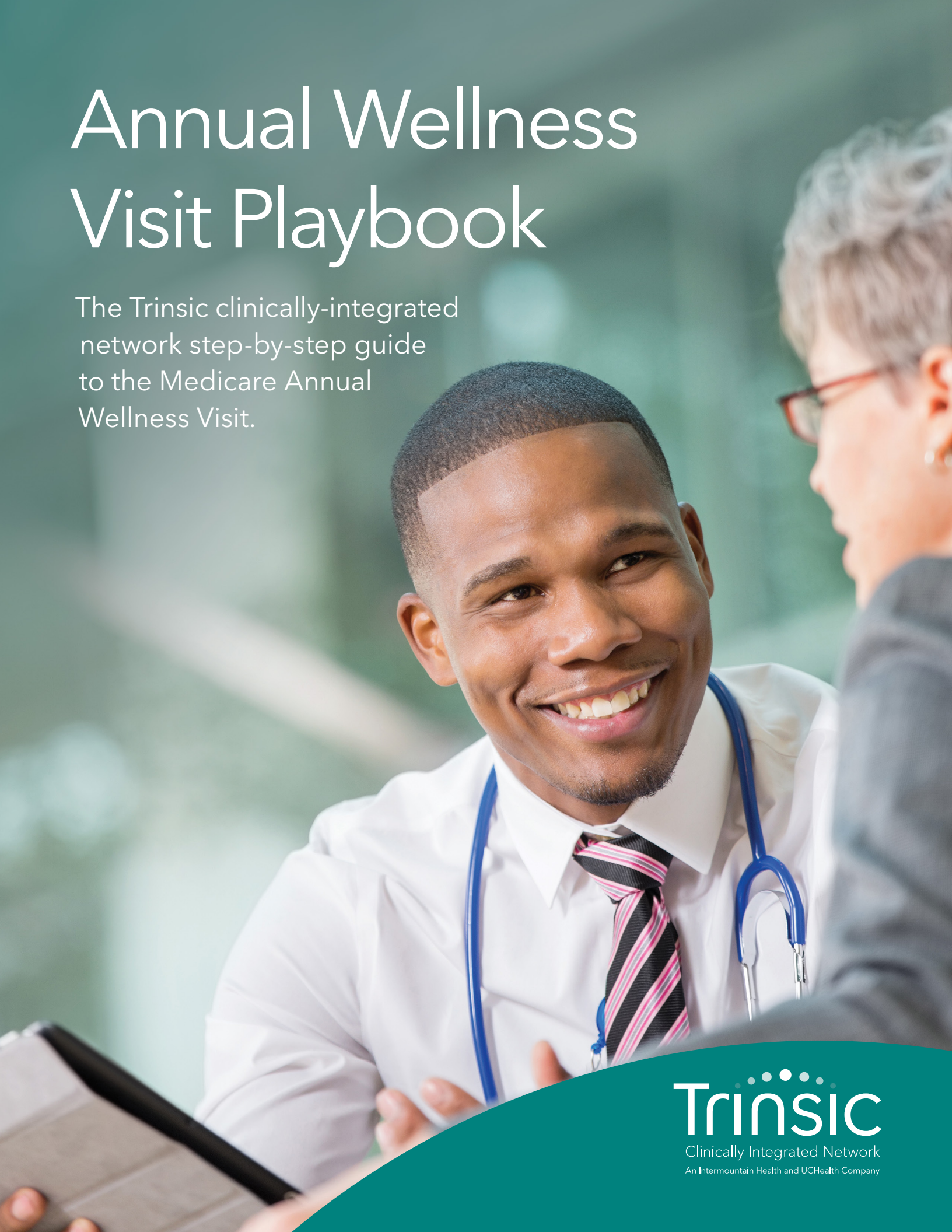
Annual Wellness Visit Playbook

The Trinsic clinically-integrated network step-by-step guide to the Medicare Annual Wellness Visit.



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The Trinsic Medicare Annual Wellness playbook.

Annual Wellness Visits are visit types specific for Medicare patients and are aimed at keeping individuals active and independent as long as possible. These visits allow the health care team to develop a fuller picture of their patient, to include medical and family history, identify health risks and lifestyle factors that may be contributing to health issues.

The Medicare Annual Wellness Visit should not be confused with a complete physical examination.

The purpose of the visit is not diagnosis of new medical problems, but to review the patient's wellness as well as develop and maintain a personalized plan for staying healthy in the year ahead. The services provided in an Annual Wellness Visit are expanded, to include:

- Lifestyle counseling.
- Screening for emotional and cognitive wellbeing.
- Identifying factors affecting the patient's physical health.

The visit provides a unique opportunity to improve the quality of the overall care of the patient, engage the patient in their own health care, and optimize payment opportunities. **The goal of this Annual Wellness Visit playbook is provide network provider groups a set of resources to build their Annual Wellness Visit program.**

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What is the Medicare Annual Wellness Visit?

Medicare's Annual Wellness Visit (AWV) is not a typical physical exam. Instead of assessing a patient for physical signs of major problems, the AWV visit resembles a planning session centered around a patient's health and health goals.

During this visit, patients and providers have an opportunity to:

- Focus on a patient's specific health goals and aging concerns.
- Consider issues that may be overlooked in a typical physical exam.
- Engage with patients on a regular (annual) basis and detect emerging health and safety risks.
- Review the patient's complete medication list and identify any potential adverse drug events.
- Review current providers and suppliers of medical care and check for alignment with patient goals.

One of the most valuable elements of the AWV is the creation of a long-term preventive care plan based on the information a patient shares with their provider including:

- Health Risk Assessment (HRA).
- Health history (personal and family).
- Current list of medical providers and medications.
- Screening for cognition, depression, alcohol misuse, tobacco, hearing, functional status and fall risk.

There are three types of visits covered by Medicare and Medicare Advantage plans:

Initial Preventive Physical Examination (IPPE)

Medicare pays for one per lifetime.

Must be completed in the first 12 mo of Medicare coverage.

Gcode: G0402

Initial Annual Wellness Visit

Applies the first time a beneficiary receives an AWV.

Cannot occur in the same calendar year as IPPE.

Gcode: G0438

Subsequent Annual Wellness Visit

Applies to all AWVs after a beneficiary's first AWV.

Allowed annually after Initial AWV (MA plans allow 1x per calendar yr).

Gcode: G0439

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There are many benefits to patients, providers, and practices in completing Medicare Annual Wellness Visits.

Patient Benefits

No cost–patient pays $0 for visit:

- Annual, comprehensive evaluation focused on a patient's overall health and wellness.
- Earlier disease detection and prevention.

Provider/Practice Benefits

Opportunity to build a complete medical history for chronically ill patients:

- Increases patient engagement.
- Provides proactive care to patients.
- Increases quality metrics.
- Creates a new and sustainable revenue stream for the practice.

Trinsic Benefits

Improves Single Scorecard performance:

- Increases care coordination and shared savings revenue streams for practices.
- Improves STAR rating and performance by reducing gaps in care.
- Increases additional payer monetary incentives per AWV completed.

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Choosing patients to outreach for an Annual Wellness Visit.

One question that often comes up is "who really needs an annual wellness visit?" Many members of the healthcare community question whether the “annual physical” is a valuable health service (Mehrotra & Prochazka, 2015). Multiple studies have demonstrated that these visits do not correlate with better health outcomes, supporting the arguments against these types of visits.

However, primary care providers overwhelmingly agree that preventative care and patient engagement in their own health is important, and patients do better when they have a trusting relationship with their health care team. Annual Wellness Visits can serve this purpose.

Annual Wellness Visits are a great opportunity to focus on engaging patients in their health, getting them connected to tools and resources for their chronic illnesses, and making sure they are up to date on their preventative screenings and treatments. We recommends thinking about focusing the Annual Wellness Visit work in the following ways:

Perform AWVs for patients who have multiple "care gaps."

- atients who may be seen often for acute issues, but who are missing their age-appropriate preventative screenings and immunizations.

Perform AWVs for patients who have multiple “care gaps.”

- Patients who may be seen often for acute issues, but who are missing their age-appropriate preventative screenings and immunizations.

Perform AWVs for patients who are new to your practice.

- Introduce them to your team, get to know them, and take the time up front to engage them in their health.

Patient prioritization stratification methods:

See appendix for additional information on how to apply these methods within the network’s datasets.

- Care gap count: stratifying patients by number of outstanding care gaps as reported by the payers (highest to lowest).
- Payer risk score: stratifying patients by patient risk score as reported by the payers (highest to lowest).
- Epic EMR complexity score: predicts the likelihood of patients 18+ years old of visiting the ED or being admitted to the hospital within the next year.

We are here to help your practice with patient prioritization stratification. Please contact your network engagement team contact if your practice would like assistance.

Designing the Annual Wellness Visit care team.

Annual Wellness Visits are highly encouraged and incentivized by Medicare Advantage programs as a way to help "prevent illness based on current health and risk factors" (Medicare Interactive, n.d.). However, one of the biggest challenges in ambulatory care is patient access. Many primary care providers struggle to meet all the required components of the AWV due to the constraints on their time. These visits are time-intensive. Multiple studies have concluded that "offloading the preventative care of the growing geriatric population from the primary care provider will help lessen the burden of access" (Bogrett & Carriel, 2018).

The initial AWV ("Welcome to Medicare" IPPE and initial Annual Wellness Visit) must be completed by a primary care provider. Although the subsequent AWV can be completed in its entirety by a the patient's primary care provider, a clinical pharmacist, clinical nurse specialist, or other medical professional1 is also allowed to complete these visits (CMS, 2012). Given the length of visit, as well as the growing burden of decreased appointment access, we recommend utilizing an AWV care team to support the work. The following section describes various models and their benefits and limitations.

Designing the Annual Wellness Visit care team.

1. Physician Led Model—In Person

Annual Wellness Visit completed by provider during a scheduled AWV. Provider responsible for all aspects of visit.

2. Care Team Led Models

Annual Wellness Visit completed by a member of the care team during a scheduled AWV. Provider partners with care team member to complete either a co-visit or separate-day visit for follow-up items from AWV, including chronic condition management, advanced care planning and HCC recapture.

A. Care Team Model—Office Visits

- Nurse or pharmacist performs standalone visit followed by a provider visit on a separate day.
- AWV completed in two visits: First visit: during the nurse or pharmacist visit, the nurse/pharmacist completes the AWV with the patient in an in-person scheduled visit.
- Second visit: Patient has an in-person office visit with the provider to review labs, HCC coding, advance care planning and other concerns.

