

VIRTUAL VISIT RESOURCE GUIDE: APRIMA

RESOURCES FOR VIRTUAL SERVICES ON APRIMA

VILLAGE MEDICAL

This document serves as a master resource for virtual visits delivered using Aprima and can be used by all clinics across all markets that use Aprima.

The processes outlined in this document have been developed in the time of COVID-19. They will be revised at a later date to ensure compliance with any new laws and legislation post-pandemic.

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VIRTUAL VISITS – FAQ

What is a virtual visit?

A virtual visit is a videoconference between a provider and a patient at home. The patient can meet with their provider remotely via their camera-enabled device. Examples: cellphone, tablet, laptop.

Why are we fast-tracking virtual visits during the COVID-19 emergency?

We're working to ensure the safety of all our patients during the COVID-19 pandemic. Virtual visits will help keep patients out of the clinics and minimize exposure to the virus. Virtual visits from the comfort of their home will also be a preferred mode of service for all patients in this time of social distancing and stay at home orders.

Which patients are eligible for a virtual visit?

Patients with acute symptoms, fever, upper respiratory symptoms (cough, runny nose, sore throat), chronic condition follow-up needs, or concerns around visiting the practice in person will be the primary focus for virtual visits.

How are patients identified and scheduled for virtual visits?

Patients are identified and scheduled for virtual visits by the contact center in response to a patient-driven visit request. In addition, the contact center should offer a virtual visit to any patients requesting a cancellation or attempting to reschedule an existing appointment.

What instructions will patients receive during scheduling?

During the scheduling process, patients will be informed that they will receive a text message from one of our providers asking them to join their virtual visit within 30 minutes of their scheduled appointment time. Patients will also be reminded to be on a camera-enabled device and connected to a reliable internet connection. Additionally, patients will be notified that the same copays and deductibles that apply to an office visit apply to a virtual visit. In the case of an AWW, patients will be given the above instructions and also reminded that a nurse from the physician's team will call them in advance of the virtual visit, to go through a medication review, health assessments and other services to prepare them for the visit with the provider.

IF PATIENTS INQUIRE ABOUT THEIR OUT-OF-POCKET RESPONSIBILITY: Inform them that normal copays, deductibles and/or coinsurance will apply unless their health plan has specified otherwise. We will not attempt to collect the patient's responsibility prior to/at time of service, but will rather manage that process subsequent to their visit.

How will scheduled patients be added to provider schedules?

Patients electing a virtual visit may be scheduled into any available provider time slot. In addition, the contact center may "overbook" one appointment per provider per hour with a virtual visit if no slots are available. Please designate these "overbooked" visits as virtual visits on the schedule. Patients should be advised that they will see their own primary care provider if available, but they may see the first available provider should their PCP not be available.

What is the process for initiating a virtual visit?

When a provider is ready to initiate a virtual visit, they will login to their virtual waiting room. Before initiating a virtual visit, the provider should ensure the patient's chart is ready for exam in the EMR and that all check-in activities have been completed. Once the provider confirms the patient chart is ready for the visit, the provider will send a link to the patient via text message. The provider will be notified via email when the patient accesses the virtual waiting room and is ready for the visit.

How should the visit be introduced to the patient?

Patients will be provided a brief overview of virtual-visit expectations while in the virtual waiting room. Once connected live with the patient, the provider must secure verbal consent from the patient and document patient consent in the EMR prior to proceeding. If the patient does not consent, the virtual visit session must be concluded.

How should the visit be documented?

Providers should document in the patient's chart as if the visit were in-person. Patient consent should be documented in the chart, typically as part of the HPI. At the close of the visit, the provider should add the virtual visit CPT code. Once this is completed, the provider should save and exit the encounter as usual.

Can ancillary services be ordered during virtual visits?

Yes, providers can order follow-up ancillary services during a virtual health visit.

NOTE: The terms "virtual visit" and "telehealth" are used interchangeably in this document.

VIRTUAL VISIT PLATFORM RESOURCES

VIRTUAL VISIT PLATFORM RESOURCES

How to Send a Virtual Care Invite

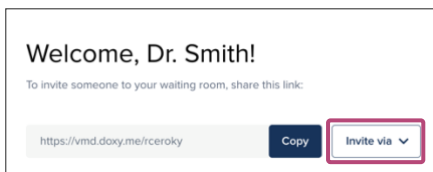
1. Go to vmd.doxy.me/sign-in using Chrome. Enter your email address and password. Click **Sign In**. The **Provider Dashboard** displays.



The screenshot shows the Village Medical Sign In page. A pink box highlights the 'Sign In' section, which includes fields for 'Email' and 'Password', a 'Remember me on this computer' checkbox, and a 'Sign In' button. To the right of the sign-in fields are two buttons: 'Login with Google' and 'Login with Facebook'. Below the sign-in fields is a link that says 'Forgot Password?'.

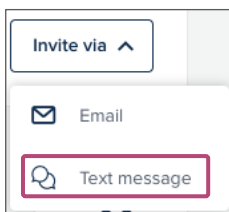
NOTE: The first time you log in, you may need to give your browser permission to access your camera and microphone.

2. Click the **Invite via** dropdown.



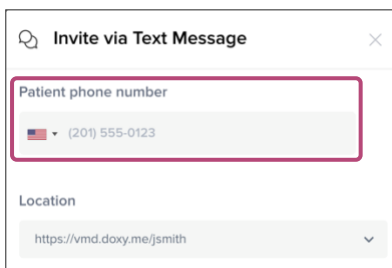
The screenshot shows the 'Welcome, Dr. Smith!' screen. It displays a link to invite someone: 'https://vmd.doxy.me/rccroky'. There are two buttons next to the link: 'Copy' and 'Invite via'. The 'Invite via' button has a dropdown arrow and is highlighted with a pink box.

3. Select **Text message**.



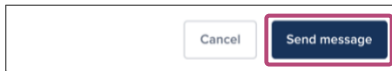
The screenshot shows the 'Invite via' dropdown menu. It has two options: 'Email' and 'Text message'. The 'Text message' option is highlighted with a pink box.

4. Enter the patient's phone number in the **Patient phone number** field.

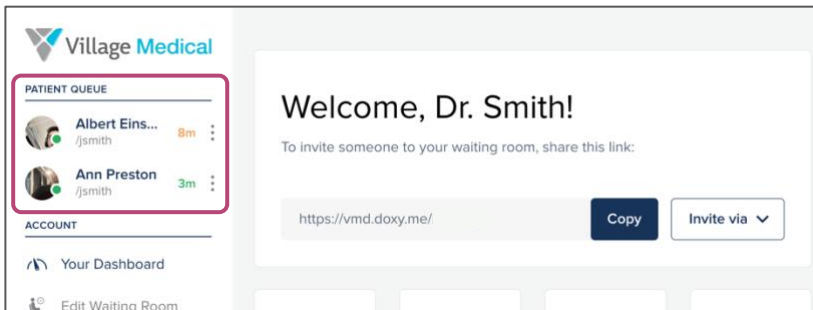


The screenshot shows the 'Invite via Text Message' form. It has a 'Patient phone number' field with a pink box around it. The field contains a dropdown for the country (USA) and a text input with the number '(201) 555-0123'. Below the phone number field is a 'Location' field with a dropdown menu showing the URL 'https://vmd.doxy.me/jsmith'.

5. Click **Send message**.

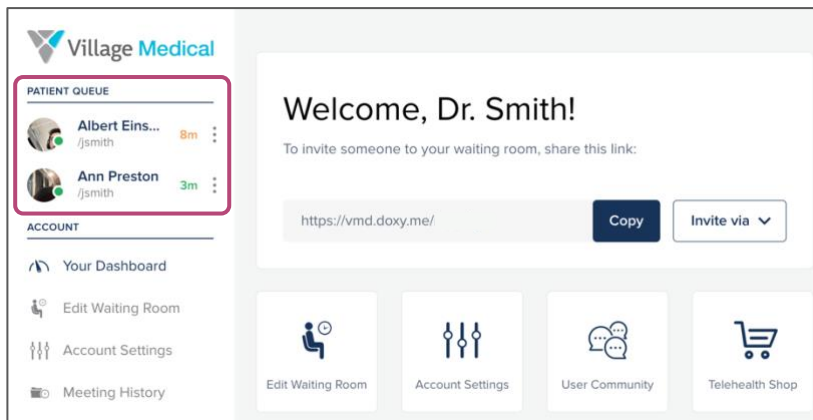


6. At the time of the scheduled appointment, the patient will need to click the shared URL from their device, type in their own name and join the waiting room.
7. Once the patient has joined, the **Provider Dashboard** indicates a patient is in the **Patient Queue** on the left side of the page.



How to Start a Virtual Care Visit

1. Patients awaiting care are visible in the **Patient Queue** on the left side of the screen.



2. Hover over a patient name and click **Start Call** to meet with a patient.



3. Verbal Consent

WHEN: Verbal consent should be confirmed IMMEDIATELY after you click “Start call” on the Virtualvirtual visit platform and the patient answers.

STEP 1: Confirm Patient Identity and Introduce Virtual Visit

- a. **Introduce yourself.**
- b. **Confirm the patient’s identity** (two patient identifiers – first and last name, and DOB).

STEP 2: Inform and Attain Patient Consent

- a. **Intro/benefits:** You may be familiar with virtual care, or telehealth. In short, it’s a convenient and timely alternative for you and me to communicate in real time even though we’re in two different locations. (During the COVID-19 emergency, indicate that this is a patient safety measure to ensure patients do not need to come into the clinic.)
- b. **Risks.** We work hard to ensure every patient’s visit goes smoothly. However, like any other health care service, there are potential risks we want you to know about. Although our connection is secure and encrypted, there’s a rare chance those protocols could fail. In rare instances, there may be issues with technology, such as connection issues, as well.
- c. **Privacy/billing.** The in-person office policies you’ve already been made aware of apply to virtual visits as well. Examples include our Notice of Privacy Practices and billing policies.

- d. Do you have any questions about what we've just discussed?
- e. **Verbal consent:** [Patient name], do you consent to receiving health care services via virtual visit today?

