

The Annual Wellness Visit for Medicare Beneficiaries

Optimizing Benefit for Patient and Physician

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Objectives

- ▶ Audience will
 - ▶ Learn how to optimize reimbursement for the Medicare annual wellness visit
 - ▶ acknowledge appropriate screening for cognitive impairment in the older adult
 - ▶ recognize how to make advanced care planning as part of the annual wellness visit

Disclosures

- ▶ I have nothing to disclose



Goals- The Annual Wellness Visit

Improve care of older adults

More value per visit

Increase cognitive screening

Maintain continuity of care

The Annual Wellness Visit

- ▶ Annual preventive health screening
- ▶ Begins 12 months after enrolling in Medicare
 - ▶ Welcome to Medicare Visit
 - ▶ Initial Annual Wellness Visit (one per lifetime)
 - ▶ Subsequent Annual Wellness Visits (annually)
- ▶ Must be provided by a health professional
 - ▶ Physician, NP, PA or other licensed practitioner working under direct supervision of a physician
- ▶ Cannot do in the same year as the welcome to Medicare exam

Coverage and Benefits

- ▶ No co-payments or deductibles for patients
- ▶ Limited scope visit (no physical exam)
- ▶ Problem-based visit can be added on same day
 - ▶ Add a -25 coding modifier- patient charged usual office visit copay
- ▶ Advanced care planning (ACP) can be added without a copay on the same day
 - ▶ Add a -33 preventative health coding modifier
- ▶ Next Gen ACOs - CMS provides a \$25 payment to patients attributed to the ACO who have an AWW

Elements of the Annual Wellness Visit

- ▶ Provides a PPS (Personalized Prevention Plan Services)
- ▶ Documentation of medical/ family history
- ▶ List of current providers regularly involved in patient care
- ▶ Review of Health Risk Assessment (HRA)
- ▶ Obtain full patient history
- ▶ List of current providers/suppliers
- ▶ Meds/allergies
- ▶ Patient assessment
 - ▶ Height, weight, BMI, BP
 - ▶ **Does not requires physical exam**

Elements of the Annual Wellness Visit

- ▶ Screening and detection of:
 - ▶ Cognitive impairment
 - ▶ Depression including potential risk factors
 - ▶ Functional ability and safety, including
 - ▶ Hearing impairment
 - ▶ Ability to perform ADLs and IADLs
 - ▶ Fall risk
 - ▶ Home safety
 - ▶ can be done by direct observation or screening questions

Elements of the Annual Wellness Visit

- ▶ Establishment of a written screening schedule
 - ▶ given to patient
- ▶ Checklist for the next 5-10 years
 - ▶ for healthcare maintenance

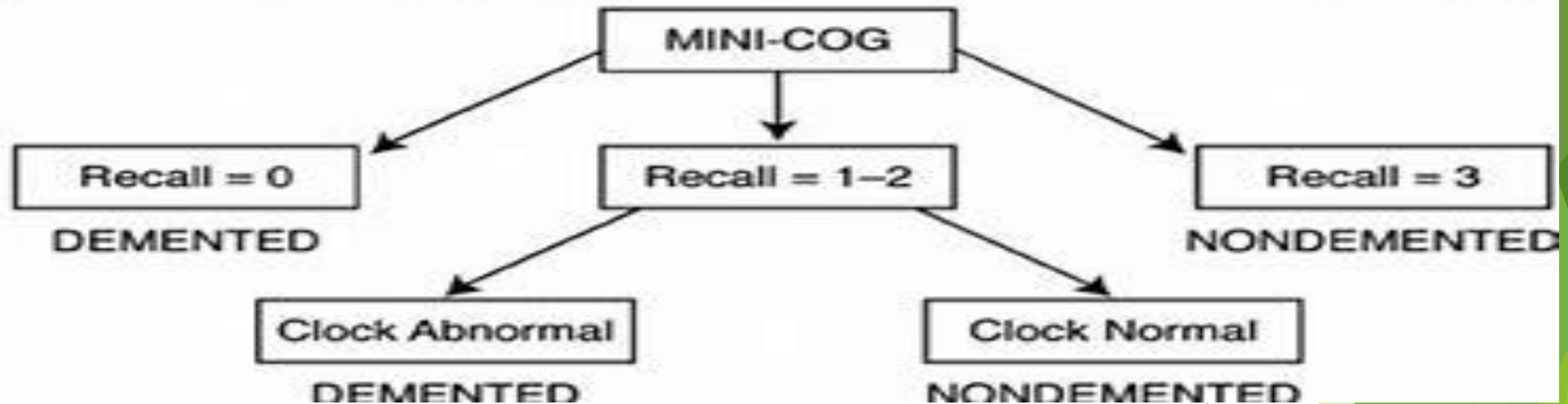
CMS AWV Guideline

- ▶ “assessment of an individual’s cognitive function by direct observation, with due consideration of information obtained by way of patient report, concerns raised by family members, friends, caretakers, or others”



Mini-Cog Scoring Algorithm

The Mini-Cog scoring algorithm. The Mini-Cog uses a three-item recall test for memory and the intuitive clock-drawing test. The latter serves as an "informative distractor," helping to clarify scores when the memory recall score is intermediate.



