



Telemedicine Parity Attestation Survey Form

Procedure	Met	Not Met
Ensure identified providers offering telemedicine services <i>are</i> conducting visit within the scope of their practice.		
Ensure practitioner obtain and retain member consent to the use of telemedicine utilizing an informed consent form in the members' medical record.		
Ensure provider utilizes interactive telecommunication equipment including, but not limited to, audio and video equipment permitting real-time bidirectional communication between member and recipient.		
Practitioners telemedicine program meets the technical specification of 45 CFR 164.512, as appropriate.		
Practitioner telemedicine program is HIPAA compliant with all applicable state and federal laws.		
All health practitioners providing services via telemedicine must be appropriately licensed in the State of Florida.		
All health practitioners providing services via telemedicine must be currently contracted and credentialed through CCP's network.		
Practitioner must maintain protocols to prevent fraud and abuse indicating, but not limited to: <ul style="list-style-type: none"> i. Authentication of user ii. Prevention of unauthorized access to system iii. System security 		
Practitioner will follow clinical record standards as appropriate to the individual enrollee plus the additional documentation as described below: <ul style="list-style-type: none"> i. A brief explanation of the use of telemedicine in each progress note. ii. Documentation of telemedicine equipment used for the particular covered services provided and any pertinent recommendation for a physical on-site follow up iii. A signed statement from the enrollee or the enrollee's representative indicating their choice to receive services through telemedicine. This statement may be for a set period of treatment or one-time visit, as applicable to the service(s) provided. 		

 Provider/Group Name and Date

 CCP Staff Name and Date