STEP 3: Document Consent

- a. **Document verbal consent in EMR.** Check the statement *"I confirm that I received verbal consent from the patient for the virtual visit"* on the Reason for Visit section of the Patient Chart.

STEP 4: Begin Virtual Visit

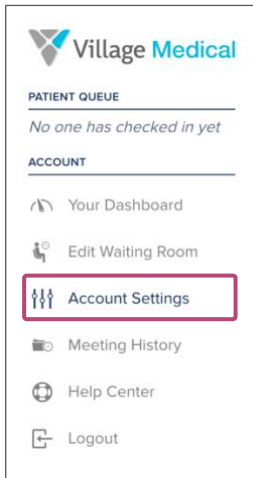
NOTES FOR PROVIDER

- If the patient does not consent to the virtual visit, use your best judgment as to how to handle the case, based on reason for visit
- The virtual visit should be conducted in a private location
- All HIPAA rules apply

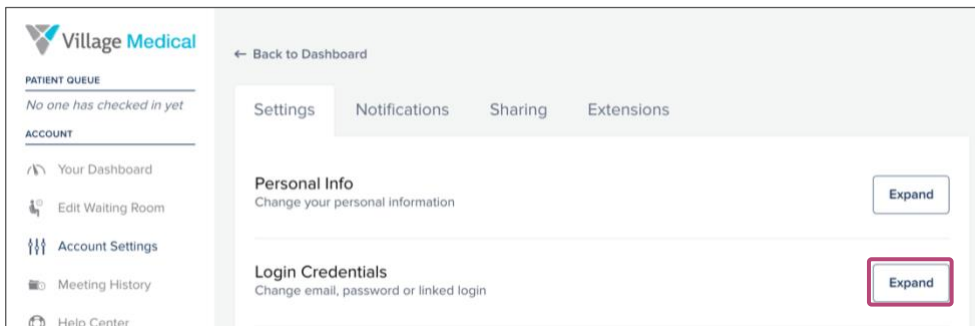
NOTE: If you need to pause the call at any time, the patient will return to the **Patient Queue**, where you will need to click on their name again to resume the visit.

How to Change Your Virtual Visit Platform Password

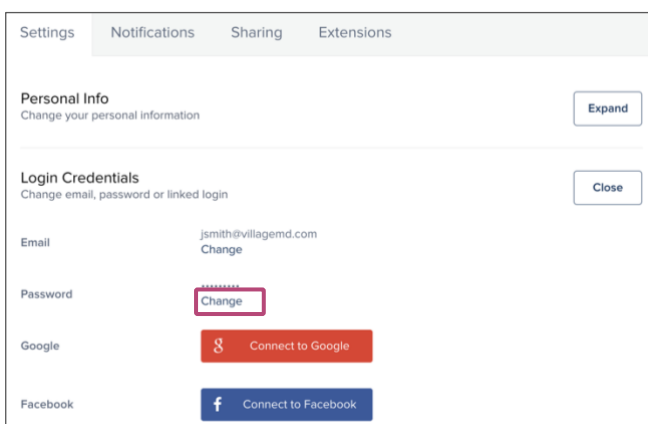
1. Click **Account Settings** in the side navigation menu.



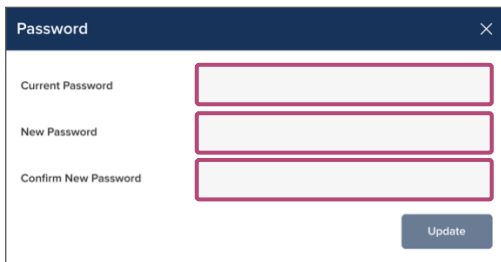
2. Click the **Expand** button in the **Login Credentials** section of the **Settings** tab.



3. Click the **Change** link in the password section.



4. In the **Password** pop-up, enter your *current password*, then enter your *new password* in the **New Password** text box and again in the **Confirm New Password** text box.



A screenshot of a 'Password' pop-up window. The window has a dark blue header with the title 'Password' and a close button (X). Below the header, there are three text input fields with pink borders, labeled 'Current Password', 'New Password', and 'Confirm New Password'. At the bottom right of the form is a blue 'Update' button.

5. Click the **Update** button when complete.



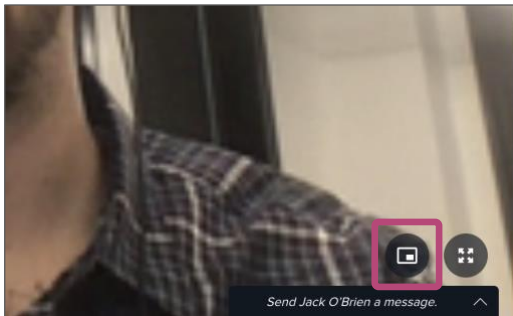
A screenshot of a 'Confirm New Password' form. It features a single text input field with a pink border, labeled 'Confirm New Password'. The field contains a series of dots representing masked text. At the bottom right of the form is a blue 'Update' button.

Provider Tips

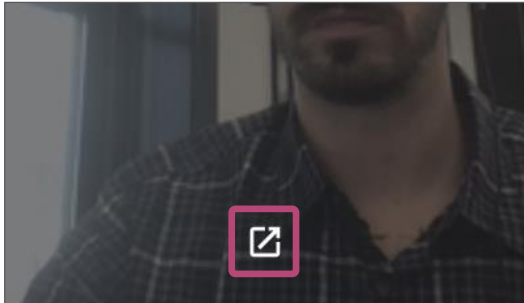
Picture-in-Picture Mode

Doxy supports **Picture-in-Picture** mode while using *Chrome*. This allows the provider conducting the call to lock the patient's video to the front of their screen while they use another browser window or program (e.g., the EMR, to document the visit).

To use **Picture-in-Picture** mode, click the **Minimize**  icon in the lower right corner of the screen. The resulting window can be moved and resized to fit your workflow, while remaining at the front of your desktop.



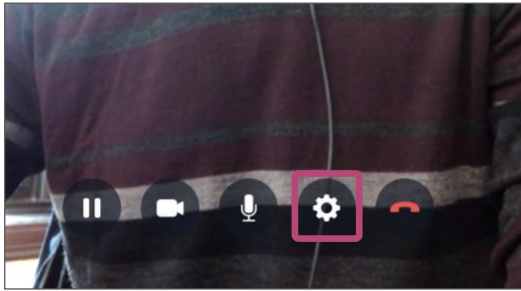
To return to the normal view, click the **Return to Screen**  icon.



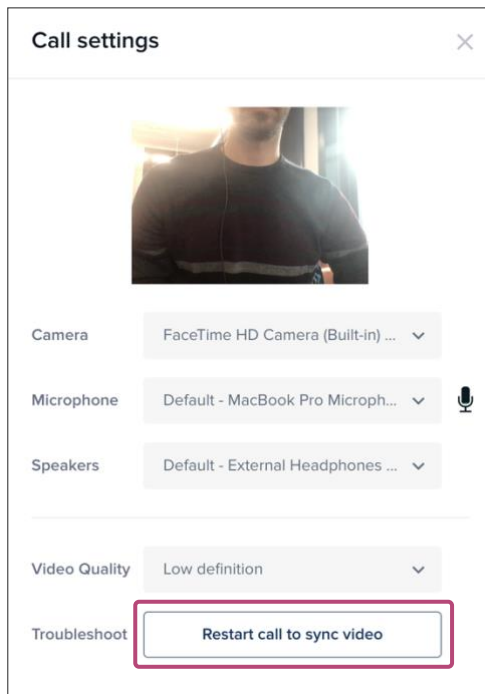
Troubleshooting Audio/Video Issues

During a virtual visit, the provider can initiate a “restart,” which can solve most audio and video issues.

To restart a call, first hover over the patient's video with your mouse and click the **Gear**  icon.



The **Call settings** display. Click the **Restart call to resync video** button.



Discourage Multitasking

Audio and video quality can suffer if the patient decides to start using other apps/browser windows while on their phone during a call. Ensure patients are focused only on the call.

Other Tips for a Successful Virtual Visit

- The outgoing message from the virtual platform will show your name as the invitee. Patients may think this is spam. If a patient has not checked into the virtual waiting room within 30 minutes of your invite, reach out to the patient via phone and ask them to join the virtual visit.
- Start the visit by introducing yourself and thanking the patient for joining a virtual visit. Let the patient know we're happy to help them avoid any non-essential office visits. Patients typically are appreciative of and grateful for proactive outreach.
- Start the conversation by telling the patient you're going to review their chart. You should review and reconcile all medications and ask the patient to outline their current issues/concerns. Having a longitudinal health record from a known provider is a unique benefit to Village Medical virtual visits. This adds value and comfort to the patient.
- As a provider, you can toggle between the virtual video and the patient's chart. However, regardless of the screen you're looking at, the patient will continue to see you. If you're in the chart for an extended duration, it's possible to move your image out of the video screen. If you do this for extended charting, make sure to inform the patient that you're documenting in the chart.
- Provide as much familiarity to a patient as possible. Remember to wear a lab coat during the visit; patients will expect the same professionalism you provide in person. Also, remember that patients will see what is behind you, so try to make it as clinical if possible – e.g., an exam room or a shelf of books.

Be in a private area – HIPAA still applies!

APRIMA RESOURCES

This section outlines step-by-step guidance for how to conduct the various steps of a visit on Aprima. The instructions will vary based on visit type. The various visit types covered will increase over time. Currently, these include:

1. [A virtual E/M visit](#)
2. [A virtual Annual Wellness Visit \(AWV\)](#)
3. A virtual Transitional Care Management Visit (TCM)

VIRTUAL VISITS

Virtual Visits

A virtual visit covers all E/M appointments.

How to Schedule a Virtual Visit

1. Search for your patient and click on the **patient's name** (hyperlink); this will take you to the patient's demographic overview.

MRN	ID	Name	AKA Name	Birth Date	SSN
	430573	Test, Bob	Test, Bob	2/2/2000	

<

Patient ID		MRN	
Last Name	Test	SSN	
First Name	Bob	Primary Phone	
Responsible Party		Date of Birth	02/02/2000
AKA Last		Condition	
AKA First		Provider	

☐ Include inactive items in search

2. Once in the patient's demographics, verify the following:

- Mobile phone number.
- Email address.
- Home address.

