Welcome to Medicare and The Annual Wellness Visits

58th GHS Postgraduate Seminar:
A Primary Care Update

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Objectives

- Understand the benefits of the Medicare Wellness visits
- Realize the eligibility and documentation requirements for these visits
- Be able to implement and office work flow to operationalize the Medicare Wellness Visits
Medicare Wellness Visits

- Annual Wellness Visit (01-2011)
- Initial Preventive Physical Examination (01-2005)
  - “Welcome to Medicare” visit
Annual Wellness Visit (AWV)

- Medicare covered service
- No co-pay or deductible required
- Separate from the IPPE ("Welcome to Medicare")
  - Must be > 12 months from IPPE or from enrollment in Medicare
- MD, DO, NPP, medical professional of a health care team under direct supervision of physician
  - G0438: Initial AWV
  - G0439: Subsequent AWV
- Seems easy……..but it is not! Why?
  - Educate…educate…educate…as well as MARKET this
“Medicare Wellness Visit” – no CPX

- Name change: no “physical”
- Letter to patients: “Medicare Wellness Visit:”
- Call before coming: “Medicare Wellness Visit”
- Call from lobby: “Medicare Wellness Visit”
- Greeted by nurse: “Medicare Wellness Visit”
- Provider encounter is “different” and “directed by Medicare to encourage wellness and prevention. “This is new but will occur yearly”
Annual Wellness Visit: requirements

- Establish/update PMH and FH
- List current medical providers and pharmacies
- Measure: height, weight, BMI, BP, and other routine measurements as deemed needed
  - No physical examination otherwise recommended
Annual Wellness Visit: requirements

- Establish/update PMH and FH
- List current medical providers and pharmacies
- Measure: height, weight, BMI, BP, and other routine measurements as deemed needed
- Evaluate any cognitive impairment
  - 3.4M older adults have dementia with additional 5.4M with milder forms
  - Any process deemed appropriate by provider (MMSE, “Sweet 16”)
Sweet 16 Dementia Screen

- Archives of Internal Medicine, 2010
- Fong, Hebrew SeniorLife, Beth Israel Deaconess Medical Center, Harvard developed
- May replace MMSE due to speed (ave. 2.0 minutes to administer) and ease (no pencil, paper, props)
- Further testing in place to compare, but benchmarked already and suitable for this visit
Sweet 16 Screen

- In handout with crosswalk to MMSE scores
Annual Wellness Visit: requirements

- Establish/update PMH and FH
- List current medical providers and pharmacies
- Measure: height, weight, BMI, BP, and other routine measurements as deemed needed
- Evaluate any cognitive impairment
- Evaluate the potential risk for depression
  - Usually from a depression screening tool, no mandate
Annual Wellness Visit: requirements

- Evaluate the patient’s functional ability and level of safety
  - Is there a history of a fall or treatment for falling?
  - Direct observation or standardized screening tool
    - Timed “Up and Go” Test – American Geriatrics Society
Timed “Up and Go” test
Timed “Up and Go” test

- Watch patient stand up from a chair
- Ambulate 10 feet
- Turn around and walk back to chair and sit
- Do all within 30 seconds and with relative steadiness
- Positive test is if they fail the above and further evaluation is needed and more education about falls risk is merited
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  - Home safe environment, hearing ability, vision ability, falls risk
    - Patient handout to address these to speed up visit
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- Smoking, alcohol use and counseling if needed
Annual Wellness Visit: requirements

- Establish or update a screening schedule for 5-10 years based on personal risk. Provide written to patient. (checklist)
- Furnish personalized health advice and referrals for health education or preventive services
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- Personalized Prevention Plan Services (PPPS)
Annual Wellness Visit: requirements

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- Furnish personalized health advice and referrals for health education or preventive services
- Personalized Prevention Plan Services (PPPS)
- “End of life” discussions are not required but Advanced Directives and such discussions are appropriate here
Annual Wellness Visit: requirements

- No required labs
- No mandated examination criteria
- No required x-rays, procedures (EKG)
  - Payment for such would need additional diagnoses to link charges
- Follow-up exams are 12 months minimum later and require same topics to be covered
Initial Preventive Physical Exam (IPPE)

- Effective 01-2005
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- Goal: health promotion and disease prevention
- Patients eligible at entry into Medicare and for 12 months thereafter
- One time benefit
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Initial Preventive Physical Exam (IPPE)

- Effective 01-2005
- Goal: health promotion and disease prevention
- Patients eligible at entry into Medicare and for 12 months thereafter
  - One time benefit
- MD, DO, NPP
- No co-pay, no deductible
- G0402
Medicare Initial Preventive PE

