Magellan Complete Care of Virginia (HMO SNP)
Telemedicine Services Provider Attestation

Provider Name: ____________________________________________

Magellan Complete Care of Virginia, LLC* (MCC of VA) (HMO SNP) requires completion and return of
this attestation for provision of all telehealth services.

You must meet all requirements below to deliver services to Magellan members via telemedicine.
Please review carefully to ensure your practice or organization meets each requirement. Completion
and return of this attestation will designate you as a telemedicine provider for MCC of VA (HMO SNP)
and indicate you wish to provide services via telemedicine. In addition, all other requirements as
described in the Magellan Network Provider Agreement, Provider Handbook, and other policies and
procedures are applicable to the provision of telemedicine services.

Telemedicine Requirements
*Please check each box, as applicable, to indicate confirmation and understanding of requirement*

- [ ] Obtain member written consent specific to participation in telemedicine
- [ ] Have written protocols to ensure telemedicine services comply with the Health Insurance
  Portability and Accountability Act (HIPAA) and meet the requirements of state and federal laws
  pertaining to patient privacy and established patient care standards
- [ ] Have written protocols to prevent fraud and abuse that address (a) authentication and
  authorization of users; (b) authentication of the origin of the information; (c) prevention of
  unauthorized access to the system or information; (d) system security, including the integrity of
  information that is collected, program integrity, and system integrity; and (e) maintenance of
  documentation about system and information usage
- [ ] Have written protocols for management of urgent/emergent situations
- [ ] Maintain a complete medical record of all telemedicine services provided to members and
  documentation of the telemedicine equipment used for the services provided
- [ ] Obtain a signed statement from the member or the member’s authorized representative indicating
  their choice to receive services through telemedicine. The statement may be for a set period of
  treatment or a one-time visit, as applicable to the service(s) provided
- [ ] Practice must be covered by professional liability insurance for required limits per occurrence and
  aggregate through self, group or employer and include services performed via telemedicine in the
  coverage territory where the provision of services occurs
- [ ] Utilize secure and HIPAA compliant technology for all telehealth sessions.
  (All telemedicine sessions must be conducted through secure and HIPAA-compliant technology.
  Note: FaceTime* is not considered secure, HIPAA-compliant technology.)

[SIGNATURE PAGE TO FOLLOW]
I attest, by my signature, that my practice (individual, group, or organization) complies with all applicable Magellan, state, and federal telehealth regulations and guidelines. I hereby certify that my representations contained in this document are true and accurate. I further understand that any information entered on this Attestation that subsequently is found to be false could result in termination of any agreement I may have or enter into with MCC of VA (HMO SNP) and/or its affiliates.

I understand and agree that, as part of application process for delivery of telehealth services, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, and any other criteria used by MCC of VA (HMO SNP) for determining initial and ongoing eligibility for participation. I acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

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<th>Provider Signature:</th>
<th>Date:</th>
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Provider’s NPI: ___________________________ Provider’s TIN: ___________________________

For group and organization providers:
Please complete the roster below for those direct services staff that provide telemedicine services.

**For large provider entities routinely submitting staff rosters to MCC of VA (HMO SNP), please provide this information on your roster submissions, via a telehealth indicator (in a unique column). Please attach to this form a roster of all telehealth practitioners. A current copy of the roster template may be found on dsnp.mccofva.com/.**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>NPI</th>
<th>Education</th>
<th>Professional Licensure</th>
<th>Service Address, City, State, Zip Code</th>
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Please return this completed form along with your staff roster to:

Email: MCCVAProvider@MagellanHealth.com or
Fax: 1-888-656-5098 or
Mail: 3829 Gaskins Road, Richmond, VA 23233
ATTN: Network Operations