

DELIVERING VIRTUAL AWVs

This document outlines the differences between an in-person AWV and a virtual AWV during COVID-19.
IMPORTANT: A Welcome to Medicare visit CANNOT be administered virtually

In-Person AWV	Virtual AWV	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 invited to virtual visit by provider via virtual visit platform	
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 checked in by MA	
Patient is seen by PCP in office	Patient is seen by PCP virtually using virtual health 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**

NOTE: A virtual AWV requires both Audio and Video. Please remind staff to not schedule a virtual AWV if patient does not have access to audio-visual communication. If the visit starts out with full audio-visual connection but must be completed by telephone, an AWV can still be billed. GUIDELINES MAY BE UPDATED FREQUENTLY DURING THE COVID-19 PERIOD.