



MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Telehealth 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.

Telehealth Definition

Telehealth 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 telehealth 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 [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) telehealth services](#) for more information about providing EIDBI services via telehealth. We will update this form with links to other service webpages with telehealth information.

Applicant 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 telehealth services that I review and update regularly.
- _____ Have policies and procedures that adequately address patient safety before, during and after the telehealth service is rendered.
- _____ Have established protocols addressing how and when to discontinue telehealth services.
- _____ Have an established quality assurance process related to telehealth services which includes all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements.
- _____ Has documentation of each occurrence of a health care service provided by telehealth 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 telehealth is an appropriate and effective means for delivering service to the recipient
 - The mode of transmission of the telehealth 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

Fax the signed Telehealth Provider Assurance Statement with your completed MHCP provider enrollment application and other required documents to 507-444-7774 or email the form to credentialing@mnscha.org.