Annual Wellness Visits

Joseph S. Miller, MD, FAAFP
Megan M. Faltys, MD
Jennifer N. Jarecki, RN

MARCH 29, 2019
AGENDA

● Welcome
● What is an AWV and why do we do them?
● What are the elements of an AWV?
● AWV Testimonial
● AWV “add ons”
● Insight into the future
What is the Medicare Annual Wellness Visit?

The Medicare **Annual Wellness Visit** (AWV) is a yearly appointment with a primary care provider (PCP) or a designated healthcare professional. Annual wellness visits are a way for our practice to keep our patients as healthy as possible. We will develop or update a personalized prevention plan based on the patients current health and risk factors to prevent disease or disability.
AWV Facts

- AWVs were introduced in 2011 as part of the Affordable Care Act.
- AWVs are *not* sick visits
- If eligible, the AWV is covered 100% by Medicare
- The AWV is a preventive wellness visit and is *NOT* a routine physical checkup. In fact, Medicare does not provide coverage for routine physical exams.
Why AWVs?

- Medicare pays for AWV because evidence shows it helps keep people healthy.
- It is a “Comprehensive Medical Interview” where a patient and provider go over all aspects of a patient’s health and develop a 5-10 year health maintenance plan.
- Medication Reconciliation takes place during the AWV. Medication Errors are the #1 cause of unnecessary hospital visits.
- The patient is screened and counseled/referred for potential problems (i.e., falls, dementia).
AWV = POPULATION HEALTH
Holy Grail Patient Topics

- Medical Risk (Hierarchical Condition Category or HCC risk scores)
- Chronic Care Management
  - Gaps in care
  - Set up follow-up
  - 25 modifier
- Health Risk Assessment (contribute to HCC)
  - Depression screening
  - Dementia screening
  - ETOH/Opioid screening
  - Social Determinants of Health (SDOH) screening
Holy Grail Patient Topics

- Quality Measures
- Safety Assessment
- 5-10 Year Road Map
- Advanced Care Planning INITIATED if not already completed
  - Shared Decision Making
  - Decrease overtreatment
Holy Grail Physician Topics

- RVU Capture
- Fee for Service (FFS) reimbursement
  - Both important now
  - No Margin no Mission
  - More visits for Gaps of Care
- Future Reimbursement (Shared Savings)
  - Attribution
  - HCC
  - Quality Measures
  - Advanced Care Planning
  - Prevent Hospital Touches (decrease total cost of care)
Medicare Annual Wellness Visit Association With Healthcare Quality and Cost

- American Journal of Managed Care, March 2019
- 2 Primary Care Physician led ACOs
- Retrospective Study
- 8912 total patients
- 4789 patients had AWVs
- 4128 patients did not have an AWV
- Age and risk scores very similar
Results From Study

- First time AWV was associated with a 5.7% reduction in total cost of healthcare compared to those patients not having an AWV
  - Average $38 PMPM or $418 PMPY savings
  - The higher the patient’s HCC risk score, the higher the savings
- Quality improved in 7 measures in adjusted analysis (all P < 0.01)
  - Fall Risk Screening (94% vs 15%)
  - Pneumococcal Vaccine (86% vs 69%)
  - Tobacco Screening and Cessation (91% vs 77%)
  - Depression Screening and Follow-up (87% vs 18%)
  - Colorectal Cancer Screening (69% vs 60%)
  - Breast Cancer Screening (81% vs 66%)
  - Controlled Glycated Hemoglobin (A1C) (77% vs 65%)
Medicare Wellness Visits: Reassessing Their Value to Your Patients and Your Practice

- Family Medicine Management, March/April 2019
- Excellent Overview
- Closing Quality Measure Gaps
- Billing Insights on Fee for Service/RVUs
- Case Studies
Elements of an AWV

We know the ‘why’ of the AWV,

now what about the ‘how’?
<table>
<thead>
<tr>
<th><strong>IPPE</strong></th>
<th><strong>AWV</strong></th>
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</thead>
<tbody>
<tr>
<td>● Initial Preventive Physical Examination (<em>Welcome to MCR</em>)</td>
<td>● Initial AWV</td>
</tr>
<tr>
<td>● Covered only once, within 12 months of Part B enrollment</td>
<td>● Subsequent AWV</td>
</tr>
<tr>
<td>● Free to beneficiary</td>
<td>● Covered once every 12 months</td>
</tr>
<tr>
<td>● Performed by MD, DO, PA, APRN, or certified clinical nurse specialist</td>
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<tr>
<td>● G0402 - IPPE</td>
<td>● Medical professional (i.e. RD, licensed practitioner, health educator)</td>
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<tr>
<td>● G0405 - screening 12 lead EKG with interpretation</td>
<td>● G0438- AWV, initial visit ($172.58)</td>
</tr>
<tr>
<td>● An E/M can also be billed with the G code by submitting CPT code with modifier -25</td>
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</tr>
</tbody>
</table>
IPPE

