Excerpt from Payer-V1C Contracting Toolkit.

Contract Exhibits: Data | Subcontractors | **Credentialing/Certification & Licenses** | Audits | Publication Rights | Statement of Work

IMPACT

Virtual First Medical Practice Collaboration

Hosted by the Digital Medicine Society (DiMe) and the American Telemedicine Association (ATA), IMPACT is a pre-competitive collaboration of leading digital health companies, investors, payers, and consultants dedicated to supporting virtual first care (V1C) organizations and their commitment to patient-centric care.

Terms used throughout this resource are defined in the Glossary of Terms.

Contract Exhibit: Credentialing & Verification of Certification & Licenses

This exhibit pertains to V1C solutions that include medical professionals who are formally credentialed, and/or care team members who have professional licenses and certifications that need to be maintained, but may not be in scope for a credentialing organization. Inclusion of one or both of these should be tailored to each specific agreement.

Credentialing of Medical Professionals

For V1C services that rely on select medical professionals who offer clinical expertise in their offering, this section will highlight how those clinicians will be credentialed or verified following the legal or policy stipulations for their professional function. Where clinicians do need credentialing, this section will include who will manage credentialing, how that credentialing process will take place, and how confirmation that they are eligible to practice in a given state will be documented.

V1C CONSIDERATION: **Credentialing**

The goal is to ensure that the V1C service is following guidance on provider credentialing from the:

- National Committee for Quality Assurance (NCQA),
- Utilization Review Accreditation Commission (URAC), or
- Accreditation Association for Ambulatory Health Care (AAAHC) (worksite clinics).

IDEAL ★★★	TO AVOID ☆☆☆
Determine the most efficient way for V1C to credential given their stage and capacity. This may include: - V1C as delegate of payer - V1C outsourcing this function to a Credentials Verification Organization (CVO) - V1C using a payer's credentialing process, especially common for	Long wait times for credentialing process at payer due to credentialing team confusion about why someone is being authorized in two states — at the outset, payer should be prepared to set context internally for these submissions and advocate for V1C in credentialing process to smooth any concerns or delays around V1C provider location (e.g. why one Doctor of

	Medicine (MD) is being credentialed in multiple states)
earlier stage V1C services, but not as well suited for scale and speed over time Advocate for <u>innovation in credentialing</u> over the long term, considering solutions such as adoption of interstate licensure compacts, interstate licensure through a national credentialing approach, or a centralized repository for the most up-to-date info on credentials that could be widely accessed	
·············· *Phase 1* ·············>	············· *Phase 2* ·············>
Allow work to start before credentialing process is complete given low risk of virtual providers	[no timing-specific implications for content are suggested in this phase]

Verification of Certification and Licenses

For some care team members included in V1C services, verification of a professional certification or license is appropriate. In these cases, this section should include how that verification will occur and what aspects of verification will be covered. This may include confirmation that license/certificate is active, absence of debarment, criminal background check, review of credentials, etc.

V1C CONSIDERATION: **Verification of Certification and Licenses**	
IDEAL ★★★	**ACCEPTABLE ★★☆**
V1C service warranting or representing that V1C will maintain up-to-date certification and licensure, with no ongoing reporting to the payer required	V1C maintaining outside approval of their credentialing process, like URAC, for example