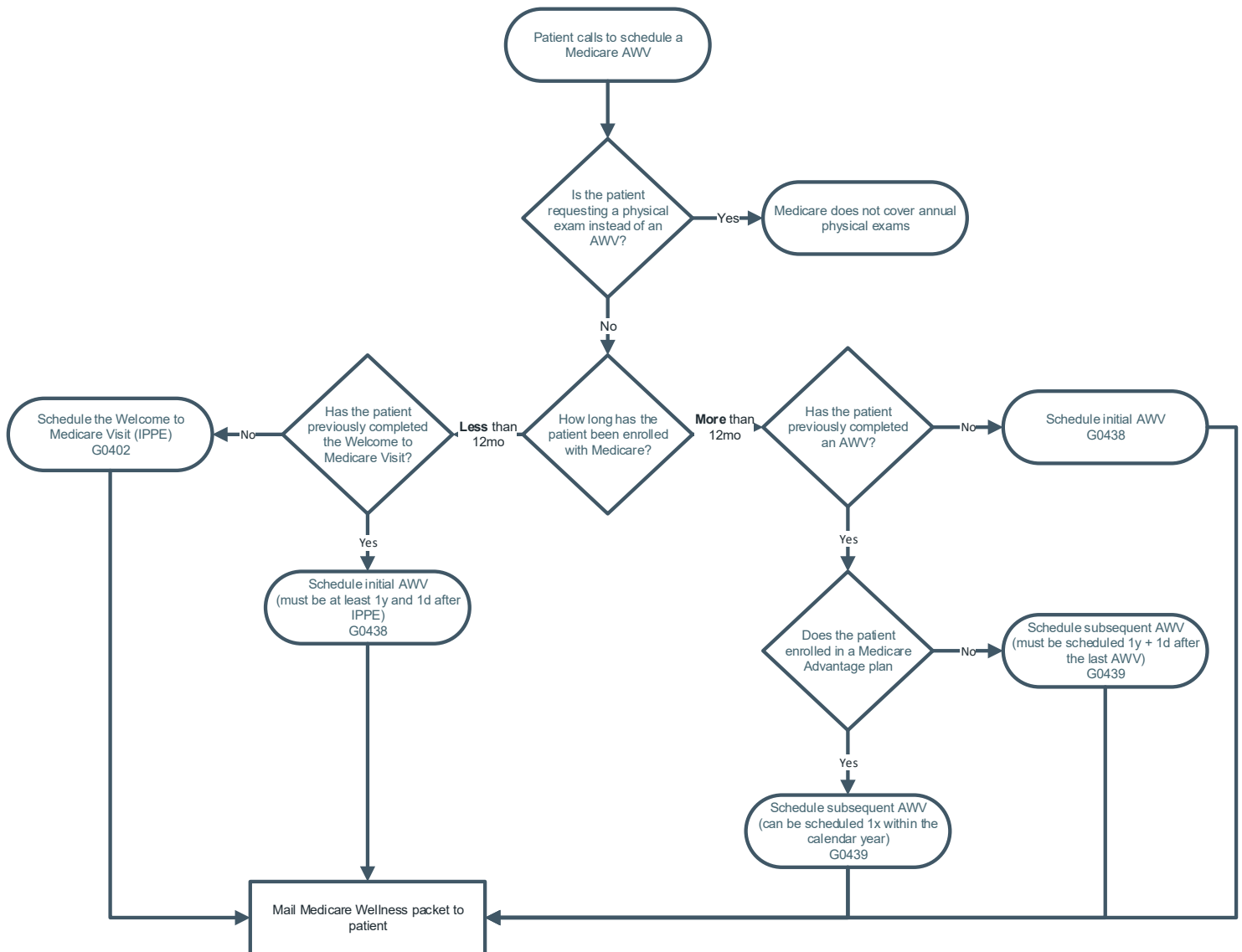


Flowchart: Scheduling Annual Wellness Visits.



