



Telemedicine/Telehealth Provider Attestation

Provider Name: _____

Provider Tax ID: _____

Provider NPI: _____

CMS defines telehealth as both clinical and remote non-clinical services, including providing training and continued medical education for practitioners. Telemedicine solely refers to remote clinical services. Both service types need to meet the requirements below.

Telemedicine/Telehealth General Requirements

- Telemedicine/Telehealth providers (including provider groups, facilities, agencies or organizations) and health professionals providing telehealth services shall ensure compliance with relevant legislation, regulations and accreditation requirements for supporting patient/client decision-making and consent, including the confidentiality of the patient's protected health information.
- Telemedicine/Telehealth providers and health professionals providing telehealth services shall comply with all relevant safety laws, regulations, and codes for technology and technical safety, as well as those required by HIPAA's Security Rule and HITECH Act.

Software/Hardware Requirements for Interactive Telemedicine/Telehealth

Interactive telemedicine/telehealth communication system must include both interactive audio and video and be delivered in real time at the originating and distant site. The software and hardware requirements include:

- **Secure telemedicine/telehealth software** (FaceTime® and Skype are not HIPAA-compliant)
- **A camera** – may be external or integrated into your device
- **A computer or mobile device** – providers should confirm which devices and operating systems are compatible with their telehealth/telemedicine software vendor
- **Internet connection** – must be a wired connection or secure Wi-Fi
- **A microphone** – may be external or integrated into your device
- **Bandwidth** – See recommended bandwidth for different types of health care providers at HealthIT.gov: <https://www.healthit.gov/faq/what-recommended-bandwidth-different-types-health-care-providers>

	YES	NO
1. We provide telemedicine services to members of Blue Cross and Blue Shield of New Mexico.		
2. The named Entity identified in "Provider Name" is licensed with the State of New Mexico Medicaid program.		
3. Our equipment and processes for providing telemedicine services are in compliance with the listed Telemedicine General Requirements, the Health Insurance Portability and Accountability Act, Technical standards required by 45 CFR 164.312, and other State and federal laws pertaining to patient privacy.		

	YES	NO
4. Our equipment meets the listed requirements in the Software/Hardware Requirements for Interactive Health.		
5. We use two-way, real time interactive communication between the patient and the physician at the distant site.		
6. We use audio and video interaction with patient.		
7. We educate patient on the use of telemedicine and obtain consent.		
8. We provide recipients the choice of whether to access services through a face-to-face or telemedicine visit with us.		
9. We document the choice for telemedicine in the patient's medical record.		
10. We are responsible for all equipment required to provide telemedicine services.		

I attest that I represent the practice under "Provider Name" above. I further attest to the statements and answers above.

Printed Name

Title

Signature

Date of Attestation