



NORTH MISSISSIPPI
MEDICAL CLINICS

Medicare Wellness

“What is it, and how can I utilize this in my practice?”

**Rural Health Clinic Conference
Jackson, MS**

Medicare
Wellness



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Objectives

- Identify the challenges of performing the Annual Wellness Exam
- Differentiate between different types of Annual Wellness visits
- Learn how to teach staff to schedule the Annual Wellness visit
- Consider a best practice model that uses a collaborative team-based approach
- Learn how proper documentation, coding, and billing maximizes reimbursement

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Medicare Wellness

- The Affordable Care Act (ACA) offers Medicare beneficiaries wellness services with no co-pay or deductible.
- The Initial Preventive Physical Exam (IPPE) and an Annual Wellness Visit (AWV) are at the core of these covered screening services offered by CMS.
- Beneficiaries receive:
 - Important cancer screenings
 - Depression Screening
 - Screening for early detection of chronic disease
 - Personalized Prevention Plan that takes into account past medical history, functional capacity, social factors, and health maintenance recommendations for the next year.



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Medicare Wellness Visits

- Establish patient relationships with PCP or team
- Promotes preventive care away from their active medical problems
- Incorporates public health screenings
- Meets quality metrics for CMS
- Identifies high risk patients for Care Coordination
- 2+ Chronic Diseases
- Identifies patients at risk for developing chronic diseases and enables early interventions for prevention
- Attribution of patients to your ACO
- Provides new revenue stream for clinicians

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Approach

- Identify the challenges of performing the Annual Wellness Exam (Why aren't we doing them already?)
- Differentiate the types of Annual Wellness Exams (What do we need to know to make this a success?)
- Develop training curriculum for staff to include:
 - Scheduling process
 - Verifying eligibility prior to the appointment
 - Accurate documentation of services provided
- Develop a best practice model that uses a collaborative approach
- Identify how to maximize reimbursement through proper documentation, coding, and billing (Offer the exam during an existing appointment-- patients don't want to come back!!)



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How We Do It

Eligibility

- Don't just guess if your patient is eligible
- Navicare is the system we use at NMMCI

Medicare Wellness Eligibility Sheet

Name:		DOB
Medicare ID#	MR#	Acct #
Date of Appt:	Provider to See	
Choose Only One Medicare Visit		
Welcome To Medicare G0402 / 99429SC V70.0		
Initial Annual Wellness Visit G0438 / 99429IN V70.0		
Subsequent Annual Wellness G0439 / 99429SU V70.0		
Other Screening Services		
Lipid Panel Screening - 80061 / Encore 80061SC - Dx V81.0 Once every 5 years & w/o signs/symptoms of cardiovascular disease or diagnosed with cardiovascular disease		
*Glucose Screening -82947 / Encore 82947SC- Dx V77.1 See info below - Two per year w/pre-diabetes diagnosis - One per year w/risk factors listed below and no diagnosis of pre-diabetes		
**Pelvic/Breast Exam - (G0101) / Encore 99199SP - Dx V72.31 (low risk) Every 24 months or V15.89 (high risk) Every 12 months		
**Pap Collection - (Q0091) / Encore 88164SC - Dx V72.31 (low risk) Every 24 months or V15.89 (high risk) Every 12 months		
Blood Occult, Stool - (82270) / Encore 82270ST - Dx V76.41 Age 50 & Older Every 12 months		
Prostate Cancer Screening - (G0103) / Encore 84153SC - Dx V76.44 Age 50 & Older Every 12 months		

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Internal Communication

- Worksheet handoff to nurse
- Worksheet handoff to front desk staff
- Communication board
- HRA given to patient at check in to complete
- Nurse starts correct Centricity encounter
- Nurse and Provider education
- Quick Reference Cards

Annual Preventive Exam, Initial (G0438, Dx: V70.0)
Annual Preventive Exam, Subsequent (G0439, Dx: V70.0)
Eligibility

