

Quality Matters

July 2017

Topic: Medicare Annual Wellness Exam

The Medicare Annual Wellness Exam drives better health and value for patients, and leads to higher performance scores for providers - that's why this important exam is a quality metric in many value-based contracts. Under the Affordable Care Act, Medicare covers the Annual Wellness Exam completely, with no copayment and no patient deductible, but only if the services provided in the visit meet specific criteria for information-gathering, assessment, and counseling. The exam can be performed by the provider, physician assistant, nurse practitioner or clinical nurse specialist. Next Generation ACO Medicare patients receive a \$25 Coordinated Care Reward from CMS for completing the Annual Wellness Exam.

How can you impact Kentucky's Health?

The recently released 2017 Senior Report from America's Health Rankings shows further decline in the health of our older citizens, moving from a ranking of 44 to 49 out of 50 states in overall senior health. Of note from the report:

- Kentucky had an 18% increase in smoking and 24% increase in obesity among people age 65+.
- Ranked 47th in adult smoking; 49th in physical activity and 46th in obesity.

Best practice is to have our Medicare patients come every year for a Wellness Visit. These visits will allow time for overall wellness and prevention.



CMS Quick Reference:

Annual Wellness Exam in 7 Steps

1. Review of medical and social history (*hospitalizations, illnesses, medications, family history, alcohol/tobacco/drug use, diet, physical activities*).
2. Review of potential risk factors for depression and mood disorders.
3. Review of functional ability and safety level (*hearing, adl, falls risk, home safety*).
4. Examination (*height, weight, bp, vision, bmi*).
5. End of life planning (*advanced directive*).
6. Education and counseling on 5 previous components.
7. Education, counseling and referral for other preventative screenings/services.

Reference: [Medicare Quick Reference](#)

Close 7 to 10 MIPS Measures with Annual Wellness Exam

With appropriate documentation and scheduling of needed preventative screenings, you can close 7 to 10 MIPS measures through the Medicare Annual Wellness Exam. Please note, each measure must be documented in its designated AEHR location to be picked up electronically. Provider documentation in the wellness exam survey or in the notes section won't close the measure. Get credit for the excellent care you provide by documenting correctly.

- ✓ Blood Pressure
- ✓ Depression
- ✓ A1C
- ✓ Flu/Pneumonia
- ✓ Tobacco Cess.
- ✓ BMI
- ✓ Falls Risk
- ✓ Mammography
- ✓ Colonoscopy
- ✓ Med. Reconciliation



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For more information, please contact:

KentuckyOne Health Partners
Anna "Kitty" Grider at 502.489.3042

Visit the *KHP website for provider resources, including Documentation Tips and Quality Matters on topics related to key MIPS measures.*

Quality Improvement Project

There are many ways you can help improve your patient's participation in Medicare Wellness Visits:

- If you are currently not performing them in your clinic, begin scheduling appointments right away!
- Work with your provider and staff to become educated on the various types of Medicare Wellness Visits.
- When scheduling the appointment, set the expectations about the visit. Patients need to know what to bring and what to expect. This is not a typical office visit.
- Speak with your billing personnel to ensure correct documentation so the visit will be billed appropriately.
- **Conduct pre-visit planning between providers and medical assistants. Know gaps in the patients care and be prepared to discuss during the visit. Use a "pre-visit planning check off list to make sure patients have had and documentation is in place for appropriate screenings.**
- If vaccinations are not up to date, be prepared to offer or send patient to the pharmacy with a prescription.
- Schedule the screenings while the patient is still in the office. This increases the likelihood that the patient will keep the appointment.
- Document, document, document!

Covered Medicare Preventive Services

Depression Screening, Diabetes Screening, Diabetes Self-Management Training (DSMT), Glaucoma Screening, Hepatitis C Virus Screening, Influenza, Pneumococcal, Hepatitis B Vaccinations and their Administration, IPPE (Welcome to Medicare visit), Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD IBT for Obesity Medical Nutrition Therapy (MNT), Ultrasound Screening for Abdominal Aortic Aneurysm (AAA), Screening Mammography, Screening Pap Tests, Screening Pelvic Examination (includes a clinical breast examination), Screening for Sexually Transmitted Infections (STIs), Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs HIV Screening.

Resources:

www.medicare.gov
www.americashealthrankings.org



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Definitions:

- Welcome To Medicare:
 - Introductory visit within first 12 months of Medicare Part B.
- Initial Annual Wellness Visit:
 - For patients who have had Medicare Part B longer than 12 months.
- Subsequent Annual Wellness Visit:
 - Annual visit covered once every 12 months, eleven months must have passed since last wellness visit.

Billing and Medicare Wellness Visits

Please submit the following codes:

- One-time Welcome to Medicare Visit: • G0402
- Initial Annual Wellness Visit: • G0438 (first visit)
- Subsequent Annual Wellness Visit: • G0439 (subsequent visit)

Setting Patient Expectations

Medicare Wellness Visits are very different from traditional/routine office visits. The purpose of the wellness visit is not to address current medical or physical alignments, but to discuss overall care and prevention.

Patients should be told the visit will include:

- "Health Risk Assessment"
- Height, Weight, Blood Pressure, BMI calculations
- Review of medical and family history
- Updating a list of current providers and medications
- Screen for potential risk for depression and/or cognitive impairment
- A personalized health screening schedule based on individual risk factors
- Personalized health advice

KHP Clinically Integrated Network

KentuckyOne Health Partners' payers offer quality incentives for managing their patients' health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. There are many screenings and preventative measures that are incentivized by many different payers such as colon cancer screenings, breast cancer screenings, diabetic eye exams and blood pressure control. Please contact KentuckyOne Health Partners clinical team at 1.877.543.5768 for more information.

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