B. Co-Visit Model—Office Visits

- Nurse or pharmacist sees patient at the beginning of a provider visit.
- AWV completed by nurse/pharmacist and provider during one in-person office visit. Patient is seen by nurse/pharmacist to complete the bulk of the AWV prior to meeting with the provider.

C. Care Team Model—Virtual or Telephonic

- Nurse or pharmacist performs a virtual visit followed by a provider visit on a separate day.
- AWV completed by nurse/pharmacist during a virtual visit. Provider sees the patient for a separate day visit for follow-up items from AWV to address chronic conditions, advanced care planning, and HCC recapture.

1. Provider Led Model—In Person

Annual Wellness Visit completed by provider during a scheduled AWV. Provider responsible for all aspects of visit.

Pros	Cons
• Patient can complete visit in one appointment. • Provider focuses on: – Care gap closure – Chart updates. – Cleaning up the chart. • Medicare Advantage programs allow for increased billing opportunity by adding physical exam. • Contributes to continuity of care with consistent primary careprovider.	• Value of visit might be overlooked and perceived as another "box to check." • Many providers do not enjoy AWVs. • Does not highlight provider strengths in diagnosis and treatment. • High volume of visits to complete. • Long visits that reduce appointment access for chronic care and acute in-clinic needs. • Long visit for the patient. • Confusion of not understanding the objective of AWV and bringing up problem-based concerns. • Confusion about cost of visit (e.g. AWV no co-pay vs. addressing concerns accrues a co-pay).

2. Care Team Led Models

Utilizing the care team to assist with completing the AWV has many impactful benefits to the provider and patient. When the AWV is completed by a member of the care team, the provider is freed up to spend time following up on the important issues noted during the visit and managing chronic conditions. Nurses and pharmacists are well-suited for care team led models because of their expertise with medications, disease education, health and wellness.

Pros	Cons
• Frees up the provider to focus on chronic conditions. • Fosters interdisciplinary relationship. • Promotes team-based relationship with patient, provider andcare team. • Care team has dedicated time with patient to focus on: – Care gap closure. – Chart updates. – Cleaning up the chart. – Preventative screenings. – Wellness education. • Providers can bill for AWV services.	• Some patients are reluctant to have a visit with a different member of the care team. • May require additional scheduling if acute problems are identified during the AWV. • Visits could get repetitive for the care team. • Requires hiring dedicated resource or reallocating time of existing resources.

Nurse		Pharmacist	
Pros	**Cons**	**Pros**	**Cons**
• Elevates the scope of nurses. • Trained and educated to have a holistic approach to healthcare that includes assessment, prevention, wellness and connection to community resources. • Care plan development.	• Requires hiring a dedicated resource or reallocating workload of existing resources.	• Focus on disease ducation and medication management. • Provides each patient with focused medication review.	• Requires hiring a dedicated resource or reallocating workload of existing resources.

A. Care Team Model–Office Visits

Nurse or pharmacist performs standalone visit followed by a provider visit on a separate day.

AWV completed in two visits. 1) During the nurse or pharmacist visit, the nurse/pharmacist completes the AWV with the patient in an in-person scheduled visit. 2) Patient has an in-person office visit with the provider to review labs, HCC coding, advance care planning and other concerns.

Pros	Cons
• Cleaner separation between wellness visit and provider problem-based visit. • No co-pay for AWV portion of visit. • Opens up access for chronic care appointments. • Provides opportunity to draw pre-visit labs for provider follow-up. • Less chance of information overload for the patient. • Clear division of activities completed by nurse/pharmacist and provider.	• Requires two separate patient visits. • Scheduling complexity of coordinating appointments. • Some patients do not want to be seen a second time. • Some patients reluctant to have a nurse/pharmacist only visit. • Might be difficult for patient to attend two visits.

B. Care Team Led Models

Nurse or pharmacist sees patient at the beginning of a provider visit.

AWV completed by nurse/pharmacist and provider during one in-person office visit. Patient is seen by nurse/provider to complete the bulk of the AWV prior to meeting with the provider..

Pros	Cons

• Patient can complete visit in one appointment.
• Nurse/pharmacist has dedicated time with patient.
• Provider and nurse/pharmacist work as a team to divide the work.
• Fosters team-based relationship with patient, care team and provider.
• Care team has dedicated time with patient to focus on:
  – Care gap closure.
  – Chart updates.
  – Cleaning up the chart.
  – Preventative screenings.
  – Wellness education.
• Providers can bill for provider visit.
• Frees up access for other provider appointments.
	• Coordination and access of nurse/pharmacist and provider schedules could be difficult.
	• Division of activities between provider and nurse/pharmacist could become unclear.
	• Value of the visit might be overlooked and perceived as another box to check.
	• Longer visit for the patient.
	• Confusion of not understanding the objective of AWV and bringing up problem-based concerns during the provider portion of the visits.
	• Confusion about cost of visit.
	• Potential duplicative work–patients might refrain from telling the nurse/pharmacist something and wait for provider portion of the visit or communicate concerns twice.

C. Care Team Led Models

Nurse or pharmacist performs a virtual visit followed by a provider visit on a separate day.

AWV completed by nurse/pharmacist during a virtual visit. Provider sees the patient for a follow-up appointment to address chronic conditions..

Pros	Cons
• Cleaner separation between wellness visit and provider problem-based visit. • No co-pay for AWV portion of visit. • Opens up access for chronic care appointments. • Provides opportunity to draw pre-visit labs for provider follow-up. • Less chance of information overload for the patient. • Clear division of activities completed by nurse/pharmacist and provider.	• Requires two separate patient visits. • Scheduling complexity of coordinating appointments. • Some patient reluctant to have a nurse/pharmacist-only visit. • Some patients reluctant to have a virtual or telephonic visit.

Scheduling a patient for an Annual Wellness Visit.

Many patients, especially those newly enrolled to Medicare, do not understand what an AWV is, or why it is important to their health. Oftentimes, the primary care office plays the role of educator for patients when it comes to understanding AWVs and other Medicare Advantage benefits.

However, primary care schedulers rarely receive training or tools to have informed conversations about preventative care services with patients. As a result, schedulers often feel frustrated and confused having these conversations with patients and may schedule patients incorrectly. Additionally, patients may have misaligned expectations on what services are and are not covered during an AWV.

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To aid communication between patients and our staff when patients call to schedule any type of Medicare wellness visit, we developed a resource for schedulers that includes definitions, tips, and sample scripts (practices are welcome to tailor these scripts to meet the needs of the practice).

Though every patient with active Medicare insurance is eligible for a Medicare Annual Wellness visit, not every visit can be completed by a care team member. Initial Annual Wellness Visits may only be completed by a provider (MD, DO or APP). Subsequent AWVs may be completed by additional members of the care team.

Therefore, if a practice chooses to use a care team model for completing AWVs, it is recommended to focus on patients 67 years of age and older to increase the likelihood that the initial AWV was completed previously.

What is an Annual Wellness Visit?

- It is not a typical physical exam.
- The Medicare AWV is an opportunity for patients to have a focused conversation with their provider about health, wellness, and planning for the future.

How do patients benefit from having an Annual Wellness Visit?

- The Medicare AWV is designed to support individuals in taking an active role in managing their health, well-being and improving their quality of life.
- Early disease detection and prevention.
- Prevent accidents in the home and hospitalizations.

How often will Medicare pay for an Annual Wellness Visit?

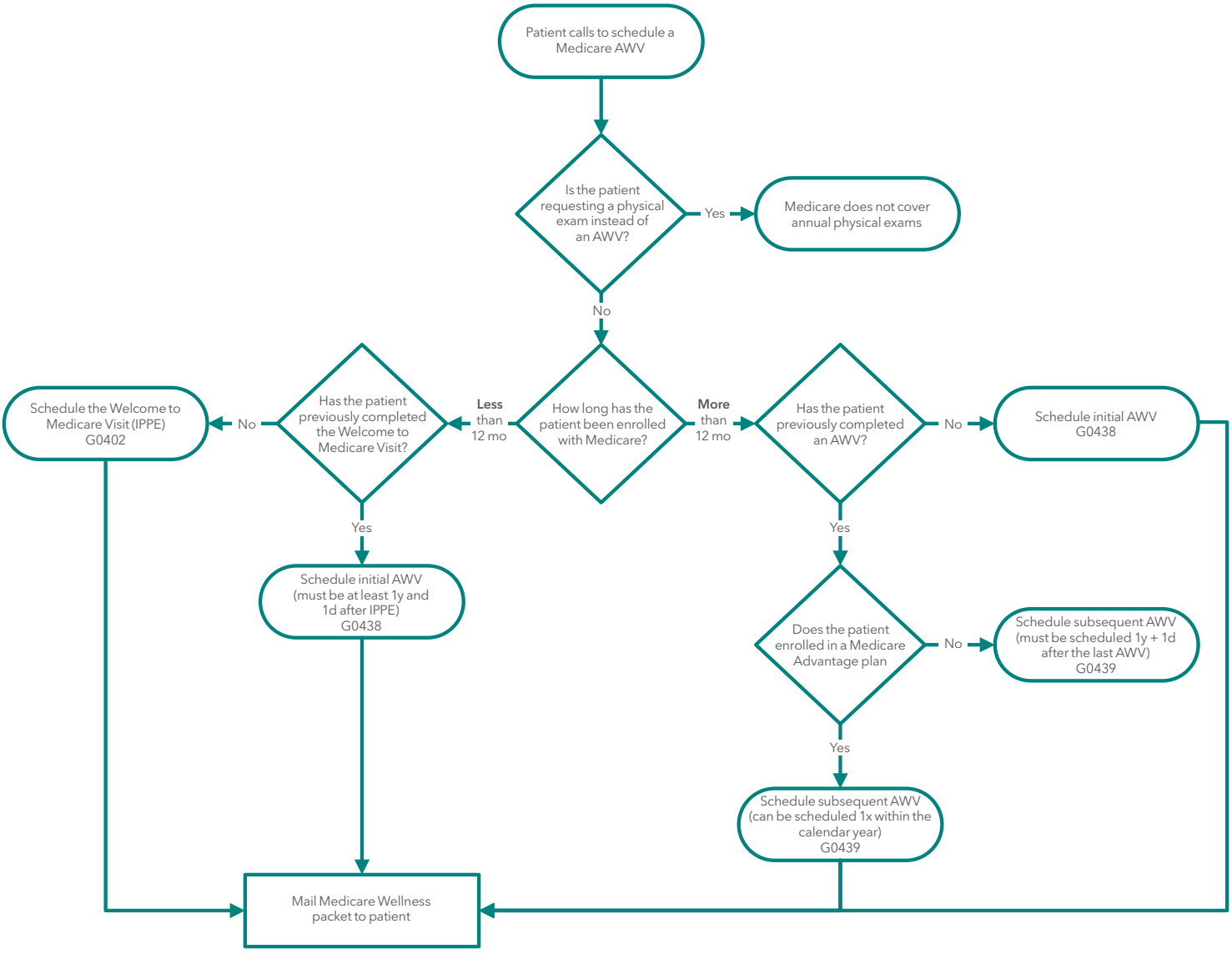
- Medicare will pay for an AWV once every year (once every 365 days for traditional Medicare and once every calendar year for Medicare Advantage plans).
- There are no deductible or co-payments for the visit.

