

Telehealth Reactivation Playbook V2 – 3.25.2020

1. Telehealth Appointment Scheduling	
a. Indicating telehealth time on scheduling templates	<ul style="list-style-type: none"> To indicate slots, sessions, or days when a provider is available for Telehealth, leverage Provider Messages on scheduling templates (see Telehealth Scheduling Template Provider Messages Tip Sheet).
b. Telehealth requirements	<ul style="list-style-type: none"> Physicians and patients need to have mobile device capable of audio and video – Both iPhone and Android smartphones will work. A stable internet connection is crucial for both the patient and physician. Doximity, NMs telehealth solution, sends patients text messages to access video visits. Patients need to have a phone and plan capable of text messaging. Basic technology aptitude to be able to receive a text message, click a link, enable the camera/microphone on their device, and join a video visit is necessary for telehealth visits.
c. Appointments appropriate for telehealth	<ul style="list-style-type: none"> We continue to recommend the use of <u>video visits</u> when it is appropriate and accessible to the patient. <u>Telephone visits remain an option</u> when we are unable to successfully use video visit applications. When considering telehealth, be mindful of visits appropriate for telehealth versus those that will need to be conducted in person - <ul style="list-style-type: none"> If a physical exam (or other hands-on requirements) needs to be performed, telehealth is not the best venue Listening to lung sounds Sensitive exam considerations (breast, perineal) ASL interpreters only via video
d. Scheduling telehealth visits	<ul style="list-style-type: none"> The Ambulatory Scheduling Algorithm outlines the process and questions asked of the patient when scheduling including how patient preference is taken into account. Four visit types were created to support telehealth – Telehealth Video New, Telehealth Video Return, Telehealth Phone New, Telehealth Phone Return. When scheduling telehealth visits, schedulers use the standard scheduling questionnaires to schedule the patient, referencing the Provider Messages to know when telehealth is available Once an appointment is scheduled, schedulers then replace the in-office visit type with the appropriate telehealth visit type. See the Telehealth Visit Type Conversion Tip Sheet for detailed instructions. When patients schedule through MyChart, patient will be asked if they want a Telehealth visit. This preference can be viewed from DAR or Multi-Provider Schedule in the MyChart Telehealth Pref column. See the DAR/MPS MyChart Telehealth Column Tip Sheet for more info.
2. Pre-Telehealth Visit Communication	
a. Review schedules	<ul style="list-style-type: none"> Practices should review schedules frequently to ensure appointments are scheduled for telehealth and in-person appropriately. Schedules can be reviewed either from the Daily Appointments Report (DAR) or from the Multi-Provider Schedule in Epic.

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	<ul style="list-style-type: none"> a. Be sure to review appointments scheduled through MyChart as MyChart cannot reference the Provider Messages on templates, and thus telehealth or in-person appointments may be in the incorrect slots. b. If you need to reschedule an appointment or change the format of visit from in-person to telehealth or vice versa, contact that the patient to let them know. c. If an appointment needs to be changed to telehealth, see the Telehealth Visit Type Conversion Tip Sheet for detailed instructions.
b. Appointment reminders	<ul style="list-style-type: none"> • Patient scheduled for telehealth visits with one of the 4 telehealth visit types (Telehealth Video New, Telehealth Video Return, Telehealth Phone New, Telehealth Phone Return) will receive telehealth-specific appointment reminders. Reminders are sent at 7 and 3 days out from an appointment. • Patients will be reminded <ul style="list-style-type: none"> ○ Their visit will be conducted via video or telephone, not in-person. ○ To use MyChart to complete eCheck In before their visit. ○ To be ready 15 minutes prior to their appointment and up to 1 hour after. ○ To be in a quiet place for their telehealth visit.
c. Visit guides	<ul style="list-style-type: none"> • All patient scheduled with the 4 telehealth visit types will receive a link to the Telehealth Visit Guide in MyChart. The Telehealth Visit Guide provides patients with information on how to prepare for and what to expect during a telehealth visit. It also includes instructions for how to join a Doximity video visit. • The Telehealth Visit Guide is available to patients at multiple points before their visit. <ul style="list-style-type: none"> a. Link sent in MyChart upon scheduling of a telehealth visit. b. Available on NM.org Telehealth Page. c. Included in MyChart eCheck In for review.
d. Visit Preparation	<ul style="list-style-type: none"> • Develop patient preparation needs specific to your practice based on the unique needs of your visits <ul style="list-style-type: none"> a. Examples: Patient should record weight first thing in the morning. If diabetic, patient should bring log of sugar levels. b. Consider leveraging MyChart messages to remind patients of practice-specific preparation needs.
3. Telehealth Check In	
a. MyChart eCheck In	<ul style="list-style-type: none"> • Patients can complete eCheck In prior to a telehealth visit and will be reminded to do so 7 and 3 days out from their appointment alongside appointment reminders. • Patient can sign requirement documents, update personal information, verify/ update insurance, review/update medications and allergies, complete clinical questionnaires, and authorize copays. • The eCheck In Guide is available on NM.org and will also be sent to the patient as part of their appointment reminders.
b. Telephone Check In	<ul style="list-style-type: none"> • If patients are unable to complete eCheck In, PSRs are responsible for calling telehealth patients to complete check-in up to 3 hours ahead of telehealth visit or within 24 hours after the visit. Patient should