- History must include
  - Medical History: surgery, med list, major probs.
  - Social History: Alcohol/Tobacco, diet, work history, and physical/social activities
  - Functional assessment: ADLs, hearing, falls risk, home safety
  - Depression risk screen: simple vs. Beck Depression Inventory
Medicare Initial Preventive PE

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- PE (with Ht., Wt., BP, BMI)
  - Visual assessment
  - Exam to cover “what is appropriate”
  - EKG is optional, but covered if provider feels needed
Medicare Initial Preventive PE

- Coverage/Requirements
  - Education, counseling, and referral for other preventive services
    - Checklist of health maintenance items to be addressed
    - Vaccinations, mammography, DEXA, glaucoma screening, colorectal cancer screening, medical nutrition therapy, AAA screening
  - End of life planning (upon individual’s consent)
Medicare Initial Preventive PE

- Reimbursement
  - G0402: $142.75 for Preventive PE
  - G0403: $ 18.72 for the EKG, report (optional)
    - G0404: $ 10.19 for tracing only
    - G0405: $  8.53 for interpretation/report only
  - A separate E/M visit (99201-99215) can be billed if indicated
    - IPPE is for health maintenance, not disease management
    - Use “-25 modifier” here on the E/M
Medicare wellness and other visit

- If E/M service is added to the IPPE or AWV
  - Make sure documentation (esp. the history) shows this is a separate and identifiable service outside of this
- Audits loom for level 4 and 5 visits
- BUT, if managing chronic disease states at this visit that require MDM and “work” we must “code correctly” for the LOS
Preventive Services for Medicare

- 2009 ARRA waived co-pay and deductible amounts to many preventive services
  - USPSTF Grade A or B
- IPPE and AWV are included in waiver
  - ....MM7133.pdf (Tobacco cessation)
  - ....MM7079.pdf (Annual Wellness Visit)
  - ....MM6223.pdf (IPPE)
Operational issues

- “no time” for my nurse to help me
- Schedule is blocked and “no room” for patients
- Patients don’t understand “no physical” for this visit
- Patients don’t want to come twice
Possible Office Flow For Visit Optimization

- Designation of staff member to serve as “Medicare Wellness Nurse” (MWN)
  - Can be CMA/LPN level position
  - Training of MWN needed so they “own” encounter; office resource
- MWN would assess patients on schedule one week in advance
- Define which Medicare patients need of one of the Medicare Wellness Visits (IPPE, Initial/Subsequent AWV)
- Make contact with selected Medicare patient and encourage an additional appointment 30 minutes before the already scheduled appointment with physician/NPP
  - Those agreeable will be engaged: Scripted messaging, mail HRA, “thank you” with mailing, f/u phone call to remind of office visit with MWN (and provider), then meeting with patient 30 minutes prior to scheduled appointment
Possible Office Flow For Visit Optimization (pilot)

- Patient comes to office 30 minutes prior to appointment
- Greeted by MWN who reviews HRA and completes wellness assessment using AWV software
- Assessment completed in time for scheduled appointment time and MWN takes lead on managing all preventive service delivery for this patient (becomes a “wellness navigator”)
  - Gives vaccinations, schedules colonoscopy/DEXA/mammogram, etc.
  - Responsible for doing follow-up to make sure these covered services are performed
  - Documentation in clinical record done by MWN to free up staff time for physician’s nurse
  - “Thank You” to patient for performing preventive visit and is the “go to” person for relay of information and needed follow-up
Possible Office Flow For Visit Optimization

**Wins:**
- Physician’s primary nurse is relieved of excess burden to help deliver this service
  - Scheduling of tests, medication reconciliation, functional/cognitive/depression screens, vaccination administration and documentation, healthcare education, “high touch” attention
- Patients get “all done in one visit” as completed in context of the scheduled chronic disease encounter
  - Helps limit the confusion of what is expected with a stand alone Medicare Wellness Visit as chronic diseases are managed at this visit as well
  - Risk assessment can be used to set up subsequent visit expectation if desired
- Physician can bill **both** chronic disease and wellness visits in same session with modifier 25
  - Patient’s out of pocket is the same as if billed chronic disease as the wellness component is a no copay and no deductible service

**Losses:**
- Staff (but CMA/LPN level) and **maybe** additional space (1 room of 3 should be OK)
Closing

- Put process in place
- Assist in elevating the quality healthcare you can deliver to your Medicare patients
- Consider for ALL payers
- Capture revenue with well visit/chronic disease combination billing
Thanks!!

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