We recommend including the following documents within the practice's Medicare Wellness packet:

- "Introduction to Medicare Annual Wellness Visits" document.
- "What to bring to your Medicare Annual Wellness visit" document.
- Health risk assessment (HRA).

Medicare Annual Wellness Visit checklist:

Pre-visit planning.

Pre-visit planning can help make your patient visits run more smoothly, giving you time to focus on what matters most to the patient.

Verify Eligibility

- ☐ Active Medicare Advantage insurance.
- ☐ Previously completed the initial AWV (G0438).
Note: this visit is not time-bound and may occur outside of the 1st year of Medicare enrollment.
- ☐ No previous AWV within the current calendar year.

Complete Pre-Charting

- ☐ Review medical history (personal and family) and make notes of any changes or updates.

Quality care measures

- ☐ Breast cancer screening.
- ☐ Colorectal cancer screening.
- ☐ Prostate cancer screening.
- ☐ Osteoporosis management (for women who had a fracture within the last 6 months).
- ☐ Documented advance care planning.

For diabetic patients:

- ☐ A1c control.
- ☐ Kidney disease monitoring.
- ☐ Retinal eye exam.

Durable medical equipment (DME) used:

Last vision and hearing tests:

Primary care provider(s) seen within the last year:

Specialist(s) seen within the last year:

HCCs needing recapture:

Review Medication List

- ☐ Review medication list for dosages, accuracy and compliance.

Send Patient Annual Wellness Documents

- ☐ Patient letter.
- ☐ Health Risk Assessment (HRA).
- ☐ What to bring to your Annual Wellness Visit.

Medicare Annual Wellness Visit: Letter to patients with Medicare.

Note: use practice letterhead.

Dear _____,

We are pleased to offer the free Medicare benefit called **Annual Wellness Visit**. During this visit we will work with you to make a plan for how to stay well.

What is the Annual Wellness Visit?

- This visit is for talking with your healthcare team about your medical history, your risk for certain diseases, the current state of your health and your plan for staying well.
- We will measure your height, weight and blood pressure.
- We might refer you for screenings or services outside of the appointment.

How is the Annual Wellness Visit different from other visits?

- This is not the same as a yearly physical exam.
- We will not listen to your heart and lungs or check other parts of your body.
- You may be scheduled for screenings or blood work that you are due for at the end of this visit.
- We would want to schedule another appointment if you are not feeling well or are concerned about a medical problem.

When do I get it?

You are eligible to receive a wellness visit (“Welcome to Medicare”) during the first 12 months you are enrolled in Medicare Part B. You may then schedule a wellness visit once a year.

Who pays for it?

- Medicare will pay for the Annual Wellness Visit so you will have no out-of-pocket expense.
- You might have a co-payment for some screening services and follow-up visits.
- If you receive additional tests or services during the same visit that aren’t covered under these preventive benefits, you may have a co-pay and the Part B deductible may apply.

Things to bring to your Annual Wellness Visit:

Please complete all the forms in this packet and bring them to your visit including:

- Health risk assessment.
- What to bring to your Annual Wellness Visit.
- A bag with all of the medicines you take including over-the-counter drugs, vitamins and supplements.

We look forward to working with you to make a plan to help you stay well.

Medicare Annual Wellness Visit:

What to bring to an Annual Wellness Visit.

Name: _____

Date: _____

Health Care Team

The names of all the doctors on your health care team, including specialists (ex. eye doctor, cardiologist, foot doctor):

Name	Specialty

Prescriptions and Medications

Bring a bag with all of the medications you take including over-the-counter drugs, vitamins, supplements and injections:

Name of medication	Dose

Medicare Annual Wellness Visit:

What to bring to an Annual Wellness Visit.

Name: _____

Date: _____

Pharmacies and Home Health

The names and locations of your pharmacies:

Name of Pharmacy	Location

The name of your home health agency: _____

Medical Equipment and Supplies

The names of your medical equipment supply companies (ex. Major Medical, Apria, Lincare) and the supplies they provide (ex. oxygen, wheelchair, walker, insulin pump):

Name of Company	Equipment / Supplies

Medicare Annual Wellness Visit:

What to bring to an Annual Wellness Visit.

