

Making the most of annual wellness visits and preventative care services for Medicare Part B members

Carmen Batista RN, BSN, CCM
QM HEDIS Project Manager

1

Proprietary and Confidential

Thank you. Welcome everyone! My name is Carmen Batista, and I am a Healthcare QM Project Manager for Mercy Care. I will be using this opportunity to provide you with information on Annual Wellness Visits and preventative care services for your Medicare Part B members.

Objectives	Slide
1. What are preventative care services?	5
2. Who is eligible for preventative care services?	6
3. What is included in initial preventive physical examination (IPPE)?	7
4. What is included in an initial annual wellness visit (AWV) and a personalized prevention plan of service (PPPS)?	8
5. What is included in a subsequent AWV and PPPD?	9
6. Who can perform an annual wellness visit?	10
7. What is Mercy Care Advantage doing for its members?	11

Some of objectives that we were will discussing today include:

What is preventative care services?

Who is eligible for preventative care services?

What is included in an Initial Preventive Physical Examination (IPPE)?

What is included in an Initial Annual Wellness Visit and a Personalized Prevention Plan of Service (AWV and PPPS)?

What is included in a Subsequent AWV and Personalized Prevention Plan of Service (Subsequent AWV-PPPS)?

Who can perform an Annual Wellness Visit?

What is Mercy Care Advantage doing to help you the provider?

Also, we will be looking at an example of Mercy Care Advantage AWV provider letter that we mail out once a year

Objectives	Slide
8. Questions from the Health Risk Assessment	12
9. What is Mercy Care Advantage doing to help me, the provider?	14
10. Mercy Care Advantage AWV provider letter	15
11. What can I do as a provider to prepare members for their annual wellness visit?	20
12. How can I verify if a member has already received this service from another provider?	21
13. Where can I find out more information regarding annual wellness visits?	22
14. Who can I contact at Mercy Care Advantage if I have questions regarding annual wellness visits?	23

- 9. We will be looking at an example of HRA Questions from the Health Risk Assessment
- 10. What is Mercy Care Advantage doing for its members
- 11. What you can do as a provider to prepare members for their Annual Wellness Visit
- 12. How can you can verify if a member has already received this service from another provider?
- 13. Where you can go to find out more information regarding Annual Wellness Visits and finally
- 14. Who you can contact at Mercy Care Advantage if you have questions regarding Annual Wellness Visits ?

Benefits of an annual wellness visit



- Keep patients as healthy as possible
- Addresses gaps in care
- Enhances the quality of care you deliver
- A personalized prevention plan
 - Improve patient engagement
 - Promote preventative health care

4

Proprietary and Confidential



Benefits of An Annual Wellness visit. Medicare's Annual Wellness visit is a way for your practice to keep patients as healthy as possible. The AWV address gaps in care and enhances the quality of care you deliver. A personalized prevention plan created for the Medicare beneficiary is a way to improve patient engagement and promote preventative health care.

Who is eligible for preventative care services and what are they?

Medicare members of any age who receive Part B coverage are entitled to:

- A one-time initial preventive physical examination (IPPE) during the first 12 months of coverage (G0402)

OR

- If a member did not receive an IPPE during that time, they are eligible for the initial annual wellness visit (AWV) and a personalized prevention plan of service (PPPS) (G0438)

AND

- After receiving either the IPPE or the initial AWV and PPPS, members are eligible for the subsequent AWV and PPPS each year they are covered. (G0439)

Medicare members of any age who receive Part B coverage are entitled to a once per lifetime Initial Preventive Physical Examination (IPPE)/Welcome to Medicare Preventative Visit during the first 12 months of coverage under CPT code (G0402). Or, If a member did not receive an IPPE during that time, they are eligible for the Initial Annual Wellness Visit and a Personalized Prevention Plan of Service (AWV and PPPS) under CPT code (G0438). And, after receiving either the IPPE or the Initial AWV and PPPS, members are eligible for the Subsequent AWV and Personalized Prevention Plan of Service (Subsequent AWV-PPPS) each year they are covered. (G0439)

What are preventative care services ?

Preventative care services is care that is designed to:

- Prevent illness
- Detect medical conditions
- Keep members healthy

Services include screenings, vaccines and counseling.

It is not a head-to-toe physical assessment.

