

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Provider Assurance Statement for Telemedicine

PROVIDER NAME	REQUESTED SERVICE EFFECTIVE DATE	NPI
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This assurance statement is an addendum to the provider's Minnesota Health Care Programs (MHCP) Provider Agreement.

Telemedicine Definition

Telemedicine is the delivery of health care services or consultations through electronic communication while the patient is at one site and the qualified health care provider is at a distant site. Effective January 1, 2016, Minnesota Health Care Programs (MHCP) covers medically necessary services and consultation by a licensed health care provider through telemedicine in the same manner as if the service or consultation was delivered in person. (MN Stat., § 254B.05, Subd. 5, (f), and § 256B.0625, Subd. 3b.) Effective July 1, 2017, MHCP also covers medically necessary services and consultation by a mental health practitioner defined under section [245.462, subdivision 17](#), or [245.4871, subdivision 26](#), working under the general supervision of a mental health professional.

Refer to the following MHCP Provider Manual sections for more information:

- [Telemedicine](#) in Physician and Professional Services
- [Telemedicine Delivery of Mental Health Services](#) (supervision requirements for unlicensed provider billing and specific billing and coding requirements, such as the use of modifiers)
- Covered and Noncovered Services IEP Health-Related Services (IEP health related services provided via telemedicine)
- Alcohol and Drug Abuse [Covered and Noncovered Services](#) (substance use disorder services provided via telemedicine)
- [Telemedicine](#) in Early Intensive Developmental and Behavioral Intervention (EIDBI) services

Applicant Assurance Statement

By initialing each requirement and signing below, I, the above-named applicant, attest to compliance with the following requirements and acknowledge that I will maintain documentation proving compliance with these requirements:

- _____ I have written policies and procedures specific to telemedicine services that I review and update regularly.
- _____ I have policies and procedures that adequately address patient safety before, during and after the telemedicine service is rendered.
- _____ I have established protocols addressing how and when to discontinue telemedicine services.
- _____ I have an established quality assurance process related to telemedicine services which includes all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements.
- _____ My agency has documentation of each occurrence of a health care service provided by telemedicine that includes all of the following:
- The type of service provided
 - The time the service began and the time the service ended, with a.m. and p.m. designations
 - A description of the provider's basis for determining that telemedicine is an appropriate and effective means for delivering service to the recipient
 - The mode of transmission of the telemedicine service
 - The location of the originating and the distant site

APPLICANT NAME (authorized representative)	APPLICANT SIGNATURE	DATE
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Fax the signed MHCP Provider Assurance Statement for Telemedicine to (507) 444-7774 or email the form to credentialing@mnscha.org.