied health staff privileges at the relevant Medical Center. Upon full execution of this Agreement, the Distant UC Medical Staff shall send the Originating UC Medical Staff identifiable UC Medical Staff Practitioner information for its National Practitioner Databank query. Within thirty (30) days of the Distant UC Medical Staff Office's receipt of notification regarding any change to UC Medical Staff Practitioner information, the Distant UC Medical Staff shall provide the Originating UC Medical Staff with an updated UC Medical Staff Practitioner list, which shall identify and summarize such change(s).

- 1.4 All UC Medical Staff Practitioners are licensed in the State or otherwise legally permitted to practice in the State of California.
- 1.5 The UC Medical Staff credentialing process complies with all of the standards required under 42 C.F.R. § 482.12(a)(1)-(a)(7).

Section 2. ORIGINATING UC MEDICAL STAFF- ACKNOWLEDGEMENTS AND RESPONSIBILITIES

- 2.1 The governing body of the requesting UC Medical Staff has chosen to have its Medical Staff rely on the credentialing and privileging decisions of the Distant UC Medical Staff in recommending a physician or other qualified licensed health care provider for UC Medical Staff Practitioners Medical/Allied Health Staff telehealth privileges at the Originating UC Medical Staff.
- Each UC organization related to each UC Medical Staff complies with all governing body responsibilities as required under 42 C.F.R. § 482.22(a) [Hospitals] or 42 C.F.R. § 485.616(c) [Critical Access Hospitals].
- 2.3 The Originating UC Medical Staff shall review the list of Telehealth Practitioners who have privileges and are members of the Medical/Allied Health Staff at Distant UC Medical Staff prior to granting telehealth privileges to a UC Medical Staff Practitioner at Originating UC Medical Staff facility.
- 2.4 Originating UC Medical Staff shall immediately provide specific details regarding any complaints received about a UC Medical Staff Practitioner and/or any adverse events that occurred by completing the Complaints and Adverse Events form, attached hereto. The Evaluation Form and Adverse Events forms, along with any additional information, shall be sent to the Distant UC Medical Staff Office for use in its periodic appraisal of the UC Medical Staff Practitioner.
- 2.5 UC Medical Staff Telehealth Practitioners will not be required to pay Medical Staff dues or fees at Originating UC Medical Staff facilities.

Section 3. GENERAL TERMS

- 3.1 This Agreement shall be effective on the last date signed below and shall continue in effect unless terminated in accordance with Article 3.2
- 3.2 Any UC Medical Staff may terminate this Agreement as to that UC Medical Staff with thirty (30) days prior written notice to the other UC Medical Staffs.

This Agreement constitutes the entire understanding of the parties with respect to the subject matter hereof and supersedes any prior understanding between them, whether oral or written, respecting the same subject matter.

IN WITNESS WHEREOF, the parties have executed this Agreement.

UC Davis:

J. Douglas Kirk, M.D. Chief Medical Officer University of California, Davis Medical Center

UCI:

Kenneth Linden, MD, PhD
President
UC Irvine Medical Staff
University of California, Irvine

UCLA:

Earl G. Freymiller, MD, DMD Chief of Staff Ronald Reagan UCLA Medical Center

Roger M. Lee, MD Chief of Staff Santa Monica-UCLA Medical Center

Robert Suddath, MD Chief of Staff Resnick Neuropsychiatric Hospital at UCLA Health

UCSD:

Dustin Lillie, MD Chief of Staff UC San Diego Health

UCSF:

Wade Smith, MD, PhD President of the Medical Staff

UCSF Medical Center UCSF Benioff Children's Hospital (San Francisco Campus) University of California, San Francisco

Tracy Foose, MD President of the Medical Staff Langley Porter Psychiatric Hospital University of California, San Francisco

Telehealth Professional Practice Evaluation Complaints and Adverse Events

Practitioner Reviewed:
Date of Review:
Hospital or Care Setting:
f the practitioner has been the subject of any complaints and/or adverse events, please report hose events on this form.
Date of complaint or adverse event:
Details of complaint or adverse event:
Overall Impression:
Acceptable □ Marginal □ Unacceptable □
Reviewer's Signature: Date:
Reviewer's Printed Name:
Forward to: Director Medical and Professional Staff Services

Ronald Reagan UCLA Medical Center

Exhibit B Sample Notification Letter and Listing

Date
Name Address City, State, Zip
RE: Medical Center Telehealth Practitioners
Dear:
Attached is an updated list of the [] Medical Center telehealth practitioners.
Practitioners who provide consultations are members of the Medical/Allied Health Staff at
If you have further questions, do not hesitate to contact me at ()
Sincerely,
Name
Title
Encl: List of Medical Center Telehealth Practitioners

Exhibit C

MEDICAL CENTER TELEHEALTH PRACTITIONERS

As of

Example Only

Name	Current Privileges	SSN#	License #	Birthdate	Medical	Next
					School and	Reappointment
					Grad Year	Date
XXXXX	Diagnostic	345-89-04511	G34567	7/24/51	Harvard	10/31/2016
	Radiology				1963	
XXXXX	Pediatric	783-96-5711	A67385	3/3/63	UCLA	6/30/2017
	Cardiology				1977	