

TELEMEDICINE SERVICES

When telemedicine services are offered, the Contractor and its providers must abide by and agree to the provisions described in this Agreement.

Coordination of all telemedicine services is maintained through Specialty Services Scheduling at each institution. In order to ensure coordinated service delivery, Contractor and its providers will work directly with the institution(s) to initiate services. As a standard, telemedicine services may be provided from a hospital, surgery center, or individual provider's office. All telemedicine encounters will adhere to patient confidentiality and privacy policies, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, and California Medical Instrumentation Association (CMIA) requirements.

Contractor Responsibilities:

1. Contractor agrees to abide by the procedures contained herein and any disseminated by Telemedicine Services through Telemedicine Provider training and telemedicine clinical support documentation.
2. Contractor shall receive a copy of the telemedicine clinical support documentation. Contractor shall ensure Telemedicine Providers receive a copy of the telemedicine clinical support documentation.
3. Approval from the Contractor and Telemedicine Services must be obtained prior to Provider performing telemedicine services for institutions in this agreement. The Telemedicine Managers during the term of this contract will be:

	State Agency	Contractor
Entity Name:		
Division/Unit:		
Name:		
Address:		
Phone:		
Email		

The parties may change their Telemedicine Managers upon providing ten (10) business days written notice to the other party. Said changes shall not require an amendment to this Agreement.

4. Contractor shall submit a routine, recurring schedule of regular clinic times or a 90-day rolling schedule of availability, ensuring all scheduled Services are delivered at the time scheduled, unless unavoidable circumstances occur.
 - i. In the event a Provider takes a vacation or extended leave of absence that will result in more than one missed clinic, Provider shall provide equivalent make up clinic time or Contractor shall attempt to obtain an alternative clinic time.
 - ii. Providers must cover any follow-up visits that result from these appointments.

5. Contractor must contact each respective institution to make any changes to the telemedicine clinic authorization and schedule. This includes cancellations, rescheduling, and/or new requests for telemedicine services, and any other necessary changes.
6. Contractor will give as much notice as possible but no less than three (3) business days, in the event of a foreseeable clinic cancellation.
7. Contractor and its providers will be notified of patient's primary language and/or hearing impairment when a telemedicine encounter is scheduled. Contractor must let CCHCS know if required translation services cannot be provided at the time of the appointment. If a translator is not available, CCHCS shall provide a translator at no cost to the Contractor.
8. Contractor's and Telemedicine Provider's equipment and connectivity to perform telemedicine must meet the CDCR/CCHCS established and approved methods and specifications.
9. Contractor shall meet or exceed the Information Technology (IT) security standards established by CDCR/CCHCS.
10. Prior to the Contractor's first telemedicine appointment, Contractor shall contact the CCHCS Office of Telemedicine Services to conduct a one-time connectivity test. This must be completed at each of the Contractor's HUB locations to ensure successful end point connections.
11. Contractors shall not initiate connectivity to the institutions on the respective service date(s). Connectivity will be initiated by respective institutions.
12. Contractor shall provide connectivity for telemedicine encounters utilizing Session Initiation Protocol (SIP) over an Internet Protocol (IP) Network.
13. Contractor shall provide sufficient network bandwidth to support the minimum transmission of a 720P video signal. Currently, this is equal to 3Mbps of synchronous traffic. Additionally, the Contractor is responsible for ensuring that the quality of their connection meets the expectations and perceptions to successfully complete a medical encounter. Minimum Audio/Video requirements consist of the following:
 - i. Static SIP video address (URI).
 - ii. 3Mbps available bandwidth (synchronous video communication).
 - iii. < 150 ms of one-way latency from mouth to ear (per the ITU G, 114 standard).
 - iv. <30 ms jitter.
 - v. <1 percent packet loss.
14. Contractor is responsible for providing all necessary video communication equipment. The equipment must meet HIPAA guidelines, support Advanced Encryption Standard 256 bit (AES-256), and at least one of the following Audio/Video Codes:
 - i. Audio: G.711, G.722, G.722.1, G.729, OPUS
 - ii. Video: H.264, AV1
15. Contractor shall provide a computing device capable of connecting to cloud-based telemedicine solutions during encounters. Currently, Telemedicine Services utilizes EKO Health software to receive and interpret cardiac and respiratory tones.

