SUBJECT: TELEHEALTH SECTION: CREDENTIALING POLICY NUMBER: CR-38	**EFFECTIVE DATE: 12/1/2023**
Applies to all products administered by the Plan except when changed by contract	

Policy Statement: The Plan recognizes the occasional need to credential practitioners providing telehealth services for Plan members. This policy is intended to address the credentialing of those practitioners providing telehealth services to Plan's members, to assure accessibility, continuity of care, and timely services.

Definition:
Telehealth - the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.

Telehealth Practitioner – the individual practitioner directly providing members virtual services (billing under their individual or entity NPI)

Service Area – the geographic areas where the Plan is licensed to sell its products.

Process:

1. A Telehealth practitioner who meets the below criteria would be eligible to apply for Plan credentialing/recredentialing:

A. Telehealth Practitioners located <u>within</u> the Health Plan's Service Area:

1) Must meet the all the criteria within the Plan's Credentialing Policies, for their practicing specialty; and
2) May provide telehealth services within 200 miles of their physical practice location within our service area; or
3) If telehealth services are outside 200 miles, must provide acceptable arrangements with another participating practitioner and/or hospitalist group within a distance of 30 miles or 30 minutes from the serviced members location, as applicable for their specialty.

B. Telehealth Practitioners located <u>outside</u> the Health Plan's Service Area:

1) Must meet the all the criteria within the Plan's Credentialing Policies, for their practicing specialty; and
2) Must enter into a Professional Service Agreement with the Plan, as defined in Section 2.B.1 below; and
3) Maintain a "virtual" practice location within our Service Area, by entering into a written agreement with another provider who has a physical office location within our service area; and
4) Provide acceptable arrangements with a hospitalist group (or for specific Vendor Relationships an agreement for credentialed provider to cover) within a distance of 30 miles or 30 minutes from the serviced members location, if applicable for their practicing specialty.

2. For Professional Service Agreements:

A. Professional Service Agreements with entities located <u>within</u> our Service Area:

1) The Health Plan at their sole discretion, will consider entering into a delegation agreement with Vendors/Practitioners, providing they meet the criteria outlined in Credentialing Policy CR-24, External/Non-Plan Delegation Process; or
2) For Vendors/Practitioners not considered for a delegation agreement will be credentialed as individuals provided they meet the criteria as defined in Section 1.A.1; or
3) The Health Plan will credential the overseeing physician with vendors who have affiliated providers.

B. Professional Service Agreements with entities located <u>outside</u> our Service Area:

1) The Health Plan at their sole discretion, will consider entering into a delegation agreement with Vendors/Practitioners, providing they meet the criteria outlined in Credentialing Policy CR-24 External/Non-Plan Delegation Process; or
2) For Vendors/Practitioners not considered for a delegation agreement providers will be credentialed as individuals provided, they meet the criteria as defined in Section 1.B.1; or
3) The Health Plan will credential the overseeing physician with vendors who have affiliated providers who do not require credentialing.

3. In addition to the above, all Telehealth practitioners shall:

1. provide evidence to Plan that their Telehealth systems provide network and software security protocols to protect the confidentiality of patient identity and imaging data consistent with applicable laws and regulations.

2. maintain an active, unencumbered licensure in both New York and the State in which they are treating the member.

3. meet all board certification and/or competency requirements in accordance with the Health Plan's Credentialing/Recredentialing policies.

4. maintain professional liability policies, as required by the Plan, to ensure malpractice coverage as required by the Health Plan.

5. comply with all the terms of, and be subject to, the Participating Provider agreement with Plan.

6. participate in quality assurance programs consistent with Plan requirements.

7. maintain any patient records in a manner consistent with Plan's policies.

8. provide accessible and timely care to members.

Approval of credentials, if granted by the Plan's Credentialing Committee, will be for a period not to exceed thirty-six (36) months with an annual update on the Telehealth practitioner compliance with this Policy.

The Plan's Credentialing Committee may receive, and review applications sought as an exception to this Policy.

Note: *Except as required by law, the Credentialing Committee reserves the right to grant exceptions to this policy for the good of the community.*

Committee Approvals:

Corporate Credentialing Committee: 11/16/2023, revised 1/17/2024; renewed 11/19/2025

Source: no previous formal policy