1. Review history (PMH, PSxH, FH, SH, Meds/Allergies)

1. Screen for depression and other mood disorders (PHQ2 or PHQ9)

1. Functional and safety screen (ADLs, fall risk, hearing, home safety)

1. Exam (HT, WT, BMI, BP, VISUAL ACUITY)

1. End of life planning (provide verbal or written information)
   - Not eligible for Advanced Care Planning

1. Initiate referrals as necessary for risks identified in #1-5

1. Review, educate, counsel, and refer for preventive services (must provide written plan)
   - EKG (only done at IPPE as screening as appropriate)
   - Review preventive services covered by Medicare
AWV (Initial, Subsequent)

1. Perform HRA
2. Review history (PMH, PSxH, FH, SH, Meds/Allergies)
3. Update Care Team
4. Exam (HT, WT, BMI, BP)
5. Dementia Screen
6. Depression/mood disorder screen (PHQ2, PHQ9)
7. Safety/functional abilities screening
8. Review preventive services and provide beneficiary with referrals and written plan
9. Review risk factors and treatment plan (written plan)
10. Initiate appropriate referrals
11. + Advanced Care Planning
keeping it simple...

1. Perform HRA
2. Review history (PMH, PSxH, FH, SH, Meds/Allergies)
3. Update Care Team
4. Exam (HT, WT, BMI, BP, vision, hearing)
5. Dementia Screen
6. Depression/mood disorder screen (PHQ2, PHQ9)
7. Safety/functional abilities screening
8. Review preventive services and provide beneficiary with referrals and written plan
9. Review risk factors and treatment plan (written plan)
10. Initiate appropriate referrals
11. End of life care (IPPE- info/discussion only) (AWV -Advanced Care Planning)
12. ± EKG (only for IPPE)
Medicare Preventive Services

- AAA screening with US
- Advanced Care Planning
- Alcohol Screening/Counseling
- AWV
- Bone Mass Measurements
- CV Disease screening
- Colorectal cancer screening
- Depression Screening
- Diabetes Screening
- Diabetes Education
- Glaucoma Screening
- Hepatitis B Screening
- Hepatitis C Screening
- HIV screening
- IBT for CVD risk reduction
- Medical Nutrition Therapy
- Prostate Cancer Screening
- Screening Mammography
- Screening for Cervical Cancer with Pap/HPV
- Screening for Lung Cancer with LDCT
- Screening Pelvic and Breast Exam
- STI Screening
- Vaccinations: Pneumococcal, Hep B
Health Risk Assessment

- Collection of beneficiary’s self reported information
- Should take no more than 20 minutes
- At minimum must address the following topics:
  - Demographics
  - Self-assessment of health status
  - Psychosocial risks
  - Behavioral risks
  - ADLs, including but not limited to: dressing, bathing, and walking
  - Instrumental ADLs, including but not limited to: shopping, housekeeping, managing own medications, and handling finance
Can labs be done at AWV?

- “Yes and no”
- Most often the answer is no as labs are not a routine part of the AWV unless they are covered as a preventive service
How to Implement AWVs
(or going from zero to 688 in a year)

- Create a workflow that is practical
- Educate providers, staff, and patients
- Reach out to patients by phone or at office visits and offer to schedule an AWV
- Create a recall process
Reaching out, educating, and scheduling our patients with “The telemarketer’s script”

Annual Wellness Visit

This is Marie/Jennifer calling from Dr._________ office at Columbus Family Practice. I’m just giving you a quick call because I see that you are scheduled for your yearly physical on _______; and your lab work on ________. I wanted to let you know about Medicare offering a NO COST annual wellness visit in addition to your yearly physical.

This NO COST benefit is different than your yearly exam, in that, your doctor or one of our Nurse Practitioners will talk to you about your: medical history, risk factors, and help you to develop a personal prevention plan to help keep you healthy. This visit is not a hands on exam and no further testing is done, nor does it discuss medical problems, conditions, or medications. Those issues will still be discussed with your primary care physician during your yearly checkup.

We were wondering if you would like to do this wellness visit when you are here on _______, for your lab work? This appointment would take approximately ½ hour. In the meantime, I will send you a letter to explain this in detail. It also has a questionnaire for you to fill out, and bring with you to the appointment. This will allow us to streamline the appointment and help the provider to develop your individualized prevention plan to aide in keeping you healthy.
To: Our Medicare Patients:

Subject: Medicare Annual Wellness and Other Preventive Visits

Beginning January 1, 2011, Medicare covers an “Annual Wellness Visit” in addition to the one-time “Welcome to Medicare” exam. The “Welcome to Medicare” exam occurs only once during your first twelve months as a Medicare patient. You may receive your Annual Wellness Visit after you have been with Medicare for more than one year, or it has been at least one year since your “Welcome to Medicare” exam.