Demographics	Accounts	Contacts	Employment	Pharmacy	Questionnaire	Programs
---------------------	----------	----------	------------	----------	---------------	----------

Name: [Test, Bob](#)
 External ID: 430573
 Also Known As: Test, Bob
 Social Security Number:
 Medical Record Number:
 Practice Provider: Hughes, Robert
 Referring Provider: [Hughes, Robert](#)
 Date of Birth: 2/2/2000
 Age: 20 Years
 Gender: Male
 Gender Identity:
 Sexual Orientation:
 Preferred Contact Method:

Primary Address:
 1000 South 12th Street
 Murray KY 42071

Phone Numbers:
 1. (270)759-9200 cell

Email Addresses:
 1. bobtest@primarycaremedcenter.com

Marital Status: Other
 Preferred Language: English
 Translator Required: No
 Driver's License Number:
 Release Signed Date: 02/15/2011
 Original Chart Scanned:
 Patient Status: Test Patient

Secondary Address:
 2. (270)759-9200 work
 4.
 2.
 Race: Caucasian
 Ethnicity: Not Hispanic or Latino
 Dominant Hand: Left

- Once demographics have been verified, please move to the patient's account information to verify insurance eligibility:

Demographics **Accounts** Contacts Employment Pharmacy Questionnaire Programs

Account: [MAIN](#)

Account External ID: 1176 Account Type: Blue Cross/Blue Shield
Total Account Balance: \$40.00 Patient Balance: \$40.00

Responsible Party External ID: 31077 Responsible Party Balance: \$206.00
Responsible Party: [Test, Bob](#) Collection Status:
Sufficient Payment Due: \$30.00 Due Date: 2/25/2015

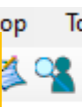
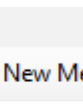
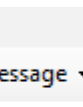
Current Insurance (11/19/2014-Future): [Eligibility](#) Date 03/24/2020

Ins	Ins Subscriber	Payer/Plan	Status	Ded	Rmng	Eff Date	Copy
Primary	Test, Bob	Anthem Blue Cross/Anthem Blue Access Po 10518	Active Coverage				Primary
	DOB: 1/1/1999	Group ID:					
	Patient Relation: Other	Member					
	Authorize Assignment: Yes	ID: FCD895G859745					
		P O Box 105187					
		Atlanta, GA 30348 (844)					
		402-5347					

- Once you've verified the patient information, proceed with **scheduling** the patient on the **providers schedule**:

- Click on the **calendar** icon

Desktop Tools Billing Help

            New Message

View ☐ Primary ☒ Secondary

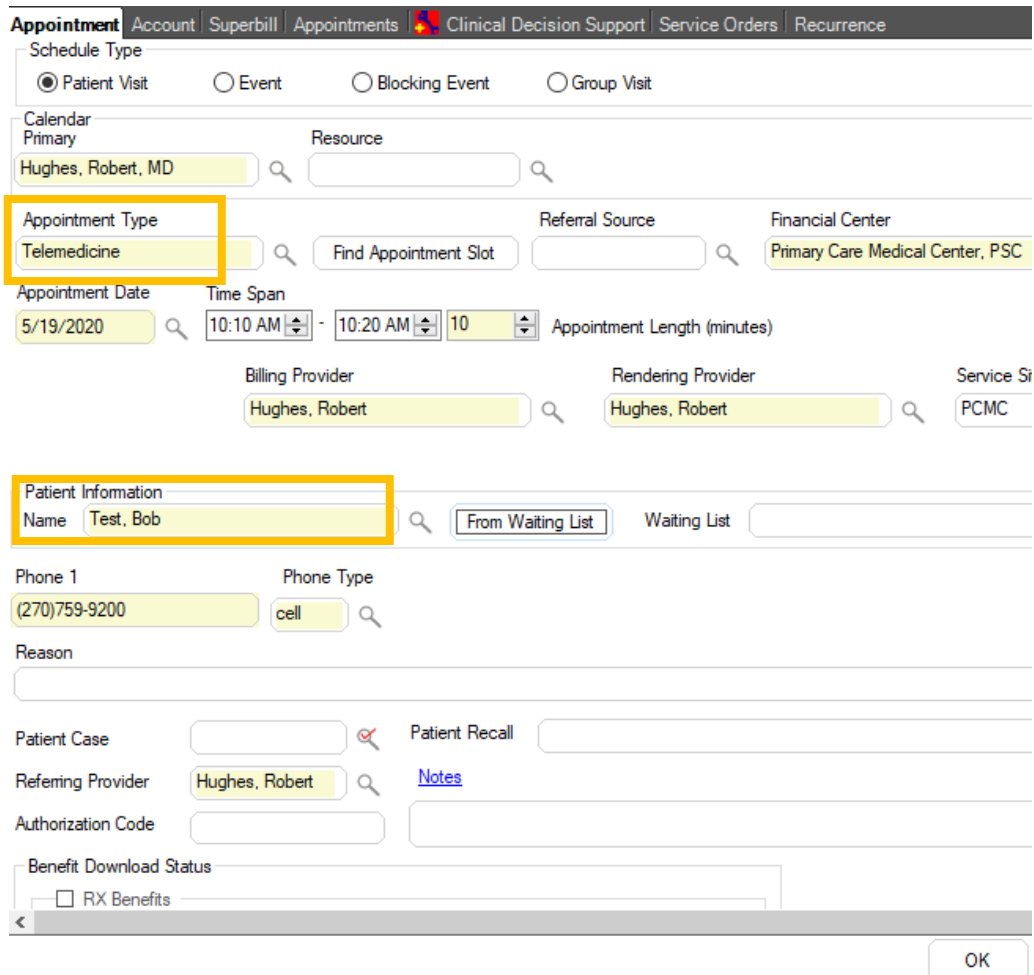
- Search for the requested provider's schedule.
- Click on an **Office Visit Appointment** template.

5/18/2020  **Calendar** Hughes, Robert, MD

Tue 05/19/2020
Hughes, Robert

 Office Visit	 Office Visit
 Office Visit	
 Office Visit	 Same Day Appointment
 Office Visit	
 Office Visit	 Office Visit
 No Patients	
 Office Visit	 Office Visit
 Office Visit	
 Office Visit	 Same Day Appointment
 Office Visit	
 Office Visit	 Office Visit

5. Once you're within the appointment:
 - Change the **appointment type** to reflect *Telemedicine*.
 - Insert the *patient name* from your search engine – the other fields will populate once you select the appropriate patient.
 - Click OK.



Appointment | Account | Superbill | Appointments | Clinical Decision Support | Service Orders | Recurrence

Schedule Type
☒ Patient Visit ☐ Event ☐ Blocking Event ☐ Group Visit

Calendar
Primary
Hughes, Robert, MD

Resource
Find Appointment Slot

Appointment Type
Telemedicine

Referral Source
Financial Center

Primary Care Medical Center, PSC

Appointment Date
5/19/2020

Time Span
10:10 AM - 10:20 AM

Appointment Length (minutes)
10

Billing Provider
Hughes, Robert

Rendering Provider
Hughes, Robert

Service Site
PCMC

Patient Information
Name Test, Bob

From Waiting List

Waiting List

Phone 1
(270)759-9200

Phone Type
cell

Reason

Patient Case

Patient Recall

Referring Provider
Hughes, Robert

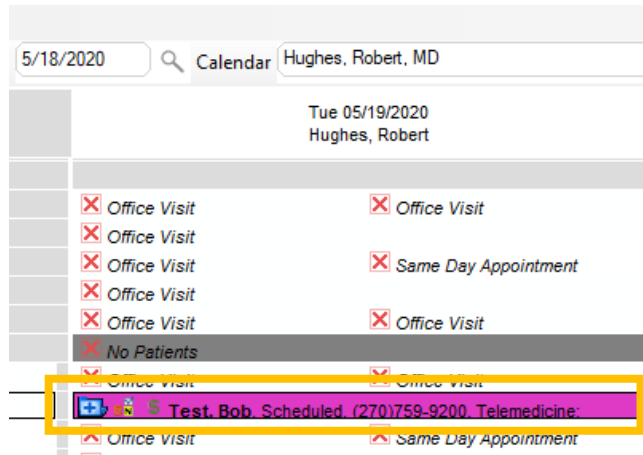
Authorization Code

Benefit Download Status
☐ RX Benefits

OK

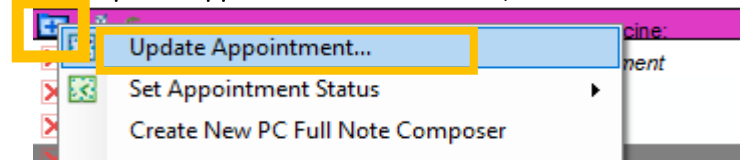
6. Once you've scheduled the patient:

- The appointment will reflect on the **providers schedule**.



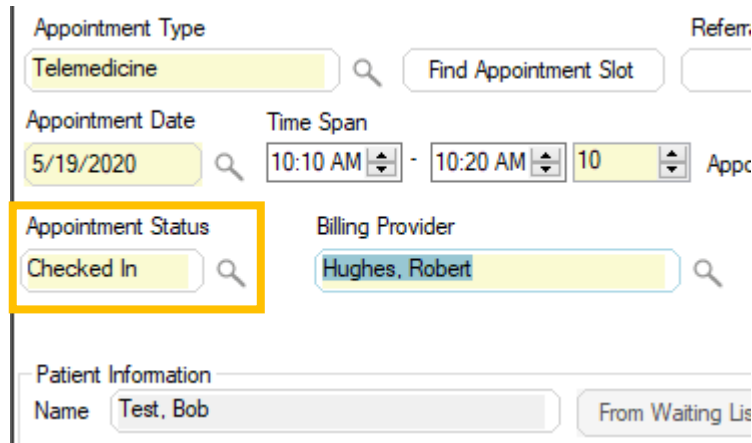
- Once on the calendar:

- Click on the **+ sign** next to the appointment.
- Click **Update Appointment** from the dropdown list.

