

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 Provider Assurance Statement for Telemedicine with your completed MHCP provider enrollment application packet and other required documents to 651-431-7462.