Name: _____

Date: _____

Recently Completed Screenings

List out any recently completed screenings (ex. diabetic eye exams, breast cancer mammography screening, colorectal cancer screening). If you have copies of the screening results, please bring a copy with you:

Name of Screening	Location

Advance Care Planning

Bring any advance care planning documents you have completed since your last provider visit (ex. medical durable power of attorney, Five Wishes, living will, and/or the MOST form).

MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or care team. Your responses will help you receive the best health and health care possible.

Your name:

Today's date:

Your date of birth:

1. What is your age?
☐ 18-64 ☐ 65-69 ☐ 70-79 ☐ 80 or older
2. Are you a male or female?
☐ Male ☐ Female
3. During the **past four weeks**, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?
☐ Not at all
☐ Slightly
☐ Moderately
☐ Quite a bit
☐ Extremely
4. During the **past four weeks**, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?
☐ Not at all
☐ Slightly
☐ Moderately
☐ Quite a bit
☐ Extremely
5. During the **past four weeks**, how much bodily pain have you generally had?
☐ No pain
☐ Very mild pain
☐ Mild pain
☐ Moderate pain
☐ Severe pain
6. During the **past four weeks**, was someone available to help you if you needed and wanted help? (For example, if you felt very nervous, lonely, or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself).
☐ Yes, as much as I wanted
☐ Yes, quite a bit
☐ Yes, some
☐ Yes, a little
☐ No, not at all
7. During the **past four weeks**, what was the hardest physical activity you could do for at least two minutes?
☐ Very heavy
☐ Heavy
☐ Moderate
☐ Light
☐ Very light
8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own care?)
☐ Yes ☐ No
9. Can you go shopping for groceries or clothes without someone's help?
☐ Yes ☐ No
10. Can you prepare your own meals?
☐ Yes ☐ No
11. Can you do your housework without help?
☐ Yes ☐ No
12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?
☐ Yes ☐ No
13. Can you handle your own money?
☐ Yes ☐ No
14. During the **past four weeks**, how would you rate your health in general?
☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

15. How have things been going for you during the **past four weeks**?

- ☐ Very well; could hardly be better
- ☐ Pretty well
- ☐ Good and bad parts about equal
- ☐ Pretty bad
- ☐ Very bad; could hardly be worse

16. Are you having difficulties driving your car?

- ☐ Yes, often
- ☐ Sometimes
- ☐ No
- ☐ Not applicable, I do not use a car

17. Do you always fasten your seat belt when you are in a car?

- ☐ Yes, usually
- ☐ Yes, sometimes
- ☐ No

18. How often during the **past four weeks** have you been *bothered* by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble eating well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth or denture problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems using the telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness or fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Have you fallen two or more times in **the past year**?

- ☐ Yes ☐ No

20. Are you afraid of falling?

- ☐ Yes ☐ No

21. Are you a smoker?

- ☐ No
- ☐ Yes, and I might quit
- ☐ Yes, but I'm not ready to quit

22. During the **past four weeks**, how many drinks of wine, beer, or other alcoholic beverages did you have?

- ☐ 10 or more drinks per week
- ☐ 6-9 drinks per week
- ☐ 2-5 drinks per week
- ☐ One drink or less per week
- ☐ No alcohol at all

23. Do you exercise for about 20 minutes three or more days per week?

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No, I usually do not exercise this much

24. Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

- ☐ Yes ☐ No

Keeping track of your medications?

- ☐ Yes ☐ No

25. How often do you have trouble taking medicines the way you have been told to take them?

- ☐ I do not have to take medicine
- ☐ I always take them as prescribed
- ☐ Sometimes I take them as prescribed
- ☐ I seldom take them as prescribed

26. How confident are you that you can control and manage most of your health problems?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ I do not have any health problems

27. What is your race/ (**Check all that apply**)

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Hispanic or Latino origin or descent
- ☐ Other

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or care team.