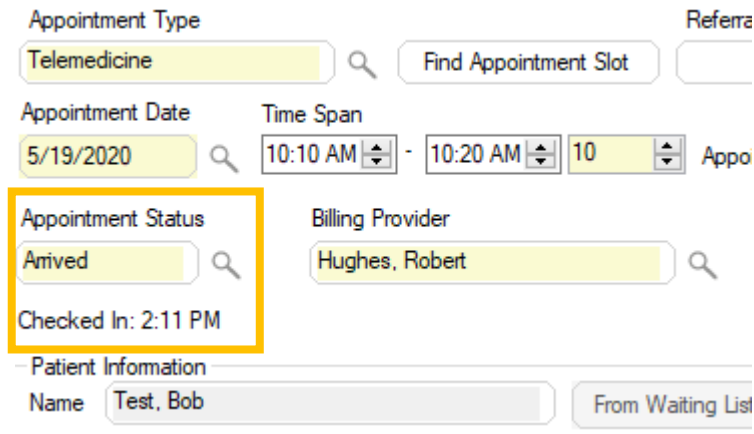


- Check in the patient.

- Then click **OK**.



9. Go back into the appointment and *arrive* the patient.
 - Then click **OK**.



Appointment Type: Telemedicine

Appointment Date: 5/19/2020

Time Span: 10:10 AM - 10:20 AM

Appointment Status: Arrived

Checked In: 2:11 PM

Billing Provider: Hughes, Robert

Patient Information: Name: Test, Bob

10. Once the patient appointment is in “**arrived**” status, this will alert the provider and/or nurse that the patient’s demographic and insurance information has been verified and the patient is set for their virtual visit.

How to Schedule a New Patient Virtual Visit

- To create a new patient within Aprima:
 - Click on the **Find Patient** icon within your Aprima task bar.



- If the patient is new, you'll need to create a new patient.

Patient ID MRN
 Last Name SSN
 First Name Primary Phone
 Responsible Party Date of Birth
 AKA Last Condition
 AKA First Provider
☐ Include inactive items in search

- You'll need to fill in all the required yellow fields within the demographics **Basic** tab.

New Patient

View

Basic Additional

External ID (Auto ID) MRN Practice Provider

Name details
 Title
 First
 Middle
 Last
 Suffix
 Maiden
 AKA Name
 First
 Last

Other information
 Gender
 Gender Identity
 Sexual Orientation
 Birth Date
 Death Date
 Marital Status
 Race
 Ethnicity
 Preferred Language
☐ Translator Required
 Dominant Hand
 SSN

missing patient photo
[missing patient photo](#)

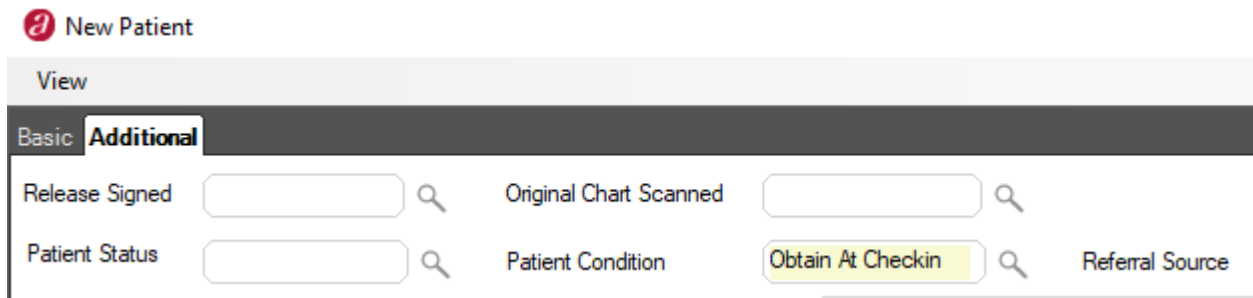
Addresses
 Primary Address [History](#)
☐ Mail is undeliverable to Primary Address
 Line 1
 Line 2
 City
 State ZIP
 Country
 County Code
 Secondary Address
 Line 1
 Line 2
 City
 State ZIP
 Country
 County Code
 Driver's License #
 Driver's License State

Contact information
 Phone Number Phone Type Marketing
 1 ☐
 2 ☐
 3 ☐
 4 ☐
 Preferred Contact Method
☐ Declined or has no email address

Email 1 ☐
 Email 2 ☐

OK Cancel

4. You'll need to fill in the required field within the **Additional** tab and then click **OK**.



New Patient

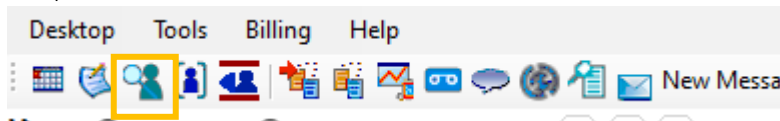
View

Basic **Additional**

Release Signed Original Chart Scanned

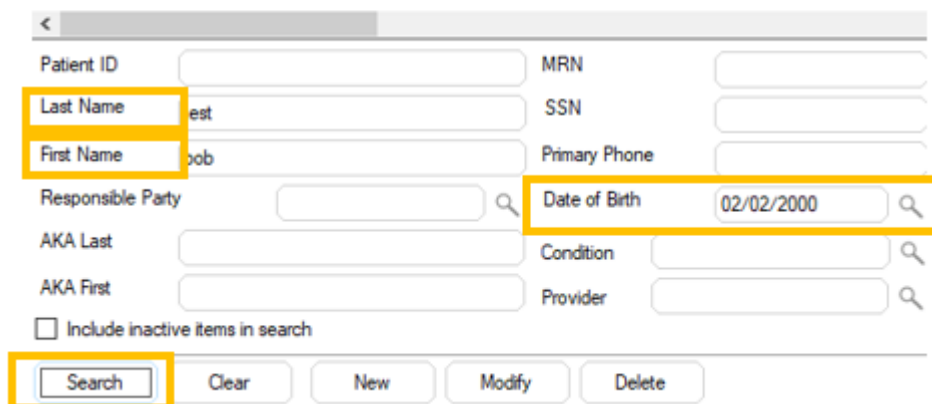
Patient Status Patient Condition **Obtain At Checkin** Referral Source

5. Once you've created the patient, you'll need to go back into your **Find Patient** icon to search for the patient:



6. Search for your patient and click on the **patient's name** (hyperlink); this will take you to the patient's demographic overview.

MRN	ID	Name	AKA Name	Birth Date	SSN
	430573	Test, Bob	Test, Bob	2/2/2000	



Patient ID MRN

Last Name SSN

First Name Primary Phone

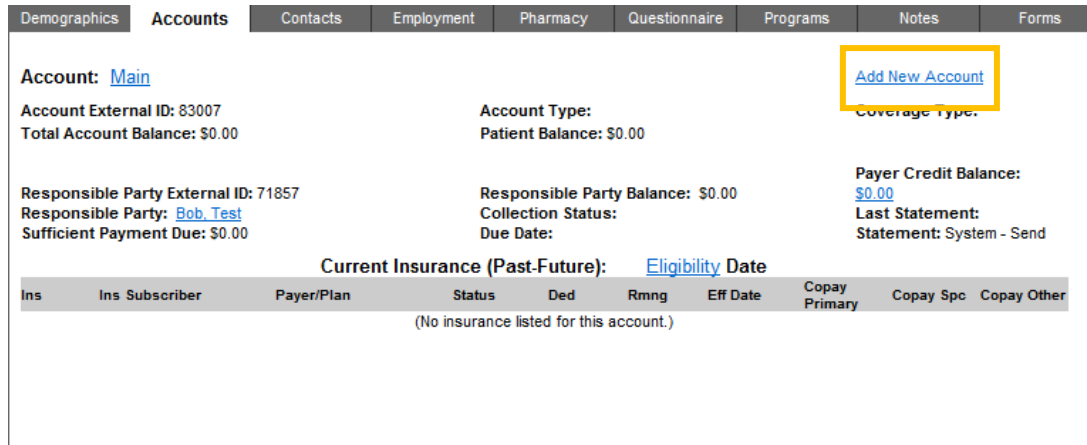
Responsible Party Date of Birth

AKA Last Condition

AKA First Provider

☐ Include inactive items in search

- Once you're within the patient's demographics, click on the **Accounts** tab to add the patient's insurance into the system.



Demographics **Accounts** Contacts Employment Pharmacy Questionnaire Programs Notes Forms

Account: [Main](#) [Add New Account](#)

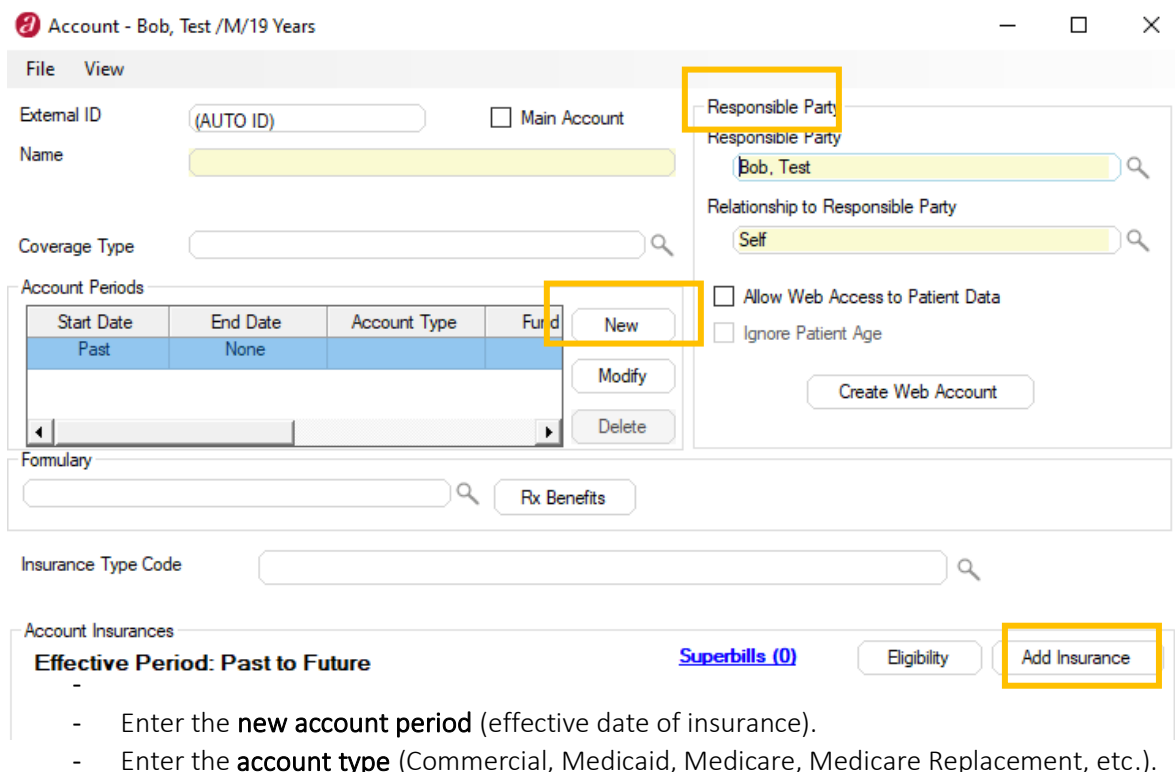
Account External ID: 83007 Account Type: Coverage Type:
Total Account Balance: \$0.00 Patient Balance: \$0.00