What should a patient expect during an Annual Wellness Visit?

- One of the most valuable elements on the AWV is the creation of a long-term preventative plan. During the visit, the care team and/or provider will:
  - Set wellness goals.
  - Screen for cognition, depression, alcohol misuse, hearing, functional status and fall risk.
  - Order preventative screenings.
  - Counsel and connect to resources.
  - Discuss end of life planning.

Flowchart

Scheduling Annual Wellness Visits.



We recommend including the following documents within the practice's Medicare Wellness packet:

- "Introduction to Medicare Annual Wellness Visits" document.
- "What to bring to your Medicare Annual Wellness visit" document.
- Health risk assessment (HRA).

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Scripting: Provider Led Model

Scheduling workflow:

Provider office visit	• Schedule a 40-minute visit with provider as an AWV. • During this visit, the provider will complete the components of the AWV, order outstanding screenings and talk about advanced care planning.

Scripting workflow:

Patient outreach and scheduling	Scheduler "Hello Mr./Mrs./Ms. <PATIENT NAME>. I am calling from <PROVIDER OFFICE NAME>. <PROVIDER NAME> noticed that you have not been in to see <HIM/HER> for your Medicare Annual Wellness Visit and would like me to help you schedule it." "I am not sure how much you know about the Medicare Annual Wellness visit. It is not a physical exam but it is a longer talk about your health. During this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans pay for 100% of your Annual Wellness Visit and it can be done once every calendar year. If <PROVIDER NAME> does a physical exam during this visit, then you may be charged a co-pay." "What day of the week works best for you?" Scheduler–after visit is scheduled "Please bring all your medicines, inhalers, vitamins, supplements and topical medicines to your visit so we can update your records. If you are keeping track of your blood pressure at home, please bring your most recent records with you. If you have diabetes, please bring the records of your most recent readings."
Patient outreach– no answer	"Hello, this is <NAME> from <PROVIDER OFFICE NAME>. <PROVIDER NAME> noticed that you have not been in to see <HIM/HER> for your Annual Wellness Visit. Please call our office at <PHONE NUMBER> to schedule your visit."
Incoming patient call and scheduling	Patient "I am returning a call to schedule an appointment with <PROVIDER NAME>." Scheduler "It looks like you are due for a Medicare Annual Wellness Visit. I am not sure how much you know about the Medicare Annual Wellness Visit. It is not a physical exam but it is a longer talk about your health. During this visit, you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans pay for 100% of your Annual Wellness Visit and it can be done once every calendar year." "What day of the week works best for you?" Scheduler–after visit is scheduled: "Please bring all your medicines, inhalers, vitamins, supplements and topical medicines to your visit so we can update your records. If you are keeping track of your blood pressure at home, please bring your most recent records with you. If you are have diabetes, please bring the records of your most recent readings."
Check in	Scheduler "Thank you for coming in today. I have you scheduled with <PROVIDER NAME> for your Medicare Annual Wellness Visit." "Medicare plans pay for 100% of your Annual Wellness Visit and it can be done once every calendar year. This type of visit does not include a physical exam but it is a longer talk about your health. During this visit, you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. If <PROVIDER NAME> does a physical exam during this visit, then you may be charged a co-pay."
Roomer	Roomer "Thanks for coming in today. It looks like today <PROVIDER NAME> will see you for your Annual Wellness Visit. <PROVIDER NAME> will be looking at your medical records, updating your health records and discussing any health screenings that you are due for. This is a great time to talk about any concerns you have about your health risks."

Scripting: Care Team Model–Standalone Office Visit

Scheduling workflow:

Nurse/ Pharmacist visit	• Schedule a 40-minute visit with a nurse/pharmacist as a Nurse/Pharmacist Visit. • During this visit, the nurse/pharmacist will complete the AWV and draw blood for provider follow up.
Provider office visit	• Schedule a 20-minute office visit to follow up on blood work. • Visit should be scheduled 10-14 days from AWV with nurse/pharmacist.

Scripting workflow:

Scripting for patient outreach and scheduling	Scheduler "Hello Mr./Mrs./Ms. <PATIENT NAME>. I am calling from <PROVIDER OFFICE NAME>. <PROVIDER NAME> noticed that you have not been in to see <HIM/HER> for your Medicare Annual Wellness Visit and would like me to help you schedule it." "I am not sure how much you know about the Medicare Annual Wellness visit. It is not a physical exam but it is a longer talk about your health. During this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans pay for 100% of your Annual Wellness Visit and it can be done once every calendar year." "<PROVIDER NAME> wants to make sure you are seen for your Annual Wellness Visit. <HE/SHE> would like you to schedule your Annual Wellness Visit with <HIS/HER> nurse/pharmacist, and then schedule a follow-up visit with <HIM/HER> to go over your lab test results and talk about any follow-up medical issues." "Today I will be helping you schedule 2 appointments. The first appointment will be with the nurse/pharmacist for the Annual Wellness Visit and lab tests. This nurse/pharmacist visit is covered by Medicare Advantage and will be free of cost. The second appointment will be scheduled 10-14 days later with <provider name> and may have a copay. This visit will be with <provider name> to go over your lab test results and review your medical issues." • "What would be a good day to schedule the first visit with the nurse/pharmacist?" • "What would be a good day to schedule the follow-up visit with <PROVIDER NAME>?" Scheduler–after visit is scheduled "Please bring all your medicines, inhalers, vitamins, supplements and topical medicines to your visit so we can update your records. If you are keeping track of your blood pressure and/or blood sugars at home, please bring your most recent records with you. If you have diabetes, please bring the records of your most recent readings."
Patient outreach– no answer	Scheduler "Hello, this is <NAME> from <PROVIDER OFFICE NAME> calling to schedule your Annual Wellness Visit. Please call our office at <PHONE NUMBER> to schedule your appointment."
Visit 1: nurse/ pharmacist appointment check-in	Scheduler "Thank you for coming in today. I have you scheduled with <NURSE/PHARMACIST NAME> for your Medicare Annual Wellness Visit. During this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. This is not a physical exam. That will happen at your follow-up visit with <PROVIDER'S NAME>. Your visit today is 100% covered by your Medicare plan." "<NURSE/PHARMACIST NAME> will order blood work, which <PROVIDER NAME> will go over with you during your follow-up visit
Roomer/ nurse/ pharmacist	Roomer for nurse/pharmacist "Thank you for coming in. It looks like you are here today for your Medicare Annual Wellness visit. <NURSE/PHARMACIST NAME/I> will be looking at your medical records, updating your health records and discussing any health screenings that you are due for. This is a great time to talk about any health concerns you may have."

Scripting: Care Team Model—Co-visit Office Visit

Scheduling workflow:

Nurse/ Pharmacist visit	• Schedule a 40-minute visit with nurse/pharmacist as a Nurse/Pharmacist Visit. • Nurse/pharmacist see the patient first and complete the bulk of the AWV. The nurse/pharmacist will tee up any further discussion points for the provider.
Provider office visit	• Schedule a 20-minute provider visit after the nurse/pharmacist visit. • Provider will see patient for the last portion of the visit.

Scripting workflow:

Scripting for patient outreach and scheduling	Scheduler "Hello Mr./Mrs./Ms. <PATIENT NAME>. I am calling from <PROVIDER OFFICE NAME>. <PROVIDER NAME> noticed that you have not been in to see <HIM/HER> for your Medicare Annual Wellness Visit and would like me to help you schedule it." "I am not sure how much you know about the Medicare Annual Wellness visit. It is not a physical exam but it is a longer talk about your health. During this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans pay for 100% of your Annual Wellness Visit and it can be done once every calendar year." "<PROVIDER NAME> wants to make sure you are seen for your Annual Wellness Visit. This appointment will be completed in two parts. First you will meet with <NURSE/PHARMACIST NAME> to update your chart and talk about wellness, and then you will see <PROVIDER NAME> to follow up on any additional items. If <PROVIDER NAME> talks about topics outside the Annual Wellness Visit then you might be charged a co-pay." • "What would be a good day to schedule your Annual Wellness Visit with <PROVIDER NAME>?" Scheduler—after visit is scheduled "Please bring all your medicines, inhalers, vitamins, supplements and topical medicines to your visit so we can update your records. If you are keeping track of your blood pressure and/or blood sugars at home, please bring your most recent records with you. If you have diabetes, please bring the records of your most recent readings."
Patient outreach—no answer	Scheduler "Hello, this is <NAME> from <PROVIDER OFFICE NAME> calling to schedule your Annual Wellness Visit. Please call our office at <PHONE NUMBER> to schedule your appointment."
Check-in	Scheduler "Thank you for coming in today. I have you scheduled with <PROVIDER NAME> for your Medicare Annual Wellness Visit. The first part of your visit will be with <NURSE/PHARMACIST NAME> and then you will talk with <PROVIDER NAME>. As a reminder, during this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. This is not a physical exam. Your visit today is 100% covered by your Medicare plan. If <PROVIDER NAME> talks about topics outside the Annual Wellness Visit then you might be charged a co-pay
Roomer/ nurse/ pharmacist	Roomer/Nurse/Pharmacist "Thank you for coming in. It looks like you are here today for your Medicare Annual Wellness Visit. <ROOMER/NURSE/PHARMACIST NAME/I> will be looking at your medical records, updating your health records and discussing any health screenings that you are due for. When we are done with this part of the visit <PROVIDER NAME> will come in and answer any questions. This is a great time to talk about any concerns you have about your health risks."

Scripting: Care Team Model–Standalone Virtual/Telehealth Visit

Scheduling workflow:

Nurse/ Pharmacist visit	• Schedule a 40-minute visit with nurse/pharmacist as a Nurse/Pharmacist Visit. • During this visit, the nurse/pharmacist will complete the AWV and order bloodwork for the provider follow-up visit.
Provider office visit	• Schedule 20-minute office visit to follow up on blood work. • Visit should be scheduled 10-14 days from AWV with nurse/pharmacist.