- After the first 12 months of Medicare effective date (Initial-Once lifetime)
- All subsequent Wellness exams are G0439

Nurse Assessment

- Health Risk Assessment (HRA) (Initial G0438 only)
- Medical and family Hx (social hx and depression screening is covered in the HRA)
- Update list of providers
- VS: Ht, Wt, BMI
- Level of function, safety assessments
- Document any DME suppliers
- Health maintenance review

Physical Assessment (Provider)

- Physical Exam (If medically necessary)
- HPI and ROS only required if issues other than wellness addressed
- Person Prevention Plan
- Establish/update screening schedule for PPP for next 5-10 years
- End of life counseling assessment (Optional)

Standard Lab/Diagnostic Tests (Must verify eligibility)

- Lipid Screening: If not already diagnosed/treated
- Glucose Screening: If not already diagnosed/treated
- PSA Screening: If not already diagnosed/treated beginning at age 50
- EKG (IPPE Only)
- AAA Ultrasound: (IPPE only if criteria met)
 - Family Hx AAA
 - Male 65-75 and has smoked at least 100 cigarettes/lifetime
- Digital Rectal Exam
- Occult Blood
- Mammogram
 - 35-39 Baseline
 - 40 and older every 12 months
- Pelvic/Breast (G0101) plus Pap Collection (Q0091)
 - Every 24 months unless high risk or had abnormal pap in past 3 yrs, then pap is annual
- Bone Density: Every 24 months with dx of: Osteopenia, Osteoporosis, Postmenopausal or Hyperparathyroid
- Flexible Sigmoid: Every 4 years
- Colonoscopy: Every 10 years
- Pneumonia Vaccine: Once lifetime unless high risk, then an additional vaccine in 5 years
- Flu Vaccine: Once yearly



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“Medicare Wellness Visits are stupid easy”

Donald Robertson, DO

Iuka Medical Clinic Physician

IT Development

- Creation of 2 different encounters
 - Welcome to Medicare (IPPE- Initial Preventive Physical Examination)
 - Medicare Annual visit
- Smart forms through EHR integration
 - Positive findings addressed in one location for provider to address
 - No need to review the initial HRA

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Medicare HRA #1: AIR A TEST

IDENTIFYING DATA:

Patient: AIR A TEST Date of Birth: 10/15/1965 Sex: Female
Ethnicity: Not Hispanic or Latir Race:
HRA obtained from: caregiver

Activities of Daily Living / Instrumental Activities of Daily Living

Are you able to dress yourself? ☐ yes ☒ no
Are you able to feed yourself? ☐ yes ☒ no
Are you able to manage you finances and medications by yourself? ☐ yes ☒ no
Are you physically able to do light shopping? ☐ yes ☒ no
Are you physically able to do light food preparation? ☐ yes ☒ no
Are you physically able to do light laundry? ☐ yes ☒ no
Are you physically able to do light housekeeping? ☐ yes ☒ no

PPP Form: AIR A TEST

Personalized Prevention Plan

Select the services needed for appropriate screening and preventive care.

End of Life Planning

Advance Directives

- ☒ Pt accepts and participates in discussion regarding end of life issues.
☐ Pt declines participation in discussion regarding end of life issues.

Last Medicare Annual Wellness Exam:

Enter Medicare Orders

ACTION ITEMS

Action Items:
Patient is unable to dress self
Patient is unable to feed self
Patient does not exercise

Patient weight needs to be addressed. BMI is 26.67
Patient has fallen 2 times in past 12 months

Last Influenza 0.5 ml (01/13/2015 1:54)

Last Pneumovax done (12/17/2014 1:37)

Hepatitis B #1

Hepatitis B #2

Hepatitis B #3

Last Pap

Last Pelvic Exam

Last Mammogram

PPP EVALUATION / REFERRAL

Full time caregiver present to assist with ADL's

Ms Test had a recent stroke and is receiving physical therapy.

Nurses documentation
creates action items for
provider to address.

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Making it work for the patient...

