

Comparison of COVID-19 Telehealth Guidance from the Georgia Composite Medical Board, Medicaid, and Medicare

	Georgia Composite Medical Board (GCMB)	Medicaid	Medicare
Patient Location Requirements	N/A	<p>During the COVID-19 public health emergency, a patient can be in the following locations:</p> <ul style="list-style-type: none"> - community mental health center; - county board of health; - emergency medical service ambulance; - federally qualified health center; - hospital; - hospital based or critical access hospital dialysis center; - local education authority; - mobile stroke unit (for purposes of diagnosis, evaluation, and treatment of stroke only); - patient's home; - pharmacy; - provider's office; - rural health clinic; or - skilled nursing facility. 	Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
Provider Location Requirements	N/A	<p>The announcement from the Georgia Department of Community Health ("DCH") does not directly address where providers must be located and whether they must be located in Georgia when providing services via telehealth. Historically, Georgia Medicaid defined "distant site" (the provider's location during a telehealth encounter) as those locations "where the practitioner/provider is legally allowed to practice in Georgia while providing health care services" and noted services must be provided within the Medicaid policy guidelines for that service.</p>	<ul style="list-style-type: none"> - There are no payment restrictions on distant site practitioners furnishing Medicare telehealth services from their home. - An individual practitioner is required to update their Medicare enrollment with the home location. The practitioner can add their home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction through the provider enrollment hotline. It would be effective immediately so practitioners could continue providing care without a disruption. More details about this enrollment requirement can be found at 42 CFR 424.516. - If the physician or non-physician practitioner reassigns their benefits to a clinic/group practice, the clinic/group practice is required to update their Medicare enrollment with the individuals' home location. The clinic/group practice can add the individual's home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction through the provider enrollment hotline.
Permitted Technologies	Must be able to examine the patient using technology or peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.	<p>Permissible technologies include:</p> <ul style="list-style-type: none"> - telephone; - webcam, other audio or visual technology; or - video cell phone communication. 	Effective immediately, the Office for Civil Rights ("OCR") will exercise enforcement discretion and waive penalties for violations of the Health Insurance Portability and Accountability Act ("HIPAA") against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 public health emergency.
Prescribing	<ul style="list-style-type: none"> - Adopts the Emergency Declaration Standard of the U.S. Department of Health and Human Services ("HHS"), which allows Drug Enforcement Agency ("DEA") registered practitioners to issue prescriptions during a public health emergency for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: (1) the prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice; (2) the telemedicine communication is conducted using an audio-visual, real time, two-way interactive communication system; and (3) the practitioner is acting with Federal and State law. - Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations; thus, the practitioner may issue a prescription either electronically (for schedules II-IV) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. 	<ul style="list-style-type: none"> - Physician licensure regulations, which remain in effect, make it unprofessional conduct for a physician or midlevel to prescribe controlled substances (defined by O.C.G.A. § 16-13-20 et seq.) and dangerous drugs (defined by O.C.G.A. § 16-13-70 et. seq.) to a patient based solely on a patient encounter via electronic means. - Providers who are on-call or covering for another provider may prescribe up to seventy-two (72) hours of a medication to a patient and may prescribe more when emergency circumstances are documented to exist. - Federal laws, such as the Ryan Haight Online Pharmacy Consumer Protection Act, continue to apply and in some instances prohibit prescribing controlled substances through telemedicine. 	The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
Providers Who Are Able to Practice Telehealth	<p>The providers who GCMB indicates can provide telemedicine services are:</p> <ul style="list-style-type: none"> - licensed physicians; - a nurse practitioner ("NP") whose delegating physician has documented to the GCMB that the provision of care by telemedicine is in his or her scope of practice and that the NP demonstrated competence in the provision of care by telemedicine; or - a physician assistant ("PA") whose supervising physician has documented to the GCMB that the provision of care by telemedicine is in his or her scope of practice and that the PA demonstrated competence in the provision of care by telemedicine. 	<ul style="list-style-type: none"> - DCH has not waived its provider licensure or Georgia Medicaid enrollment requirements, which means that providers, including physicians, advanced practice providers (e.g., PAs and APRNs), and nurses, must be licensed to practice their respective profession by the State of Georgia to provide telehealth services to Georgia Medicaid beneficiaries and must be enrolled in Georgia Medicaid to obtain payment. - Note, however, that Governor Kemp has expedited the licensure process for out-of-state providers. 	<p>Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) are:</p> <ul style="list-style-type: none"> - physicians; - nurse practitioners ("NP's"); - physician assistants ("PA's"); - nurse-midwives; - clinical nurse specialists ("CNS's"); - certified registered nurse anesthetists; - registered dietitians or nutrition professionals; or - clinical psychologists ("CP's") and clinical social workers ("CSW's"). Note, however, that CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services and they cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
Require Patient Consent?	No	<p>Before beginning care, providers must also obtain consent to treatment via telehealth technology from the patient or the patient's legal guardian (when the patient is incompetent or under 18 years old) and document such consent in the patient's medical record. Providers will only be reimbursed by Georgia Medicaid for telehealth services that are initiated by a patient's request and deemed medically necessary.</p>	The patient must verbally consent to receive virtual check-in services, which are permissible for established patients only.
Require Prior Establishment of Physician/Patient Relationship Through In-Person Examination?	<p>Not necessarily. If one (1) of the following criteria is met, the provider is not required to have personally seen and examined the patient before providing telehealth services to the patient:</p> <ul style="list-style-type: none"> - the provider is able to examine the patient using technology or peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care; - the provider is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or - the provider is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection for a minor, and the provider is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care. 	Providers must comply with the provisions outlined in the Telehealth Manual posted on GAMMIS.	To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during the COVID-19 public health emergency.
Standard of Care	Licensees practicing by electronic or other means will be held to the same standard of care as licensees employing more traditional in-person medical care.	Providers must comply with the provisions outlined in the Telehealth Manual posted on GAMMIS, which indicates that the quality of health care services delivered must be maintained regardless of the mode of delivery.	Providers must provide telehealth services within their scope of practice and consistent with Medicare benefit rules that apply to all services. This is not changed by the waiver.