Medicare Annual Wellness Visit:

Components of the Annual Wellness Visit.

	IPPE (Welcome to Medicare Visit)	Initial Annual Wellness Visit	Subsequent Annual Wellness Visits
Effective dates	0-12 Months of Part B start date.	After 12 months to 24 months of Part B start date.	24 months or more past Part B start date. Allowed annually after initial AWV (MA plans allow once per calendar year).
CPT codes	G0402	G0438	G0439
DOCUMENTATION REQUIREMENTS: BELOW ARE BARE MINIMUM TO DOCUMENT TO REPORT ABOVE CODES.			
HRA	None required.	Obtain HRA.	Update HRA.
Past personal and family history	Obtain history.	Obtain/update history.	Update history.
Medications / supplements (incl. vitamins and calcium)	Document current list.	Update current list.	Update current list.
Risk factors for depression	Review risk factors and document.	Review risk factors and document.	Review risk factors and document.
Functional ability	Review risks and document.	Review risks and document.	Review risk factors and document.
Physical exam (min. requirements)	Height, weight, BMI, BP and visual acuity.	Height, weight, BMI, BP.	Weight (or waist circumference) and BP.
Cognitive function	None required.	Assess/document.	Assess/document.
Risk factor list	None required.	List conditions and plan of care for each.	Update list of conditions and plan of care for each.
Patient care team	None required.	List of current providers/suppliers.	Update list of current providers/suppliers.
End of life planning	Counsel w/ consent of pt.	None required.	None required.
Screening schedule	Write the schedule.	Update/write schedule.	Update schedule.
Preventive counseling and education	Counsel or refer patient for preventive issues or risk factors.	Counsel or refer patient for preventive issues or risk factors.	Counsel or refer patient for preventive issues or risk factors.

Medicare Annual Wellness Visit: Components of the Annual Wellness Visit.

Definitions

Eligibility: Part B effective date is not based on age but can be obtained by Disability/ESRD status. Part B is elective based on patient paying the premium from their Social Security benefits. Refer to start date for Part B on card to determine proper visit note template to select.

HRA: Health Risk Assessment—self assessment of health status, behavioral risks, psychosocial risks, activities of daily living (ADLs) such as dressing and bathing, and instrumental activities of daily living (IADLs) such as housekeeping, managing meds, and managing finances.

Functional ability: review of patient's safety (e.g. Fall risk), ADLs, hearing impairment, and home safety.

Depression screening: use of appropriate depression screening/mood disorder by using any of various available standardized screening tests recognized by national professional medical organizations.

End of Life planning: voluntary element based upon consent from the patient. Should include verbal or written information regarding advance directive provided to patient. If patient declines, notes should include that this was asked and declined.

Written screening schedule/preventive counseling: based on age-appropriate preventive services Medicare covers and recommendations from the USPSTF (US Preventive Services Task Force) and ACIP (Advisory Committee on Immunization Practices).

Medicare Advantage Annual Wellness Visit: Visit checklist (clinic).