If Medicare eligibility requirements are met, preventative services which are recommended by the U.S. Preventative Services Task Force are:

- Covered at 100%
- Required to be covered without deductibles, copayments or coinsurance

6

Proprietary and Confidential



Preventative care services is care that is designed to prevent illness, detect medical conditions and keep members healthy. These type of services include screenings, vaccines and counseling. It is not a head-to-toe physical assessment. As long as Medicare eligibility requirements are met, preventative services which are recommended by the U.S. Preventative Services Task Force are Covered at 100% and are required to be covered without deductibles, copayments, or coinsurance.

What is included in the initial preventive physical examination (IPPE)?

The IPPE is known as the “Welcome to Medicare” preventive visit. The IPPE goal is to promote health and disease prevention and detection. Patients are eligible for this visit once per lifetime no later than the first 12 months after the patient’s Medicare Part B benefits eligibility date.

- ✓ Medical and social history with attention to modifiable risk factors
- ✓ List of current providers and suppliers
- ✓ Detection of any cognitive impairment the patient may have
- ✓ Review the patient’s potential risk factors for depression
- ✓ Exam height, weight, blood pressure, body mass index (BMI) and visual acuity screen
- ✓ Functional ability and level of safety (ADLs, IADLs, fall risk, hearing impairment)
- ✓ End-of-life planning
- ✓ Educate, counsel, and refer based on the previous components
- ✓ Educate, counsel, and refer for other preventive services (colon cancer screening, mammogram, etc.)

7

Proprietary and Confidential



The IPPE is known as the “Welcome to Medicare” preventive visit. The IPPE goals is to promote health and disease prevention and detection. Patients are eligible for this visit once per lifetime no later than the first 12 months after the patient’s Medicare Part B benefits eligibility date.

During this visit the provider establishes the following:

- Medical and social history with attention to modifiable risk factors such as: Hx of alcohol, tobacco & drug use, diet & physical activity
- List of current providers & suppliers. You want to include any medical care the patient is receiving including behavioral health
- Detection of any cognitive impairment the patient may have. You may assess cognitive function by direct observation, or, by considering information from the patient, family, friends, and caregivers. You may also consider the use of a brief cognitive test as well as identification of health disparities, chronic conditions, and other factors that contribute to increased risk of cognitive impairment
- Review the patient’s potential risk factors for depression, including current or past experiences with depression or mood disorder, this includes a depression screenings such as PHQ9

- Perform an exam that includes-height, weight, blood pressure, body mass index (BMI) and visual acuity screening
- Establish functional ability and level of safety. You can use appropriate screening questions or standardized questionnaires to review ADLs, IADLs, Fall Risk and Hearing Impairment
- Discuss End-of-life planning- This includes verbal or written information given to the patient about the patient's ability to prepare an advance directive in case an injury or illness that prevents them from making health care decisions
- Educate, counsel, and refer based on the previous components. This entails giving appropriate education, counseling, such as seat belt use, home safety, diet and physical activity.
- Educate, counsel, and refer for other preventive services. This can include a brief written plan such as a checklist on preventative screenings that are due such as colon cancer screening or a mammogram screening

What is included in an initial AWV and a PPPS?

The initial annual wellness visit is performed when:

- Member is no longer in the first 12 months of coverage
- Has not received an IPPE within the past 12 months
- Member did not have a “Welcome to Medicare” visit during their first 12 months of enrollment

The initial annual wellness visit includes a health risk assessment (HRA) and a personalized prevention plan of service (PPPS).

- HRA assessment
 - You or the patient complete the HRA before or during the AWV; it should take no more than 20 minutes
 - Consider the best way to communicate with your patients
 - All the other components in the IPPE

8

Proprietary and Confidential



The Initial Annual Wellness Visit is performed when the member is no longer in the first 12 months of coverage and has not received an IPPE within the past 12 months. This means the member did not have a “Welcome to Medicare” visit during their first 12 months of enrollment with Medicare. The Initial Annual Wellness Visit includes a Health Risk Assessment (HRA) and a Personalized Prevention Plan of Service (PPPS).

During this visit, the provider:

Performs a HRA Assessment, which can be completed before or during the AWV. The HRA should take no more than 20 minutes to perform. For the HRA, you want to consider the best way to communicate with the underserved population, people with limited English proficiency, health literacy needs, and patients with disabilities. Also, during this visit, you establish all the components in the IPPE which are the ones I reviewed in the previous slide.

What is included in a subsequent AWW and a PPPS?