16. Contractor shall maintain connectivity and security requirements as deemed necessary by CDCR/CCHCS in order to access health information.
17. Contractor shall be responsible for purchasing, providing, and maintaining of all telemedicine equipment/software/data communications outside of CDCR/CCHCS. All telemedicine clinical Services shall be provided in a professional office, NOT a public or residential setting (i.e. home), by the Telemedicine Provider.
18. The Contractor and its Providers will not send memos, letters, or written information without review and approval by the institution's Chief Executive Officer (CEO), Chief Medical Executive (CME), Chief Nursing Executive (CNE), Telemedicine Services, and Direct Care Contracts Section, or their designees.
19. The Contractor and its Providers will not conduct trainings or schedule meetings with the institutions without prior approval of the CME or their designees.
20. Contractor must be willing to take instructions and work with institution management and staff.
21. Contractor and Providers shall be responsible to inform Specialty Services Scheduling at the respective institution immediately upon becoming aware of connectivity failures and restore Services within twenty-four (24) hours of failure.
22. Contractor and its providers agree to submit required dictated consultation reports to the institution within three (3) business days. In those cases where more extensive procedures or testing is performed, the Contractor and providers will submit the required dictated consultation report within 14 business days. The dictated consultation reports shall be submitted electronically in PDF (preferred), JPEG, or TIFF format. Contractor and/or Telemedicine Providers shall utilize Medweb Consult, or its successor, to submit the dictated consultation report. Submitted dictated consultation reports must be final reports reviewed and approved by the licensed Telemedicine Provider. Providers who fail to provide documentation by the stated timeframe may be subject to delay in payment or denial, until documentation is received. Submitted dictated consultation reports must include the following:
 - i. Telemedicine Provider's medical specialty;
 - ii. Full patient identification, including CDCR Number and date of birth; and
 - iii. Dictated consultation reports must be signed by the Telemedicine Provider, either by hand or electronically.
 - iv. Provided Services are considered incomplete until this report is submitted.
23. Electronically signed reports must comply with California Government Code §16.5 and 2 CCR §22000-5.
24. Contractor will maintain on-site (their office/clinic) medical record information on each CDCR patient seen via telemedicine. This information will be stored to meet CDCR/CCHCS, HIPAA, HITECH, and CMIA compliance requirements.
25. Contractor and Providers will receive patient health information via Medweb Consult, or its successor, until the Electronic Health Record System (EHRS) becomes available to outside Contractors. Contractor will utilize Medweb Consult, or its successor, for the transmission of post-clinic paperwork back to institutions (Medweb Consult training will be provided by Telemedicine Services). CDCR/CCHCS IT Security Awareness Training is required to log in to Medweb. Contractor shall ensure that all access to Medweb Consult, or its successor, complies with

CDCR/CCHCS authentication standards, including the use of Multi-Factor Authentication (MFA) for all users accessing patient health information. Contractor shall maintain compliance with any update to the CDCR/CCHCS security protocols as disseminated by Telemedicine Services.

26. Contractor and its providers are required to bill claims using Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Revenue and/or modifier codes approved for telemedicine billing under Medicare.
27. Contractor's vendors supplying telemedicine services must bill in accordance with Medicare requirements and/or guidelines. The Medicare Claims Processing Manual, Chapter 12, section 190.5 states, "The term 'distant site' means the site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system."
28. At least annually, but at any time necessary as determined, CCHCS will evaluate Contractor responses and Telemedicine Provider performance relative to the requirements outlined in this Agreement. If CCHCS determines that a service delivery problem exists, (late appointments, cancellations, refusals to see patients, or schedule patients in a timely manner), that negatively impacts the provision of covered services to patients, Telemedicine Services will work with the Direct Care Contracts Section and the Contractor on a corrective action plan, and may seek other remedial actions as needed.
29. Contractor and its Providers will not request CDCR staff to perform duties or assignments not directly related to that site's telemedicine services program.