Service	Description	Gcode / CPT	Completed today?
Behavioral health screenings			
Alcohol misuse screening	Once per year.	G0442	
Depression screening	Once per year, 15 min. Positive Negative	G0444 + G8431 +0545F G0444 + G8510	
Behavioral health counselings			
Alcohol misuse counseling	Up to 4 counselings per year	G0443	
Cardiovascular disease (behavioral)	Once per year, visit encourage Aspirin when benefits outweigh risks, screening for hypertension, and diet counseling.	G0446	
Diabetes self-management training	Up to 10 hours within first year, up to 2 hours in subsequent years		
Medical nutrition therapy	For patients with diabetes, kidney disease, or kidney transplant in last 3 yrs. • Initial assessment, face-to-face, individual, 15 min. • Re-assessment, face-to-face, individual, 15 min. • Group therapy, 30 min.	Select 1: 97802 97803 97804	
Obesity screening and counseling	If BMI >30, 15 min individual behavioral therapy or 30 min group counseling.	G0447	
Smoking cessation counseling	With tobacco use, 2 quit attempts per year; 4 sessions per attempt (8 per year). • 3-10 min intermediate counseling. • Greater than 10 min intensive counseling.	Select 1: 99406 99407	
Vaccinations			
Flu shot	Once per flu season (Q2035, Q2036, Q2037, Q2038, Q2039, 90689).	Q___ + G0008	
Hepatitis B	If at risk (hemophilia, renal disease, diabetes, increased risk of infection).		
Pneumovax	Once in a lifetime.	90732 + G0009	
Prevnar 13	Once in a lifetime.	90670 + G0009	
Tetanus (Tdap or Td)	Every 10 years.		
Well-women exams			
Pelvic and breast exam (including Pap smear)	Every 2y for average risk; every 1y if patient at high-risk for cervical or vaginal cancer, is of child-bearing age, or had an abnormal Pap test in the past 36mo	G0101	
Chronic care management (diabetes, blood pressure, cholesterol, osteoporosis)			
BMI assessment	Body mass index, coded by Z68 + "." + BMI value (ex. Z68.25 is a BMI of 25).	3008F + Z68.___	
Comprehensive diabetes care	HbA1c < 7.0%. HbA1c = 7.0 – 7.9%. HbA1c = 8.0 – 9.0%. HbA1c > 9.0%. Positive microalbuminuria test. Negative microalbuminuria test. Documentation for treatment of nephropathy. Glaucoma test (at eye doctor). Once every year if high risk (diabetes, African American, Hispanic American, family history).	3044F 3051F 3052F 3046F 3060F 3061F 3066F If negative, 3072F	
Controlling high blood pressure	Systolic <130. Systolic 130 – 139. Systolic >=140. Diastolic <90. Diastolic 80 – 89. Diastolic >= 90. ACEI or ARB therapy prescribed or currently taken.	3074F 3075F 3077F 3078F 3079F 3080F 4010F	
Low-density lipoprotein cholesterol tests	LDL-C < 100mg/dl. LDL-C 100 - 129mg/dl. LDL-C >= 130mg/dl.	3048F 3049F 3050F	

Medicare Advantage Annual Wellness Visit: Visit checklist (clinic).

Service	Description	Gcode / CPT	Completed today?
Safety screenings (care team led models only)			
Fall risk screening	Once per year.		
Pain screening	Once per year.		
Provider discretion (for care team led models, consult patient's attributed provider before completing)			
Advance care planning	Document discussion of advance directives such as standard forms used. <ul style="list-style-type: none">Covers first 30 minutes of face-to-face discussion with the patient, family, and/or surrogate.Covers each additional 30 minutes.	Select 1: 99497 99497 + 99498 (if >30 min)	
Provider only			
Fall risk assessment	Document completion of fall risk assessment as well as the outcome. <ul style="list-style-type: none">Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year.Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year.	Select 1: 3288F + 1100F 3288F + 1101F	
Pain assessment	Document completion of pain assessment as well as the outcome. <ul style="list-style-type: none">Pain severity quantified, pain presentPain severity quantified, no pain present	Select 1: 1125F 1126F	
Medication list review and documentation	Review of all medications by a prescribing provider or clinical pharmacist and confirm the presence of a medication list.	1159F + 1160F	
Service	Description	Ordered today?	
Cancer screenings			
Colon cancer screening (5 options)	<ul style="list-style-type: none">Colonoscopy every 2 yrs for high risk, 10 yrs for average risk.Flexible sigmoidoscopy, every 4 yrs.Stool DNA test, every 3 yrs if criteria met (age 50-85, no signs of colorectal cancer, average risk).Barium enema, every 4 yrs.Fecal occult blood testing, 1x/yr.		
Lung cancer screening	Annual low dose CT scan if criteria met (age 55-77, current smoker or quit within 15 yr, at least 30 pack/yr history).		
Mammogram	Female only: Every 12 mo for age 40 and over, one baseline between age 35-40.		
Prostate cancer screening	Male only: PSA and digital rectal exam allowed 1x/yr (USPSTF does not recommend routine screening unless family history).		
Laboratory and imaging test screenings			
Abdominal aortic aneurysm screening	Male only: Once in a lifetime for males age 65-75 who have smoked more than 100 cigarettes in lifetime, family history, or aneurysm.		
Bone density measurement	Male only: Once every 2 yrs if at risk for osteoporosis (steroid treatment, vertebral abnormality on x-ray, hyperparathyroidism).		
Cardiovascular disease screening	Every 5 yrs for patients with signs of cardiovascular disease.		
Cholesterol screening	Asymptomatic beneficiaries, every 5 yrs. Lipid panel, including cholesterol, lipoprotein, and triglycerides.		
Diabetes screening	Annually, or with pre-diabetes 2x/yr.		
Hepatitis C screening	Birth 1945-1965, blood transfusion <1992, or at high risk due to history of injection drug use.		
HIV screening	Covered if beneficiary asks for test, at increased risk or pregnant.		
STD screening	Screen for chlamydia, gonorrhea, syphilis, and hepatitis B if at high risk.		