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	<p>not be arrived more than 3 hours in advance as Medalia surveys are sent 4 hours after check-in and should not be sent before the appointment is conducted.</p> <ul style="list-style-type: none"> • Use DAR to open appointments and complete missing items, just like an in-person visit. • Schedulers will obtain verbal consent from patients and document that Verbal consent was obtained due to COVID-19. Patients can read the full consent on NM.org. See the COVID-19 Registration tip sheet for more info. • Copays are still relevant for telehealth visits. Patients can pay via MyChart eCheck In or copays can be collected by PSRs when they call the patient. See the Telehealth Copay Collection tip sheet for more details. • Each specialty or practice may have additional needs when checking in patients and can develop processes to meet your practice’s and patients’ needs. • If unable to reach the patient, leave a voicemail with clear instructions that the patient does not need to call back, but that we will call them again and from what number.
<h3>4. Telehealth Clinical Care</h3>	
<p>a. Telehealth Rooming Workflow</p>	<ul style="list-style-type: none"> • See the Telehealth Rooming Workflow document for detailed information on pre-visit prep, clinical data collection, screenings, and handoffs for telehealth visits. • The Telehealth Rooming Workflow document also includes an Appendix on Best Practice Alerts and Scope of Practice for telehealth. • If unable to reach the patient, leave a voicemail with clear instructions that the patient does not need to call back, but that we will call them again and from what number.
<p>b. Telehealth Clinical Quality</p>	<ul style="list-style-type: none"> • See the Telehealth Rooming Workflow document for Scope of Practice and Quality Metric information for telehealth visits.
<p>c. Telehealth Visit Workflow</p>	<ul style="list-style-type: none"> • When it’s time for a telehealth visit, physicians and care providers should ensure they are in a private, quiet place. See the Provider Telehealth Guide for more tips on how to prepare for and conduct a telehealth visit. • We continue to <u>recommend the use of video visits</u> when it is appropriate and accessible to the patient. <u>Telephone visits remain an option</u> when we are unable to successfully use video visit applications. • NM recommends using Doximity to conduct both video and telephone-only visits. Doximity is a mobile app that can be accessed from any iPhone or Android device. All physicians and their Care Teams can use Doximity. See below tip sheets for more information on Doximity. <ul style="list-style-type: none"> ○ Doximity – Video Calls on an Android ○ Doximity – Video Calls on an iPhone ○ Doximity - FAQs ○ Doximity – How to Join a Care Team • When documenting a telehealth visit, two key things must be included in addition to typical in-office visit documentation. See the COVID-19 Outpatient Telehealth Visits Tip Sheet for more info.