Scripting workflow:

Scripting for patient outreach and scheduling	Scheduler "Hello Mr./Mrs./Ms. <PATIENT NAME>. I am calling from <PROVIDER OFFICE NAME>. <PROVIDER NAME> noticed that you have not been in to see <HIM/HER> for your Medicare Annual Wellness Visit and would like me to help you schedule it." "I am not sure how much you know about the Medicare Annual Wellness visit. It is not a physical exam but it is a longer talk about your health. During this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans pay for 100% of your Annual Wellness Visit and it can be done once every calendar year." "<PROVIDER NAME> wants to make sure you are seen for your Annual Wellness Visit. <HE/SHE> would like you to schedule your Annual Wellness Visit with <HIS/HER> nurse/pharmacist, and then schedule a follow-up visit with <HIM/HER> to go over your lab test results and talk about any follow-up medical issues." "Today I will be helping you schedule 2 appointments. The first appointment will be <A TELEPHONE OR VIRTUAL VISIT> with the nurse/pharmacist for the Annual Wellness Visit and lab orders. This nurse/pharmacist visit is covered by Medicare Advantage and will be free of cost. The second appointment will be scheduled 10-14 days later with <PROVIDER NAME> and may have a co-pay. This visit will be with <PROVIDER NAME> to go over your lab test results and review your medical issues." • "What would be a good day to schedule the first <TELEPHONE OR VIRTUAL> visit with the nurse/ pharmacist?" • "What would be a good day to schedule the follow-up visit with <PROVIDER NAME>?" Scheduler–after visit is scheduled "Please gather your medicines, inhalers, vitamins, supplements and topical medicines for your visit so we can update your records. If you are keeping track of your blood pressure and/or blood sugars at home, please bring your most recent records with you. If you have diabetes, please bring the records of your most recent readings."
Patient outreach– no answer	Scheduler "Hello, this is <NAME> from <PROVIDER OFFICE NAME> calling to schedule your Annual Wellness Visit. Please call our office at <PHONE NUMBER> to schedule your appointment."
Visit 1: nurse/ pharmacist appointment check-in	Scheduler "Thank you for logging into your visit today. I have you scheduled with <NURSE/PHARMACIST NAME> for your Medicare Annual Wellness visit. During this visit you will talk about your health goals, lifestyle, medicines you are taking and any preventive screenings that you are due for. This is not a physical exam. That will happen at your follow-up visit with <PROVIDER NAME>. Your visit today is 100% covered by your Medicare plan." "<Nurse/Pharmacist name> will order blood work, which <provider name> will go over with you during your follow-up visit".
Roomer/ nurse/ pharmacist	Roomer/Nurse/Pharmacist "Thank you for logging into your appointment. It looks we have you scheduled for your Medicare Annual Wellness visit. <NURSE/PHARMACIST NAME/I> will be looking at your medical records, updating your health records and discussing any health screenings that you are due for. This is a great time to talk about any concerns you have about your health risks."

Scripting: Missed Appointments

Care team model: standalone office visit:

Scheduler

"Hello Mr./Mrs./Ms. <PATIENT NAME> I am calling from <PROVIDER OFFICE NAME>. I see that you missed your Annual Wellness Visit with <NURSE/PHARMACIST NAME> and I would like to help you reschedule it." We also want to make sure that your follow-up appointment with <PROVIDER NAME> is scheduled 10-14 days later."

"Just to remind you, the Annual Wellness Visit is not a physical exam. During this visit you will talk about your health goals, lifestyle, medicines you are taking and preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans cover your Annual Wellness Visit 100% and it can be done once every calendar year."

"<PROVIDER NAME> wants to make sure you are seen for your Annual Wellness Visit. <HE/SHE> would like you to see <NURSE/PHARMACIST NAME> for the Annual Wellness Visit and then come back for a follow-up visit with <HIM/HER> to review your lab test results and talk about any follow-up medical issues."

- "What would be a good day to schedule the first visit with the nurse/pharmacist?"
- "What would be a good day to schedule the follow-up visit with <PROVIDER NAME>?"
  OR
- "If it is okay with you, I would like to move your appointment with <PROVIDER NAME> so that it is 10-14 days after your Annual Wellness Visit."

Scheduler–after visit is scheduled

"Please bring all your medicines, inhalers, vitamins, supplements and topical medicines to your visit so we can update your records. If you are keeping track of your blood pressure at home, please bring the most recent records with you. If you have diabetes, please bring the records of your most recent readings."

Care team model: standalone virtual/telehealth visit:

Scheduler

"Hello Mr./Mrs./Ms. <PATIENT NAME> I am calling from <PROVIDER OFFICE NAME>. I see that you missed your Annual Wellness Visit with <NURSE/PHARMACIST NAME> and I would like to help you reschedule it." We also want to make sure that your follow-up appointment with <PROVIDER NAME> is scheduled 10-14 days later.

"Just to remind you, the Annual Wellness Visit is not a physical exam. During this visit you will talk about your health goals, lifestyle, medicines you are taking and preventive screenings that you are due for. The goal of this visit is to help you stay healthy. Medicare plans cover your Annual Wellness Visit 100% and it can be done once every calendar year."

"<PROVIDER NAME> wants to make sure you are seen for your Annual Wellness Visit. <HE/SHE> would like you to see <NURSE/PHARMACIST NAME> for the Annual Wellness Visit and then come back for a follow-up visit with <HIM/HER> to review your lab test results and talk about any follow-up medical issues. The appointment with <NURSE/PHARMACIST NAME> will be <A TELEPHONE OR A VIRTUAL VISIT> for the Annual Wellness Visit and lab orders."

- "What would be a good day to schedule the visit with the nurse/pharmacist"?
- "What would be a good day to schedule the follow-up visit with <PROVIDER NAME>?"
  OR
- "If it is okay with you, I would like to move your appointment with <PROVIDER NAME> so that it is 10-14 days after your Annual Wellness Visit."

Scheduler–after visit is scheduled

"Please gather your medicines, inhalers, vitamins, supplements and topical medicines for your visit so we can update your records. If you are keeping track of your blood pressure at home, please bring the most recent records with you. If you have diabetes, please bring the records of your most recent readings."

Preparing for an Annual Wellness Visit (pre-visit planning).

"By failing to prepare, you are preparing to fail."

–Benjamin Franklin

Pre-visit planning plays an essential role in accomplishing all the goals of the annual wellness visit. It can help to make your annual wellness visits run more smoothly, and give you the time to focus on what matters most.V.

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Medicare Annual Wellness Visit Checklist

Pre-visit planning.

Pre-visit planning can help make your patient visits run more smoothly, giving you time to focus on what matters most to the patient.

Verify Eligibility

- ☐ Active Medicare Advantage insurance.
- ☐ Previously completed the initial AWV (G0438).
  Note: this visit is not time-bound and may occur outside of the 1st year of Medicare enrollment.
- ☐ No previous AWV within the current calendar year.

Complete Pre-Charting

- ☐ Review medical history (personal and family) and make notes of any changes or updates.

Quality care measures

- ☐ Breast cancer screening.
- ☐ Colorectal cancer screening.
- ☐ Prostate cancer screening.
- ☐ Osteoporosis management (for women who had a fracture within the last 6 months).
- ☐ Documented advance care planning.

For diabetic patients:

- ☐ A1c control.
- ☐ Kidney disease monitoring.
- ☐ Retinal eye exam.

Review Medication List

- ☐ Review medication list for dosages, accuracy and compliance.

Send Patient Annual Wellness Documents

- ☐ Patient letter.
- ☐ Health Risk Assessment (HRA).
- ☐ What to bring to your Annual Wellness Visit.

Durable medical equipment (DME) used:

_____

_____

Last vision and hearing tests:

_____

_____

Primary care provider(s) seen within the last year:

_____

_____

Specialist(s) seen within the last year:

_____

_____

HCCs needing recapture:

_____

_____

Medicare Annual Wellness Visit

Letter to patients with Medicare.

Note: use practice letterhead.

Dear _____,

We are pleased to offer the free Medicare benefit called Annual Wellness Visit. During this visit we will work with you to make a plan for how to stay well.

What is the Annual Wellness Visit?

- This visit is for talking with your healthcare team about your medical history, your risk for certain diseases, the current state of your health and your plan for staying well.
- We will measure your height, weight and blood pressure.
- We might refer you for screenings or services outside of the appointment.

How is the Annual Wellness Visit different from other visits?

- This is not the same as a yearly physical exam.
- We will not listen to your heart and lungs or check other parts of your body.
- You may be scheduled for screenings or blood work that you are due for at the end of this visit.
- We would want to schedule another appointment if you are not feeling well or are concerned about a medical problem.

When do I get it?

You are eligible to receive a wellness visit ("Welcome to Medicare") during the first 12 months you are enrolled in Medicare Part B. You may then schedule a wellness visit once a year.

Who pays for it?

- Medicare will pay for the Annual Wellness Visit so you will have no out-of-pocket expense.
- You might have a co-payment for some screening services and follow-up visits.
- If you receive additional tests or services during the same visit that aren't covered under these preventive benefits, you may have a co-pay and the Part B deductible may apply.

Things to bring to your Annual Wellness Visit:

Please complete all the forms in this packet and bring them to your visit including:

- Health risk assessment.
- What to bring to your Annual Wellness Visit.
- A bag with all of the medicines you take including over-the-counter drugs, vitamins and supplements.

We look forward to working with you to make a plan to help you stay well.

Medicare Annual Wellness Visit

What to bring to an Annual Wellness Visit.

Name: _____ Date: _____

Health Care Team

The names of all the doctors on your health care team, including specialists (ex. eye doctor, cardiologist, foot doctor):

Name	Specialty

Prescriptions and Medications

Bring a bag with all of the medications you take including over-the-counter drugs, vitamins, supplements and injections:

Name of medication	Dose

Medicare Annual Wellness Visit

What to bring to an Annual Wellness Visit.

Name: _____ Date: _____

Pharmacies and Home Health

The names and locations of your pharmacies:

Name of Pharmacy	Location

The name of your home health agency: _____

Medical Equipment and Supplies

The names of your medical equipment supply companies (ex. Major Medical, Apria, Lincare) and the supplies they provide (ex. oxygen, wheelchair, walker, insulin pump):

Name of Company	Equipment/Supplies

Medicare Annual Wellness Visit

What to bring to an Annual Wellness Visit.