Medicare Advantage Annual Wellness Visit:

Personalized patient plan.

Medicare covered service	Frequency of covered service	Up to date	Discussed today	Ordered today
Advance care planning				
Advance care planning	No limit—discussion with provider to set up legal documentation of your wishes about medical treatment if you're unable to make decisions about your care.			
Vaccinations				
Flu shot	Once per flu season.			
Hepatitis B	If at risk (hemophilia, renal disease, diabetes, increased risk of infection).			
Pneumococcal shot	Once in a lifetime.			
Prevnar 13	Once in a lifetime.			
Shingles	2-series vaccine, once in a lifetime.			
Laboratory screening tests				
Cardiovascular disease screening	Every 5 yrs for beneficiaries with cardiovascular disease.			
Cholesterol screening	Asymptomatic beneficiaries, every 5 yrs.			
Diabetes screening	Annually, or with pre-diabetes 2x/yr.			
Hepatitis C	Birth 1945-1965, blood transfusion <1992, or at high risk due to history of injection drug use.			
STD screening	Screen for chlamydia, gonorrhea, syphilis, and hepatitis B if at high risk.			
HIV screening	Covered if beneficiary asks for test, is at increased risk, or pregnant.			
Cancer screening tests				
Colon cancer screening (5 options)	<ul style="list-style-type: none"> • Colonoscopy every 2 yrs. for high risk, 10 yrs for avg. risk. • Flexible sigmoidoscopy, every 4 yrs. • Fecal occult blood testing, 1x/yr. • Stool DNA test, every 3 yrs if criteria met (age 50-85, no signs of colorectal cancer, average risk). • Barium enema, every 4 yrs. 			
Lung cancer screening	Annual low-dose CT scan if criteria met (age 55-77, current smoker or quit within 15 yrs, at least 30 pack/yr. history).			

Medicare Advantage Annual Wellness Visit:

Personalized patient plan.

Medicare covered service	Frequency of covered service	Up to date	Discussed today	Ordered today
Other tests and services				
Alcohol misuse counseling	Up to 4 counselings per year.			
Cardiovascular disease (behavioral)	Once per year, visit encourage Aspirin when benefits outweigh risks, screening for hypertension, and diet counseling.			
Depression screening	Once per year.			
Diabetes self-management training	Up to 10 hours within first year, up to 2 hours in subsequent years.			
Glaucoma test (at eye doctor)	Once every year if high risk (diabetes, African American, Hispanic American, family history).			
Hearing assessment	Once per year.			
Medical nutrition therapy	For patients with diabetes, kidney disease, or kidney transplant in last 3 yrs.			
Obesity screening and counseling	If BMI >30, 15 min individual behavioral therapy or 30 min group counseling.			
Smoking cessation counseling	With tobacco use, 2 quit attempts per year; 4 sessions per attempt (8 per year).			
Male only				
Abdominal aortic aneurysm screening	Once in a lifetime for males age 65-75 who have smoked more than 100 cigarettes in lifetime, family history or aneurysm.			
Bone density measurement	Once every 2 yrs if at risk for osteoporosis (steroid treatment, vertebral abnormality on x-ray, hyperparathyroidism).			
Prostate cancer screening	PSA and digital rectal exam allowed 1x/yr. (USPSTF does not recommend routine screening unless family history).			
Female only				
Bone density measurement	Once every 2 yrs for women greater than age 65 or at high risk.			
Mammogram	Every 12 mo for age 40 and over, one baseline between age 35-40.			
PAP smear/pelvic exam	Once every 2 yrs or annually if high risk (USPSTF recommends stop after hysterectomy or age 65).			

