

# Annual Wellness Visits

Implementing in Your Clinic

# Agenda

## Requirements of the AWW

## AWV Program Development

- Who
- Resources
- Patient Engagement

## AWV Process Tips

- Scheduling
- Pre-Visit Planning
- The Visit
- Post-Visit Review
- Billing and Coding

# Why Annual Wellness Visits?

## The CHC

- Services and Revenue help drive comprehensive and coordinated care
- Position to provide additional care coordination
- Creates accurate attribution and risk adjustment
- Builds complete and accurate medical history
- Strengthens the provider/patient partnership
- Increases patient engagement
- Provides proactive care to patients

## The Patient

- Encourages patients to take an active role in their healthcare
- No co-pay
- Annual comprehensive evaluation focused on overall wellness and prevention
- Early disease detection and prevention
- Maximizes wellness
- Keeps patients out of the hospital and Emergency Room

# What's Included in the AWW

## Gather Patient Information

- HRA
- Patient History
- Depression and Substance Abuse Screening
- Review of functional ability

## Assessment

- Patient Measurements
- Cognitive Impairment

## Counsel

- Screening schedule,
- List of risk factors or conditions and recommended interventions
- Advanced Care Planning
- Written Individualized health plan and referrals

# Implementing the AWW

## Who can Provide the AWW

- Physician (MD/DO)
- Qualified Advanced Practice Practitioner
- Medical Professional (including a health educator, RN, RD, PharmD, or other licensed practitioner) or a team of medical professionals working under direct supervision of physician

## Implementation of the AWW



Establish process and identify eligible patients



Perform outreach and engagement



Perform AWW encounter



Complete Appropriate coding and billing

Who?

Resources?

Patient Engagement?

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# **AWV PROGRAM DEVELOPMENT**

# AWV Program Development

## Who should do the AWV?

MD Only	RN/MD Combination	RN Only
MD Time: 40-90 min RN Time: 0 min	RN Completes HRA review and screenings  MD reviews and complete follow-ups and referrals and Physical Exam (if applicable)  MD Time: 15-20 min RN Time: 35-45 min	MD Time: 0 min RN Time: 45-60 min
Codes: G0468 w/ G0438 or G0439  Reimbursement: ~ \$235 Patient Co-Pay: \$0	Codes: G0468 w/G038 or G0439 (+ 99385-99387, 99395-99397 for Medicare Advantage, modifier 59)  Reimbursement: ~ \$235 (+PE reimbursement for MA) Patient Co-Pay: \$0	Codes: G0468 w/G0438 or G0439  Reimbursement: ~ \$235 Patient Co-Pay: \$0

# AWV Program Development

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## What Resources will you use?

- Screenings (HRA, Depression, Substance Use, ADLs, Cognitive, Fall Risk, etc.)
  - What's already in the EHR
  - What do you need to find and add
- What will be used for the Written Care Plan
  - Can everything be printed from EHR
  - Are additional resources needed (referrals, social resources, etc.)
- Advanced Care Planning Resources



# AWV Program Development

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## **What is the engagement strategy?**

- Centralized or Local?
- How do I generate lists – EHR, CHPA, Payer portals
- Outreach Strategies – phone, portal, mail
- Follow-Up Reminders – How often? How many times?

Scheduling  
Pre-Visit Planning  
The Visit  
Post-Visit Review  
Billing and Coding

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# **AWV PROCESS**

# Scheduling

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- Scripts for outreach
- Schedule block and location
  - AWW type and expected time
  - Don't need an exam room are their alternatives
- Are you engaging patients who call for an acute visit?
- Instructions once scheduled
  - Education on what to expect
  - Completing the HRA – history, other providers, suppliers, etc.
  - Bring your medications

# Scheduling

**Scheduler:** Hello Mr./Mrs./Ms. \_\_\_\_\_, I am \_\_\_\_\_ from Dr. \_\_\_\_\_'s office. We are contacting all our Medicare Advantage Plan patients to schedule your Annual Routine Physical.

First, I would like to share with you a little bit about the Annual Routine Physical and how important it is for you to see your physician at least once a year.

