

# Utilization of the Medicare AWWV in Private Practice

- Dr. Sherry Li is a solo physician practicing in Florham Park, NJ
- Optimus ACO member since inception in April 2012
- Residency at Morristown Medical Center
- Board certified in Internal Medicine and started her private practice in 2001
  - Added Medical Weight Loss Program & Obesity Medicine Board Certification in 2006
  - PCMH Certified



**Dr. Li**  **Wellness**

# Staff and Beneficiary Engagement

- Introduce Team Based Care (TBC) involving the beneficiary, family and staff
- Ensure there is a “go-to” resource within the office to answer questions beneficiaries may have regarding this underutilized service
- Run monthly registries within EMR for all Medicare beneficiaries in order to assess which patients are in need of AWW
- Incorporate beneficiaries into daily workflow in order to schedule beneficiaries’ AWWs
- Review upcoming day/week of scheduled patients in order to determine who is due for a Medicare AWW to schedule an appointment
- Send out correspondences to Medicare beneficiaries via patient portal or mail in order to facilitate utilization of Medicare AWW



# Medicare AWW Documentation

- A template is created within EMR to generate consistent documentation of Medicare AWW
  - What is incorporated in template
    - Elements that support Care Plan devised for beneficiary during AWW
    - SMMSE (easily found online and administered by a Medical Assistant.)
  - Beneficiaries personally fill out forms prior to visit with physician



**MEDICARE ANNUAL WELLNESS VISIT  
QUESTIONNAIRE**

**Specialist involved in your care:**

Cardiologist:	Gastroenterologist:
Ophthalmologist:	Dermatologist:
Urologist:	Endocrinologist:

Other: \_\_\_\_\_

**Mental State and Depression (please circle appropriate answer):**

Happiness with family:	Happy	Unhappy
Outlook on life:	Positive	Negative
Depression/State of Mind:	Normal	Depressed
Activities:	Has an interest	Lacks interest
Weight loss/gain:	Maintained weight	Gain/loss of weight
Appetite:	Normal	Abnormal
Sleep pattern:	Normal	Difficulty sleeping
Agitation:	Calm	Agitated
Thought processes:	Normal	Slowing down
Ability to recall details:	No issues	Hard to remember
Physical movement:	Normal	Slowing down
Fatigue and loss of energy:	Normal	Showing reduction
Feeling of worthlessness:	Normal self-esteem	Feeling of worthlessness
Concentration:	Normal	Poor
Ability to make decisions:	Yes	No
Thoughts of death or suicide:	No thoughts	Thoughts of death/suicide



**MEDICARE ANNUAL WELLNESS VISIT  
QUESTIONNAIRE**

**Safety Questions (please circle appropriate answer):**

Handrails in bathroom:	Yes	No
Stable enough to walk on slippery surfaces:	Yes	No
Locking doors/windows when going out:	Yes	No
Driving:	Yes	No
Maintains contact with family:	Yes	No
Maintains contact with friends:	Yes	No

**Diet and Exercise (please circle appropriate answer):**

Do you skip any of your three meals?	No	Yes
Do you have healthy snacks in between meals?	Yes	No
Do you eat a lot of starchy foods?	Average	Yes
Do you eat a lot of red meat?	Average	Yes
Do you eat lots of vegetables and fruit?	Average	No
Do you drink soda?	No	Yes
Do you exercise regularly?	Yes	No
How often: _____		
Type of exercise: _____		
How often do you eat out: _____		
Any yard work?	Yes	No
Do you attend church or other social activities?	Yes	No



MEDICARE ANNUAL WELLNESS VISIT

QUESTIONNAIRE

Please write down your current medications:

Table with 3 columns and 8 rows for listing current medications.

Please write down any Over the Counter Supplements/Medications:

Table with 3 columns and 3 rows for listing over-the-counter supplements/medications.

Smoking and Alcohol History:

Current smoker? Yes No
How much per day: \_\_\_\_\_ Years: \_\_\_\_\_
Past Smoker? Yes No
How much per day: \_\_\_\_\_ Years: \_\_\_\_\_
When did you quit: \_\_\_\_\_
Do you drink alcohol? Yes No
How often: \_\_\_\_\_ Type: \_\_\_\_\_
Amount: \_\_\_\_\_



MEDICARE ANNUAL WELLNESS VISIT

QUESTIONNAIRE

Please check any of the following symptoms if positive:

EYES: Last eye exam: \_\_\_\_\_
Decreased Vision Double Vision Blurring Vision

EARS: Last hearing exam: \_\_\_\_\_
Decreased hearing Ringing in ears

NOSE:
Runny nose Nasal congestion Postnasal drip

THROAT:
Sore throat Hoarseness Difficulty swallowing

SKIN: Last dermatologist exam: \_\_\_\_\_
Bruises Hives Itching Change in Moles Rash Scarring

GASTROINTESTINAL: Last Colonoscopy: \_\_\_\_\_
Stomach Pain Bloating Indigestion Nausea
Diarrhea Constipation Hemorrhoids

CARDIOVASCULAR: Last Cardio Visit: \_\_\_\_\_
Chest pain Irregular heartbeat Rapid heartbeat Blood Pressure Issues Leg swelling

RESPIRATORY:
Cough Chest congestion Shortness of breath with exertion



**MEDICARE ANNUAL WELLNESS VISIT  
QUESTIONNAIRE**

**Please check any of the following symptoms if positive:**

**GENITOURINARY:**

Blood in urine	Difficulty urinating	Urinary frequency	Lack of bladder control
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**MEN:** Last prostate exam done by urologist: \_\_\_\_\_

