

# *Medicare Annual Wellness Visit*

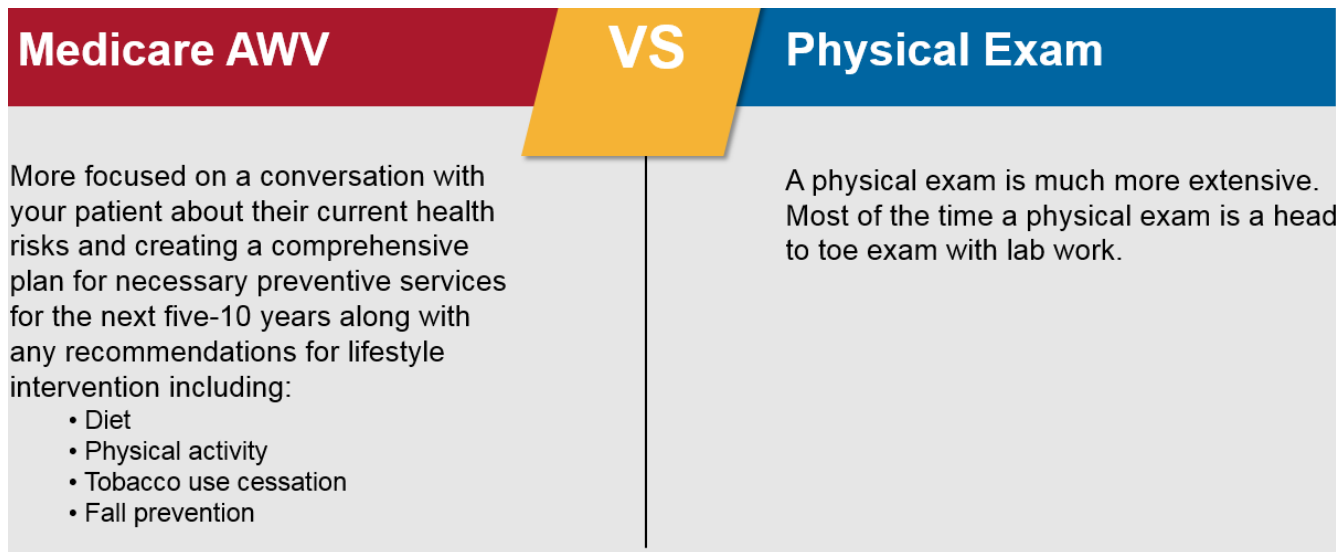
Operational Overview

# Contact Information

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# What is Medicare Annual Wellness Visit (AWV)?

- A preventive visit covered by Medicare at no cost to patients.
- A way to connect with your patients, focus on issues that may be overlooked in routine physical exams and develop a long-term preventive care plan.



# Patient Benefits

- Patients **pay nothing** out-of-pocket for a Medicare AWW
- Patients receive a long-term preventive care plan that includes:



Health Risk  
Assessment



Patient History



Current Care  
Providers



Current  
Medications

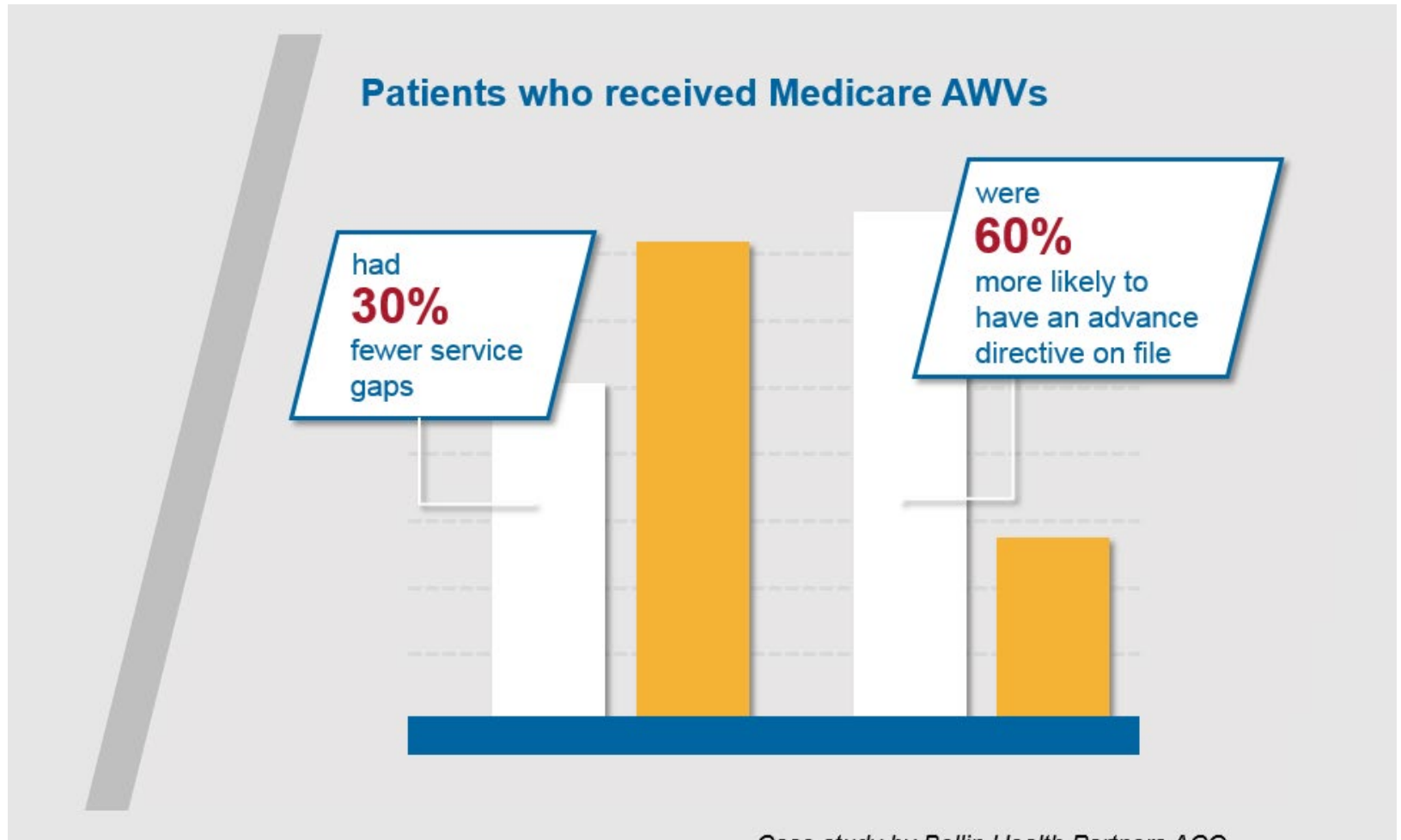


Screenings

- Patients that receive Medicare AWWs have substantially **fewer emergency room visits** and **lower overall health costs**

Case study by Bellin Health Partners ACO

# Patient Benefits



Case study by Bellin Health Partners ACO

# *Visit Comparisons*

*Three types of preventative visits covered by Medicare*

Welcome to Medicare Visit (Go402)

Initial Medicare Annual Wellness Visit (Go438)

Subsequent Medicare Annual Wellness Visit (Go439)

# *Check Eligibility*


- Medicare Administrative Contractor (MAC)
  - A/B MAC Jurisdiction 5 (J5)
  - <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs-A-B-MAC-Jurisdiction-5-J5.html>
- HIPAA Eligibility Transaction System (HETS)
  - <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html>

# Welcome to Medicare Visit (Go402)

## Initial Preventive Physical Exam or IPPE

- Medicare pays for one per lifetime
- Must be done in first 12 months of Part B coverage

**Example:**



**Martha**

Has had Medicare for **5 months**

According to Medicare criteria, Martha is eligible for a:

**Welcome to Medicare Visit**

because she enrolled in Medicare less than 12 months ago.

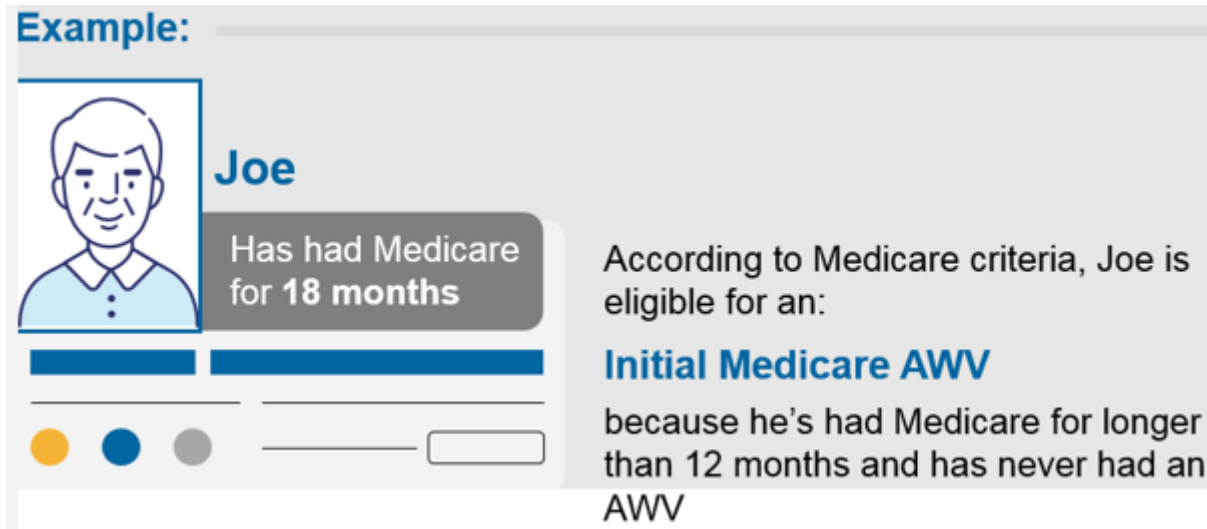
The example shows a user interface with a profile card for Martha, a progress bar, and a notification area.