<table>
<thead>
<tr>
<th>Initial Preventive Physical Exam (IPPE)</th>
<th>“Welcome to Medicare” is only for new Medicare patients.</th>
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<tbody>
<tr>
<td></td>
<td>This must be done in the 1st year as a Medicare patient.</td>
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<tr>
<td>Annual Wellness Visit, Initial</td>
<td>At least 1 yr after the “Welcome to Medicare” exam.</td>
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<tr>
<td>Annual Wellness Visit, Subsequent</td>
<td>Once a year (more than 1 yr + 1 day after the last Wellness Visit).</td>
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</table>

The Annual Wellness Visit is not the same thing as what many people often refer to as their yearly physical exam. Medicare is very specific about what the “Annual Wellness Visit” includes and excludes.

At the Annual Wellness Visit, your doctor will talk to you about your medical history, review your risk factors, and make a personalized prevention plan to keep you healthy. The visit does not include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues or your doctor may charge the usual Medicare fees for such services that are beyond the scope of the Annual Wellness Visit.

If you would like to schedule an annual physical, including any lab work or other diagnostic testing, medication management, vaccinations, and other services, please understand that these services will be charged and covered according to Medicare’s usual coverage guidelines. However, you may still develop a care plan based on the Annual Wellness Visit criteria.

We appreciate the trust you put in us to take care of your health care needs and hope that you will take advantage of this new benefit to work with your physician in creating your personalized prevention plan.

See the reverse side for a list of people who can help you with your appointment.

Columbus Family Practice

4214 38th Street • PO Box 1394 • Columbus, NE 68602-1394 • Ph: 402-564-1338 • Fax: 402-564-8902

COMMITTED TO THE HEALTH CARE OF YOUR FAMILY
Creating a recall process

<table>
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<th>Procedure</th>
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Added AWV to Medicare Patient’s HCM tab
Building Productivity - “Show me the numbers…”

- Previous to AWV Implementation in 2015: 0 AWVs completed
- **2015** (Implementation began mid-February): 688 AWVs completed
- **2016**: 1234 AWVs completed
- **2017**: 1334 AWVs completed
- **2018**: 1586 AWVs completed
AWV “Add-ons”

- Advanced Care Planning
- ACP is the “face-to-face conversation between a physician (or other qualified health care professional) and a beneficiary to discuss the beneficiary’s wishes and preferences for medical treatment if they are unable to speak or make decisions in the future. You can provide the ACP at the time of the AWV, at the beneficiary’s discretion.”
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99497</td>
<td>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate</td>
</tr>
<tr>
<td>99498</td>
<td>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>
Why bill ACP with AWV?

- Billing Medicare waives both the coinsurance and the Medicare Part B deductible for ACP when it is:
  - Provided on the same day as the covered AWV
  - Furnished by the same provider as the covered AWV
  - Billed with modifier –33 (Preventive Service)
  - Billed on the same claim as the AWV Medicare waives the deductible and coinsurance for ACP once per year when billed with the AWV.
Why bill ACP with AWV?

**NOTE:** If the AWV billed with ACP is denied for exceeding the once per year limit, Medicare will apply the ACP deductible and coinsurance.

**NOTE:** The deductible and coinsurance apply when ACP is provided outside the covered AWV.

**NOTE:** There are no limits on the number of times you can report ACP for a given beneficiary in a given time period. Likewise, CMS established no frequency limits. When you bill the service multiple times for a given beneficiary, document the beneficiary’s changed health status and wishes regarding their end-of-life care.
Resurgence of Primary Care

- Patient Centered Medical Home (PCMH) (2004)
- Comprehensive Primary Care Initiative (CPCI) (2012-2016)
- Comprehensive Primary Care Plus (CPC+) (2017-2022)
- CMS drives the bus and CMS knows the only way to improve healthcare is to increase Primary Care
- Sophisticated Ambulatory Primary Care (Comprehensivist of the Population)
If the Future of Health Care is to Improve...

- Must increase Family Physicians (Primary Care)
- If we increase sophisticated Primary Care the total cost of care will go down and quality will improve
- Primary Care must share in the savings
- Fee for Service (FFS) alone will never attract more Primary Care Physicians
- FFS plus sharing in the savings will increase compensation and attract more Primary Care Physicians
QUESTIONS?
AWVs...jump right in!