Medicare Wellness Visit
Challenges and Opportunities for Practices

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Overview

- Review: Medicare Annual Wellness Visit
- Impact on Consumers
- Practice Perspective
- Q & A

Medicare Annual Wellness Visit

- The AWV is performed by a health professional
  - This includes an MD, DO, PA, FNP or NPP
- Who is eligible for the AWV?
  - In the first 12 months after starting Medicare Part B people must utilize the Welcome to Medicare Exam
  - After you have been enrolled in Medicare for 12 months you can receive your first AWV
  - After that you must wait 12 months in between each AWV

Initial AWV - Requirements

- Health risk assessment
- Medical/family history
- List of current providers/suppliers
- Blood pressure, height, weight, and other routine measurements
- Detection of any cognitive impairment
- Review potential (risk factors) for depression, functional ability, and level of safety

Establishment of:
- Written screening schedule for the next 5-10 years
- List of risk factors and conditions where interventions recommended
- Personalized health advice and referrals for health education and preventive counseling

AWV Coding and Reimbursement

Annual Wellness Visits (AWV)

G0438: AWV, 1st visit
G0439: AWV, subsequent visit

- Use -25 modifier if a separately identifiable E/M service provided on the same day
- RHC/FQHC’s must report specific code so deductible not applied (only one visit reimbursed)
- No facility component – Paid based upon Physician fee schedule
What is Covered?

- Medicare does not cover annual physicals.
- The Medicare Wellness Visit does not include a physical.
- It is intended to be a risk assessment and risk prevention visit.

At the end of the visit...

- Set up a schedule for Medicare’s screening and preventive services for the next 5 to 10 years – Personal Prevention Plan.
- Identify referrals to services that may help address identified health risks.
- Provide patient personalized health advice and referrals to reduce health risks and promote self-management and wellness including:
  - weight loss
  - physical activity
  - smoking cessation
  - fall prevention
  - nutrition

Implementation Tools

- Wellness Visit Toolkit
  - Sample pt letter, HRA, PPP
  - Sample workflow chart, FAQs, and more
- Research/Literature
  - FPM article, incl. sample scripts for schedulers
- Peer Learning
  - Making a checklist of AWV elements based on your EMR workflow
  - Use of pre-visit planning for setting expectations and data gathering

Medicare Annual Wellness Visit for Consumers

Consumer Engagement

- Presentations have been occurring statewide, at locations including:
  - Long term care facilities
  - Senior housing
  - Meal sites
  - Community agencies
- Promotion of the visit through AAAs
- Development of patient-friendly materials
Resources for Patients

- Improvements to Medicare Card
- Medicare covered preventive services (1 pager)
- AWV palm card
- AWV fact sheet (Alzheimer’s Association)
- More available online at Legal Services for the Elderly: http://mainelse.org/

Transformation

- Communication
- Engagement
- Integration
- Partnership
  - Change involves everyone
  - Anticipate issues through early intervention or prevention

Visit Goals

- Improve patient confidence
- Improve communication
- Improve access for medical care
- Clarify problem and medication list
- Identify and proactively address need for support services
- Decrease emergency room visits or hospitalizations

Implementation

- Role Definition—for the lead provider and care team
- Initial phone contact – convey intent and schedule half hour Wellness Visit
- Check in – give paperwork explaining context and Medicare Wellness Visit
- Rooming – continue to review and discuss intent of visit

Communication

- Present these visits as a dedicated time to talk together;
- Discuss that addressing specific problems is not included in the free visit;
- Offer interval appointments between the Wellness visits to address specific or chronic problems.
Success

- Dedicated time to hear patient needs
- Access to care explicitly discussed
- Reassurance that problems can be addressed (now or at a subsequent visit)
- Patient engagement/evaluation of own support systems and risks
- Improved patient understanding of screening guidelines
- Building trust with patients

Challenges

- Gathering patient information in a clear format prior to visit
- Establishing a shared understanding of what the visit encompasses
- Time allotment
- Assessment of covered services
- Documentation of chargeable portion of visit

Patient Feedback

- With each subsequent visit, patients express understanding and acceptance of the utility of these visits
- Patients like being involved in the process of defining and discussing needed screenings and treatments
- **Needed:** Survey data for assessing and improving patient experiences with regard to Wellness visits

Questions/Discussion

**Additional Resources**

- **Local Area Agency on Aging:** 1-877-353-3771
- **Anne Smith, Medicare Rights Advocate**
  - 1-800-633-4226, Ext. 3102, asmith@maineelder.org
- **Caroline Zimmerman, Director of Health Initiatives**
  - czimmerman@nca.org

- For more detailed information about Health Care Reform:
  - MaineHealth (http://www.mainehealth.org)
  - Medicare Rights Center (http://www.medicarerights.org)
  - National Council on Aging (http://www.ncoa.org)
  - The Center for Medicare Advocacy (http://medicareadvocacy.org)
  - AARP (http://www.aarp.org/health/health-care-reform)

**Thank You**

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