



Virtual Practice and Provider Attestation

To properly use the Provider Application Request Form, please right-click the link and select "Save link as" to save the file to your device. Then the form can be populated in Acrobat Reader. Do not complete this form in your browser.

Group Name: _____

Tax Identification Number: _____

If this attestation is for a solo practitioner, please supply the following:

Provider's Name: _____ NPI: _____

Virtual Practice is defined as a medical or behavioral health practice in which the healthcare services provided to MVP Members take place solely through use of Telehealth or Telehealth Services.

All Virtual Providers Complete Section 1:

Section 1: Practice Policies and Model of Care:

1. Please name which Telehealth platform(s) you currently use:

Platform Name: _____ HIPAA compliant: Yes No

I conduct my telehealth sessions via telephone only.

2. Please send all written policies and procedures (please note federal and state requirements, including but not limited to 45 CFR Parts 160 and 164 (HIPAA Security Rules); 42 CFR, Part 2; PHL Article 27F; and MHL Section 33.13.). Please attach documentation to completed form.

3. Please give a description of your Practice Model of Care (please describe in detail below):

4. Please describe how you facilitate in-person components of your care model, including preventive and specialty care services, as applicable (please describe in detail below):

Only Virtual Physicians (MD, DO) should complete sections 2 & 3:

Section 2: Continuity Care (for Virtual Practices Providers Only):

MVP endorses the following principle: In accord with medicine’s ethical mandate to provide for continuity of care and the ethical imperative that physicians not abandon their patients, physicians must provide ongoing care for the entire episode of required medical treatment including the inpatient and outpatient setting.

I will provide continuity of care to my MVP patients in the following manner: (Please describe in detail)

Section 3: Referral and Treatment for Members Requiring a Controlled Substance

For physicians and prescribers, how will you ensure appropriate referral and treatment for patients requiring a controlled substance? (Narcotics and non-narcotics such as amphetamines for ADHD, for example). Non-prescribers may note not applicable.

Disclaimer:

In accordance with New York State Public Health Law Article 29-G: Regardless of population served, all telehealth-only providers must have a written procedure detailing a contingency plan in the case of a failure of transmission or other technical difficulty that renders the service undeliverable via telehealth. Policies and procedures must be available upon audit. If the service is undelivered due to a failure of transmission or other technical difficulty, a claim should not be submitted.

All providers complete attestation signature:

Please sign and date the completed attestation in the space provided:

(Provider signature)

(Date)

Please return the completed form to the individual who sent the request to you, or if you accessed this form from our website, please forward to the mvpvr@mvphealthcare.com email inbox.