

Out-of-State (OOS) Telehealth Provider Enrollment



For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices – “Presentation – Spring Medicaid Fair/OOS Telehealth – March 2024”
Watch the “Live” presentation: https://youtu.be/F_rhRp3WPYY



Mission

The Georgia Department of Community Health

We will provide access to affordable, quality health care to Georgians through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Agenda

- **Licensing and Credentialing Requirements for Providers Rendering Services via Telehealth or Telemedicine**
- **Admitting Hospital Privileges**
- **Prescribing Medications Via Telehealth**
- **Ordering, Prescribing, and Referring (OPR) Requirements for Telehealth Services**
- **Professional Liability Insurance Requirements for Providers Rendering Services via Telehealth**
- **Enrollment Application**

Licensing and Credentialing Requirements for Providers Rendering Services via Telehealth or Telemedicine

All enrolled providers, rendering services through the use of Telemedicine or Telehealth must possess the required credentials and be legally allowed to practice within the state of Georgia. All enrolled providers must be credentialed by DCH's Centralized Credentialing Verification Organization (CVO) or through a delegated credentialing arrangement with a Care Management Organization (CMO).

Licensing and Credentialing Requirements for Providers Rendering Services via Telehealth or Telemedicine

All individual practitioners must possess the appropriate Georgia license (this includes a Telemedicine or Georgia Compact License), permit, certificate, approval, registration, or other form of permission issued by an entity other than the Department of Community Health (DCH), which form of permission is required by law. All enrolled individual practitioners must act within the scope of his or her practice as defined by federal and state laws, rules, and regulations.

Licensing and Credentialing Requirements for Providers Rendering Services via Telehealth or Telemedicine

All enrolled providers, rendering services through the use of Telemedicine or Telehealth must possess the required credentials and be legally allowed to practice within the state of Georgia. All enrolled providers must be credentialed by DCH's Centralized Credentialing Verification Organization (CVO) or through a delegated credentialing arrangement with a Care Management Organization (CMO).

Licensing and Credentialing Requirements for Providers Rendering Services via Telehealth or Telemedicine

Telemedicine/Telehealth services shall be subject to utilization review and auditing requirements.

Providers must maintain documentation of all services provided through the use of Telemedicine/Telehealth in accordance with DCH policy.

Admitting Hospital Privileges

In-state physicians providing services through the use of Telemedicine/Telehealth must have admitting privileges at a Georgia hospital or an arrangement with a local physician who has admitting privileges.

Out of state physicians providing services via Telehealth must have an arrangement with a local physician who has admitting privileges or a local hospitalist.

Prescribing Medications Via Telehealth

Providers may prescribe medications through the use of Telemedicine/Telehealth. All prescribers, whether in-state or out-of-state, must have and use his or her unique Drug Enforcement Administration (DEA) registration number to authorize controlled substance prescriptions. DEA regulations require practitioners to obtain a separate DEA registration in each state in which he or she prescribes controlled substances.

Accordingly, out of state practitioners, must obtain a Georgia DEA registration number if prescribing controlled substances to Georgia Medicaid and PeachCare for Kids members who are located within the state of Georgia. Out-of-state practitioners, who do not prescribe controlled substances to Georgia Medicaid and PeachCare for Kids members within the state of Georgia are not required to have a Georgia DEA registration number.

Ordering, Prescribing, and Referring (OPR) Requirements for Telehealth Services

The physician or non-physician practitioner who wrote the order, prescription or referral must be enrolled in Medicaid as either a participating Medicaid provider or as an OPR provider and his or her NPI number must be included on the claim.

The provider's NPI number must be for an individual physician or non-physician practitioner (not an organizational NPI).

The physician or non-physician practitioner must be of a specialty type that is eligible to order, prescribe, or refer.

Professional Liability Insurance Requirements for Providers Rendering Services via Telehealth

- Each individual practitioner providing services through the use of Telemedicine/Telehealth is required to maintain professional liability insurance in the amount of \$1 million per occurrence/\$3 million per aggregate. Shared policies are prohibited and will not be accepted. Umbrella and/or Excess Coverage policies will be accepted if the policy indicates professional liability (malpractice) coverage is included. Umbrella policies must include professional liability insurance in the amount of \$1 million per occurrence/\$3 million per aggregate for each individual practitioner. The umbrella policy must list each individual practitioner by name and clearly state that the \$1m/\$3m umbrella reflects individual limits (not shared).

