

Name of Provider or Entity		This application is on behalf of (select one):	
Primary provider OPCERT or TIN		<input type="checkbox"/> All Providers in Entity or Group <input type="checkbox"/> Select Providers in Entity or Group*	
		*Please provide a roster under separate cover showing covered providers.	
Provider Type (select all that apply):	<input type="checkbox"/> PCP <input type="checkbox"/> Behavioral Health**		Contract Status*:
	<input type="checkbox"/> Specialist <input type="checkbox"/> Hospital System (multiple providers)		
	<input type="checkbox"/> Clinic/IPA (multiple providers)		
		<input type="checkbox"/> Contracted <input type="checkbox"/> Contract in Negotiation	
*In order to be considered for telemedicine services, a provider must already be contracted with Healthfirst or have a contract in negotiation.			
**Behavioral Health Providers Only (check applicable):			
OASAS Part 830 Telemedicine Certification:		OMH Part 596 Telemedicine Certification:	
<input type="checkbox"/> Certified <input type="checkbox"/> In Process <input type="checkbox"/> Not Certified		<input type="checkbox"/> Certified <input type="checkbox"/> In Process <input type="checkbox"/> Not Certified	
**BH Providers who have received OASAS or OMH certification must complete page 1 of this form. In lieu of completing the rest of the application, please provide proof of certification, along with a copy of the application submitted to OMH and/or OASAS. This will provide the necessary information for Healthfirst to update our records to permit billing for telehealth services.			
Type of Telehealth Services Requested by Method:	Telemedicine (two-way live, synchronous audio and video):		
	<input type="checkbox"/> Office-to-Patient's Home <input type="checkbox"/> Spoke-Hub (Office-to-Hospital or Clinic)		
	<input type="checkbox"/> Store-and-Forward (asynchronous images/videos)		
Hospital Affiliation:	<input type="checkbox"/> Staff (employed) <input type="checkbox"/> Hospital Affiliation (not employed)		
	<input type="checkbox"/> Faculty <input type="checkbox"/> Community (no affiliation)		
Telehealth Services Description <i>(Please attach any program documentation available)</i>			
Telehealth Platform <i>(Please attach any program documentation available)</i>			
HIPAA and HITECH Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Describe Platform <i>(Name/Manufacturer/Part of EMR/etc.)</i>			
Telehealth Clinical Services Type <i>(Please attach any clinical service program documentation available):</i>			
<input type="checkbox"/> Established Patients Only <input type="checkbox"/> Established or New Patients			
Primary Care: <input type="checkbox"/> Acute/Urgent <input type="checkbox"/> Chronic <input type="checkbox"/> Specialty Care*		Behavioral Health:	
*(Specify type of service, such as surgical follow-up or evaluation)		<input type="checkbox"/> OASAS regulated services <input type="checkbox"/> OMH regulated services	
Planned availability for Telehealth Services (select ALL that apply):			
<input type="checkbox"/> During Regular Weekday Office Hours <input type="checkbox"/> After Hours – Weekday (office is closed)			
<input type="checkbox"/> During Regular Weekend Office Hours <input type="checkbox"/> After Hours – Weekend (office is closed)			
<input type="checkbox"/> Holiday Hours (office is closed)			
Please review and attest to the following:			
I will comply with all other applicable laws, rules and regulations regarding Telemedicine Services. Upon submission of this information Healthfirst Delivery System Engagement (DSE) partner will collaborate with you to complete the attached Healthfirst Telehealth Provider Eligibility Assessment Tool . This tool along with the above information will be used to determine if telehealth service reimbursement can be added to your Healthfirst contract. We greatly appreciate the innovation and changes our providers are doing to improve access to care and health outcomes. We thank you in advance for collaborating with us to make sure your telehealth program has the structure and process to achieve your program aims for our members.			
Signature: _____			Date: _____

The following is designed to serve as a starting point to assess and enhance clinical practices in the area of telehealth (TH). This listing of attributes will be completed in collaboration between the Provider organization and Healthfirst staff.

ATTRIBUTES	Present/ Not Present	COMMENTS
Program Policies and Business Considerations		
Clinical leadership within the provider organization supports a TH program and supports development efforts.		
<p>Prior to delivering services via TH, program policies and procedures addressing the role of both the originating site and the distant site must be in place addressing, at a minimum, the topics listed below:</p> <p>Practice Procedures:</p> <ul style="list-style-type: none"> • Scheduling and patient check-in (patient, practitioner, and room) • Documentation and record keeping of care provided via telepractice • Access to patient records at both originating and distant sites (electronic and paper) • Role of support staff (collecting vital signs, setting up equipment and making video connection for each scheduled session, responding to emergency, etc.) • Communication interruptions and contingency plans 		
<p>Physical Environment</p> <ul style="list-style-type: none"> • Location (privacy, proximity for escort or emergency situation) • Room setting: Lighting, backdrop, furniture • Protection of patient confidentiality at both originating and distant sites; including obtaining any applicable patient consents. 		
<p>Emergency Procedures</p> <ul style="list-style-type: none"> • Process to engage with identified on-site staff should there be clinical or safety concerns. • Education and training related to emergency procedures at both distant and originating sites. 		