Name: _____ Date: _____

Recently Completed Screenings

List out any recently completed screenings (ex. diabetic eye exams, breast cancer mammography screening, colorectal cancer screening). If you have copies of the screening results, please bring a copy with you:

Name of Screening	Location

Advance Care Planning

Bring any advance care planning documents you have completed since your last provider visit (ex. medical durable power of attorney, Five Wishes, living will, and/or the MOST form).

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Medicare Wellness Checkup

Please complete this checklist before seeing your doctor or care team. Your responses will help you receive the best health and health care possible.

Your name: _____

Today's date: _____

Your date of birth: _____

1. What is your age?
   ☐ 18–64 ☐ 65–69 ☐ 70–79 ☐ 80 or older

2. 2. Are you a male or female?
   ☐ Male ☐ Female

3. During the past four weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?
   ☐ Not at all
   ☐ Slightly
   ☐ Moderately
   ☐ Quite a bit
   ☐ Extremely

4. During the past four weeks, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?
   ☐ Not at all
   ☐ Slightly
   ☐ Moderately
   ☐ Quite a bit
   ☐ Extremely

5. During the past four weeks, how much bodily pain have you generally had?
   ☐ No pain
   ☐ Very mild pain
   ☐ Mild pain
   ☐ Moderate pain
   ☐ Severe pain

6. During the past four weeks, was someone available to help you if you needed and wanted help? (For example, if you felt very nervous, lonely or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself).
   ☐ Yes, as much as I wanted
   ☐ Yes, quite a bit
   ☐ Yes, some
   ☐ Yes, a little
   ☐ No, not at all

7. During the past four weeks, what was the hardest physical activity you could do for at least two minutes?
   ☐ Very heavy
   ☐ Heavy
   ☐ Moderate
   ☐ Light
   ☐ Very light

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own care?)
   ☐ Yes ☐ No

9. Can you go shopping for groceries or clothes without someone's help?
   ☐ Yes ☐ No

10. Can you prepare your own meals?
    ☐ Yes ☐ No

11. Can you do your housework without help?
    ☐ Yes ☐ No

12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?
    ☐ Yes ☐ No

13. Can you handle your own money?
    ☐ Yes ☐ No

14. During the past four weeks, how would you rate your health in general?
    ☐ Excellent
    ☐ Very good
    ☐ Good
    ☐ Fair
    ☐ Poor

15. How have things been going for you during the past four weeks?

☐ Very well; could hardly be better
☐ Pretty well
☐ Good and bad parts about equal
☐ Pretty bad
☐ Very bad; could hardly be worse

16. Are you having difficulties driving your car?

☐ Yes, often
☐ Sometimes
☐ No
☐ Not applicable, I do not use a car

17. Do you always fasten your seat belt when you are in a car?

☐ Yes, usually
☐ Yes, sometimes
☐ No

18. How often during **the past four weeks** have you been bothered by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	☐	☐	☐	☐	☐
Sexual problems.	☐	☐	☐	☐	☐
Trouble eating well.	☐	☐	☐	☐	☐
Teeth or denture problems.	☐	☐	☐	☐	☐
Problems using the telephone.	☐	☐	☐	☐	☐
Tiredness or fatigue.	☐	☐	☐	☐	☐

19. Have you fallen two or more times in **the past year**?

☐ Yes ☐ No

20. Are you afraid of falling?

☐ Yes ☐ No

21. Are you a smoker?

☐ No
☐ Yes, and I might quit
☐ Yes, but I'm not ready to quit

22. During **the past four weeks**, how many drinks of wine, beer, or other alcoholic beverages did you have?

☐ 10 or more drinks per week
☐ 6-9 drinks per week
☐ 2-5 drinks per week
☐ One drink or less per week
☐ No alcohol at all

23. Do you exercise for about 20 minutes three or more days per week?

☐ Yes, most of the time
☐ Yes, some of the time
☐ No, I usually do not exercise this much

24. Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

☐ Yes ☐ No

Keeping track of your medications?

☐ Yes ☐ No

25. How often do you have trouble taking medicines the way you have been told to take them?

☐ I do not have to take medicine
☐ I always take them as prescribed
☐ Sometimes I take them as prescribed
☐ I seldom take them as prescribed

26. How confident are you that you can control and manage most of your health problems?

☐ Very confident
☐ Somewhat confident
☐ Not very confident
☐ I do not have any health problems

27. What is your race? (**Check all that apply)**

☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ American Indian or Alaskan Native
☐ Hispanic or Latino origin or descent
☐ Other

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or care team.

Completing an Annual Wellness Visit.

Every organization completes the Medicare Annual Wellness Visit differently. Every EMR functions uniquely and is often customized by the organization, making it challenging to provide a one-shoe-fits-all workflow in this playbook.

Therefore, this section is structured to provide practices tools and resources to support comprehensive Annual Wellness Visits, including recommendations for Medicare-compliant note structure, personalized patient plan examples and visit checklists for the office staff to use.

For practices utilizing the UCHealth instance of Epic (known as Epic Community Connect): There is a supplemental playbook detailing specific workflows to use in this EMR. Please contact your network engagement team lead for more information.

Components of the Annual Wellness Visit.

1. Update patient's self-reported information changes.
2. Obtain required health measurements.
3. Complete Medicare clinic visit checklist.
4. Order labs and screenings (for care team led models).
5. Review social determinants of health.
6. Hand out personalized patient plan and patient action plan.
7. Optimize visit chart notes.

1. Update patient's self-reported information changes.

Update and document:

- ☐ Changes reported on health risk assessment by patient, including health status, psychosocial risks, behavioral risks and activities of daily living.
- ☐ Medical events (personal and family).
- ☐ Medication and supplements use.
- ☐ Changes to current providers and suppliers that regularly provide medical care.

2. Obtain required health measurements.

Measure:

- ☐ Height, weight, BMI, and blood pressure (IPPE and initial annual wellness exam).
- ☐ Weight and blood pressure (subsequent annual wellness visit exam).
- ☐ Other routine measurements deemed appropriate based on personal and family history (all exams).

3. Complete Medicare clinic visit checklist.

- ☐ Includes screenings, labs and preventive services covered by Medicare, and shown to improve the quality of a patient's health and wellbeing.
- ☐ See an example of a clinic visit checklist on pages 32 and 33.

Components of the Annual Wellness Visit.

4. Order labs and screenings (for care team led models).

For qualifying patients:

- ☐ Complete blood count
- ☐ Metabolic panel
- ☐ Lipid panel
- ☐ Thyroid panel
- ☐ HbA1c
- ☐ Glaucoma eye exam
- ☐ Cardiac biomarkers

Connect the order(s) to qualifying codes to ensure the patient does not receive additional charges or bills. The best practice is to utilize the most specific codes from the patient's problem list.

5. Review social determinants of health.

- ☐ Social determinants of health (SDOH), as defined by the American Academy of Family Physicians (AAFP), are the conditions under which people are born, grow, live, work and age.
- ☐ These conditions strongly influence the health outcomes and behaviors of patients.
- ☐ For more information on SDOH, or to find examples of screenings, see page 48.

6. Hand out and review personalized patient plan and patient action plan.

- ☐ Personalized health advice and referral(s) to health education. Preventive counseling services or programs when needed.
- ☐ Form can be filled out concurrently to the clinic visit checklist throughout the visit.
- ☐ See example of personalized patient plan on pages 34 and 35.

7. Optimize visit chart notes.

Chart notes demonstrate to the payers and to CMS what conversations occurred during the visit. Additionally, if using a care team led model, the chart note for the annual wellness visit tees up the conversation in the physician follow-up visit with the patient.

Below are some commonly overlooked areas when documenting Medicare preventive services:

- ☐ Document all required elements of the IPPE / AWV.
- ☐ When providing separately reportable services, documentation of services must be separately identifiable in the medical record.
- ☐ Each person making entries in the medical record should sign and date each entry.
- ☐ When providing services such as pathology, laboratory and radiology, note that Medicare requires a physician order.
- ☐ Any services ordered should be specifically documented as part of the preventive service encounter.
- ☐ When a patient is eligible for services because of high risk, there must be documentation to support this.
- ☐ Document start and stop times or total time spent providing a time-based service (such as advance care planning or behavioral counseling).
- ☐ Refer to "How to document and code Medicare Preventive Services" for more information (link on page 48).

Medicare Annual Wellness Visit

Components of the Annual Wellness Visit.

	IPPE (Welcome to Medicare Visit)	Initial Annual Wellness Visit	Subsequent Annual Wellness Visits
Effective dates	0–12 Months of Part B start date.	After 12 months to 24 months of Part B start date.	24 months or more past Part B start date. Allowed annually after initial AWV (MA plans allow once per calendar year).
CPT codes	G0402	G0438	
DOCUMENTATION REQUIREMENTS: BELOW ARE BARE MINIMUM TO DOCUMENT TO REPORT ABOVE CODES.			
HRA	None required.	Obtain HRA.	Update HRA.
Past personal and family history	Obtain history.	Obtain/update history.	Update history.
Medications/supplements (incl. vitamins and calcium)	Document current list.	Update current list.	Update current list.
Risk factors for depression	Review risk factors and document.	Review risk factors and document.	Review risk factors and document.
Functional ability	Review risks and document.	Review risk factors and document.	Review risk factors and document.
Physical exam (min. requirements)	Height, weight, BMI, BP and visual acuity.	Height, weight, BMI, BP.	Weight (or waist circumference) and BP.
Cognitive function	None required.	Assess/document.	Assess/document.
Risk factor list	None required.	List conditions and plan of care for each.	Update list of conditions and plan of care for each.
Patient care team	None required.	List of current providers/ suppliers.	Update list of current providers/suppliers.
End-of-life planning	Counsel w/ consent of pt.	None required.	None required.
Screening schedule	Write the schedule.	Update/write schedule.	Update schedule.
Preventive counseling and education	Counsel or refer patient for preventive issues or risk factors.	Counsel or refer patient for preventive issues or risk factors.	Counsel or refer patient for preventive issues or risk factors.

Medicare Annual Wellness Visit

Components of the Annual Wellness Visit.

Definitions

Eligibility:
Part B effective date is not based on age but can be obtained by Disability/ESRD status. Part B is elective based on patient paying the premium from their Social Security benefits. Refer to start date for Part B on card to determine proper visit note template to select.

HRA:
Health Risk Assessment–self assessment of health status, behavioral risks, psychosocial risks, activities of daily living (ADLs) such as dressing and bathing, and instrumental activities of daily living (IADLs) such as housekeeping, managing meds, and managing finances.

Functional ability:
Review of patient's safety (e.g. Fall risk), ADLs, hearing impairment, and home safety.

Depression screening:
Use of appropriate depression screening/mood disorder by using any of various available standardized screening tests recognized by national professional medical organizations.