A patient is eligible for their subsequent AWW:

- One year after their initial visit
- Includes an HRA and PPPS

During this visit the provider updates/reviews the AWW components such as:

- Health risk assessment
- Medical and social history
- List of current providers and suppliers
- Patient's potential risk factors for depression
- End-of-life planning
- Exam: Height, weight, blood pressure, body mass index (BMI) and visual acuity screen, functional ability and level of safety (ADLs, IADLs, fall risk, hearing impairment)
- Educate, counsel and refer

9

Proprietary and Confidential



A patient is eligible for their subsequent AWW, one year after their initial visit. The Subsequent Annual Wellness Visit also includes a Health Risk Assessment (HRA) and Personalized Prevention Plan Services (PPPS).

During this visit the provider updates or reviews the AWW components such as:

- HRA
- Any changes to the patient's medical and social history
- Patient's current providers & suppliers
- Risk factors for depression
- Perform an exam which includes-Height, Weight, Blood pressure, Body Mass Index (BMI) and Visual Acuity screening
- Changes to patient's functional ability
- Update End-of-life planning if needed and
- Educate, counsel, and refer to services based on the patient's assessment

What type of provider can perform an AWW?

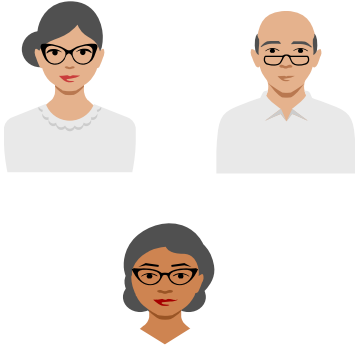


Medicare Part B covers an AWW if performed by a:

- Physician (a doctor of medicine or osteopathy)
- Qualified non-physician practitioner, such as a physician assistant, nurse practitioner, or certified clinical nurse specialist
- Medical professional such as a health educator, registered dietitian, nutrition professional, or other licensed practitioner directly supervised by a physician

An AWW can be performed by a physician, a qualified non-physician practitioner, such as a physician assistant, nurse practitioner, or certified clinical nurse specialist. A medical professional such as a health educator, registered dietitian, nutrition professional, or other licensed practitioner directly supervised by a physician.

What is Mercy Care Advantage doing for its members?



At the beginning of the year, each Mercy Care Advantage members receive a brochure regarding the annual wellness visit.

This brochure contains:

- Health risk assessment form
- Recommendations for members to prepare for their visit
- Annual gift card incentive for completion of AWV and HRA

Mercy Care Advantage members receive an AWV brochure educating on the importance of an AWV. It also contains a Health Risk Assessment form (HRA) they can fill out before their visit and recommendations to prepare for their visit such as bringing a list of their medications and a copy of their advance care planning if one is in place. Also, MCA is offering members an incentive of a \$25 gift card for completion of an AWV, and a \$15 gift card for completion of the HRA.

Questions from the health risk assessment

Health Risk Assessment

Question	Response – Please check the appropriate box or boxes
1 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please write in the name of your personal doctor: _____
2 How many prescription medications do you regularly take daily or almost every day?	<input type="checkbox"/> None <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8 or more
3 In general, compared to other people your age, how would you rate your health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
4 During the past month, have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 During the past month, have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Have you gone to a doctor or clinic for mood, stress and/or drug or alcohol problems in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Do you think you need to go to a doctor or clinic for mood, stress and/or drug or alcohol problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8 Has a doctor or clinic ever told you that you have any of these? (Please check ALL that apply)	<input type="checkbox"/> Amputation <input type="checkbox"/> Asthma <input type="checkbox"/> Blood problems like sickle cell or hemophilia <input type="checkbox"/> Breathing difficulties like emphysema or chronic bronchitis (COPD) <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic pain <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Currently pregnant <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart problems like coronary artery disease, heart attack, high blood pressure <input type="checkbox"/> Infections like HIV/AIDS <input type="checkbox"/> Kidney problems, like dialysis <input type="checkbox"/> Mental health problems like depression, anxiety or alcohol/drug use <input type="checkbox"/> Nerve or brain problems like stroke, multiple sclerosis (MS), spinal cord injury or epilepsy/seizures <input type="checkbox"/> Transplant (please specify type): _____ <input type="checkbox"/> Other (please list): _____
9 In the last 3 months, is it harder for you to speak, think or remember things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 In the last 6 months, how many times did you go to the emergency room or stay the night in a hospital?	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6 or more

The next two slides includes is an example of the HRA questions that is mailed in the AWV brochure for completion. The questions on this slide addresses the patient's general and mental health.