As an Amerigroup Medicare Advantage Plan member, you are allowed a comprehensive **Annual Routine Physical**. This physical examination will help your doctor identify any health risks you may have, and allow us to work with you to develop a plan to address your health care needs. Our goal is to help you reach your goals in getting or staying healthy. Your Amerigroup Medicare Advantage Plan pays 100% of the cost for this exam with no out-of-pocket expense to you.

At this visit, if we need to address other medical concerns (like a sore knee or other medical conditions), we want you to know you may have a deductible or copay.

What would be a good day to get your **Annual Routine Physical** scheduled for you?

To prepare for this visit, please bring all medications, vitamins (including inhalers and injectable), supplements and topical creams you are taking so we can update your records. When you arrive your doctor may ask that you complete a *Health Risk Assessment* form to assist us in developing a personalized prevention plan for you to stay healthy.

# Scheduling

## MEDICARE WELLNESS VISIT TOOLKIT SCHEDULING RESOURCE FOR MEDICARE WELLNESS VISITS

### family Practice Management

#### SAMPLE SCRIPTS

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Patient: "I've heard Medicare is covering physicals." Or "I want to schedule a complete physical exam."

Scheduler: Are you calling to schedule the new annual wellness visit benefit that is covered by Medicare or are you wanting the Welcome to Medicare visit, which is available to anyone in their first year of Medicare coverage?"

Note: If the patient wants the Welcome to Medicare visit, jump to Script 2.

Patient: "I would like to schedule the annual wellness visit."

Scheduler: The annual wellness visit is an overview of your health and focuses on developing a plan to keep you healthy. Just so you know, it does not include or replace a complete, 'head-to-toe' physical exam."

Patient: "I understand. I would like to schedule the annual wellness visit. I only have a few minor concerns."

Scheduler: I'll be happy to schedule your annual wellness visit. Please understand if the doctor addresses your additional medical concerns, that service will be subject to your Medicare deductible or coinsurance."

Note: Schedule the annual wellness visit appointment and recommend the patient read his or her Medicare information about what to expect during the annual wellness visit.

Patient: "I want to schedule *my* Welcome to Medicare visit."

Scheduler: "When did your Medicare start?"

Note: If patient enrolled in Medicare more than 12 months ago, skip the following question.

Scheduler: "Have you previously had a Welcome to Medicare visit?"

Note: If no, schedule the appointment and recommend the patient read his or her Medicare information about what to expect during the Welcome to Medicare visit.

If yes, or if more than 12 months has passed since the Welcome to Medicare visit, continue. If less than 12 months has passed, instruct the patient to call back to schedule an annual wellness visit when appropriate.

Scheduler: You are not eligible for the Welcome to Medicare visit (give reason, reference the patient's answer to above questions), however, we can schedule you for an annual wellness visit. The annual wellness visit is an overview of your health and focuses on developing a plan to keep you healthy. Just so you know, it does not include or replace a complete, 'head-to-toe' physical exam."

Patient: "I understand. I would like to schedule the annual wellness visit. I only have a few minor concerns."

Scheduler: "I'll be happy to schedule your annual wellness visit. Please understand if the doctor addresses your additional medical concerns, that service will be subject to your Medicare deductible or coinsurance."

Note: Schedule the annual wellness visit appointment and recommend the patient read his or her Medicare information about what to expect during the annual wellness visit.

# Pre-Visit Planning

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- Send Info to Patient – portal, e-mail, USPS
  - What to Expect
  - HRA
  - What to Bring with you to appointment
- Review chart for chronic conditions and flag
- Review for specialist and suppliers and gather records as needed
- Review for care gaps and flag
  - Preventative Services – mammogram, colonoscopies, immunizations, etc.
  - Chronic Condition Follow-Up appts

# Pre-Visit Planning



## Annual Wellness Visit Letter to Patients with Medicare

Hello, \_\_\_\_\_ Date of Visit: \_\_\_\_\_

We are pleased to offer the Medicare **free** benefit called the Annual Wellness Visit (AWV). 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 care 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 probably will not get screenings or blood tests during 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 can receive an Initial AWV when you are no longer within 12 months of your eligibility date for Medicare Part B and have not received an AWV in the past 12 months.
- You can schedule a Subsequent AWV annually after your first AWV.

