



Making the most of annual wellness visits and preventative care services for Medicare Part B members

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This slide deck will provide you with information regarding Annual Wellness Visits and preventative care services for your Medicare Part B members.

Benefits of an annual wellness visit



- Keep patients as healthy as possible
- Addresses gaps in care
- Enhances the quality of care you deliver
- A personalized prevention plan
 - Improve patient engagement
 - Promote preventative health care

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Benefits of An Annual Wellness visit. Medicare's Annual Wellness visit is a way for your practice to keep patients as healthy as possible. The AWV addresses gaps in care and enhances the quality of care you deliver. A personalized prevention plan created for the Medicare beneficiary is a way to improve patient engagement and promote preventative health care.

Who is eligible for preventative care services and what are they?

Medicare members of any age who receive Part B coverage are entitled to:

- A one-time initial preventive physical examination (IPPE) during the first 12 months of coverage (G0402)

OR

- If a member did not receive an IPPE during that time, they are eligible for the initial annual wellness visit (AWV) and a personalized prevention plan of service (PPPS) (G0438)

AND

- After receiving either the IPPE or the initial AWV and PPPS, members are eligible for the subsequent AWV and PPPS each year they are covered. (G0439)

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Medicare members of any age who receive Part B coverage are entitled to a once per lifetime Initial Preventive Physical Examination (IPPE)/Welcome to Medicare Preventative Visit during the first 12 months of coverage under CPT code (G0402).

OR

If a member did not receive an IPPE during that time, they are eligible for the Initial Annual Wellness Visit and a Personalized Prevention Plan of Service (AWV and PPPS) under CPT code (G0438).

And,

after receiving either the IPPE or the Initial AWV and PPPS, members are eligible for the Subsequent AWV and Personalized Prevention Plan of Service (Subsequent AWV-PPPS) each year they are covered. (G0439)

What are preventative care services ?

Preventative care services are designed to:

- Prevent illness
- Detect medical conditions
- Keep members healthy

Services include screenings, vaccines and counseling.

It is not a head-to-toe physical assessment.

If Medicare eligibility requirements are met, preventative services which are recommended by the U.S. Preventative Services Task Force are:

- Covered at 100%
- Required to be covered without deductibles, copayments or coinsurance

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Preventative care services are designed to prevent illness, detect medical conditions and keep members healthy.

These type of services include screenings, vaccines and counseling. It is not a head-to-toe physical assessment.

As long as Medicare eligibility requirements are met, preventative services which are recommended by the U.S. Preventative Services Task Force are Covered at 100% and are required to be covered without deductibles, copayments, or coinsurance.

What is included in the initial preventive physical examination (IPPE)?

The IPPE is known as the “Welcome to Medicare” preventive visit. The IPPE goal is to promote health and disease prevention and detection. Patients are eligible for this visit once per lifetime no later than the first 12 months after the patient’s Medicare Part B benefits eligibility date.

- Medical and social history with attention to modifiable risk factors
- List of current providers and suppliers
- Detection of any cognitive impairment the patient may have
- Review the patient’s potential risk factors for depression
- Exam height, weight, blood pressure, body mass index (BMI) and visual acuity screen
- Functional ability and level of safety (ADLs, IADLs, fall risk, hearing impairment)
- End-of-life planning
- Educate, counsel, and refer based on the previous components
- Educate, counsel, and refer for other preventive services (colon cancer screening, mammogram, etc.)

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The IPPE is known as the “Welcome to Medicare” preventive visit. The IPPE goal is to promote health and disease prevention and detection. Patients are eligible for this visit once per lifetime no later than the first 12 months after the patient’s Medicare Part B benefits eligibility date.

During this visit the provider establishes the following:

- Medical and social history with attention to modifiable risk factors such as: Hx of alcohol, tobacco & drug use, diet & physical activity
- List of current providers & suppliers, You want to include any medical care the patient is receiving including behavioral health
- Detection of any cognitive impairment the patient may have. You may assess cognitive function by direct observation, or by considering information from the patient, family, friends, and caregivers.
- You may also consider the use of a brief cognitive test as well as identification of health disparities, chronic conditions, and other factors that contribute to increased risk of cognitive impairment
- Review the patient’s potential risk factors for depression, including current or past experiences with depression or mood disorder, this includes a depression

screenings such as PHQ9

- Perform an exam that includes-height, weight, blood pressure, body mass index (BMI) and visual acuity screening
- Establish functional ability and level of safety. You can use appropriate screening questions or standardized questionnaires to review ADLs, IADLs, Fall Risk and Hearing Impairment
- Discuss End-of-life planning- This includes verbal or written information given to the patient about the patient's ability to prepare an advance directive in case an injury or illness prevents them from making health care decisions
- Educate, counsel, and refer based on the previous components. This entails giving appropriate education and counseling on topics such as seat belt use, home safety, diet and physical activity.
- Educate, counsel, and refer for other preventive services. This can include a brief written plan or a checklist on preventative screenings that are due such as colon cancer screening or a mammogram screening

What is included in an initial AWW and a PPS?

The initial annual wellness visit is performed when:

- Member is no longer in the first 12 months of coverage
- Has not received an IPPE within the past 12 months
- Member did not have a “Welcome to Medicare” visit during their first 12 months of enrollment

The initial annual wellness visit includes a health risk assessment (HRA) and a personalized prevention plan of service (PPPS).