# Initial Medicare Annual Wellness Visit (Go438)

- Applies the first time a beneficiary receives an AWW
- Patient is eligible after the first 12 months of Part B coverage
- Patient hasn't completed a Welcome to Medicare Visit in the past 12 months

**Example:**



The illustration shows a patient profile for Joe. To the left is a simple line-art icon of a man's head and shoulders. To the right of the icon, the name "Joe" is written in blue. Below the name, a grey callout box contains the text "Has had Medicare for 18 months". To the right of the profile, a text block explains eligibility: "According to Medicare criteria, Joe is eligible for an: **Initial Medicare AWW** because he's had Medicare for longer than 12 months and has never had an AWW". Below the profile icon, there are three colored circles (yellow, blue, grey) and a white rectangular input field.

Joe

Has had Medicare for 18 months

According to Medicare criteria, Joe is eligible for an:


**Initial Medicare AWW**

because he's had Medicare for longer than 12 months and has never had an AWW

# Subsequent Medicare Annual Wellness Visit (Go439)

- Applies to all AWVs after a beneficiary's initial AWV
- No AWV within the past year

**Example:**



**Mary**

Has had Medicare for 3 years

— had an initial Medicare AWV 13 months ago

According to Medicare criteria, Mary is eligible for a:

**Subsequent Medicare AWW** because she's had Medicare longer than 12 months and it's been more than 11 months since her initial AWV.

# *Team-based Approach to AWW Implementation*

- Make patient aware – free, preventive services
  - Letters, signage, staff scripts
- Involve your team
  - Pre-visit preparation
    - Ensure eligibility
    - Health Risk Assessment
  - Collect data under direct supervision
- Consider role of IT, Practice and Quality Managers, Revenue Cycle
- MD role
  - Review history and findings
  - Discuss Advance Care Planning
  - Develop written plan
    - Preventive services
    - Follow-up plan of care
    - Education, counseling, referrals

# AWV Components

1 of 2

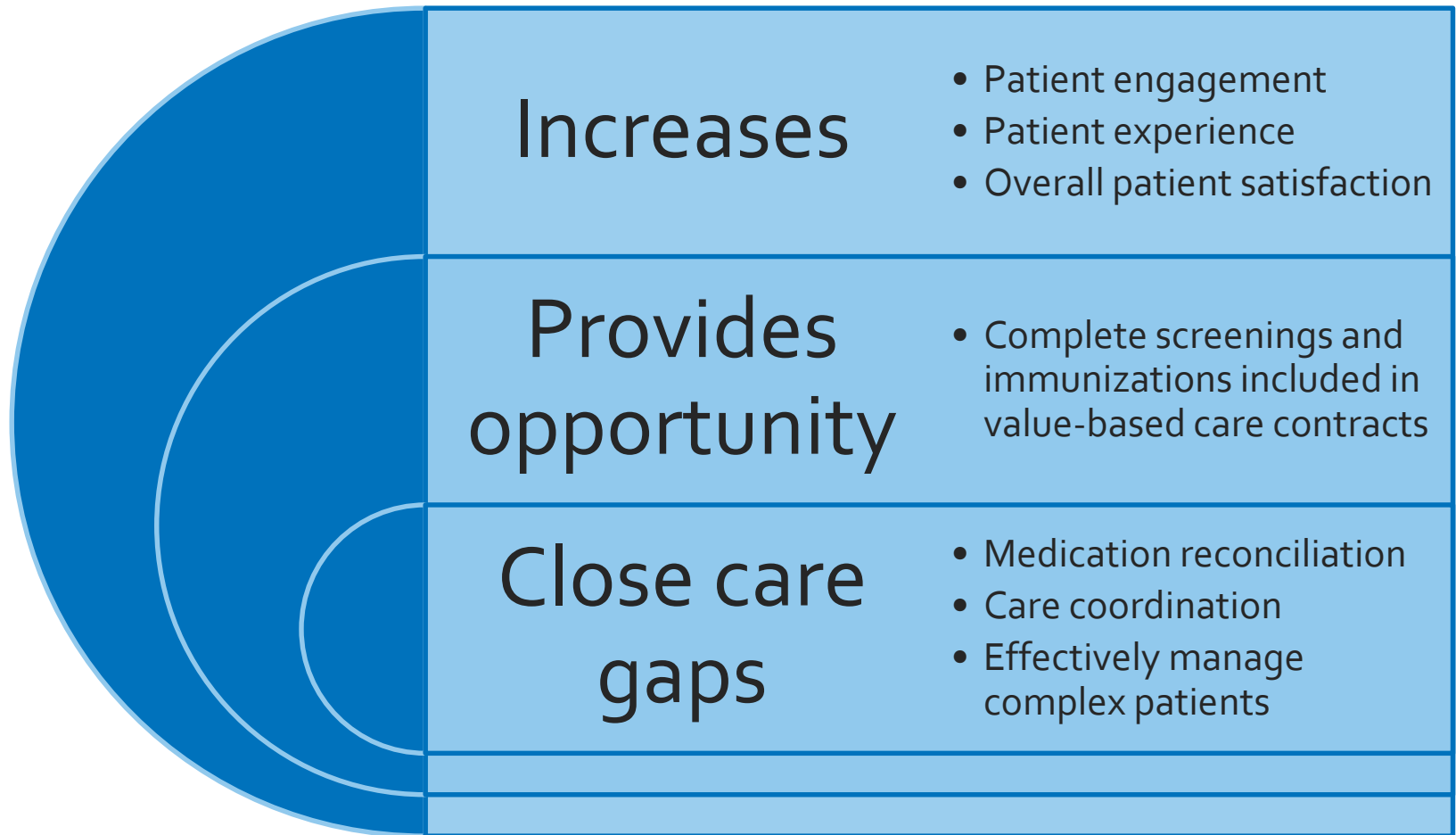
Required Components (at a minimum)	Welcome to Medicare (Go402)	Initial AWV (Go438)	Subsequent AWV (Go439)
Establish/update Health Risk Assessment		X	X
Document height, weight, BMI, and blood pressure	X	X	X
Document current medications, supplements, opioid use	X	X	X
Establish/update list of current providers		X	X
Document medical, surgical, and family history	X	X	X
Depression screening	X	X	
Assess cognitive function		X	X
Visual acuity screening	X		