Responsible Party External ID: 71857 Responsible Party Balance: \$0.00 Payer Credit Balance: \$0.00
Responsible Party: [Bob, Test](#) Collection Status: Last Statement: Statement: System - Send
Sufficient Payment Due: \$0.00 Due Date:

Current Insurance (Past-Future): [Eligibility Date](#)

Ins	Ins Subscriber	Payer/Plan	Status	Ded	Rmng	Eff Date	Copay Primary	Copay Spc	Copay Other
(No insurance listed for this account.)									

- From the **Add New Account** screen, you'll need to:



Account - Bob, Test /M/19 Years

File View

External ID (AUTO ID) ☐ Main Account **Responsible Party**

Name

Coverage Type

Relationship to Responsible Party

Account Periods

Start Date	End Date	Account Type	Fund
Past	None		

☐ Allow Web Access to Patient Data
☐ Ignore Patient Age

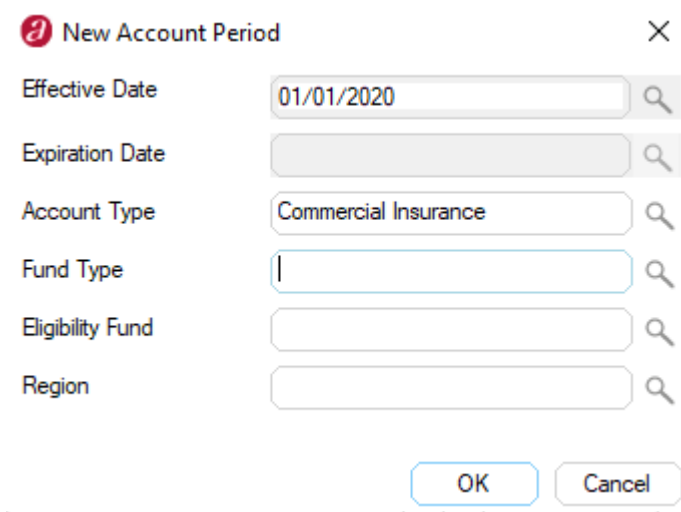
Formulary

Insurance Type Code

Account Insurances

Effective Period: Past to Future [Superbills \(0\)](#) **Add Insurance**

- Enter the **new account period** (effective date of insurance).
- Enter the **account type** (Commercial, Medicaid, Medicare, Medicare Replacement, etc.).



A dialog box titled "New Account Period" with a close button (X) in the top right corner. It contains six input fields, each with a magnifying glass icon to its right: "Effective Date" (pre-filled with "01/01/2020"), "Expiration Date", "Account Type" (pre-filled with "Commercial Insurance"), "Fund Type", "Eligibility Fund", and "Region". At the bottom are "OK" and "Cancel" buttons.

- Make certain the responsible party is the patient – unless it's a minor; then the parent and/or legal guardian would need to be the responsible party.
- Add insurance.
- Input the insurance payer/plan name.
- Enter the Member ID.
- Enter the Group ID.
- Enter the insurance subscriber and their relationship to the patient.
- Click on the **Insurance Card** hyperlink to scan the card in (should you have a physical copy of the card at hand).

Insurance Type Code



A section titled "Account Insurances" containing the text "Effective Period: Past to Future", a link "Superbills (0)", and two buttons: "Eligibility" and "Add Insurance". The "Add Insurance" button is highlighted with a yellow border.

Coverage Type

Account Periods

Start Date	End Date	Account Type	Fund
1/1/2020	None	Commercial Insurance	
Past	12/31/2019		

[New](#) [Modify](#) [Delete](#)

Formulary [Rx Benefits](#)

Insurance Type Code

Account Insurances

Effective Period: 1/1/2020 to Future [Superbills \(0\)](#) [Eligibility](#)

Primary Insurance [Remove](#)

Insurance Payer/Plan Name
Anthem Blue Cross/Anthem Blue Access Po 105187

Member ID
YRL451J56897

Insurance Subscriber
Bob, Test

Relationship to Insured
Self

Group ID

☒ Authorize Assignment

[Insurance Card >](#)

9. Once you've input the patient's insurance information, you can download the patient's eligibility:
 - Click **Patient** within the demographics screen.
 - Select **Download Benefits** from the dropdown list.

a Patient Demographics - Bob, Test /557286/M/19 Years/DOB: 1-1-2001/

Desktop	View	Tools	Patient	Billing	Help
Obtain At Checkin	Print		Appointments		
Demographics	Accounts		Patient Cases		
Account: Main			Superbills		
Account External ID: 83008			Patient Dashboard		
Total Account Balance: \$0.0			One Page Summary		
Responsible Party External			Review Past Notes		
Responsible Party: Bob, Te			History		
Sufficient Payment Due: \$0			Patient Demographics History		
			Patient Results		
			Patient Outstanding Orders		
			Patient Provider Tracking		
			Patient Tracking Events...		
			Patient Documents		
			Patient Reports		
			Patient Recalls		
			Care Management		
			Patient Care Plan		
			Patient Ledger		
			Patient Ledger Filter		
			Responsible Party Statement		
			Responsible Party Statement - Main Account		
			Get Remarks		
			Generate Document		
			Patient Record Disclosure History		
			Get Global Period		
			Review Prior Authorization/Medication Managemen		
			Download Benefits...		

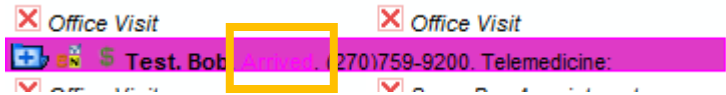
- The typical turnaround time for benefits to be downloaded is less than three minutes. Should the benefits not download, please use your insurance verification portals to verify.

10. Once benefits are downloaded, it should look like this:

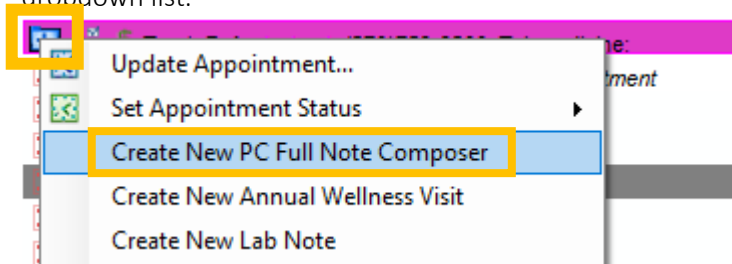
Demographics	Accounts	Contacts	Employment	Pharmacy	Questionnaire	Programs
Account: MAIN						
Account External ID: 1176 Total Account Balance: \$40.00		Account Type: Blue Cross/Blue Shield Patient Balance: \$40.00				
Responsible Party External ID: 31077 Responsible Party: Test, Bob		Responsible Party Balance: \$206.00 Collection Status:				
Sufficient Payment Due: \$30.00		Due Date: 2/25/2015				
Current Insurance (11/19/2014-Future):						
 Eligibility Date 03/24/2020						
Ins	Ins Subscriber	Payer/Plan	Status	Ded	Rmng	Eff Date
Primary	Test, Bob	Anthem Blue Cross/Anthem Blue Access Po 10518	Active Coverage			
	DOB: 1/1/1999	Group ID:				

How to Start a Virtual Exam

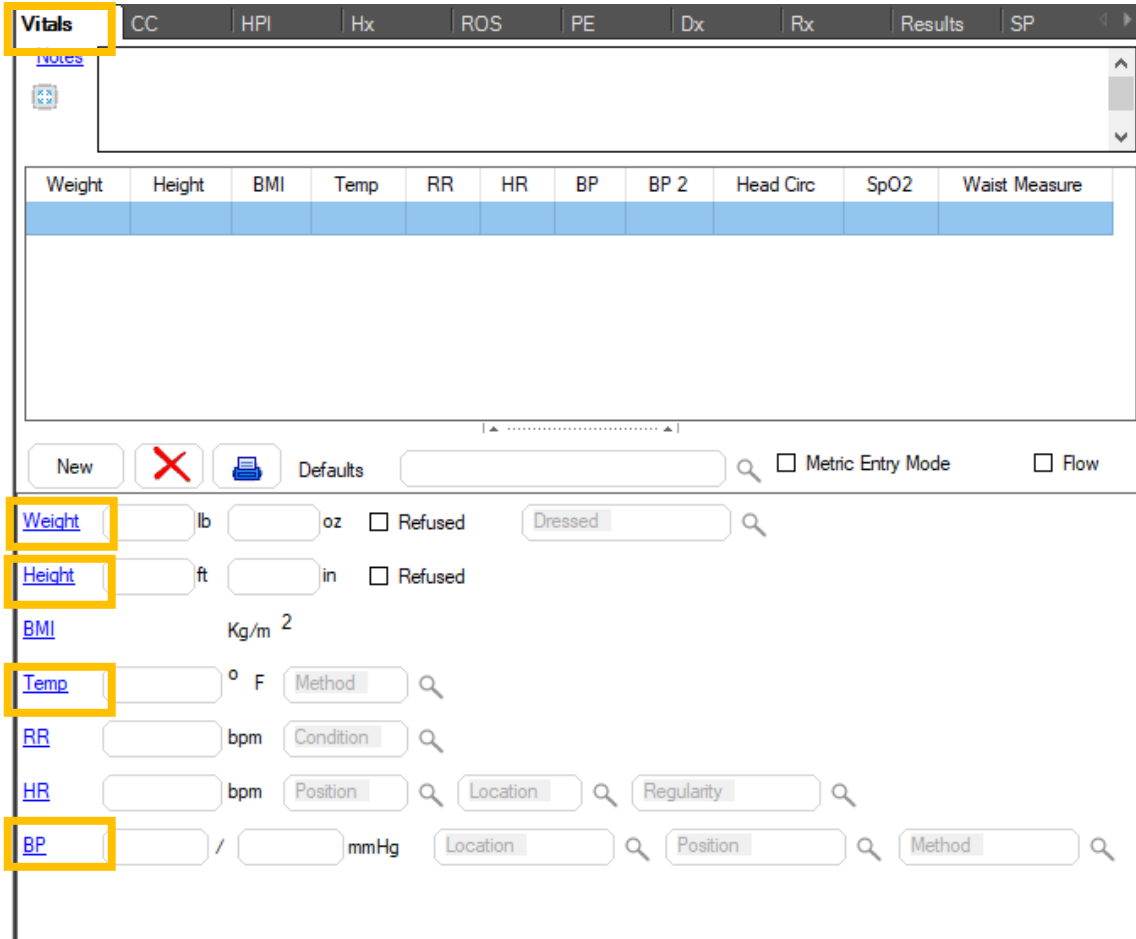
1. In the **Clinician view** of their schedule, arrived patients are indicated with a **pink** “arrived status.”