AWV final steps

- ▶ Provide to the patient
 - ▶ Written screening schedule - appropriate USPSTF preventative health services
 - ▶ Risk factors and conditions being addressed or followed up after the AWV
 - ▶ Personalized health advice for health education or lifestyle changes
 - ▶ Often includes community services

Tips for optimizing AWW

- ▶ Can be nurse led
- ▶ 15-20min min appointments- >amount if add in ACP
- ▶ Can integrate within PCP visit
- ▶ Use EMR tool
 - ▶ Depression screen (PHQ2/9)
 - ▶ Falls screening
 - ▶ IADL/ADLs
 - ▶ ETOH screening
 - ▶ Health care screening- refer direct to order
- ▶ Send letter/advertise for patients to schedule

Sample Letter to patients

A word to our patients about **MEDICARE ANNUAL WELLNESS VISITS**

- ▶ Medicare pays for a single wellness visit once a year to identify health risks and help you to reduce them
- ▶ We believe that the annual wellness visit is part of the ongoing relationship between you and our practice. This allows us to provide you with continuity of care.

Tips for optimizing AWW

Built in clinical guidelines

- ▶ Breast cancer screening
 - ▶ mammogram
- ▶ Colorectal Cancer Screening
 - ▶ Stool occult blood
 - ▶ Referral GI/colonoscopy
- ▶ Osteoporosis screening
 - ▶ DEXA scan
- ▶ Cervical cancer screening
 - ▶ Referral gynecology
- ▶ Hep C screening
 - ▶ Hep C virus antibody

Health Risk Assessment Should Include

- ▶ Demographic data: age, gender, race, ethnicity
- ▶ Self- assessment of health status, frailty, physical functioning
- ▶ Psychosocial risks: depression, stress, anger, loneliness or social isolation, pain or fatigue
- ▶ Behavioral risks: smoking, physical activity, nutrition/ oral health, alcohol use, sexual health, seat belt use, home safety

Health Risk Assessment

- ▶ Fall risk screening
 - ▶ Have you fallen in the past year?
 - ▶ Do you feel unsteady when standing or walking?
 - ▶ Do you worry about falling?
- ▶ Safety issues - smoke detectors, seatbelt
- ▶ Provide handouts on fall risk reduction and home safety modifications
- ▶ AARP online home safety checklist for patients or caregivers:
 - ▶ https://assets.aarp.org/external/sites/caregiving/checklists/checklist_homeSafety.html

Health Risk Assessment (HRA) form

- ▶ Publicly available online versions
- ▶ <https://medicarehealthassess.org>
- ▶ <https://www.aafp.org/fpm/2012/0300/fpm20120300p11-rt1.pdf>

Screening Tools- Examples

- ▶ Fall risk screening
 - ▶ timed up- and go test
- ▶ Depression screening
 - ▶ PHQ-2
- ▶ Functional screening
 - ▶ ADLs - dressing, feeding, toileting, grooming, bathing, ambulation
 - ▶ IADLs - shopping, food preparation, telephone, housekeeping, laundry, transportation, medications, finances

Workflow

- ▶ Patient complete questionnaire (HRA) while waiting or in exam room with MA
- ▶ MA enters data into EMR
 - ▶ If patient screens positive for fall risk or cognitive impairment MA can perform Timed Up and Go or Mini-Cog.
 - ▶ Can assist with placing orders for preventative care
- ▶ Provider uses EMR AMW template to create note, review positive screens and discuss.
- ▶ ACP per provider

Challenges to optimal implementation

- ▶ Managing positive findings
 - ▶ Dementia
 - ▶ Falls
- ▶ Customize questions to match available resources
- ▶ Prioritize questions
 - ▶ Home safety questions
 - ▶ Home equipment and supportive devices

Billing for Annual Wellness Visit

- ▶ Initial AWV G0438 (average reimbursement \$172)
Payable: only once per lifetime
- ▶ Subsequent AWV G0439 (average reimbursement \$111)
Payable: every 12 months

V70.0 is the diagnosis to use

E/M services are reported in addition to the AWV using CPT codes 99201-99215. Practices should consider append modifier 25 to the E/M service code if appropriate.

No Copay or deductible for patient

Can charge more if add in E&M service or advanced care planning

Sample Patient

- ▶ 80-year-old female who has been your office patient for 4 years
- ▶ multiple past medical history including Alzheimer's dementia, hypertension, glaucoma
- ▶ presents to office with her daughter with whom she lives and is her primary caregiver
- ▶ **HOW TO OPTIMIZE THE ANNUAL WELLNESS VISIT**

References

- ▶ ABC's of Annual Wellness Visit- <https://www.cms.gov/outreach-and-education>
- ▶ Annual Health Wellness checkup for persons >65 years old.
<https://medicarehealthassess.org>
- ▶ Alzheimer's Association Recommendations for operationalizing the detection of cognitive impairment during Medicare annual Wellness visit in primary care setting
-Elsevier 2013