**WOMAN:** Last pelvic exam/Pap smear done by GYN: \_\_\_\_\_

Last Mammogram: \_\_\_\_\_

Last Bone Density: \_\_\_\_\_

**MUSCULOSKELETAL:**

Pain in joints	Stiffness in joints	Muscle pain
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Please list location/s: \_\_\_\_\_

**NEUROLOGICAL:**

Headache	Dizziness	Numbness	Weakness
Decreased memory	Unsteady gait	Falls	

Please specify any event/s: \_\_\_\_\_

# Medicare AWW Documentation - cont.

- Standing orders set in place to help facilitate the utilization of this benefit
  - Flu shots for all beneficiaries as soon as available
  - Pneumonia vaccine for all beneficiaries over 65
  - Hepatitis B is only administered for high risk beneficiaries
  - Depression screening done yearly via depression screening tool
  - Alcohol screening done yearly via screening tool
  - Tobacco Cessation
  - Beneficiary walks out with scripts in hand for preventative exams
  - Plan of Care provided to beneficiary after visit and follow up

# Example Plan of Care:

Plan of Care: \_\_\_\_\_ Patient Name: \_\_\_\_\_

1. Office Visit: Every \_\_\_\_\_ months.  
Blood Pressure goal:
  - o 60yrs and above: Systolic <150 Diastolic <90
  - o 59yrs and below: Systolic <140 Diastolic <90
2. Standing Lab Orders:
  - o Yearly CBC, CMP, TSH, U/A, Lipid Profile, Microalbumine (if +diabetes, high bp)
  - o Every 3 months for A1C, Lipid Profile and CMP is +DM, HTN, High Cholesterol
3. Vaccination:
  - o Yearly Flu: \_\_\_\_\_
  - o Pneum Vaccine: \_\_\_\_\_
  - o Shingles Vaccine: \_\_\_\_\_
4. Eye Exam:
  - o Yearly: Glaucoma and Cataract Screening.
5. Skin Exam yearly by Dermatologist.
6. Bone Density test due: \_\_\_\_\_ Last Done: \_\_\_\_\_
7. Mammo Due: \_\_\_\_\_ Last Done: \_\_\_\_\_
8. Colonoscopy Due: \_\_\_\_\_ Last Done: \_\_\_\_\_
9. Prostate exam done yearly: \_\_\_\_\_
10. Nutrition:
  - o Balanced meal plan w/ vegetables, white meat/fish, dairy, fruits.
  - o Three meals a day with snacks in between. Limit soda and caffeine intake.
11. Physical Strength:
  - o Be Active. Walk twice daily. Add weight exercise.
12. Safety and Fall Prevention:
  - o Install handrails in bathroom/around tub.
  - o Hold the handrails in your home.
  - o Have a night light in your bedroom.
  - o Call office if you experience lightheadedness, dizziness, balance issues.
13. Cognitive Improvement:
  - o Interact with friends and family.
  - o Read, play card games, crosswords and puzzles.
14. Weight Loss: Your BMI should be below 25. Now you are at \_\_\_\_\_
  - o Reduce intake of fried/saturated fats-Exercise daily: Walking/Gardening.
15. Depression:
  - o If you experience mood changes please contact my office.
16. Referrals:
  - o Ophthalmologist: \_\_\_\_\_
  - o Cardio: \_\_\_\_\_
  - o Urologist: \_\_\_\_\_
  - o Gastro: \_\_\_\_\_
  - o GYN: \_\_\_\_\_
  - o Others: \_\_\_\_\_
17. Advanced Directive: \_\_\_\_\_

Date: \_\_\_\_\_



# How to Bill: Examples of Medicare AWWV claims data

CPT Code	Description	Modifier	Diagnosis Code
G0438	Medicare Annual Wellness 1 <sup>st</sup> Visit	25	V70.0
G0008	Admin Flu Vaccine	59	V04.81
Q2037	Fluvirin Vaccine	59	V04.81
36415	Venipuncture, Routine	N/A	V70.0
93000	EKG	N/A	250.00, 272.0, 401.9
G0442	Annual Alcohol Screening	N/A	V70.0
G0444	Annual Depression Screening	N/A	V70.0
99214	Office Visit Est Pt	25	250.0, 272.0, 401.9

# How to Bill: Examples of Medicare AWW claims data

CPT Code	Description	Modifier	Diagnosis Code
G0439	Medicare Subsequent Physical	25	V70.0
93000	EKG		V70.0, 401.9
G0442	Annual Alcohol Screening		V70.0
G0444	Annual Depression Screening		V70.0
99214	Office Visit, Est Pt., Level 4	25	401.9, 272.0, 241.0, 785.2
G0008	Admin Flu	59	V04.81
Q2037	Fluvirin Vaccine	59	V04.81
36415	Venipuncture, Routine		V70.0

# Challenges & Outcome

## Challenges

- Time
- Under-staffed
- Lack of Resources

## Outcome

- Revenue increase
- Better health outcomes for beneficiaries
- Ability to report necessary data
- Maintaining health partnership with beneficiary and family

# Question & Answer Session

- If you have a question you'd like to ask Matt Allison or Dr. Li, please type it into the Chat box located on the right side of your screen.



# Quality Insights State Leads

- If you have not already signed up to participate in the *Improving Outcomes by Optimizing Your EHR* initiative with Quality Insights, please contact your state lead today:
  - Delaware: Kathy Rivard – [krivard@wvmi.org](mailto:krivard@wvmi.org)
  - Louisiana: Chris Gatlin - [christine.gatlin@hcqis.org](mailto:christine.gatlin@hcqis.org)
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# Thank you for joining us.



Please take a brief moment to complete the evaluation at the conclusion of this session.

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