

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Telemedicine Provider Assurance Statement

You are required to complete all of the information requested on this form.

PROVIDER TYPE	PROVIDER NAME		
REQUESTED SERVICE EFFECTIVE DATE		NPI or UMPI	
PRACTICE ADDRESS	CITY	STATE	ZIP CODE

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. MHCP covers medically necessary services and consultation by select health care providers through telemedicine in the same manner as if the service or consultation was delivered in person. [Minnesota Statutes, 254B.05](#), subdivision 5(f) and [256B.0625](#), subdivision 3b, as applicable. 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 in IEP Health-Related Services](#) (IEP health-related services provided via telemedicine)
- [Substance Use Disorder Services in Covered and Noncovered Services](#) substance use disorder services provided via telemedicine)
- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) telemedicine services](#)

Provider Assurance Statement

By initialing each requirement (electronic initials accepted) and signing this form, I, the provider named on this form, agree to comply with the following requirements and maintain documentation of this compliance:

Provider's initials required. Do not use an X or checkmark.

_____ Have written policies and procedures specific to telemedicine services that I review and update regularly.

_____ Have policies and procedures that adequately address patient safety before, during and after the telemedicine service is rendered.

_____ Have established protocols addressing how and when to discontinue telemedicine services.

_____ Have an established quality assurance process related to telemedicine services which includes all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements.

_____ Have 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 member
- The mode of transmission of the telemedicine service
- The location of the originating and the distant site

Individual providers: Initial each requirement. Print your name and sign this assurance statement.

Organizational providers: An administrator, manager, director or authorized representative must initial each requirement, print the name of the person signing, and sign this assurance statement.

Check if signing electronically:

- ☐ I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

PROVIDER NAME (authorized representative)	PROVIDER SIGNATURE	DATE
CONTACT NAME	PHONE NUMBER (include area code)	EXTENSION

Telemedicine services are granted to eligible providers enrolled with MHCP.

Upload this signed Provider Assurance Statement for Telemedicine through the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#) or fax to 651-431-7462. Include your completed MHCP provider enrollment application packet and other required documents if you are not enrolled with MHCP. Keep signed copies for your records.