- Health Risk Assessment (HRA)
 - You or the patient complete the HRA before or during the AWW; it should take no more than 20 minutes
 - Consider the best way to communicate with your patients
 - All the other components in the IPPE

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The Initial Annual Wellness Visit is performed when the member is no longer in the first 12 months of coverage and has not received an IPPE within the past 12 months. This means the member did not have a “Welcome to Medicare” visit during their first 12 months of enrollment with Medicare. The Initial Annual Wellness Visit includes a Health Risk Assessment (HRA) and a Personalized Prevention Plan of Service (PPPS).

During this visit, the provider:

Performs a HRA, which can be completed before or during the AWW. The HRA should take no more than 20 minutes to perform. For the HRA, you want to consider the best way to communicate with the underserved population, people with limited English proficiency, health literacy needs, and patients with disabilities. Also, during this visit, establish all the components in the IPPE which are the ones reviewed in the previous slide.

What is included in a subsequent AWW and a PPPS?

A patient is eligible for their subsequent AWW:

- One year after their initial visit
- Includes an HRA and PPPS

During this visit the provider updates/reviews the AWW components such as:

- Health risk assessment
- Medical and social history
- List of current providers and suppliers
- Patient's potential risk factors for depression
- End-of-life planning
- Exam: Height, weight, blood pressure, body mass index (BMI) and visual acuity screen, functional ability and level of safety (ADLs, IADLs, fall risk, hearing impairment)
- Educate, counsel and refer

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A patient is eligible for their subsequent AWW, one year after their initial visit. The Subsequent Annual Wellness Visit also includes a Health Risk Assessment (HRA) and Personalized Prevention Plan Services (PPPS).

During this visit the provider updates or reviews the AWW components such as:

- HRA
- Any changes to the patient's medical and social history
- Patient's current providers & suppliers
- Risk factors for depression
- Perform an exam which includes-Height, Weight, Blood pressure, Body Mass Index (BMI) and Visual Acuity screening
- Changes to patient's functional ability
- Update End-of-life planning if needed
- Educate, counsel, and refer to services based on the patient's assessment

What type of provider can perform an AWV?



Medicare Part B covers an AWV if performed by a:

- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner, such as a physician assistant, nurse practitioner, or certified clinical nurse specialist
- Medical professional such as a health educator, registered dietitian, nutrition professional, or other licensed practitioner directly supervised by a physician

An AWV can be performed by a physician, a qualified non-physician practitioner, such as a physician assistant, nurse practitioner, or certified clinical nurse specialist. A medical professional such as a health educator, registered dietitian, nutrition professional, or other licensed practitioner directly supervised by a physician.

Questions from the Health Risk Assessment

Examples:

- Do you have deafness, profound hearing loss, or speech disability that requires special communication services?
- Do you need help filling out health forms?
- What is your personal doctor's name?
- Do you have or have you had any of the following health conditions? (Arthritis, Asthma, Atrial Fib, Autoimmune Disease, Cancer, etc...)
- Do you have difficulty managing any of these conditions?

The next two slides include an example of the HRA questions that are mailed in the AWV brochure for completion. It consist of 48 questions total. The questions on this slide address the patient's general health.

Questions from the Health Risk Assessment continued

Examples:

- Tell us about some basic activities in your daily life.
- In the past 12 months, you worried that your food would run out before you got money to buy more. (Often True, Sometimes True, Never True)
- In the past 7 days, how would you rate your pain on average? (0 being no pain at all and 10 being the worst imaginable pain)
- Did you fall in the past 12 months? A fall is when your body goes to the ground without being pushed. (Yes or No).

These next set of questions address pain, falls, and functional status, such as their ability to perform certain Activities of Daily Living.

What can I do as a provider to prepare members for their annual wellness visit?

You can recommend to your members that they bring the following to their annual wellness visit:

- Completed HRA form
- Copy of any medical records
- List of or actual medications and supplements
- List of current providers and DME suppliers
- Copy of advanced directives

You can prepare members by recommending that they bring the following to their annual wellness visit:

Copy of their completed Health Risk Assessment form

Copy of any medical Records, including immunizations and family history

List of or actual medications and supplements with dose and frequency

Full list of current providers and suppliers

Copy of advanced directives such as a living will or health care power of attorney if one is in place

How can I verify if a member has already received this service from another provider?

To determine if a beneficiary already received services from another provider and to determine what to bill for even though this is the first AVW you provided to this beneficiary you can:

- Access the information through the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). To sign up and learn more, you can check out the following website:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index.html>

- Check with the Medicare Administrative Contractor (MAC) at 1-877-908-8431 or sign up for the Noridian Medicare Portal on the following website:

<https://med.noridianmedicare.com/web/jfa>

You can verify this information on the CMS site listed on this slide which is also included in your provider letter that is mailed to you.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index.html>

<https://med.noridianmedicare.com/web/jfa>

Where can I find out more information regarding annual wellness visits ?

CMS provides more information on AWV including a quick start guide at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

You can visit the CMS website on the link provided for more information on AWV. The site has a helpful video that helps health care professionals understand each of these exams and their purpose, and the requirements when submitting claims for them.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

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