Telemedicine Services

When Telemedicine Services are offered by the Contractor, the Contractor must abide by the provisions described in this Agreement.

Coordination of all telemedicine services is maintained through the Office of Telemedicine Services. In order to ensure coordinated service delivery, institutions may not receive telemedicine services from the Contractor without obtaining written authorization from the Office of Telemedicine Services.

With this information, the Contractor is being informed of, and agreeing to, the following as it pertains to Telemedicine services:

1. The contract service provider agrees to abide by the Policies and Procedures as outlined in the Telemedicine General Services Guidelines. Telemedicine General Services Guidelines are available by contacting the Office of Telemedicine Services:

   Contact Information:
   California Prison Health Care Services (CPHCS)
   Attn: Office of Telemedicine Services
   P.O Box 4038
   Sacramento, CA 95812
   (916) 327-2468

2. All telemedicine services that are provided under this Agreement must be authorized, coordinated and scheduled by the Office of Telemedicine Services.

3. The Contractor will not directly contact the institution(s) to initiate providing services.

4. The Contractor must contact the Office of Telemedicine Services to make any change to the telemedicine service schedule. This includes cancellations, rescheduling, requests for additional medical specialties and any other necessary changes.

5. Approval from CPHCS Medical Contracts and the Office of Telemedicine Services must be obtained prior to providing Telemedicine Services to institutions not included in this Agreement.

6. The Contractor will attend in-service training when requested by the Office of Telemedicine Services.

7. The Contractor will not distribute memos, letters or written information without review and approval by the on-site Health Care Manager, the on-site Director of Nursing and the Office of Telemedicine Services.

8. The Contractor will not conduct trainings or schedule meetings without prior approval of the on-site Health Care Manager, the on-site Director of Nursing, and the Office of Telemedicine Services.
9. The Contractor will not request CDCR staff to perform duties or assignments not directly related to that site’s telemedicine services program.

10. The Contractor agrees to submit required recommendations for treatment (dictation report) to the institution within 48-72 hours. Provided services are considered incomplete until this report is submitted. Billing/invoicing for the service should not occur until consultation (paperwork) is complete and submitted.

11. Contractor’s equipment and connectivity to perform telemedicine must meet the CDCR established and approved methods and specifications.

12. All telemedicine visits/clinics will adhere to patient/inmate confidentiality policies and HIPPA requirements.

13. The Contractor will maintain on-site medical record information on each inmate-patient seen via telemedicine. This information will be stored to meet CDCR and HIPPA compliance requirements.

14. The Contractor will give as much notice as possible but no less than a 72 hour notice, in the event of a foreseeable clinic cancellation.

15. The Contractor shall meet or exceed the IT security standards established by CPHCS.

16. The Contractor shall obtain approval from the Office of Telemedicine Services prior to initial connectivity to an institution via Telemedicine.

17. Contractors shall refer to and utilize when medically appropriate, the CDCR Correctional Formulary.

18. The Contractor shall connect to the CPHCS network infrastructure by utilizing Integrated Services Digital Network (ISDN), H.320.

19. The Contractor shall have the ability to establish future telemedicine communication via Internet Protocol (IP) H.323.

20. The Contractor shall allow usage of both ISDN and IP technologies.

21. The Contractor shall be responsible for all their telemedicine equipment/data communications outside of CPHCS.

22. The Contractor shall be responsible to restore services, within their realm of control, within 24 hours of failure.