### 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-pay for some follow-up screening services and 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 the other side of this letter and bring it to your visit:

- A list of the members on your healthcare team including any specialists.
- The names of your home health agency and medical equipment supply companies (ex. oxygen supplier).
- The names and locations of the pharmacies you use.
- A copy of your Advance Directive, if you have one, and your insurance card.

**Please bring a bag with all of the medicines you take including over-the-counter drugs, vitamins and herbals.**

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

*Your Care Team at Axis Health System*



## Providers and Suppliers

Please provide us with a list of your current providers.

Provider Name	Provider Specialty (i.e. cardiology)	Contact Information (address/phone number)

Please provide us with a list of your current suppliers, i.e. oxygen, pharmacy, etc.

Supplier	Contact Information (address/phone number)

# Pre-Visit Planning

## Annual Wellness Visit Letter to Patients with Medicare (use practice letterhead)

Dear \_\_\_\_\_

We are pleased to offer the Medicare **free** benefit called the 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?

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- We 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.
- 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 can receive a Wellness Visit (“Welcome to Medicare”) during the first 12 months you are enrolled in Medicare Part B. You can 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 copayment 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:

- A list of the members on your healthcare team including any specialists.
- The names of your home health agency and medical equipment supply companies (ex. oxygen supplier).
- The names and locations of the pharmacies you use.

Please bring a bag with all of the medicines you take including over-the-counter drugs, vitamins and herbals.

