1. Introduction

2. Office Tools
   • Implementing the AWV (work flow)
   • Diagram: Suggested Work Flow
   • Frequently Asked Questions

3. Patient Visit Tools
   • Letter to Patients
   • Health Risk Assessment - Large Font
   • Health Risk Assessment

4. AWV Forms for Patients
   • Medicare Covered Preventive Screenings and Services
   • Results and Follow-Up
   • Action Plan
Medicare Annual Wellness Visit (AWV) Toolkit

This toolkit offers your practice help in understanding the Annual Wellness Visit. It includes suggestions for incorporating the AWV into your workflow, tools you can use with your patients and resources to support your patients’ wellness goals. You may have a growing number of patients asking questions about this visit, and this toolkit offers staff the answers to common questions that may arise.

What is the AWV?
The Annual Wellness Visit is a Medicare benefit that was added in 2010 through the Patient Protection and Affordable Care Act.

The AWV is not meant to be a physical exam. It offers the chance to set up a long term preventive care plan with patients. Services during this visit include: comprehensive health risk assessment, documenting family history, current medical providers and medications as well as some basic screening for cognition, depression, hearing, functional status, fall risk and others that are identified in the toolkit.

Who is it for?
The AWV is for Medicare beneficiaries who have been enrolled for at least 1 year. Medicare covers the cost of the beneficiary’s AWV.

What we can offer:
If you would like to learn more about the AWV, the toolkit and integrating this visit into your practice, please contact a representative below.

Contact us:
Jessa Barnard
Maine Medical Association
207-622-3374 x 211
ejbarnard@mainemed.com

Caroline Zimmerman
Maine Primary Care Association
207-621-0677 x 222
czimmerman@mepca.org

Materials can be found at: www.mainehealth.org/AWV.

This toolkit was created by MaineHealth in collaboration with Maine Medical Association/Maine Medical Education Trust, Maine Primary Care Association, and Legal Services for the Elderly. Thanks to the Maine Health Access Foundation for funding support.
The AWV provides preventive and wellness services to help people stay healthy, avoid or delay the onset of disease and lead productive lives.

**Suggestion for Workflow**

1. **Scheduler**
   - Verify eligibility:
     - [ ] Enrolled in Medicare for over 12 months
     - [ ] Subsequent AWV, if more than 365 days since initial AWV
   - Provide patient education on the “right” type of appointment to schedule:
     - Welcome to Medicare Visit (first 12 months of coverage)
     - AWV (yearly, recurring benefit after first 12 months of coverage)
     - Sick visit/follow up
   - Decide if you will send the Health Risk Assessment (HRA) to the patient’s home in advance of the AWV or if you will ask patients to arrive early to complete the paperwork. You can choose the 2-page HRA or the large-font HRA (7 pages) available in the AWV Toolkit, or download the HRA at www.mainehealth.org/AWV. Patients can complete the HRA online at www.medicarehealthassess.org

   **NOTE:** The following components must be completed in order to bill for this visit:

2. **Ask the Patient to:**
   - Update medical 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-the-counter medications, vitamins and supplements with dosages
   - Bring HRA survey or fill out in office prior to the appointment

3. **Nurse/Medical Assistant**
   - Measure height, weight, BMI, BP, and other routine measurements
   - Fill out the Medicare Covered Preventive Screenings and Services form
   - Flag concerns/questions for provider

4. **Provider**
   - Review Health Risk Assessment and address related concerns. If additional screening is necessary, consider using the tools listed in the box to the right
   - Review the Medicare Covered Preventive Screenings and Services form
   - Complete the AWV Results and Follow-Up form (including referrals if appropriate)
   - Complete a written Action Plan with the patient

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>TOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition</td>
<td>Mini Cog Tool</td>
</tr>
<tr>
<td>Depression</td>
<td>PHQ-9</td>
</tr>
<tr>
<td>Hearing</td>
<td>Brief Hearing Loss Screener</td>
</tr>
<tr>
<td>Functional status</td>
<td>Katz ADL / Lawton IADL</td>
</tr>
<tr>
<td>Fall risk</td>
<td>Fall Risk Screen / TUG</td>
</tr>
<tr>
<td>Home safety</td>
<td>CDC Check for Safety</td>
</tr>
<tr>
<td>Weight</td>
<td>BMI Table</td>
</tr>
</tbody>
</table>

All forms and screening tools are available online at www.mainehealth.org/AWV

5. **Billing**
   - Initial Annual Wellness Visit G0438 (Dx V70.0)
   - Subsequent Annual Wellness Visit G0439

✱ These three forms are given to the Patient
AWV Annual Wellness Visit

Diagram of a Suggested Work Flow

This form is available at: www.mainehealth.org/AWV

1. Scheduler
   • Verify eligibility
   • Scheduling options:
     a) Welcome to Medicare Visit
     b) AWV (yearly, recurring benefit after first 12 months of coverage)
     c) Sick visit/follow up
   • If AWV, send the Health Risk Assessment or ask patient to fill out at the visit