Questions from the health risk assessment

Question	Response – Please check the appropriate box or boxes																																										
11 How many different addresses have you had in the last 12 months?	<input type="checkbox"/> Only 1 address in the last year <input type="checkbox"/> 2-3 addresses <input type="checkbox"/> More than 3 addresses <input type="checkbox"/> I am homeless or sleep in a shelter right now																																										
12 Are you currently using any of the following equipment or supplies? (Please check ALL that apply)	<input type="checkbox"/> Catheter <input type="checkbox"/> Hospital bed <input type="checkbox"/> IV-feeding tube <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ostomy supplies <input type="checkbox"/> Oxygen <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other (please list):																																										
13 Do you use tobacco products?	<input type="checkbox"/> Yes – but do not want to quit or reduce <input type="checkbox"/> Yes – would like to quit or reduce <input type="checkbox"/> No																																										
14 Are you interested in participating in education classes for any of the following? (Please check ALL that apply)	<input type="checkbox"/> Smoking cessation <input type="checkbox"/> Diabetes education <input type="checkbox"/> Nutritional classes <input type="checkbox"/> Fitness classes to increase range of motion & strength																																										
15 Did you serve in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
16 Have you had a pneumonia shot?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
17 How much difficulty on average, do you have with the following physical activities?	<table border="1"> <thead> <tr> <th></th> <th>No difficulty</th> <th>A little difficulty</th> <th>Some difficulty</th> <th>A lot of difficulty</th> <th>Unable to do</th> </tr> </thead> <tbody> <tr> <td>a. Stooping, crouching or kneeling</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Lifting or carrying objects as heavy as 10 pounds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Reaching or extending arms above shoulder level</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Writing or handling and grasping small objects</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Walking a quarter of a mile (about 4 blocks)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. Heavy housework such as scrubbing floors or washing windows</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		No difficulty	A little difficulty	Some difficulty	A lot of difficulty	Unable to do	a. Stooping, crouching or kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Lifting or carrying objects as heavy as 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Reaching or extending arms above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Writing or handling and grasping small objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Walking a quarter of a mile (about 4 blocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Heavy housework such as scrubbing floors or washing windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No difficulty	A little difficulty	Some difficulty	A lot of difficulty	Unable to do																																						
a. Stooping, crouching or kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
b. Lifting or carrying objects as heavy as 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
c. Reaching or extending arms above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
d. Writing or handling and grasping small objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
e. Walking a quarter of a mile (about 4 blocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
f. Heavy housework such as scrubbing floors or washing windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						

Question	Response – Please check the appropriate box or boxes
18 Because of your health or a physical condition, do you have any difficulty with the following?	<input type="checkbox"/> Yes If so, do you get help with shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> I don't do If so, is that because of your health? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Shopping for personal items (like toilet items or medication)?	<input type="checkbox"/> Yes If so, do you get help with shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> I don't do If so, is that because of your health? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Managing money (like keeping track of expenses or paying bills)?	<input type="checkbox"/> Yes If so, do you get help managing your money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> I don't do If so, is that because of your health? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Walking across the room? (use of a cane or walker is OK)	<input type="checkbox"/> Yes If so, do you get help with walking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> I don't do If so, is that because of your health? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Doing light housework (like washing dishes, straightening up or light cleaning)?	<input type="checkbox"/> Yes If so, do you get help with light housework? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> I don't do If so, is that because of your health? <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Bathing or showering?	<input type="checkbox"/> Yes If so, do you get help with bathing or showering? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> I don't do If so, is that because of your health? <input type="checkbox"/> Yes <input type="checkbox"/> No
19 Have you noticed that it's harder to remember things like where you left something or what month it is than it was a year ago?	<input type="checkbox"/> Not harder than a year ago <input type="checkbox"/> A little harder than a year ago <input type="checkbox"/> A lot harder than a year ago <input type="checkbox"/> I can no longer do any of these things at all
20 Do you have trouble thinking or remembering that makes it harder than it used to be to do things like shopping or balancing a checkbook?	<input type="checkbox"/> Often, or a lot more than I did a year ago <input type="checkbox"/> Sometimes, or about the same as I did a year ago <input type="checkbox"/> Never or almost never
21 Do you often get lost when you're going somewhere you used to be able to find easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Do you get the social or emotional support you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13

Proprietary and Confidential



These next set of questions addresses tobacco use and functional status such as their ability to perform certain Activities of Daily Living.

What is Mercy Care Advantage doing to help the provider?

At the beginning of each year, Mercy Care Advantage mails to each primary care provider an annual wellness visit provider letter* reminding providers that each year MCA members are entitled to an IPPE, AWV or a subsequent AWV.