# AWV Components

2 of 2

Required Components (at a minimum)	Welcome to Medicare (Go402)	Initial AWV (Go438)	Subsequent AWV (Go439)
Review functional ability and level of safety (hearing impairment, ADL, fall risk, home safety)	X	X	
MD – Establish/update a list of patient’s risk factors, conditions, and treatment options		X	X
MD – Advance Care Planning (with patient’s consent)	X	X	X
MD – Provide education, counseling, and referrals based on components of the visit	X	X	X
MD – Provide a written, preventive screening schedule	X	X	X

# Practice Benefits



# *Quality Measures Addressed by AWW*

Fall Risk  
Screening

Blood Pressure  
Screening and  
Follow Up

Depression  
Screening and  
Remission

Breast Cancer  
Screening

Colorectal  
Cancer  
Screening

Influenza  
Vaccine

Pneumococcal  
Vaccine

BMI Screening  
and Follow Up

Tobacco Use  
Screening and  
Follow Up

Use of High  
Risk  
Medications

Dementia  
Screening and  
Follow Up

Cervical  
Screening

# Use AWW to...

- Provide Preventive Care
  - AWW can be provided to all Medicare Part B patients.
- Identify
  - Patients who would benefit from a discussion regarding their self-management goals.
- Choose
  - Patients the staff has identified as highest risk (i.e., patient is unstable or likely to need additional services or have recently been to the ER).
- Population Health
  - Risk stratify your patient population.
- Document
  - Diagnoses and conditions to accurately reflect patient severity of illness (hierarchical condition category [HCC] coding) and risk of high-cost care.



# *Hierarchical Condition Category (HCC) Considerations*

The Annual Wellness Visits are a good opportunity to capture your patients' HCC conditions annually

- Fulfills the obligation under Medicare (face-to-face visit with an acceptable provider)
- Document how all HCC conditions are monitored, evaluated, and/or treated

# *AWV Tips*

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The AWV is NOT a routine problem focused medical visit or physical exam

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The AWV can be conducted in conjunction with a routine visit to avoid scheduling appointments on different days if patients have conditions that require attention

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Always determine the patient's eligibility for the visit to ensure reimbursement

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Key to meeting AWV requirements is standardizing documentation and coding

# *RHC Considerations*

AWV must be delivered face-to-face by provider – but other staff can assist with pre-visit planning/screening

- Paid All Inclusive Rate (AIR).

If AWV and Evaluation & Management appointments are both occurring on same day

- RHC All Inclusive Rate applies one payment per day.
- Per CMS, submit claim for both visit types to assist with cost reporting purposes and tracking of preventive care.

# *Next Steps*

- Review AWV baseline rate from MSSP data
- Available to deliver AWV implementation consulting to clinic
- Provide AWV Implementation Toolkit