2. Patient
   • Update medical 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-the-counter medications, vitamins and supplements with dosages
   • Bring HRA survey or fill out in office prior to the appointment

3. Nurse/Medical Assistant
   • Measure height, weight, BMI, BP, and other routine measurements
   • Complete Medicare Covered Preventive Screenings and Services form
   • Flag concerns/questions for provider

4. Provider
   • Review Health Risk Assessment and address concerns
   • Review Medicare Covered Preventive Screenings and Services form
   • Complete Results and Follow-Up form
   • Complete a written Action Plan with the patient

5. Billing
   • Initial Annual Wellness Visit G0438 (Dx V70.0)
   • Subsequent Annual Wellness Visit G0439

These three forms are given to the Patient
Who can perform the AWV?
The AWV must be furnished by a physician (a doctor of medicine or osteopathy), a physician assistant, nurse practitioner, or clinical nurse specialist, or by a health educator, registered dietitian, nutrition professional, or other licensed practitioner or a team of medical professionals who are working under the direct supervision of a physician. When using licensed clinical staff, you must have a physician or Non-Physician Practitioner (NPP) in the office when service is rendered and the service must be billed under the supervising provider. In RHC/FQHCs, the patient must have a face-to-face visit with the core provider, but other staff on the care team may assist with elements of the AWV.

Is the AWV the same as a beneficiary’s yearly physical?
No, this visit is a preventive wellness visit and not a “routine physical checkup” that some seniors may receive every year or two from their physician or other qualified non-physician practitioner. Medicare does not provide coverage for routine physical exams.

Are clinical laboratory tests part of the AWV?
No, the AWV does not include any clinical laboratory tests, but the provider may want to make referrals for such tests as part of the AWV.

Is there a deductible or coinsurance/copayment for the AWV?
No, coverage for the AWV is provided as a Medicare Part B benefit. Both the coinsurance or copayment and the Medicare Part B deductible are waived for the AWV. Medicare pays the physician the full amount.

What is the coding and reimbursement for the AWV?
CMS established a billing code that physicians must use to bill for a first AWV service, G0438, and a subsequent AWV service, G0439. The 2011 Medicare payment—not adjusted for geography—was approximately $172 for G0438 and $111 for G0439. With the addition of the Health Risk Assessment in 2012, CMS has added additional clinical staff time. The RVU is 4.99 for the first visit and 3.26 for subsequent visits.

Medicare will pay the full amount, meaning that the beneficiary does not have to pay the typical 20 percent copayment or deductible.

Can a separate Evaluation and Management (E/M) service be billed at the same visit as the AWV?
Medicare payment can be made for a significant, separately identifiable medically necessary E/M service (Current Procedural Terminology [CPT] codes 99201-99215) billed at the same visit as the AWV when 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 you do provide other services at the time of the Annual Wellness Visit, you should inform the patient ahead of time that they may have a coinsurance or copay for such services.

continued >
**What should be included in the Subsequent AWV?**

In subsequent AWVs, the following services would be provided to an eligible beneficiary by a health professional.

**Update:**

- Health risk assessment (HRA)
- Medical/family history
- List of current providers/suppliers
- Blood pressure, weight, and other routine measurements
- Detection of any cognitive impairment
- Written screening schedule
- List of risk factors and conditions where interventions are recommended
- Personalized health advice and referrals for health education and preventive counseling
Attention Patients with Medicare!

Medicare has a new free benefit called the Annual Wellness Visit that will help you make a plan with your healthcare team for how to stay healthy.

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 healthy.

- Your healthcare team will measure your height, weight and blood pressure.
- Your healthcare team 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.
- Your doctor will not listen to your heart and lungs or check other parts of your body.
- You probably will not get screenings or blood tests during this visit.

When do I get it?

You can get your first Annual Wellness Visit after you have been enrolled in Medicare for 12 months. After your first Wellness Visit, you can get a follow up Wellness Visit every 12 months.

Who pays for it?

Medicare will pay for the Annual Wellness Visit.

- Medicare will pay for most screening services you need.
- You might have to pay a copayment for some screening services and follow up visits.

How do I schedule my visit?

When you call your doctor’s office, tell them that you would like to schedule your Annual Wellness Visit. They will help you to plan for the visit. They may send you a form about your health to fill out and bring to your appointment.

Things to bring to your Annual Wellness Visit:

- A list of the members of your healthcare team.
- The names of your medical equipment supply companies.
- A list of all of your medicines and dosages, including over-the-counter drugs, vitamins and herbals.
- The names of the pharmacies you use.
Medicare Annual Wellness Checkup

Your name: ________________________________

Today’s date: ______________________________

Your date of birth: _________________________

Please fill out this form before seeing your doctor or nurse. Your answers will help you get the best possible health care.