Enrollment Application

[Refresh session] You have approximately 18 minutes until your session will expire. Wednesday, March 13, 2024

Home | Contact Information | Member Information | Provider Information | **Provider Enrollment** | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Account

Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement Enrollment Forms Enrollment Template Manager

(click to hide) Alert Message posted 3/13/2024

UAT2 Testing Site

This site is for testing purposes only. This is the Test Build test site. Information obtained from this site is intended solely for testing purposes and therefore may not reflect what production would show.

User Information: Billing Agent Account: AUSTIN74 ? ▾

Instructions > Search > **Request Type** > Provider > Contract > Specialty > Physician Specialty > ASL > Detail > Address > Bed > Pharmacy > Medicaid > Language > Special Need > Admit Privileges > License > Permit > Certification > Owner > Addtl Owner > Addtl Address > Fingerprint > Employee > Subcontractor > Rate > Sponsoring > Supervising > Payee > Hours > Access > Education > Training > Work > Insurance > Programs > Waiver > History > History CVO > Facility History > Doco > Autism Attest > ROI > SOP > Policy Attest > Attestation >

Request Type ?

Application Type*


- Individual Practitioner
- Facility
- Pharmacy
- Out of State - Individual Out of State is for Applicants MORE THAN 50 miles from the GA border
- Out of State - Facility
- Ordering, Prescribing, or Referring (OPR)
- Additional Service Location - Individual Practitioner and Facility
- CMO Only / Non-Traditional Services - Individual Non-Medicaid Provider participating with CMO
- CMO Only / Non-Traditional Services - Facility Non-Medicaid Provider participating with CMO
- CMO Only / Non-Traditional Services - Additional Service Location - Individual and Facility

Provider Type* Physicians/Osteopaths ▾

Would you like to also submit your application for CMO Credentialing? No Yes

Complete if requesting Retroactive Enrollment:
When were services rendered to GA Medicaid member Requested Effective Date ? ▾

previous save & continue exit

English | Español | Accessibility | Privacy | LAMA & ADA Compliant 

Enrollment Application

User Information: Billing Agent Account: AUSTIN74 ?

[Instructions](#) > [Search](#) > [Request Type](#) > [Provider](#) > [Contract](#) > [Specialty](#) > [Physician Specialty](#) > [ASL](#) > [Detail](#) > [Address](#) > [Bed](#) > [Pharmacy](#) > [Medicaid](#) > [Language](#) > [Special Need](#) > [Admit Privileges](#) > [License](#) > [Permit](#) > [Certification](#) > [Owner](#) > [Addtl Owner](#) > [Addtl Address](#) > [Fingerprint](#) > [Employee](#) > [Subcontractor](#) > [Rate](#) > [Sponsoring](#) > [Supervising](#) > [Payee](#) > [Hours](#) > [Access](#) > [Education](#) > [Training](#) > [Work](#) > [Insurance](#) > [Programs](#) > [Waiver](#) > [History](#) > [History CVO](#) > [Facility History](#) > [Doco](#) > [Autism Attest](#) > [ROI](#) > [SOP](#) > [Policy Attest](#) > [Attestation](#) >

Provider ?

As appears on license

If a suffix such as Jr, Sr, III, etc. is part of the provider's name, enter it in the Individual Last Name field after the name. (i.e. Smith Jr)

Individual Last Name*	WILLIAMS	
First, MI*	LORY	
Doing Business As (D/B/A)		
Title/Degree		
Other Names Used (e.g. Maiden Name, Alias)		
Date of Birth*	12/01/1976	Age: 47
Gender*	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Race	OTHER	
Ethnicity		
SSN*	232131212	
FEI Number*	645656676	
Unique Physician Identification Number-UPIN		

[previous](#) [save & continue](#) [exit](#)

Enrollment Application

Welcome, austin74 Search

[Refresh session](#) | You have approximately 19 minutes until your session will expire. Wednesday, March 13, 2024