End-of-Life planning:
Voluntary element based upon consent from the patient. Should include verbal or written information regarding advance directive provided to patient. If patient declines, notes should include that this was asked and declined.

Written screening schedule/preventive counseling:
Based on age-appropriate preventive services Medicare covers and recommendations from the USPSTF (US Preventive Services Task Force) and ACIP (Advisory Committee on Immunization Practices).

Medicare Advantage Annual Wellness Visit

Visit checklist (clinic).

Service	Description	Gcode/CPT	Completed today?
Behavioral health screenings			
Alcohol misuse screening	Once per year.	G0442	
Depression screening	Once per year, 15 min. Positive Negative	 G0444 + G8431 +0545F G0444 + G8510	
Behavioral health counselings			
Alcohol misuse counseling	Up to 4 counselings per year	G0443	
Cardiovascular disease (behavioral)	Once per year, visit encourage Aspirin when benefits outweigh risks, screening for hypertension, and diet counseling.	G0446	
Diabetes self-management training	Up to 10 hours within first year, up to 2 hours in subsequent years		
Medical nutrition therapy	For patients with diabetes, kidney disease, or kidney transplant in last 3 yrs. • Initial assessment, face-to-face, individual, 15 min. • Re-assessment, face-to-face, individual, 15 min. • Group therapy, 30 min.	**Select 1:** 97802 97803 97804	
Obesity screening and counseling	If BMI >30, 15 min individual behavioral therapy or 30 min group counseling	G0447	
Smoking cessation counseling	With tobacco use, 2 quit attempts per year; 4 sessions per attempt (8 per year). • 3-10 min intermediate counseling. 99406 • Greater than 10 min intensive counseling. 99407	**Select 1:** 99406 99407	
Vaccinations			
Flu shot	Once per flu season (Q2035, Q2036, Q2037, Q2038, Q2039, 90689).	Q___ + G0008	
Hepatitis B	If at risk (hemophilia, renal disease, diabetes, increased risk of infection).		
Pneumovax	Once in a lifetime.	90732 + G0009	
Prevnar	Once in a lifetime.	90670 + G0009	
Tetanus (Tdap or Td)	Every 10 years.		
Well-women exams			
Pelvic and breast exam (including Pap smear)	Every 2y for average risk; every 1y if patient at high-risk for cervical or vaginal cancer, is of child-bearing age, or had an abnormal Pap test in the past 36mo	G0101	
Chronic care management (diabetes, blood pressure, cholesterol, osteoporosis)			
BMI assessment	Body mass index, coded by Z68 + "." + BMI value (ex. Z68.25 is a BMI of 25).	3008F + Z68.__	
Comprehensive diabetes care	HbA1c < 7.0%. HbA1c = 7.0–7.9%. HbA1c = 8.0–9.0%. HbA1c > 9.0%. Positive microalbuminuria test. Negative microalbuminuria test. Documentation for treatment of nephropathy. Glaucoma test (at eye doctor). Once every year if high risk (diabetes, African American, Hispanic American, family history).	3044F 3051F 3052F 3046F 3060F 3061F 3066F If negative, 3072F	
Controlling high blood pressure	Systolic <130. Systolic 130–139. Systolic >/=140. Diastolic <90. Diastolic 80–89. Diastolic >/= 90. ACEI or ARB therapy prescribed or currently taken.	3074F 3075F 3077F 3078F 3079F 3080F 4010F	
Low-density lipoprotein cholesterol tests	LDL-C < 100mg/dl. LDL-C 100–129mg/dl. LDL-C >/= 130mg/dl.	3048F 3049F 3050F	

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Medicare Advantage Annual Wellness Visit

Visit checklist (clinic).

Service	Description	Gcode/CPT	Completed today?
Safety screenings (care team led models only)			
Fall risk screening	Once per year.		
Pain screening	Once per year.		
Provider discretion (for care team led models, consult patient's attributed provider before completing)			
Advance care planning	Document discussion of advance directives such as standard forms used. • Covers first 30 minutes of face-to-face discussion with the patient, family, and/or surrogate. • Covers each additional 30 minutes.	**Select 1:** 99497 99497 + 99498 (if >30 min)	
Provider only			
Fall risk assessment	Document completion of fall risk assessment as well as the outcome. • Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year. • Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year.	**Select 1:** 3288F + 1100F 3288F + 1101F	
Pain assessment	Document completion of pain assessment as well as the outcome. • Pain severity quantified, pain present • Pain severity quantified, no pain present	**Select 1:** 1125F 1126F	
Medication list review and documentation	Review of all medications by a prescribing provider or clinical pharmacist and confirm the presence of a medication list.	1159F + 1160F	
Service	**Description**		**Completed today?**
Cancer screenings			
Colon cancer screening (5 options)	• Colonoscopy every 2 yrs for high risk, 10 yrs for average risk. • Flexible sigmoidoscopy, every 4 yrs. • Stool DNA test, every 3 yrs if criteria met (age 50–85, no signs of colorectal cancer, average risk). • Barium enema, every 4 yrs. • Fecal occult blood testing, 1x/yr.		
Lung cancer screening	Annual low dose CT scan if criteria met (age 55-77, current smoker or quit within 15 yr, at least 30 pack/yr history).		
Mammogram	**Female only:** Every 12 mo for age 40 and over, one baseline between age 35–40.		
Prostate cancer screening	**Male only:** PSA and digital rectal exam allowed 1x/yr (USPSTF does not recommend routine screening unless family history).		
Laboratory and imaging test screenings			
Abdominal aortic aneurysm screening	**Male only:** Once in a lifetime for males age 65-75 who have smoked more than 100 cigarettes in lifetime, family history, or aneurysm.		
Bone density measurement	**Male only:** Once every 2 yrs if at risk for osteoporosis (steroid treatment, vertebral abnormality on x-ray, hyperparathyroidism).		
Cardiovascular disease screening	Every 5 yrs for patients with signs of cardiovascular disease.		
Cholesterol screening	Asymptomatic beneficiaries, every 5 yrs. Lipid panel, including cholesterol, lipoprotein, and triglycerides.		
Diabetes screening	Annually, or with pre-diabetes 2x/yr.		
Hepatitis C screening	Birth 1945–1965, blood transfusion <1992, or at high risk due to history of injection drug use.		
HIV screening	Covered if beneficiary asks for test, at increased risk or pregnant.		
STD screening	Screen for chlamydia, gonorrhea, syphilis, and hepatitis B if at high risk.		

Medicare Advantage Annual Wellness Visit

Personalized patient plan.

Medicare-covered service	Frequency of covered service	Up to date	Discussed today	Ordered today?
Advance care planning				
Advance care planning	No limit–discussion with provider to set up legal documentation of your wishes about medical treatment if you're unable to make decisions about your care.			
Vaccinations				
Flu shot	Once per flu season.			
Hepatitis B	If at risk (hemophilia, renal disease, diabetes, increased risk of infection).			
Pneumococcal shot	Once in a lifetime.			
Prevnar 13	Once in a lifetime.			
Shingles	2-series vaccine, once in a lifetime.			
Laboratory screening tests				
Cardiovascular disease screening	Every 5 yrs for beneficiaries with cardiovascular disease.			
Cholesterol screening	Asymptomatic beneficiaries, every 5 yrs.			
Diabetes screening	Annually, or with pre-diabetes 2x/yr.			
Hepatitis C	Birth 1945–1965, blood transfusion <1992, or at high risk due to history of injection drug use.			
STD screening	Screen for chlamydia, gonorrhea, syphilis, and hepatitis B if at high risk.			
HIV screening	Covered if beneficiary asks for test, is at increased risk, or pregnant.			
Cancer screening tests				
Colon cancer screening (5 options)	• Colonoscopy every 2 yrs. for high risk, 10 yrs for avg. risk. • Flexible sigmoidoscopy, every 4 yrs. • Fecal occult blood testing, 1x/yr. • Stool DNA test, every 3 yrs if criteria met (age 50–85, no signs of colorectal cancer, average risk). • Barium enema, every 4 yrs.			
Lung cancer screening	Annual low dose CT scan if criteria met (age 55–77, current smoker or quit within 15 yr, at least 30 pack/yr history).			

Medicare Advantage Annual Wellness Visit

Personalized patient plan.

Medicare-covered service	Frequency of covered service	Up to date	Discussed today	Ordered today?
Other tests and services				
Alcohol misuse counseling	Up to 4 counselings per year.			
Cardiovascular disease (behavioral)	Once per year, visit encourage Aspirin when benefits outweigh risks, screening for hypertension, and diet counseling.			
Depression screening	Once per year.			
Diabetes self-management training	Up to 10 hours within first year, up to 2 hours in subsequent years.			
Glaucoma test (at eye doctor)	Once every year if high risk (diabetes, African American, Hispanic American, family history).			
Hearing assessment	Once per year.			
Medical nutrition therapy	For patients with diabetes, kidney disease, or kidney transplant in last 3 yrs.			
Obesity screening and counseling	If BMI >30, 15 min individual behavioral therapy or 30 min group counseling.			
Smoking cessation counseling	With tobacco use, 2 quit attempts per year; 4 sessions per attempt (8 per year).			
Male only				
Abdominal aortic aneurysm screening	Once in a lifetime for males age 65-75 who have smoked more than 100 cigarettes in lifetime, family history or aneurysm.			
Bone density measurement	Once every 2 yrs if at risk for osteoporosis (steroid treatment, vertebral abnormality on x-ray, hyperparathyroidism).			
Prostate cancer screening	PSA and digital rectal exam allowed 1x/yr. (USPSTF does not recommend routine screening unless family history).			
Female only				
Bone density measurement	Once every 2 yrs for women greater than age 65 or at high risk.			
Mammogram	Every 12 mo for age 40 and over, one baseline between age 35–40.			
PAP smear/pelvic exam	Once every 2 yrs or annually if high risk (USPSTF recommends stop after hysterectomy or age 65).			

Medicare Advantage Annual Wellness Visit

Patient action plan.

Name: _____ Date: _____

What will I do?

Choose one goal:

I will _____

(Examples: increase my physical activity; take my medications; make healthier food choices; reduce my stress; reduce my tobacco use)

Choose one action:

I will _____

(Examples: walk more; eat more fruits and vegetables)

How much/how often?

Choose one goal:

I will _____

(Examples: increase my physical activity; take my medications; make healthier food choices; reduce my stress; reduce my tobacco use)

Choose one action:

I will _____

(Examples: walk more; eat more fruits and vegetables)

Confidence

Circle a number to show how sure you are about doing the activity. Try to choose an activity that you are a 7 or above.