1. What is your age?
   - □ 65 - 69
   - □ 70 - 79
   - □ 80 or older

2. Are you a male or a female?
   - □ Male
   - □ Female

3. During the past four weeks, how much have you been bothered by 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 your 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 that are farther than walking distance without help?
   (For example, can you travel alone or on buses or taxis, or drive your own car?)
   - 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 without help?
    - 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.
- 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?

Falling or dizzy when standing up.

- □ Never
- □ Seldom
- □ Sometimes
- □ Often
- □ Always

Sexual problems.

- □ Never
- □ Seldom
- □ Sometimes
- □ Often
- □ Always

Trouble eating well.

- □ Never
- □ Seldom
- □ Sometimes
- □ Often
- □ Always

Teeth or denture problems.

- □ Never
- □ Seldom
- □ Sometimes
- □ Often
- □ Always

Problems using the telephone.

- □ Never
- □ Seldom
- □ Sometimes
- □ Often
- □ Always

Tiredness or fatigue.

- □ Never
- □ Seldom
- □ Sometimes
- □ Often
- □ Always

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 a 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 the house that might hurt you?

☐ Yes ☐ No

Keeping track of your medications?

☐ Yes ☐ No
25. How often do you have trouble taking medications 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?

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

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

The contents of this Medicare Wellness Checkup is adapted from http://www.HowsYourHealth.org. Copyright © 2012 the Trustees of Dartmouth College and FNX Corporation. Used with permission.
MEDICARE WELLNESS CHECKUP

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

1. What is your age?
   - □ 65-69.
   - □ 70-79.
   - □ 80 or older.

2. Are you a female or a male?
   - □ 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?
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   - □ 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?
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   - □ 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.
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   - □ Light.
   - □ Very light.

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses, taxis, or drive your own car?)
   - □ 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?
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   - Very well; could hardly be better.
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   - 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?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falling or dizzy when standing up.</td>
<td></td>
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<tr>
<td>Sexual problems.</td>
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<tr>
<td>Trouble eating well.</td>
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<tr>
<td>Teeth or denture problems.</td>
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<tr>
<td>Problems using the telephone.</td>
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<tr>
<td>Tiredness or fatigue.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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 a 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 Other 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 nurse.
## Medicare Covered Preventive Screenings and Services

This form is available at: [www.mainemhealth.org/AWV](http://www.mainemhealth.org/AWV)

### AWV Annual Wellness Visit

**Name:**

**Date:**

---

<table>
<thead>
<tr>
<th>Services &amp; Screenings</th>
<th>Who</th>
<th>How Often</th>
<th>Need</th>
<th>Date of Last Service</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Aortic Aneurysm</td>
<td>Men ages 65-75 if at risk</td>
<td>Once</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Misuse and Counseling</td>
<td>All Adults</td>
<td>Screening once a year if no alcohol misuse. Counseling up to 4 face-to-face sessions</td>
<td></td>
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</tr>
<tr>
<td>Bone Density Measurement</td>
<td>People at risk for osteoporosis</td>
<td>Once every 24 months</td>
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<tr>
<td>Cardiovascular Screenings (total cholesterol, LDL, HDL, triglycerides)</td>
<td>All Adults</td>
<td>Once every 5 years</td>
<td></td>
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<tr>
<td>Colorectal Cancer</td>
<td>All Adults 50 and older</td>
<td>Once every 12 months</td>
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<tr>
<td>• Stool sample, or</td>
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<td>• Flexible sigmoidoscopy, or</td>
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<tr>
<td>• Screening colonoscopy</td>
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<tr>
<td>Depression</td>
<td>All Adults</td>
<td>Once a year if done in a primary care office able to provide treatment and referral</td>
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<tr>
<td>Diabetes Screening and Self-Management Training</td>
<td>All Adults at risk</td>
<td>Depending on your test results, up to two times a year – may require copay</td>
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<tr>
<td>Glaucoma</td>
<td>Adults at high risk for glaucoma</td>
<td>Once every 12 months – requires copay</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>All Adults at risk for HIV infection</td>
<td>Every year, if at risk or if requested</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services &amp; Screenings</td>
<td>Who</td>
<td>How Often?</td>
<td>Need</td>
<td>Date of Last Service</td>
<td>Due Date</td>
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<tr>
<td><strong>Mammogram</strong></td>
<td>Women over 40</td>
<td>Shared decision with your doctor</td>
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<tr>
<td><strong>Medical Nutrition Therapy</strong></td>
<td>Adults with</td>
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<tr>
<td></td>
<td>• Diabetes</td>
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<td></td>
<td>• Renal disease</td>
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<td></td>
<td>• Kidney transplant within past 3 years</td>
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<tr>
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<td>3 hours of counseling the first year</td>
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<td></td>
<td>2 hours every year after that</td>
<td></td>
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<tr>
<td><strong>Obesity and Counseling</strong></td>
<td>All Adults</td>
<td>Screening once a year</td>
<td></td>
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<td></td>
<td></td>
<td>Counseling if BMI is ≥ 30</td>
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<tr>
<td><strong>Pap Smear and Pelvic Exam</strong></td>
<td>All Women</td>
<td>Once every 24 months</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Once every 12 months if at risk</td>
<td></td>
<td></td>
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<tr>
<td><strong>Prostate Cancer</strong></td>
<td>Men over 50</td>
<td>Shared decision with your doctor</td>
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<td></td>
<td></td>
<td>– may require copay</td>
<td></td>
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<td></td>
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<tr>
<td><strong>Tobacco Use Counseling</strong></td>
<td>Adults who use tobacco with</td>
<td>Up to 8 visits in a 12-month period</td>
<td></td>
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<tr>
<td></td>
<td>no tobacco-related illnesses</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Vaccines</strong></td>
<td>All Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Hepatitis B</td>
<td>Once</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Influenza</td>
<td>Once every flu season</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Pneumonia</td>
<td>Once</td>
<td></td>
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<td></td>
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<tr>
<td><strong>Next Annual Wellness Visit</strong></td>
<td>People with Medicare</td>
<td>Every year</td>
<td></td>
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</tr>
</tbody>
</table>
### AWV Annual Wellness Visit