[Home](#) | [Contact Information](#) | [Member Information](#) | [Provider Information](#) | **[Provider Enrollment](#)** | [Nurse Aide/Medication Aide](#) | [EDI](#) | [Pharmacy](#) | [HFRD](#)

[Account](#)

[Home](#) [Enrollment Application Status](#) [Enrollment Wizard](#) [Provider Contract Status](#) [EFT Agreement](#) [Enrollment Forms](#) [Enrollment Template Manager](#)

(click to hide) Alert Message posted 3/13/2024

UAT2 Testing Site

This site is for testing purposes only. This is the Test Build test site. Information obtained from this site is intended solely for testing purposes and therefore may not reflect what production would show.

User Information: Billing Agent Account: AUSTIN74 ? ⌵

[Instructions](#) > [Search](#) > [Request Type](#) > [Provider](#) > [Contract](#) > [Specialty](#) > [Physician Specialty](#) > [ASL](#) > [Detail](#) > [Address](#) > [Bed](#) > [Pharmacy](#) > [Medicaid](#) > [Language](#) > [Special Need](#) > [Admit Privileges](#) > [License](#) > [Permit](#) > [Certification](#) > [Owner](#) > [Addtl Owner](#) > [Addtl Address](#) > [Fingerprint](#) > [Employee](#) > [Subcontractor](#) > [Rate](#) > [Sponsoring](#) > [Supervising](#) > [Payee](#) > [Hours](#) > [Access](#) > [Education](#) > [Training](#) > [Work](#) > [Insurance](#) > [Programs](#) > [Waiver](#) > [History](#) > [History CVO](#) > [Facility History](#) > [Doco](#) > [Autism Attest](#) > [ROI](#) > [SOP](#) > [Policy Attest](#) > [Attestation](#) >

Contract ?

Provider Contract

A 430 Physician

Type data below for new record.

Provider Contract* 430 - Physician ⌵

[delete](#) [add](#)

[previous](#) [save & continue](#) [exit](#)

Enrollment Application

Home | Contact Information | Member Information | Provider Information | **Provider Enrollment** | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Account

Home Enrollment Application Status Enrollment Wizard Provider Contract Status EFT Agreement Enrollment Forms Enrollment Template Manager

(click to hide) Alert Message posted 3/13/2024

UAT2 Testing Site

This site is for testing purposes only. This is the Test Build test site. Information obtained from this site is intended solely for testing purposes and therefore may not reflect what production would show.

User Information: Billing Agent Account: AUSTIN74

Instructions > Search > Request Type > Provider > Contract > Specialty > **Physician Specialty** > ASL > Detail > Address > Bed > Pharmacy > Medicaid > Language > Special Need > Admit Privileges > License > Permit > Certification > Owner > Addtl Owner > Addtl Address > Fingerprint > Employee > Subcontractor > Rate > Sponsoring > Supervising > Payee > Hours > Access > Education > Training > Work > Insurance > Programs > Waiver > History > History CVO > Facility History > Doco > Autism Attest > ROI > SOP > Policy Attest > Attestation >

Physician Specialty

Physician Contract Specialties and Subspecialties

Please select the specialties and subspecialties that you are trained for and practice.

Primary Specialty Practiced* RADIOLOGY

Subspecialty 1 PEDIATRIC RADIOLOGY

Subspecialty 2

Secondary Specialty Practiced

Tertiary Specialty Practiced

Fourth Specialty Practiced

Fifth Specialty Practiced

Non-Physician Contract Specialties

Primary Specialty

previous save & continue exit

Enrollment Application

Detail ?

Enrollment template feature not available for application type.
Select a template to populate detail provider data ▼

Ownership Code* PRIVATE - FOR PROFIT ▼ Practice Type Code* CORPORATION ▼
Business Location Out Of State Other ▼ Fiscal Year End Month ▼
CLIA Number Liability Insurance Amount

Are you Board Certified? No Yes
Certification Effective Date ▼
Certification Expiration Date ▼
Board Specialty
Do you use Telemedicine Services?* Yes - Virtual Only ▼
Are you enrolled in Medicare? No Yes
Medicare Effective Date ▼

[Drug Enforcement Agency \(DEA\)](#)

Enrollment Application

Address [?]