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



# The Visit

Develop a planned care flow sheet for documentation

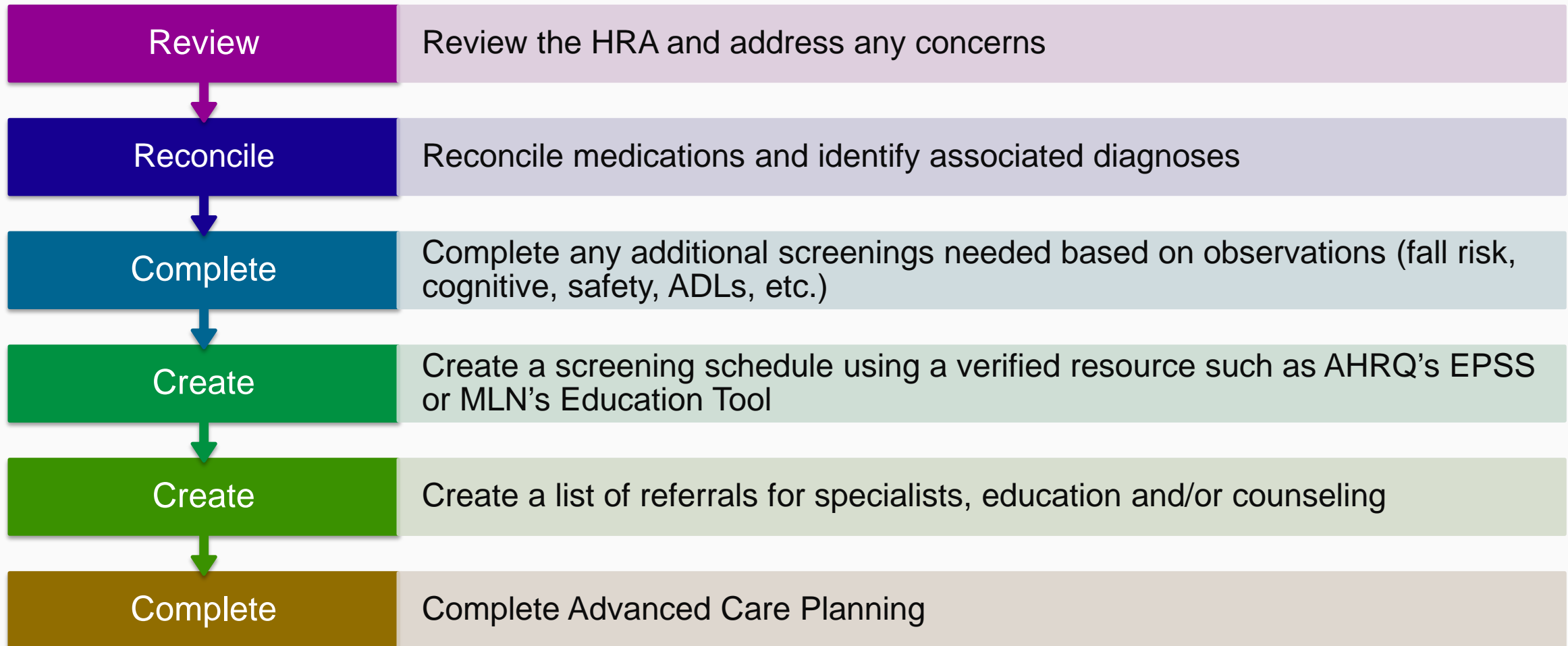
## Front Desk / Check-In

- Gather completed paperwork – have patients complete any items they forgot
- Ensure patient remembered their medications
- Collect pts height, weight, BMI, blood pressure

## Rooming Patient

- Monitor their gait/steadiness (fall risk)
- Monitor their ability to hear (hearing screening)
- Monitor their cognitive responsiveness

# The Visit (the RN)



# The Visit

Deliver (and document delivery of) a written **personalized** care plan that includes:

Concerns from the HRA  
and any follow-up

Recommended  
Screenings

A list of risk factors  
including recommended  
interventions

Referrals for  
personalized goals to  
specialist, health  
educators, preventative  
counseling

Use standing orders for  
items that don't require  
a provider review

# Post Visit Review (the RN)

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- Review documentation and develop a plan for follow-up on referrals and recommendations (refer into care management)
- Document any additional screenings and associated billable codes
  - Behavioral Health Screening for a Subsequent AWW only (G0444)
    - G8431 – positive depression screening/follow-up plan documented
    - G8510 – negative depression screening
  - Substance Abuse Screening (when using S2BI, Craft, NMASSIST, Cage-Aid and other validated screens)
    - G0396 – 15-30 minutes
    - G0397 – greater than 30 minutes

# Post-Visit Review (the RN)

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- Screenings and Codes (cont.)
  - Tobacco Counseling: smoking and tobacco use cessation counseling
    - 99406 – not more than 10 minutes
    - 99407 – greater than 10 minutes
  - Advanced Care Planning
    - 99497
      - Advance care planning, including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed)
      - Provided by the physician or other qualified health care professional
      - First 30 minutes face-to-face with the patient, family member(s), and/or surrogate (minimum of 16 minutes documented)
    - 99498
      - Each additional 30 minutes face-to-face with the patient, family member(s), and/or surrogate (minimum of 16 minutes past the first 30 minutes documented)
      - Listed separately in addition to code for primary procedure

# Post Visit Review (the MD)

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Review documentation completed in EHR for all requirements of the AWW



Review medication reconciliation and recommended diagnoses and document appropriately



Review written personalized care plan for completion



Submit Claim

# Billing and Coding

**Review**

Review documentation for CPT/HCPCs codes



**Review**

Review documentation for submitted ICD-10 codes



**Submit**

Submit the Claim

# Value of the AWW

The CHC	The Patient
<ul style="list-style-type: none"> <li>• Services and Revenue help drive comprehensive and coordinated care</li> <li>• Position to provide additional care coordination</li> <li>• Creates accurate attribution and risk adjustment</li> <li>• Builds complete and accurate medical history</li> <li>• Strengthens the provider/patient partnership</li> <li>• Increases patient engagement</li> <li>• Provides proactive care to patients</li> </ul>	<ul style="list-style-type: none"> <li>• Encourages patients to take an active role in their healthcare</li> <li>• No co-pay</li> <li>• Annual comprehensive evaluation focused on overall wellness and prevention</li> <li>• Early disease detection and prevention</li> <li>• Maximizes wellness</li> <li>• Keeps patients out of the hospital and Emergency Room</li> </ul>



# Questions?

Brandi Nottingham, RN, BSN

Director, Clinical Operations

M [214-868-6878](tel:214-868-6878) | W [303-867-9548](tel:303-867-9548)

E [brandi@chpanetwork.com](mailto:brandi@chpanetwork.com)