#### Results and Follow-Up

*This form is available at: www.mainehealth.org/AWV*

Name: ___________________________  
Date: ___________________________

#### Things That May Be Affecting Your Health:

- [ ] Alcohol
- [ ] Depression
- [ ] Diabetes
- [ ] Difficulty with Daily Activities
- [ ] Drug Use
- [ ] Falls
- [ ] Food Choices
- [ ] Hearing Loss
- [ ] Home Safety
- [ ] Lack of Physical Activity
- [ ] Loneliness
- [ ] Medicines
- [ ] Motor Vehicle Safety
- [ ] Oral Health
- [ ] Pain
- [ ] Sexual Health
- [ ] Stress
- [ ] Tiredness
- [ ] Tobacco Use
- [ ] Weight
- [ ] Other

#### Your Doctor Has Referred You For:

<table>
<thead>
<tr>
<th>Service</th>
<th>Name/Location</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Counseling</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>[ ] Hearing Specialist</td>
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<td></td>
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<tr>
<td>[ ] Comprehensive Geriatric</td>
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<td></td>
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<tr>
<td>Assessment</td>
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<tr>
<td>[ ] Medical Nutrition Therapy</td>
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<tr>
<td>(Dietitian)</td>
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<td></td>
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<tr>
<td>[ ] Diabetes Self-Management</td>
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<td></td>
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<tr>
<td>class</td>
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<td></td>
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<tr>
<td>[ ] Living Well For Better Health class</td>
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<tr>
<td>[ ] A Matter of Balance class</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Other</td>
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</tr>
</tbody>
</table>

*Turn this page over for information to help you meet your goals!*
Once you have set your goals:

Call the MaineHealth Learning Resource Centers with your questions. They can help you with the guides and resources listed below:

1-866-609-5183  www.mainehealth.org/irc

Living Healthy guide  www.mainehealth.org/health

Understanding Diabetes guide  www.mainehealth.org/diabetes

The Foods You Choose Healthy Eating guide  www.mainehealth.org/health


Diabetes Self-Management classes  www.maine.gov/dhhs/mecdc/population-health/dcp


GENERAL

Your local Agency on Aging can help you find information about transportation services, Meals on Wheels, classes on healthy living and more.

1-877-353-3771  www.maine.gov/dhhs/oes/resource/aaa.htm

For more information about health and human services in Maine:

Dial 2-1-1  www.211maine.org

Medicare Annual Wellness Visit information for patients  www.mainehealth.org/AWV

ALCOHOL

Local Maine Alcoholics Anonymous (AA):

24-Hour Hotline  1-800-737-6237  www.csoaamaine.org

FALLS

“A Matter of Balance: Managing Concerns about Falls” classes:


PHYSICAL ACTIVITY

Go4Life  1-800-222-2225  www.nia.nih.gov/go4Life

TOBACCO

Maine Tobacco HelpLine:  1-800-207-1230

Tobacco Treatment Center:  207-662-7150
Annual Wellness Visit Action Plan

What I Will 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

How much: ____________________________
(Example: 20 minutes)

How often: ____________________________
(Example: three times a week on Monday, Wednesday, and Friday)

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.

Not sure at all Somewhat sure Very sure

0 1 2 3 4 5 6 7 8 9 10

My signature

Healthcare Provider signature