1	2	3	4	5	6	7	8	9	10
Not sure at all				Somewhat sure					Ver sure

_____ My signature

_____ Health care provider signature

Medicare Advantage Annual Wellness Visit

Flowchart for suggested workflow.

1. Scheduler

- Verify eligibility.
- Scheduling options:
  - Welcome to Medicare visit.
  - Initial AWV (applies first time patient receives an AWV).
  - Subsequent AWV (yearly after initial AWV-MA plans allow 1x per calendar year).
  - Provider follow-up visit (if care team led model used for AWV).
- For AWV visits, send the Health Risk Assessment (HRA) or ask to fill out at the visit.

2. Patient

- Update personal and family history, current medical problems and surgeries.
- Bring a list of current medical providers and suppliers.
- Bring a list of all prescribed and over-thecounter medications, vitamins, and supplements with dosages.
- Bring HRA survey or fill out in office prior to the appointment.

3. Nurse/Pharmacist/Medical Assistant

- Measure height, weight, BMI, BP and other routine measurements.
- Complete Medicare Visit Checklist (Clinic) form.
- Complete social determinants of health screening.
- Order labs and screenings for patient to complete (care team led model only).
- Complete Personalized Patient Plan form.
- Flag concerns/questions for provider.

If using a care team led model, combine steps 3 and 4.

4. Provider

- Review HRA and address concerns.
- Review Medicare Visit Checklist (Clinic) form.
- Review Personalized Patient Plan form.
- Complete a written action plan with the patient.

5. Billing

- Welcome to Medicare visit: G0402.
- Initial AWV: G0438.
- Subsequent AWV: G0439.
- Supplemental codes for services completed during visit

If using a care team led model, refer to the AWV Playbook for provider follow-up visit components.

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Completing the follow-up visit.

Utilizing a care team led model.

When it comes to the Medicare annual wellness visit, every person in the clinic has a crucial role to play. When utilizing a care team led model approach, the cohesion and cooperation of the team is imperative.

At this point, it may feel like the hard part is done—the care team completed the AWV and the patient is scheduled for a regular visit with their provider. However, there are many important steps the provider should take to ensure the follow-up items from the AWV are addressed and their medical decision-making is informed by any changes to their patient's health.

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Using the care team's visit note during the follow-up visit.

The value of a care team led model is to allow the provider to spend time on more urgent and acute care patient needs. However, for this model to be effective, the provider needs to quickly be able to understand what was discussed during the care team led AWV and what to address with the patient at the provider follow-up visit. The best way to do so is an effective and efficient AWV note.

Communicating follow-up items

There are two main buckets of information a provider needs to know for the follow-up visit: summary of health status changes and outstanding items to complete.

Summary of health status changes: (Assessment)

During the AWV, patients will likely provide a substantial amount of information in a relatively short amount of time. It is the care team member's responsibility to assess and document the important changes to include in the AWV note.

Relevant items to include in the note are changes to:

- Family structure
- Living situation
- Personal and family medical history
- Wellness behaviors
- Ability to complete activities of daily living
- Stability of medical problems, including:
  - Cognitive status
  - Physical status
  - Recent hospitalizations
  - Recent falls

Outstanding items to complete: (Plan)

Usually the outstanding items to complete will revolve around risk assessments and lab orders. Be sure to include in the AWV visit note any:

- Labs ordered (detail which labs)
- Screenings ordered (detail which screenings)
- Services recommended (detail which services)
- Outstanding assessments

Additionally, it is crucial to include any advance care planning discussions that occurred during the AWV. Detail what was discussed with the patient as well as what forms either were distributed to the patient or completed and returned

Important components of the provider follow-up visit.

There are several components of the annual wellness visit that only a physician can complete. These components are the focal point of the provider follow-up visit in addition to chronic care management..

HCC recapture

HCC coding is the best way for providers to tell the patient story.

By coding their health conditions, patients can receive access to special programs and resources. Additionally, providers will receive additional dollars to support the cost of managing the patient's chronic care.

Patient-provider assessments

Advance care planning

Patient-provider assessments include:

- Fall risk assessment
- Pain assessment
- Medication list review and documentation
- Advance care planning

See pages 32 and 33 for the clinic visit checklist.
This checklist includes the documentation and CPT codes needed to receive credit for completing these assessments.

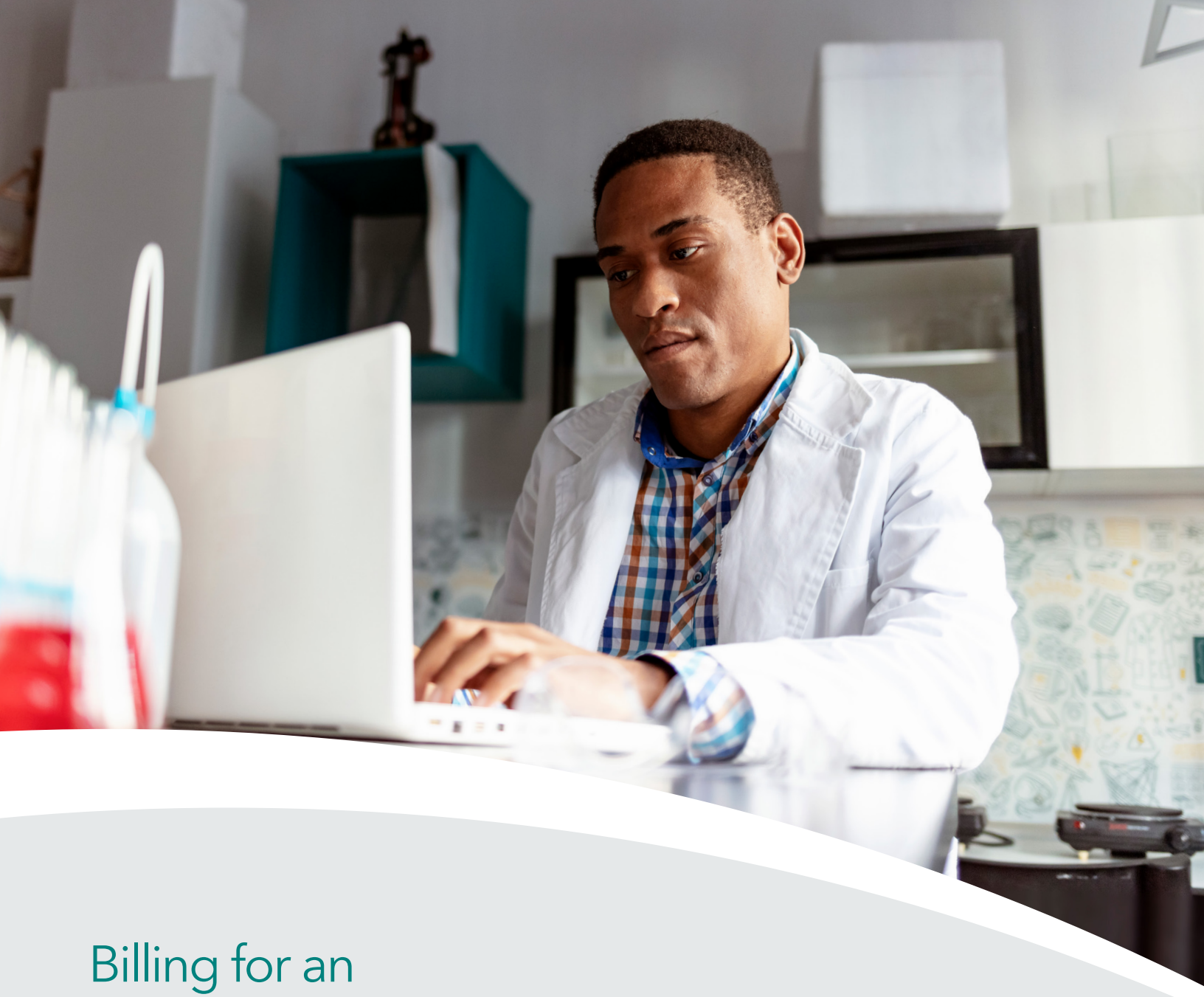
Referrals to specialists

Physician-to-physician referrals improve continuity of care for a patient.

Based upon the patient's needs, a specialty referral may be necessary for improved chronic care management.

In addition to these physician-only components, the provider follow-up visit is a designated place for patients to follow-up on their chronic care needs. The goal of the care team led model is to prepare the patient for this visit with their provider. Preparation includes:

- Thorough discussion of health status changes since last visit to the office.
- Lab ordering for the patient to complete before meeting with their provider.
- If applicable, advance care planning preparation documents given to the patient to review before meeting with provider.



Billing for an Annual Wellness Visit.

Billing for an annual wellness visit can be tricky, especially if a practice decides to utilize a care team led model. This section breaks down the basics of annual wellness visit billing, as well as incorporating E&M billing and "incident to" billing into the annual wellness visit.

Please contact your network engagement team lead if your practice would like assistance understanding which billing method may be best for your practice.

The basics of billing for an Annual Wellness Visit.

There are three types of visits covered by Medicare and Medicare Advantage plans:

Initial Preventive Physical Examination (IPPE)

Medicare pays for one per lifetime.

Must be completed in the first 12 mo of Medicare coverage.

Gcode: G0402

Initial Annual Wellness Visit

Applies the first time a beneficiary receives an AWV.

Cannot occur in the same calendar year as IPPE.

Gcode: G0438

Subsequent Annual Wellness Visit

Applies to all AWVs after a beneficiary's first AWV.

Allowed annually after Initial AWV (MA plans allow 1x per calendar yr).

Gcode: G0439

In addition to the Gcodes listed above, providers are able to document and attach CPT codes related to preventive screenings, counselings, and lab values completed and/or reviewed during the annual wellness visit. Example of accepted codes can be found on page 32.

For both the physician led model and care team led model, additional complexity may exist. Please reference the following pages for further detail on when E/M modifiers and incident to billing may be used.

Physician led models →

Gcode + applicable CPT codes + HCC recapture

OR

Gcode + applicable CPT codes + HCC recapture + **E/M code**

Care team led models →

Gcode + applicable CPT codes

OR

Gcode + applicable CPT codes + **incident to billinge**

Incorporating E/M billing into the Annual Wellness Visit.

E&M billing is only applicable if a practice is utilizing a provider led AWV model.

Medicare will pay for a medically necessary evaluation and management service (E/M) billed on the same date of service as the annual wellness visit (IPPE, initial AWV, and subsequent AWV).

The E/M code must be billed with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury, or to improve the functioning of a malformed body member.