Medicare Advantage Annual Wellness Visit: Patient action plan.

Name: _____

Date: _____

What will I do?

Choose one goal:

I will _____

(Examples: increase my physical activity; take my medications; make healthier food choices; reduce my stress; reduce my tobacco use)

Choose one action:

I will _____

(Examples: walk more; eat more fruits and vegetables)

How much / How often?

Choose one goal:

I will _____

(Examples: increase my physical activity; take my medications; make healthier food choices; reduce my stress; reduce my tobacco use)

Choose one action:

I will _____

(Examples: walk more; eat more fruits and vegetables)

Confidence

Circle a number to show how sure you are about doing the activity. Try to choose an activity that you are a 7 or above.

0 1 2 3 4 5 6 7 8 9 10

Not sure at all

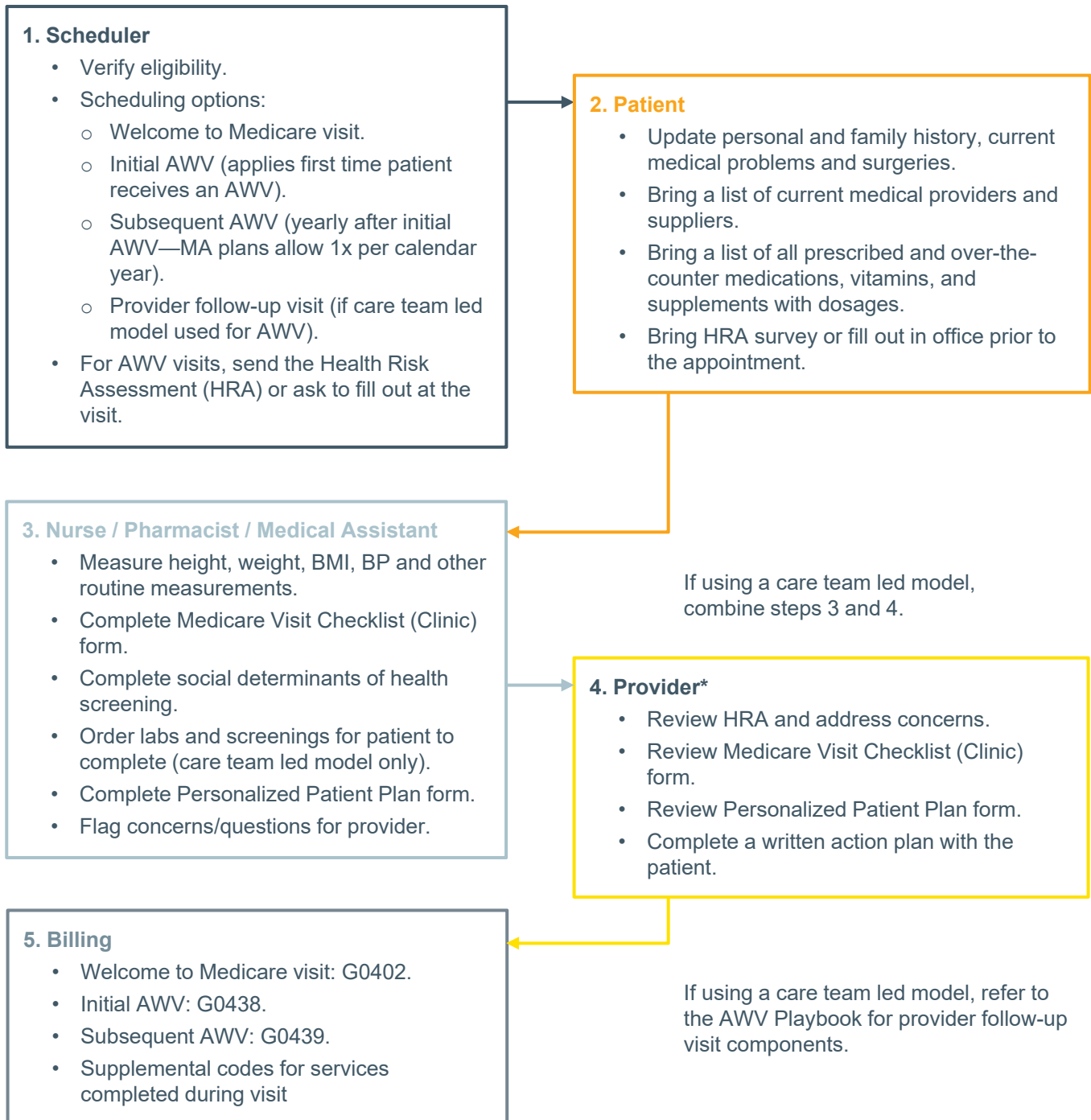
Somewhat sure

Very Sure

My signature

Health care provider signature

Medicare Advantage Annual Wellness Visit: Flowchart for suggested workflow.



Medicare Advantage Annual Wellness Visit delivery: **Team roles.**

Activity	Team Members	Functions / Competencies
<p>“Promoting” wellness care to patients. This includes both:</p> <ul style="list-style-type: none"> Return visit scheduling. Outreach, letters and calls. 	Can include all team members with patient contact.	<ul style="list-style-type: none"> To manage patient expectations and to communicate the value of the AWW, “marketing” activities must be able to describe what this service is and isn’t – and where to refer for additional questions. Standard letters and scripts are helpful. Providers have a particular role here in helping patients appreciate the importance of wellness care.
Scheduling	Reception, scheduling staff.	<ul style="list-style-type: none"> Staff know how to schedule and time required for AWW.