Address Type	Address 1	City	State	Zip	Phone
SERVICE LOCATION	1401 West Paces Ferry Road, NW	WARE	AL		

Type data below for new record.

Enrollment template feature not available for application type.

Select a template to populate address data [v]

Address Type* SERVICE LOCATION [v]

Name of Practice (As it appears on the W-9)* RAD

Address 1* 1401 West Paces Ferry Road, NW

Address 2 4409

City* WARE

State* AL [v]

Zip* 54444

County* Blount County [v]

Out of State Category* OOS Emergency – Practitioner over 50 miles from border [v]

Phone* [] []

Fax* [] []

Is this location open 24 Hours? No Yes

After Hours Phone [] []

Is this location TDD/TTY equipped? No Yes

E-Mail Address* []

Practice Web Site Address []

Does this location have 24/7 phone coverage? No Yes

Answering Service No Yes

Voicemail with Instructions No Yes

[delete] [add]

[previous] [save & continue] [exit]

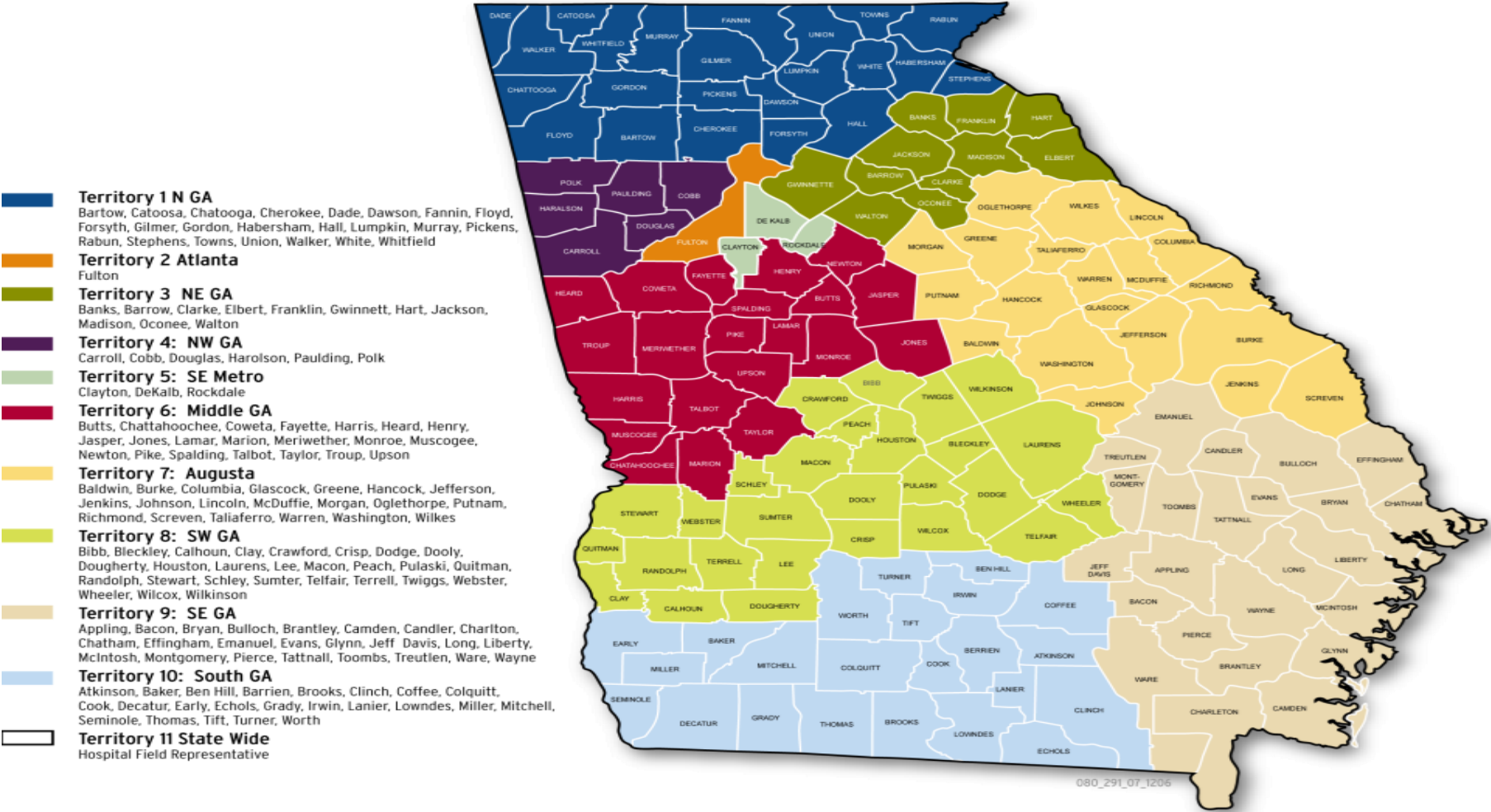
The system is currently being updated to reflect the choice of OOS Over 50.