If a separate service is provided the same day as the AWV, the patient needs to be notified that **a deductible, co-pay and/or coinsurance may be required** for the additional service.

There is little overlap between elements of a problem visit and elements of a Medicare annual wellness visit. If separate problems are assessed and/or managed that require workup such as testing, refills, medication management, and referrals, an additional E/M code can be assigned.

The assigned E/M code is based upon two components: patient-to-provider relationship and level of service. For the patient-to-provider relationship component:

- New patient to provider: 99202 – 99205
- Established patient to provider: 99212 – 99215

The level of service component is based only on the problem-oriented elements in the note. If time is utilized as the main factor, the level of service must exclude time spent in counseling for the preventive issues addressed in the AWV portion of the visit.

Please contact your network engagement team lead if your practice would like assistance understanding the different elements required for each level of service.

Using "incident to" billing for the Annual Wellness Visit.

The Centers for Medicare & Medicaid Services (CMS) defines "Incident To Physician's Professional Services" as the services or supplies that are furnished as an integral, although incidental, part of the physician's personal professional services in the course of diagnosis or treatment of an injury or illness."

Put simply, "incident to" billing is used in the outpatient setting for advanced practice providers (APPs), medical professionals, and clinical nursing specialists to bill on behalf of the physician for established Medicare patients with established problems.

When to Bill	When NOT to Bill
• Established patient in the clinic. • Established problems for an established patient. • Established plan of care—physician personally performed an initial service, developed a plan of care, and remains actively involved in the course of treatment. • Best practice: document the name of "plan of care physician." – "Dr. X developed the plan of care and is actively involved in the care of this patient." • Direct supervision required: supervising physician must be present in the clinic at the time of service, though does not have to be physically present in the patient's treatment room. • Best practice: document the presence of supervising physician in the note. – "Dr. Z is the supervising physician present in the clinic at this time." • Supervising "in-clinic" physician does NOT have to be the physician who developed the plan of care.	• New patient in the clinic. • New problems for an established patient. • New plan of care. • No supervising physician in the clinic. • Time-based evaluation/management (E&M) coding. • More than 50% of the visit time is spent in counseling or coordination of care.

Financial value of the Annual Wellness Visit.

The number one goal for most healthcare organizations is to provide high quality patient care that improves patient outcomes and experience. However, before expanding service offerings, healthcare organizations must also evaluate the financial cost of these services to ensure their long-term viability.

Throughout this playbook, there is significant discussion on the value of the annual wellness visit and the implementation of the service offering. However, in this section, the focus will be on the financial value of AWVs, and how organizations can generate additional revenue that outweighs the additional associated costs.

A business case for completing Annual Wellness Visits.

Coming to the AWV Playbook in Q1 2022.

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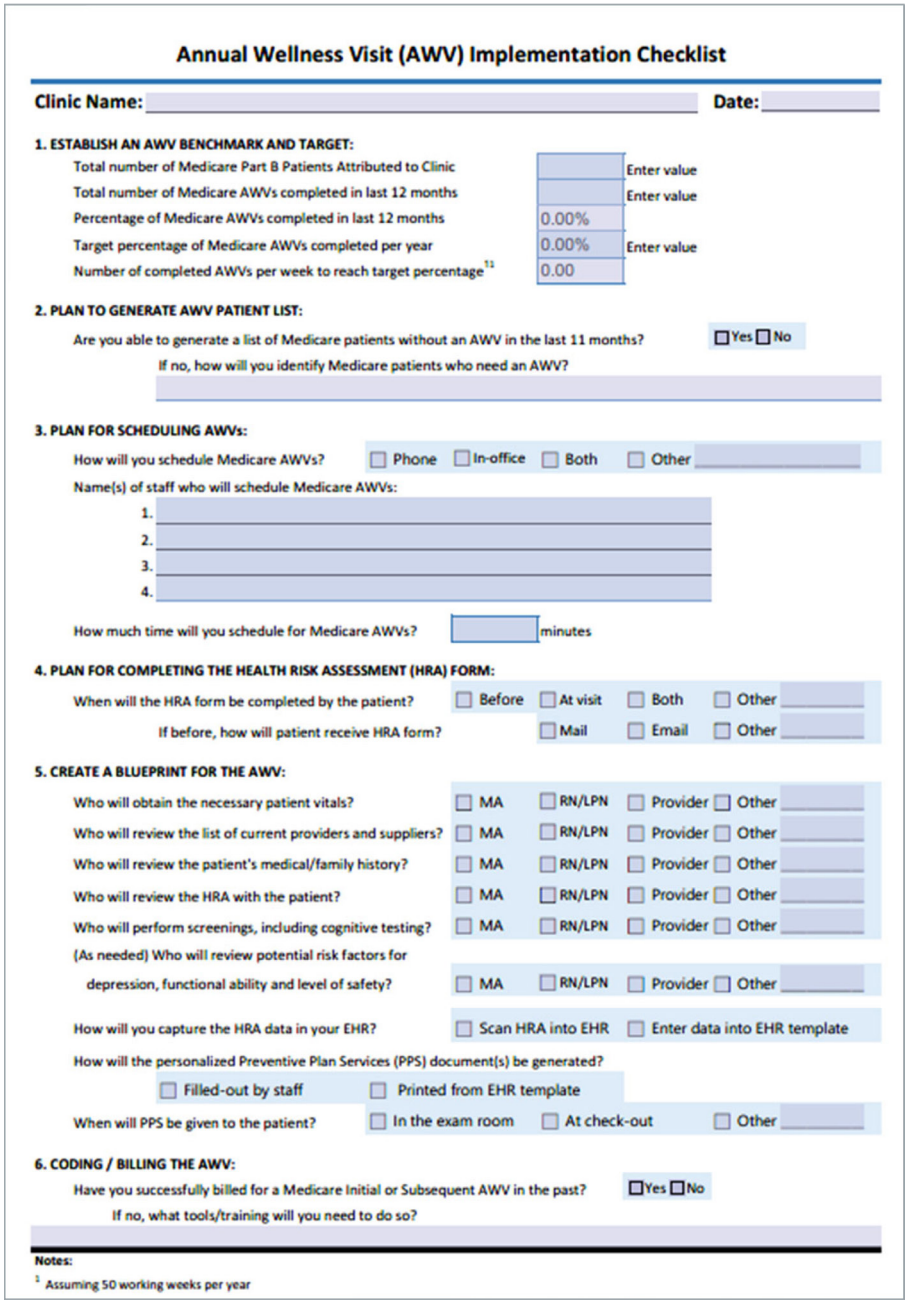
Is your practice ready to implement an Annual Wellness Visit workflow?

There are many resources available to network practices looking to begin or expand their annual wellness visit offerings.

Many resources, like the implementation checklist shown here, are available on "additional information" page in this playbook (page 47).



Annual Wellness Visit (AWV) Implementation Checklist

Clinic Name: _____ **Date:** _____

1. ESTABLISH AN AWV BENCHMARK AND TARGET:

Total number of Medicare Part B Patients Attributed to Clinic		Enter value
Total number of Medicare AWVs completed in last 12 months		Enter value
Percentage of Medicare AWVs completed in last 12 months	0.00%	
Target percentage of Medicare AWVs completed per year	0.00%	Enter value
Number of completed AWVs per week to reach target percentage[1]	0.00	

2. PLAN TO GENERATE AWV PATIENT LIST:

Are you able to generate a list of Medicare patients without an AWV in the last 11 months? ☐ Yes ☐ No

If no, how will you identify Medicare patients who need an AWV?

3. PLAN FOR SCHEDULING AWVs:

How will you schedule Medicare AWVs? ☐ Phone ☐ In-office ☐ Both ☐ Other _____

Name(s) of staff who will schedule Medicare AWVs:

1. _____
2. _____
3. _____
4. _____

How much time will you schedule for Medicare AWVs? _____ minutes

4. PLAN FOR COMPLETING THE HEALTH RISK ASSESSMENT (HRA) FORM:

When will the HRA form be completed by the patient? ☐ Before ☐ At visit ☐ Both ☐ Other _____

If before, how will patient receive HRA form? ☐ Mail ☐ Email ☐ Other _____

5. CREATE A BLUEPRINT FOR THE AWV:

Who will obtain the necessary patient vitals?	☐ MA	☐ RN/LPN	☐ Provider	☐ Other _____
Who will review the list of current providers and suppliers?	☐ MA	☐ RN/LPN	☐ Provider	☐ Other _____
Who will review the patient's medical/family history?	☐ MA	☐ RN/LPN	☐ Provider	☐ Other _____
Who will review the HRA with the patient?	☐ MA	☐ RN/LPN	☐ Provider	☐ Other _____
Who will perform screenings, including cognitive testing?	☐ MA	☐ RN/LPN	☐ Provider	☐ Other _____
(As needed) Who will review potential risk factors for depression, functional ability and level of safety?	☐ MA	☐ RN/LPN	☐ Provider	☐ Other _____

How will you capture the HRA data in your EHR? ☐ Scan HRA into EHR ☐ Enter data into EHR template

How will the personalized Preventive Plan Services (PPS) document(s) be generated?

☐ Filled-out by staff ☐ Printed from EHR template

When will PPS be given to the patient? ☐ In the exam room ☐ At check-out ☐ Other _____

6. CODING / BILLING THE AWV:

Have you successfully billed for a Medicare Initial or Subsequent AWV in the past? ☐ Yes ☐ No

If no, what tools/training will you need to do so?

Notes:

[1] Assuming 50 working weeks per year

Please contact your network engagement team lead if your practice would like assistance in designing your annual wellness visit approach.

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Where can I get additional information on Annual Wellness Visits?

Resources from Medicare (CMS)

- Medicare preventive services
- Medicare learning network
- Medicare IPPE and AWV FAQ
- Medicare physician fee schedule

Forms and Tools in Playbook

- Flowchart: Scheduling an AWV
- Pre-visit planning checklist
- Letter to patients with Medicare
- What to bring to your AWV*
- Components of the annual wellness visit
- Medicare visit checklist (clinic)
- Personalized patient plan*
- Patient action plan*
- Flowchart: suggested AWV workflow

Additional Forms and Tools

- AWV implementation checklist
- AWV delivery—team roles
- Building a health risk assessment
- Building a personalized patient plan
- How to document and code Medicare preventive services
- Video education: annual wellness visits
- Fall risk screening: TUG
- Social Determinants of Health (SDOH)
  - Guide to SDOH
  - Screening tools (Opt. 1, Opt. 2)

Revenue and Return on Investment Toolsk

- AWV delivery—business case

*Denotes a patient-facing resource.

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