The letter also includes a member incentive for completing an AWV. MCA offers members a \$25 gift card for completing an AWV, and a \$15 gift card for completing the HRA. Please help us to encourage members to complete these.

*See attached version of letter

At the beginning of each year, Mercy Care Advantage mails to each primary care provider an Annual Wellness Visit Provider letter reminding providers that each year MCA members are entitled to an IPPE, Annual Wellness Visit, or a Subsequent AWV. The letter also includes the member incentive information I discussed in the previous slide. Please help us to encourage members to complete these.

Mercy Care Advantage AWW provider letter

Dear Physician or Health Care Professional:

Mercy Care Advantage (HMO SNP) would like to partner with you in our continued efforts to improve quality care and health outcomes for our members. MCA members are entitled to:

- A one-time Initial Preventive Physical Examination (**IPPE**) during the first 12 months of coverage;
OR
- If a member did not receive an IPPE during that time, they are eligible for the Initial Annual Wellness Visit and a personalized prevention plan of service (**AWV and PPS**);
AND
- After receiving either the IPPE or the Initial AWW and PPS, members are eligible for the subsequent AWW and personalized prevention plan of service (**Subsequent AWW-PPS**) each year they are covered.

These are covered at no cost to MCA members. HCPCS codes G0438 and G0439 can be used to bill the Annual Wellness Visit when the services were provided via telehealth, however, G0402 is not currently allowable via telehealth.

Dear Physician or Health Care Professional:

Mercy Care Advantage (HMO SNP) would like to partner with you in our continued efforts to improve quality care and health outcomes for our members. MCA members are entitled to:

- A one-time Initial Preventive Physical Examination (**IPPE**) during the first 12 months of coverage;
OR
- If a member did not receive an IPPE during that time, they are eligible for the Initial Annual Wellness Visit and a personalized prevention plan of service (**AWV and PPS**);
AND
- After receiving either the IPPE or the Initial AWW and PPS, members are eligible for the subsequent AWW and personalized prevention plan of service (**Subsequent AWW-PPS**) each year they are covered.

These are covered at no cost to MCA members. HCPCS codes G0438 and G0439 can be used to bill the Annual Wellness Visit when the services were provided via telehealth, however, G0402 is not currently allowable via telehealth.

15

Proprietary and Confidential



This is an example of the AWW Provider letter that is mailed to the providers, it states: Dear Physician or Health Care Professional: Mercy Care Advantage would like to partner with you in our continued efforts to improve quality care and health outcomes for our members. Medicare members who receive Part B coverage are entitled to and list the IPPE and two types of AWW.

Example of Mercy Care Advantage AWW Provider Letter

Optional Element of Annual Wellness Visit

- **Advanced Care Planning CPT-99497** - *To include the explanation and discussion of advanced 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 patient, family members(s) and/or surrogate. (A diagnosis code is required and should be consistent with the beneficiary's exam.)*

The Annual Wellness Visit provides an excellent opportunity for members and their providers to collaborate on a Personalized Prevention Plan. The Annual Wellness Visit is a covered benefit for Mercy Care Advantage members and is a preventive wellness visit - **NOT** a "routine physical checkup." **All elements must be provided before submitting a claim for the AWW.**

The letter also discusses an optional element of AWW which is the advance care planning CPT code 99497 and 99483 which is used to for explanation and discussion of advanced directives such as standard forms when performed by the physician or other qualified health care professional.

Mercy Care Advantage AWW provider letter

To know if a beneficiary already received his/her first AWW from another provider and to know whether to bill for a subsequent AWW even though this is the first AWW you provided to this beneficiary you can:

- 1) Access the information through the Health Insurance Portability and Accountability Act (HIPPA) Eligibility Transaction System (HETS). To sign up and learn more, please check out the following website: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index.html>.
- 2) Check with the Medicare Administrative Contractor (MAC) at **877-908-8431** or signup for the **Noridian Medicare Portal** on the following website: <https://med.noridianmedicare.com/web/jfa>.