2. Click the **+ sign** next to the patient's name and select **Create New PC Full Note Composer** from the dropdown list.



3. The nurse will open the full note to triage the patient for their provider.
 - The nurse will obtain the vitals the patient is able to report (height, weight, BP if they have the equipment, temperature, etc.).



Vitals | CC | HPI | Hx | ROS | PE | Dx | Rx | Results | SP

[Notes](#)

Weight	Height	BMI	Temp	RR	HR	BP	BP 2	Head Circ	SpO2	Waist Measure

New Defaults ☐ Metric Entry Mode ☐ Flow

[Weight](#) lb oz ☐ Refused Dressed

[Height](#) ft in ☐ Refused

[BMI](#) Kg/m²

[Temp](#) ° F Method

[RR](#) bpm Condition

[HR](#) bpm Position Location Regularity

[BP](#) / mmHg Location Position Method

- The nurse will obtain the chief complaint once vitals have been obtained, under the **CC** tab, next to their **Vitals** tab.

Vitals **CC** HPI Hx ROS PE Dx Rx Results SP

Notes Patient presents today with a cough x4 days, sinus congestion and shortness of breath x3 days. Patient has taken Allegra D for past 5 days.

Symptom	Notes	Del
sinus congestion		X
cough		X

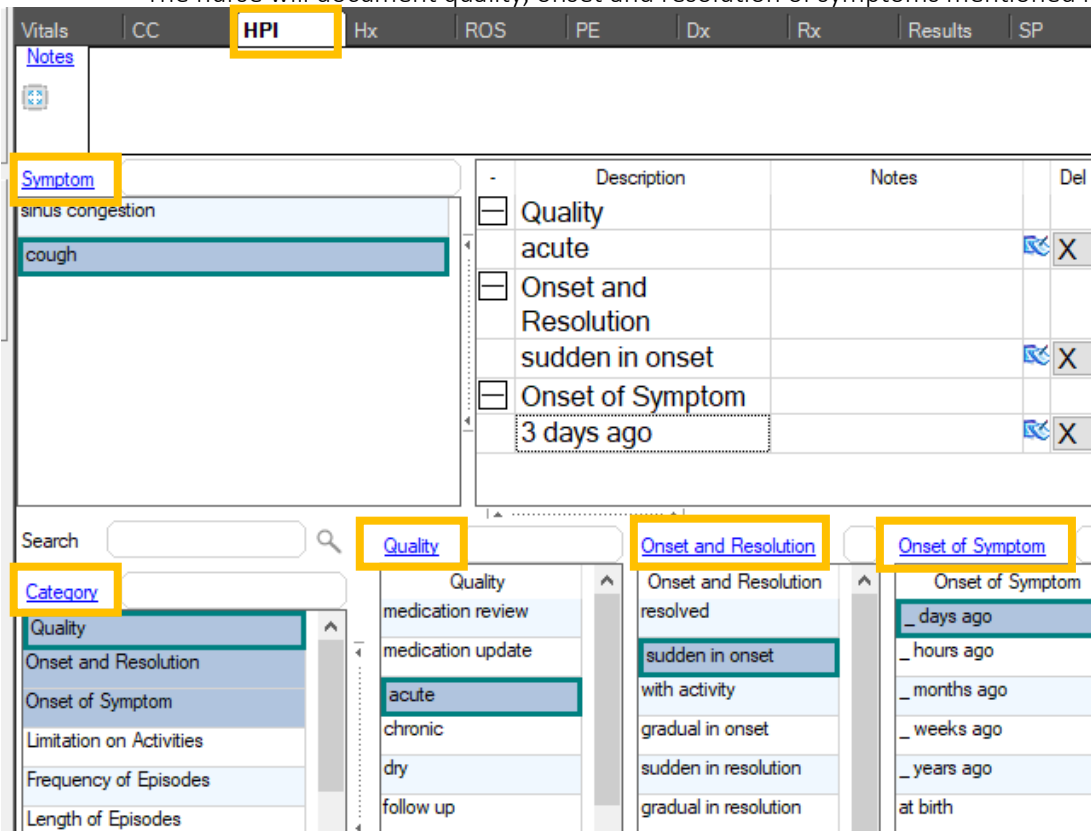
Search **Symptom**

Appointment Type: Telemedicine
Appointment Reason: Not specified

System

hypertension	depression
sinus congestion	abdominal pain
anxiety	rash
cough	chest congestion

5. The nurse will obtain HPI once the chief complaint has been established, in the **HPI** tab.
 - The nurse will document quality, onset and resolution of symptoms mentioned in the CC.



The screenshot displays the HPI (History of Present Illness) tab in the VillageMD Aprima system. The interface includes a top navigation bar with tabs for Vitals, CC (Chief Complaint), HPI, Hx, ROS, PE, Dx, Rx, Results, and SP. The HPI tab is currently selected and highlighted with a yellow box. Below the navigation bar, there is a 'Notes' section and a 'Symptom' list on the left. The 'Symptom' list contains 'sinus congestion' and 'cough', with 'cough' selected and highlighted in blue. To the right of the symptom list is a table for documenting symptoms. The table has columns for 'Description', 'Notes', and 'Del'. The 'Description' column contains three rows: 'Quality acute', 'Onset and Resolution sudden in onset', and 'Onset of Symptom 3 days ago'. Each row has a checkbox in the 'Notes' column and a 'Del' button in the 'Del' column. The 'Quality' row has a checkbox that is checked. The 'Onset and Resolution' row has a checkbox that is unchecked. The 'Onset of Symptom' row has a checkbox that is unchecked. Below the symptom list, there is a 'Search' bar and a 'Category' dropdown menu. The 'Category' dropdown menu is open, showing a list of categories: 'Quality', 'Onset and Resolution', 'Onset of Symptom', 'Limitation on Activities', 'Frequency of Episodes', and 'Length of Episodes'. The 'Quality' category is selected and highlighted in blue. To the right of the 'Category' dropdown menu are three columns for selecting specific options: 'Quality', 'Onset and Resolution', and 'Onset of Symptom'. The 'Quality' column has options: 'medication review', 'medication update', 'acute' (selected and highlighted in blue), 'chronic', 'dry', and 'follow up'. The 'Onset and Resolution' column has options: 'resolved', 'sudden in onset' (selected and highlighted in blue), 'with activity', 'gradual in onset', 'sudden in resolution', and 'gradual in resolution'. The 'Onset of Symptom' column has options: '_ days ago', '_ hours ago', '_ months ago', '_ weeks ago', '_ years ago', and 'at birth'.

Description	Notes	Del
Quality acute	☒	X
Onset and Resolution sudden in onset	☐	X
Onset of Symptom 3 days ago	☐	X

6. The nurse will review the patient's history once the HPI has been established, with the **Hx** tab.
 - Medication HX, drug allergy, environment allergy, food allergy, surgical HX, social HX, family HX, vital HX and problem/DX HX.

Vitals	CC	HPI	Hx	ROS	PE	Dx	Rx	Resul																
Notes																								
<table border="1"> <thead> <tr> <th></th> <th>Allergen</th> <th>Reaction</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>☒</td> <td>* No known drug allergies</td> <td>-</td> <td>Delete Reason: allergy</td> </tr> <tr> <td>☐</td> <td>antipyrine-benzocaine</td> <td>hives; swelling</td> <td></td> </tr> <tr> <td>☐</td> <td>Ceclor</td> <td></td> <td></td> </tr> </tbody> </table>										Allergen	Reaction	Notes	☒	* No known drug allergies	-	Delete Reason: allergy	☐	antipyrine-benzocaine	hives; swelling		☐	Ceclor		
	Allergen	Reaction	Notes																					
☒	* No known drug allergies	-	Delete Reason: allergy																					
☐	antipyrine-benzocaine	hives; swelling																						
☐	Ceclor																							