Visit planning	AWV coordination or support staff.	<ul style="list-style-type: none"> Verify insurance status and no prior AWW in past year. Identify screening tests or immunizations that may be required, pull records, test results, and other preparations required for the visit (e.g., fasting). Mail AWW background and HRA forms. Address questions the patient may have for completing HRA. Ensure proper time allotted per patient need.
Intake	Reception	<ul style="list-style-type: none"> Ensure forms have been completed (or provide forms and time to complete).
Encounter	Physician or qualified non-physician provider or Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician.	<ul style="list-style-type: none"> Administration and interpretation of Health Risk Assessment (HRA) and associated tests used by the clinic. Knowledge of screening and preventive services recommendations and schedules. Based on data from HRA, patient history, and patient report, assess need for: <ul style="list-style-type: none"> Follow-up with physician or qualified non-physician provider. (If the AWW is performed by other medical professional or team.) <ul style="list-style-type: none"> If follow-up is provided on the same day as the AWW, communication of patient financial obligations. Screening and preventive services.

Continued next page...

Medicare Advantage Annual Wellness Visit delivery: **Team roles.**

Activity	Team Members	Functions / Competencies
Encounter (continued)		<ul style="list-style-type: none">• Develop written schedule for screening and preventive services.• Counsel patient, provide personalized health advice and referral to programs aimed at identified health risks. Knowledge of standing orders for labs and immunizations. Knowledge of insurance benefits (e.g., preventive services with no co-pay or deductible).• Advanced directives materials.
Documentation and billing	Staff performing AWV and follow-up services or billing staff.	<p>Documentation requirements—for the AWV and (if applicable) for significant, separately identifiable, medically necessary E/M service.</p> <ul style="list-style-type: none">• Assure all current problems are documented and codes for accurate risk assessments.• Billing requirements.