It includes pertinent information on where you can go to find out if a patient already received their first AWW from another provider or to know whether to bill for a subsequent AWW even though this is the first AWW you provided to your patient

Mercy Care Advantage AWW provider letter

An AWW should include:

- Perform Health Risk Assessment (HRA)
- Establish patient's medical and family history
- Establish list of current providers and suppliers
- Measure: Height, weight, Body Mass Index (BMI) (or waist circumference, if appropriate), and blood pressure
- Other routine measurements deemed appropriate based on medical and family history
- Detect any cognitive impairment patients may have
- Review patient's potential depression risk factors, including current or past experiences with depression or other mood disorders
- Review patient's functional ability and level of safety
- Establish an appropriate written screening schedule for patients, such as a checklist for next 5–10 years
- Establish list of patient risk factors and conditions where primary, secondary, or tertiary interventions are recommended or underway or other mood disorders
- Review patient's functional ability and level of safety
- Establish an appropriate written screening schedule for patients, such as a checklist for next 5–10 years
- Establish list of patient risk factors and conditions where primary, secondary, or tertiary interventions are recommended or underway
- Provide patient's personalized health advice and appropriate referrals to health education or preventive counseling services or programs
- Provide Advance Care Planning (ACP) services at patient's discretion
- Review current opioid prescriptions
- Screen for potential Substance Use Disorders (SUDs)

18

Proprietary and Confidential



The letter also includes the different components to meet the quality metrics of AWW and the current incentive we are offering our members for completion of it.

Mercy Care Advantage AWW provider letter

Mercy Care Advantage also mails members educational information on the Annual Wellness Visit and the mailing includes a copy of MCA's Health Risk Assessment (HRA). Additionally, **MCA offers members an incentive of a \$20 gift card for completion of an AWW, and a \$25 gift card for completion of the HRA.** Please help us to encourage members to complete these.

For more information on the Annual Wellness Visit, please refer to the CMS Medicare Wellness Visits website which can be found at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>.

Thank you for your continued assistance in improving the health of our members, your patients. Should you have any questions, please contact Carmen Batista RN, BS, CCM QM Project Manager at 754-332-3033.



Dr. Gagandeep Singh
Chief Medical Officer

Mercy Care Advantage also mails members educational information on the Annual Wellness Visit and the mailing includes a copy of MCA's Health Risk Assessment (HRA). Additionally, **MCA offers members an incentive of a \$20 gift card for completion of an AWW, and a \$25 gift card for completion of the HRA.** Please help us to encourage members to complete these.

For more information on the Annual Wellness Visit, please refer to the CMS Medicare Wellness Visits website which can be found at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>.

Thank you for your continued assistance in improving the health of our members, your patients. Should you have any questions, please contact Carmen Batista RN, BS, CCM QM Project Manager at 754-332-3033.



Dr. Gagandeep Singh
Chief Medical Officer

It is concluded with information on where to obtain more information on the Annual Wellness Visit and our Chief Medical Officer Dr. Singh's signature along with my contact information.

What can I do as a provider to prepare members for their annual wellness visit?

You can recommend to your members that they bring the following to their annual wellness visit:

- Completed HRA form
- Copy of any medical records
- List of or actual medications and supplements
- List of current providers and DME suppliers
- Copy of advanced directives

You can prepare members by recommending that they bring the following to their annual wellness visit:

Copy of their Annual Wellness Visit brochure with the Health Risk assessment form completed

Copy of any medical Records, including immunizations and family history

List of or actual medications and supplements with dose and frequency

Full list of current providers and suppliers

Copy of advanced directives such as a living will or health care power of attorney if one is in place

How can I verify if a member has already received this service from another provider?

To determine if a beneficiary already received services from another provider and to determine what to bill for even though this is the first AVW you provided to this beneficiary you can:

- Access the information through the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). To sign up and learn more, you can check out the following website:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index.html>

- Check with the Medicare Administrative Contractor (MAC) at 1-877-908-8431 or sign up for the Noridian Medicare Portal on the following website:

<https://med.noridianmedicare.com/web/jfa>

You can verify this information on the CMS site listed on this slide which is also included in your provider letter that is mailed to you.

Where can I find out more information regarding annual wellness visits ?

CMS provides more information on AWV including a quick start guide at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

You can visit the CMS website on the link provided for more information on AWV. The site has a helpful video that helps health care professionals understand each of these exams and their purpose, and the requirements when submitting claims for them.

Who can I contact at Mercy Care Advantage if I have questions regarding annual wellness visits?

Carmen Batista RN, BSN, CCM
QM HEDIS Project Manager
754-332-3033
BatistaC@MercyCareAZ.org

23

Proprietary and Confidential



You can contact myself Carmen Batista at the phone number and/or email address on this slide.

Thank you



I want to thank everyone for taking the time to join us today. If there are any questions, I am available to answer them.

Follow us
@MercyCareAZ