<p>Patient Suitability for TH; Informed Consent</p> <ul style="list-style-type: none"> • Process for clinician determining and documenting a patient's suitability for TH services including clinical, and other factors. • All patients and prospective patients must have at least one in-person evaluation session with clinical staff prior to participation in TH. If found suitable for TH, the patient or prospective patient must execute a statement of informed consent prior to receiving services via TH. This evaluation for suitability for TH may be the same day as the first TH session. 		
<p>Confidentiality and privacy of health information</p> <ul style="list-style-type: none"> • Procedures must identify how relevant privacy and security regulations and policies will be followed and confirmed (e.g., 45 C.F.R. Parts 160 and 164, including HITECH breach notification procedures (HIPAA); and 42 C.F.R. Part 2). 		
<p>Quality Review</p> <ul style="list-style-type: none"> • Quality review must be conducted on a periodic basis to identify any risks and quality issues related to: <ul style="list-style-type: none"> ◆ Equipment and connectivity; ◆ Attempted vs. completed TH sessions; ◆ Patient and provider satisfaction. At every TH session the practitioner must review the patient's satisfaction with the provision of services via TH. 		
<p>– The supplier and provision of technical support for any equipment used to support services rendered via telehealth is provided by: _____. (indicate if internal)</p>		
<p>Organizational Readiness</p>		
<p>A Provider TH working committee or accountable individual such as a TH</p>		
<p>coordinator is established and maintains ongoing communication with relevant stakeholders.</p>		
<p>A designated TH coordinator is named and charged with providing support for referrals, clinical decisions, program functioning and system processes.</p>		
<p>A written TH procedure manual is issued, which provides practice guidelines and state-mandated criteria for safe provision of TH services.</p>		

The Provider's TH-related roles and responsibilities are clearly defined, indicating the range of medical disciplines and staff levels.		
The Provider's TH credentialing, privileging and medical peer review processes are compliant with NY State requirements, addressing patient/client safety, jurisdictional and liability considerations.		
The provider has evidence of an established scheduling system which allows for consistent registration, referral and scheduling of patients and TH encounters.		
The Provider's TH procedures are evaluated at least once annually to ensure compliance with patient/client protection laws, including applicable HIPAA, HITECH, OSHA and CDC, and relevant state laws and regulations.		
TH Training requirements are specified, including ongoing equipment training, participation in pilot programs and familiarity with clinical protocols for each provider participating in TH services.		

RISK CONTROL MEASURES	Present/ Not Present	COMMENTS/ ACTION PLAN
Technical Issues		
The organization or its TH vendor has established technical specifications that promote safe and effective delivery of care, addressing such areas as:		
– Interoperability with partners.		
– Bandwidth.		
– Verification of data transmission.		
– Equipment maintenance.		
– On-site technical support.		
The selected technology model is user-friendly and provides seamless integration of patient/client data and services.		
A communication plan is established and implemented to inform staff swiftly of technical glitches – such as a disconnection with the remote site during a consultation – that may affect clinical outcomes.		
Privacy and Security Provisions		
Appropriate security measures are implemented during the transmission process, including:		
– Authentication.		
– Patient/client identification.		
– Data control and tracking.		
– Wi-Fi protected access.		
Policies and procedures are established and implemented to protect the confidentiality of patient/client information, including:		
– Electronic privacy (e.g., use of passwords and encryption).		
– Physical site security.		
– Safeguarding the confidentiality of store-and-forward images and other patient/client records.		

- Agreements for all personnel involved in TH.		
Provider's TH documentation formats are standardized and integrated with electronic patient/client health information records so that the patient's telehealth records are retained and accessible.		

Provider / Contracting Authority Certification of Telehealth Compliance

Upon approval by Healthfirst, I hereby certify, to the best of my knowledge, that I or the provider organization I oversee will adhere to the requirements set forth in the telehealth designation certification pertaining to my specialty or contract. I also certify that I will promptly notify Healthfirst within 15 calendar days of any change that would adversely impact my ability to continue to serve via telehealth my patients or the patients of providers within the approved organization.

If I or my organization have been certified by OASAS or OMH as a telehealth designee, I also certify to Healthfirst that I will conform to the relevant requirements and provisions of Part 830 of Title 10 of the NYCRR or Part 596 of Title 14 of the NYCRR as applicable.

Signed:	Date:
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