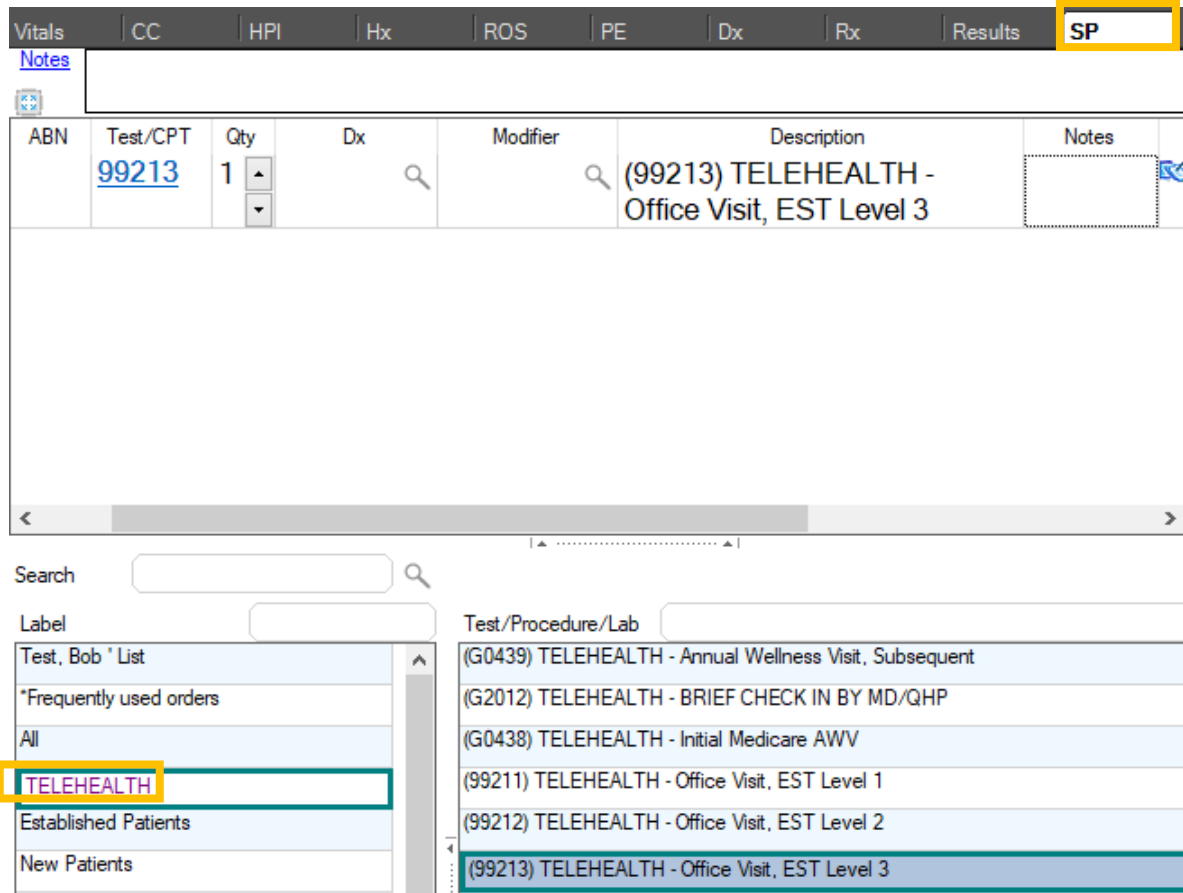
Hx	Allergen
☐ Medication History	* NO KNOWN DRUG ALLERGIES
☐ Drug Allergy	ACETAMINOPHEN
☐ Env't Allergy	Albuterol Sulfate
☐ Food Allergy	Aleve
☐ Surgical History	Amoxicillin
☐ Social History	ASPIRIN
☐ Family History	Augmentin
☐ Vital History	Azithromycin
☐ Problem/Diagnosis	Bactrim

7. The nurse will then have the patient triaged and ready for the provider to see.

How to Close a Virtual Visit

Providers

- Providers will begin their virtual visit. Once they've virtually examined the patient, the provider will complete the billing portion of the visit under the **SP** tab and **Telehealth** billing column. The provider will select the appropriate E/M procedure code as normal.

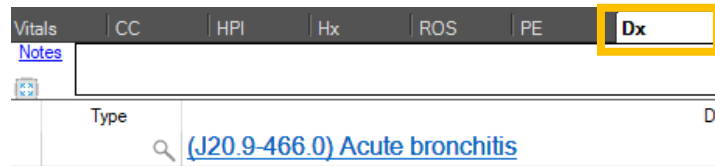
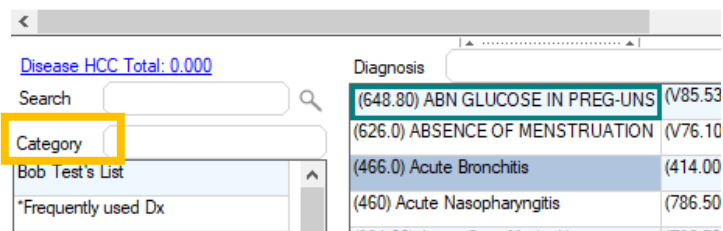


The screenshot shows the VillageMD Aprima interface. At the top, there is a navigation bar with tabs: Vitals, CC, HPI, Hx, ROS, PE, Dx, Rx, Results, and **SP** (highlighted in yellow). Below the navigation bar, there is a 'Notes' section. The main area displays a table with columns: ABN, Test/CPT, Qty, Dx, Modifier, Description, and Notes. The table contains one row with the following data:

ABN	Test/CPT	Qty	Dx	Modifier	Description	Notes
	99213	1			(99213) TELEHEALTH - Office Visit, EST Level 3	

Below the table, there is a search bar and a list of test/procedure/lab options. The 'Test/Procedure/Lab' list is expanded, showing several options. The option '(99213) TELEHEALTH - Office Visit, EST Level 3' is highlighted in blue. The 'Label' list on the left includes 'Test, Bob ' List', '*Frequently used orders', 'All', 'TELEHEALTH' (highlighted in yellow), 'Established Patients', and 'New Patients'.

2. Once the provider has input the E/M procedure code as normal, they'll input the appropriate DX codes under the **Dx** tab.

Diagnosis	Value
(648.80) ABN GLUCOSE IN PREG-UNS	(V85.53)
(626.0) ABSENCE OF MENSTRUATION	(V76.10)
(466.0) Acute Bronchitis	(414.00)
(460) Acute Nasopharyngitis	(786.50)

3. The provider will also document the patient's verbal consent to virtual care in the EMR, under the **Plan** tab.
4. Once the provider has completed the **Dx**, **SP** and **ROS** tabs and is finished with their full note, the provider will:
 - Click **OK**.
 - Complete the note.
 - Click **OK**.
 - This will move the patient's visit to *Ready to Discharge* status and the claim will be sent to the claim validator to scrub.

Visit Checkout

This is a list of all the Superbills associated with this Visit Note.

Visit 5/19/2020, Robert Hughes, Inco	New Superbill			
(New) Superbill Not Generated Yet	Ready to Review			

Set Appointment Status

Ready to Discharge

☐ Print Requisition

Ready to Discharge

☐ Mark Prescriptions Ready to Prescribe

☐ Mark Orders Ready to Send

☐ Voice Dictation Ready Transcribe

☐ ABN Complete

☐ Close Case

☐ Patient Declined Clinical Summary

☒ Generate Document(s) using Models

☐ Generate Document(s) using Word

Save As

☐ Incomplete Note

☒ Complete Note

Forward Note

☐ Forward note for co-sign and approval to:

☐ Send me a message when the note is approved

E & M/PQRS...

☐ Send order task message to:

OK

Cancel

VIRTUAL ANNUAL WELLNESS VISITS

An annual wellness visit is a comprehensive, wellness-focused screening that involves the patient in developing a personalized plan of care. It identifies any existing chronic conditions and risk factors that could contribute to the development of new chronic conditions, and focuses on preventing disease and promoting good health.

Virtual Annual Wellness Visits (AWVs)

This section outlines step-by-step guidance for VillageMD PHOs to customize existing AWV templates on the EMR for delivery of virtual AWVs. It contains the following information:

1. Differences between an in-office AWV and a virtual AWV
2. How to prepare your EMR for virtual AWVs
3. Billing for virtual AWVs

Differences Between In-Person AWVs and Virtual AWVs

The table below outlines the tasks required to deliver a compliant virtual AWV during the COVID-19 period.

In-Person AWV	Virtual AWV ¹	Comments
Schedule patient + inform patient of what to expect	SAME	Scheduler should inform patient of the virtual visit, and that they will receive a call from nurse/MA to do intake prior to scheduled appointment with the provider
<i>Rooming Patient: All tasks completed by Medical Assistant (MA)</i>		
Record patient vitals* measured (Height, weight, BP, pulse, pain)	No vitals taken; only pain scale noted	During COVID-19 outbreak, vitals do not need to be reported
Documentation* (pharmacy, allergies, problem list, medications, vaccines, social history, family history, HRA, vaccines)	SAME	MA will document vaccines, but not tee up orders or administer vaccines during COVID-19 period
Medication Review*	SAME	Pull over meds needed for refill
Tests* - STEADI (fall risk assessment) - PHQ-9 (depression screening) - Mini-Cog (cognitive impairment)	SAME	Mini-Cog: MA will administer 3-word test over phone + give instructions for "clock," provider will review "clock" during virtual visit
<i>Provider Visit: All tasks completed by PCP</i>		
Complete Preventative Screening Schedule *(Quality Measures)	SAME	Review patient's "clock" from Mini-Cog
Personalized Health Advice* and education based on risk factors; <i>includes Advance Directive</i>	SAME	
Written Action Plan for patient*	SAME	Encounter Summary should be mailed to patient after a virtual visit
Submit orders	SAME	Vaccines will be added to action plan for completion at the next face-to-face visit
Submit coding for billing	SAME + add telehealth code	Telehealth code may vary for each EMR/market
<i>Logistical Differences</i>		
IN-PERSON AWV	VIRTUAL AWV	
Patient checks in at front desk	Patient is checked in virtually by provider via virtual visit platform before virtual visit	
Patient is roomed by MA in office	Patient is roomed by MA via telephone (intake process)	
Patient signs HIPAA forms at check-in	MA documents patient verbal consent for ensuing virtual visit with provider	
Patient is seen by PCP in office	Patient is seen by PCP virtually using virtual visit platform	
Patient leaves office with Written Action Plan and documentation	AWV documentation is pushed via portal or mailed to patient after the virtual visit	

***Required for CMS compliance**

¹For the duration of the COVID-19 outbreak. These guidelines will be revisited after the COVID-19 emergency.