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	<ul style="list-style-type: none"> ○ In the Telehealth Type and Time Documentation section, indicate whether the visit was conducted via video or telephone. For telephone-only visits, document total time in minutes. ○ We encourage physicians and care providers to indicate in notes when visits are conducted via telehealth. ○ When closing the visit, enter E&M and/or visit CPT code based on patient interaction, plus the GT INTERACTIVE TELECOMMUNICATION MODIFIER. ● Each practice and specialty will likely have workflow needs for telehealth visits unique to their services. Work with your team to outline what may need to be included in telehealth workflows to meet your patient needs. ● If unable to reach the patient, leave a voicemail with clear instructions that the patient does not need to call back, but that we will call them again and from what number.
d. What if I can't get video to work?	<ul style="list-style-type: none"> ● We know there will be times when video is not possible. For example, if the patient's internet is down or they cannot get access to the Doximity video visit. If this occurs, consider switching to a telephone-only visit. If that is not sufficient, schedule the patient for an in-person visit.
e. Follow up appointments and next steps	<ul style="list-style-type: none"> ● Given the remote nature of telehealth visits, it's important to be explicit when communicating follow-up appointments and next steps as you complete the visit. Be sure to discuss with the patient that their After Visit Summary (AVS) will be available in MyChart after the visit.
f. Scheduling expedited in-person visits when needed	<ul style="list-style-type: none"> ● If during a telehealth visit it's determined the patient needs to be seen in person, starting Thursday July 23 Epic will be updated with the Telehealth Follow Up workflow to allow for physicians to indicate a follow up visit is needed and route to the practice scheduling pool to expedite scheduling.
g. Additional telehealth resources available	<ul style="list-style-type: none"> ● Telehealth visits with interpreters ● COVID-19 Teaching Physician Telehealth ● Supporting deaf or hard of hearing patients in telehealth
h. Where do I go with questions?	<ul style="list-style-type: none"> ● Telehealth FAQs are available on NMI. ● Similar to other technology needs, if you have issues related to telehealth technology (Doximity, etc) please contact the NMIS Help Desk via 6-HELP or NMI Self-Service. ● If patients have questions about Telehealth, MyChart, or Doximity please direct them to the MyChart Support Team at 1-855-HLP-MYNM (1-855-457-6966).
6. Telehealth Coding and Billing	
a. Government and Commercial Payer guidance	<ul style="list-style-type: none"> ● A Public Health Emergency (PHE) was declared due to COVID-19 on January 31, 2020 and with it, CMS temporarily expanded Medicare's telehealth benefits. Many commercial payers have followed suit with expansions to their policies. The expansions and waivers include - <ul style="list-style-type: none"> ○ Expanded locations where patients can receive and providers can conduct care including from home ○ Expanded eligible providers for telehealth ○ Expanded services and codes eligible for telehealth

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	<ul style="list-style-type: none"> ○ Expansions were significant as previously Medicare and commercial payers had very little telehealth support ● We continue to <u>recommend the use of video visits</u> when it is appropriate and accessible to the patient; however, <u>telephone visits remain an option</u> when we are unable to successfully use video visit applications. ● Once the Public Health Emergency (PHE) is lifted – Date TBD - payers will likely revert back to previous telehealth policies with limited eligible codes and video requirements, though there have been some indications that policies may be expanded. ● See the COVID-19 Telehealth Coding and Billing tip sheet for details on coding and billing requirements for telehealth.
b. Coding and Billing Resources	For questions related to coding and billing for telehealth visits, contact you coding representative.
7. Post-Visit Care	
a. After Visit Summary	<ul style="list-style-type: none"> ● Patients will receive their After Visit Summary (AVS) via MyChart after telehealth visits.
b. Patient Engagement Survey	<ul style="list-style-type: none"> ● Patients who have a telehealth visit will receive a telehealth-specific Medallia survey. These surveys are based on the telehealth visit types and will be sent 4 hours after their visit is checked in. The results of the survey are available in the Medallia portal alongside other survey results. ● See the Telehealth patient experience surveying site for more details.