Contacting your Provider Relations Field Services Representative:

Visit our website:

www.mmis.georgia.gov

Georgia Field Territories



Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Mercedes Liddell
2	Fulton	DeAndre Murray
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Tierra Johnson
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Bentley
South	Hospital Rep	Janey Griffin

Provider Relations Consultants

State-Wide Consultants

Sharée C. Daniels
Brenda Hulette
Danny Williams

Contact My Provider Rep Directly

Login to the MMIS Web Portal with your username and password.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

gainwell

Search

[Refresh session] You have approximately 19 minutes until your session will expire. Friday, August 11, 2023

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Home Publication Search Site Map Site Settings Language Selection

★GAMMIS:Home <- Bookmarkable Link ☆ Click here for help and information about bookmarks

(click to hide) Alert Message posted 8/11/2023

Planned System Maintenance Event

Due to planned system maintenance, the Georgia Web Portal, IVR and SFTP sites will be unavailable from Sunday, August 13, 2023, between the hours of 12:01 a.m. and 7:00 a.m. Eastern Time.

User Information ?

Login/Manage Account **Login**

Members

- Register for Secure Access
- Member Information

File Explorer

Latest News...

For members, the best source of the latest information is the Member Notices page under the Member Information menu.

For providers and their delegates, the best source for the latest information is the Message page

Contact My Provider Rep Directly

Select the Web Portal Option.

(continued)

Applications

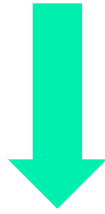
Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal Production



Contact My Provider Rep Directly

Select Contact Information and then Contact Us from the drop-down menu.

(continued)



Home | **Contact Information** | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI

Home **Contact Us** Phone Numbers & Links


★ [GAMMIS: Contact Us](#) <- Bookmarkable Link ★ [Click here for help and information about bookmarks](#)

Contact My Provider Rep Directly

Select a Type of Inquiry item. > Enter Details> Select a Contact Method and Enter details > Submit.
(continued)

Requests Requiring PHI


NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.



Contact Information	
How can we help you?	
Select an Item*	<ul style="list-style-type: none">Claim Status InquiryEligibility InquiryContact My Provider Service RepProvider EnrollmentRequest a Provider Rep VisitICD-10 InquiryFavors Review InquiryMAPIR InquiryWeb RegistrationMember ID CardsMember PCP AssignmentsCustomer ServiceComplaint about a ProviderComplaint about a MemberOther ComplaintHaving a Technical ProblemOtherEDI Submission ProblemProvider PIN Issue
Enter Category Details	
How can we help you?	
How do you want to be contacted?	
Contact Method*	
Last Name, First Name	
Phone Number, Ext	

Contact My Provider Rep Directly

Once submitted, a tracking number/reference will generate. Please keep the tracking number for your records.
(continued)

The following messages were generated:
Your request has been processed. Your tracking number is 20763193. 
Providers may call the Provider Contact Center at (770) 325-9600 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

Contact Information ? ^

How can we help you?

Select an Item* Contact My Provider Service Rep ▾

Enter Category Details

How can we help you? test

How do you want to be contacted?

Contact Method* Telephone ▾

Last Name, First Name HP test

Phone Number, Ext (800)766-4456

Questions?



Thank You



gainwell