How to Prepare Your EMR and Workflows for Virtual AWVs

PHOs should work with the market leads to make the following alterations to the EMR AWV template:

1. **SCHEDULING:** Add a “telemedicine” option to the “appointment type” menu on the scheduling platform – PHOs should consult with market analytics/tech colleagues to ensure downstream data impacts are anticipated and addressed.
2. **VITALS:** Create a macros statement within the Vitals section of the AWV template that states “*Vitals not reported during the COVID-19 health emergency period.*” Note that the pain scale can be taken and documented.
3. **DOCUMENTATION:** Remains unchanged; the MA will document vaccines, but not tee up orders or administer vaccines during the COVID-19 period.
4. **HRA:** Remains unchanged.
5. **TESTS:** Remain unchanged. Only alteration: For the Mini-Cog test, MAs will give patients the three words at the beginning of their telephone conversation, and ask them to recall the words at the end of the call. They will also ask the patient to draw the “clock” and ask that the patient share the clock with the provider.
6. **ORDER SETS:** No changes to regular process. During the COVID-19 health emergency, vaccines will not be ordered; any required immunizations will be added to the action plan for completion at the next face-to-face visit.
7. **PATIENT CONSENT:** This should be recorded in the section of the EMR the provider will see as soon as they begin their portion of the visit. The text macros should state “*Patient has provided verbal consent to the virtual health visit*” and should have a YES/NO option for the MA to complete prior to concluding the call with the patient.
8. **PATIENT ACTION PLAN:** No changes made to the plan. However, instead of handing the patient a printout, the encounter summary will now be mailed to the patient or shared via the patient portal. If it’s being mailed via post, MAs or front desk staff will bulk-process all mailings at the end of each week. It’s recommended that envelopes used for this purpose have the clinic logo.

Billing for Virtual AWWs

Billing for Virtual AWWs During the COVID-19 Emergency

- A virtual AWW is considered the same as an in-person AWW, and reimbursed at the regular rate.
- During the COVID-19 health emergency, care providers will be able to bill for virtual AWWs performed while a patient is at home.
- Prior authorization requirements for patient eligibility have been lifted.

Guidelines

- Code: G0438 (initial); G0439 (subsequent) + any telemedicine addition.
- Modifier: Place of service (POS) 11-Office.
- Payer-specific modifiers:

Line of Business	Payer	Modifier Required
Medicare	CMS	95
Medicare	Anthem	POS 02 + GQ, GT or GQ
Medicare	Aetna	POS 02 + GQ, GT or GQ
Medicare	United	POS 02 + GQ, GT or GQ
Medicare	Cigna	N/A
Medicare	Humana	POS 02 + GQ, GT or GQ
Medicare	Wellcare	POS 02 + GQ, GT or GQ
Commercial	Anthem	GT or 95 (POS not required)
Commercial	Aetna	POS 02 + 95
Commercial	Humana	POS 02 + 95
Commercial	United	POS 02 + GT, GQ, 95

VIRTUAL TRANSITIONAL CARE MANAGEMENT VISITS

Virtual Transitional Care Management Visits

Virtual Visits: How they Impact the TCM Process

This table outlines the tasks required to deliver a compliant virtual TCM during the COVID-19 period.

Regular TCM	Virtual TCM	Comments
<i>Transitional Care Management Team</i>		
TCM team (CC/CM) calls patient within 48 hours of discharge*	SAME	
CM schedules office visit within 7 or 14 days based on moderate or high complexity	CM schedules virtual visit within 7 or 14 days based on moderate or high complexity	CM should inform patient of the virtual visit, and that they will receive a call from nurse/MA to do intake prior to scheduled appointment with the provider
<i>Rooming Patient: All tasks completed by Medical Assistant (MA)</i>		
Record Patient vitals measured (Height, Weight, BP, pulse, pain)	No Vitals taken. Only pain scale noted.	During COVID-19 outbreak, vitals do not need to be reported
Documentation (pharmacy, allergies, problem list, medications, vaccines, social history, family history, HRA, vaccines)	SAME	MA will document vaccines, but not tee up orders or administer vaccines during COVID-19 period
Medication Review	SAME	Pull over meds needed for refill
<i>Provider Visit: All tasks completed by PCP</i>		
Post Discharge Medication Reconciliation (Quality Measure)	SAME	Provider can administer a "virtual" brown bag
Assess and Evaluate Patient	SAME	
Provide Patient Instructions and Action Plan	SAME	
Submit orders (refills, DME, etc.,)	SAME	
Submit coding for billing	SAME + add telehealth code	Telehealth code may vary for each EMR/market
<i>Logistical Differences</i>		
IN-PERSON TCM Visit	VIRTUAL TCM	
Patient checks in at front desk	Patient is checked in virtually before virtual visit	
Patient is roomed by MA in office	Patient is roomed by MA via telephone (intake process)	
Patient signs HIPAA forms at check-in	MA documents patient verbal consent for ensuing virtual visit with provider	
Patient is seen by PCP in office	Patient is seen by PCP virtually using virtual visit platform	
Patient leaves office with Written Action Plan and medications list	Encounter summary is pushed via portal or mailed to patient after the virtual visit	

***Required for CMS compliance**

For a TCM to be billed, the following must be documented in the medical record:

1. Date the patient was discharged
2. Date of the interactive contact with the patient and/or caregiver (within 48 hours); Attempts to communicate should continue after the first two attempts in the required 2 business days of discharge until successful.
3. Date of the face-to-face office visit and,
4. The complexity of medical decision making: Moderate (99495); High (99496)

How to Prepare Your EMR and Workflows for Virtual TCM Visits

PHO's should work with the market leads to make the following alterations to the TCM workflow and EMR template:

WORKFLOW

1. **SCHEDULING:** Care Management teams reaching out to the patient within 48 hours of discharge should schedule all office face-to-face TCM visits as *virtual* visits, as soon as EMR capabilities are set up in each market. PHO's should work with Care Management leadership to ensure all care management teams are trained to perform this function.
2. **FRONT DESK:** Front desk staff should be informed about the need to mail Encounter Summaries to patients who do not have access to their portal, following their TCM virtual visit.
3. **CHECK-IN:** Patients will be virtually checked in by the MA or provider. Ensure MA's and Providers receive training on this task.

EMR

1. **SCHEDULING:** Add a "telemedicine" option to the "appointment type" menu on the scheduling platform – PHOs should consult with market Analytics/Tech colleagues to ensure downstream data impacts are anticipated and addressed
2. **VITALS:** Create a macros statement within the vitals section of the TCM template that states "***vitals not reported during COVID-19 health emergency period.***" Note that pain scale can be taken and documented.
3. **DOCUMENTATION:** remains unchanged; MA will document vaccines, but not tee up orders or administer vaccines during COVID-19 period.
4. **ORDER SETS:** no changes to regular process. During the COVID health emergency, vaccines will not be ordered; any required immunizations will be added to the action plan for completion at the next face-to-face visit.
5. **PATIENT CONSENT:** This should be recorded in the section of the EMR that the provider will see as soon as they begin their portion of the visit. The text macros should state: "***Patient has provided verbal consent to the virtual visit.***"
6. **PATIENT ACTION PLAN:** No changes made to the plan. However, instead of handing the patient a printout, the encounter summary will now be mailed to the patient or shared via the patient portal. If it is being mailed via post, MA's or front desk staff will bulk process all mailings at the end of each week. It is recommended that envelopes used for this purpose have the clinic logo.

Billing for TCM Virtual Visits

Billing for virtual TCM visits during the COVID-19 emergency

- A virtual TCM is considered the same as in-person TCM and reimbursed at regular rate
- As of January 2019, care providers are able to bill for virtual TCM's performed while a patient is at home

Guidelines

- Code: Moderate Complexity (99495); High Complexity (99496) + any telemedicine addition
- Modifier: Place of service (POS) 02-Telehealth
- Payer-specific Modifiers

Line of Business	Payor	Modifier Required
Medicare	CMS	N/A
Medicare	Anthem	POS 02 + GQ, GT or GQ
Medicare	Aetna	POS 02 + GQ, GT or GQ
Medicare	United	POS 02 + GQ, GT or GQ
Medicare	Cigna	N/A
Medicare	Humana	POS 02 + GQ, GT or GQ
Medicare	Wellcare	POS 02 + GQ, GT or GQ
Commercial	Anthem	GT or 95 (POS not required)
Commercial	Aetna	POS 02 + 95
Commercial	Humana	POS 02 + 95
Commercial	United	POS 02 + GT, GQ, 95

Additional Information

TCM services may not be billed:

- By more than one provider during the same 30-day TCM period
- In conjunction with billing CCM services (TCM and CCM service periods may not overlap)
- In conjunction with reasonable and necessary E/M services on same encounter as TCM (these are to be billed on separate follow-up visits within the TCM period)
- When home health or hospice oversight (CPO) are reported in same month as TCM
- In conjunction with other ancillary codes: prolonged services without direct patient contact, home and outpatient INR monitoring, medical team conferences, education and training, telephone services, ESRD services, online medical evaluation services, preparation of special reports, analysis of data, medical therapy management service during the 30-day TCM period

NOTE: If follow-up face-to-face services are required within the 30-day TCM period, do not bill TCM code more than once, instead bill an E&M code to manage the patient's clinical issues separately

Because the TCM codes describe 30 days of care, in cases when the beneficiary dies prior to the 30th day, practitioners should not report TCM services but may report any face-to-face visits that occurred under the appropriate evaluation and management (E/M) code.

Coding Limitations with TCM

A physician or other qualified health care professional who reports codes 99495 or 99496 may not report the following codes during the period covered by the TCM services codes:

- Care plan oversight services (99339, 99340, 99374-99380)
- Home health or hospice supervision: HCPCS codes G0181 and G0182
- Prolonged services without direct patient contact (99358, 99359)
- Anticoagulant management (99363, 99364)
- Medical team conferences (99366-99368)
- Education and training (98960-98962, 99071, 99078)
- Telephone services (98966-98968, 99441-99443)
- End stage renal disease services (90951-90970)
- Online medical evaluation services (98969, 99444)
- Preparation of special reports (99080)
- Analysis of data (99090, 99091)
- Complex chronic care coordination services (99487, 99489)
- Medication therapy management services (99605-99607) → A pharmacist cannot bill for MTM if they conduct the Med Rec.