Assessment [Assess or Update Problems](#)

Status of Existing Problems **New Problems** ☐ additional workup planned

Lab Findings

Preventive Care Reminders ☐ include preventive care reminders in note

TRIGLYC TOT, HDL, LDL, MICROALB URN, CHOLESTEROL, HGBA1C, SGPT (ALT), SGOT (AST), ALK PHOS, BILI DIRECT, BILI TOTAL, ALBUMIN, TSH, T4, TOTAL, T3, TOTAL, XR CHEST PA, VISUAL ACUIT, PULM FNC TST,

Patient Instructions: [Previous](#)

Additional Instructions can be entered here, specific to each patient

Discussed Medication Regimen Comment:

Disposition: when:

[Enter Medications](#) [Enter Orders](#)

Plan [Print PPP](#) [Pain Tx plan due: 07/01/2015](#) [Terminate Pain Mgmt Contract](#)

NewRx's/Med Changes: **Medications Removed:**

New Orders **Planning Comments** [Previous](#)

Protime [CPT-85610]

Provider prints
Personal
Prevention
Plan (PPP)



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Personalized Prevention Plan (PPP)

Medicare Personalized Prevention Plan

DOB: 09/11/1916

MR# 001032390

Personalized Prevention Plan 01/21/2015

Information is provided regarding your visit, medications, allergies and recommended screening tests and services.

Action Items:

Patient is unable to manage finances and medications
Patient is physically unable to do light shopping
Patient is physically unable to do light food preparation
Patient is physically unable to do light laundry
Patient is physically unable to do light housekeeping

Patient is dependent with eating
Patient does not have adequate transportation
Patient has difficulty with balance
Patient gets lightheaded/dizzy with position changes
Patient has episodes of dizziness

Evaluation/Referral:

Continue with assistance from others with activities of daily living
Continue to use walker when up

Instructions:

Stop Fosamx

The list of recommended screening services is shown on the next page.

Medicare Covered Screening /Test	Date you got this Screening or Test	Recommendation for Followup
Abdominal Aortic Aneurysm Screening	Only covered within first year of enrollment on Medicare	once-in-a-lifetime screening
Bone Density Scan	07/11/2005	every 2-5 years
Colorectal Cancer Screening		
Colonoscopy, sigmoidoscopy, barium enema or stool testing all can be used for cancer screening.		
-Fecal Occult Blood Test	09/12/2005	Yearly if colonoscopy not done
-Colonoscopy	12/09/2005	Every 10 years if original colonoscopy is normal
Vaccinations		
Flu Shot	10/04/2013	Yearly every fall
Pneumococcal Shot	05/24/2006	once in lifetime at 65, booster vaccine for high risk people if 5 years have passed since the last vaccination
Shingles Vaccine		One time after age 60
Blood tests		
Blood Glucose Level		At least every 5 years but yearly if elevated or history of diabetes
Cholesterol- Fasting Lipid Profile	08/03/2011	At least every 5 years but yearly if elevated or history of diabetes or heart disease
Medical Nutrition Therapy Services (DM EDU)	Referral recommended for patients with diabetes	Appropriate intervals based on the diagnoses.
Smoking Cessation Counseling (if you are a smoker)	01/21/2015	Yearly if still smoking
Yearly "Wellness" Exam	01/21/2015 9:48 AM	Once per year
Pap Test and Pelvic Exam includes Breast exam		Every 2-3 years until age 70 or it is decided to discontinue
MAMMOGRAM		Every one to 1-2 years until age 80 or it is decided to discontinue

Provider Engagement:
Essential for communicating
personal goals for our
patients.

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What about the new G codes?

- Smoking Cessation
- Depression Screening (PHQ-9)
- IBT
- Advanced Care Planning
- Alcohol Misuse/Abuse

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Primary Care A/P Stand #1: BALDWIN TEST

Assessment/Plan Handouts

Assessment

Status of Existing Problems ☐ Include Problem List in Note New Problems ☐ additional workup planned

Assess or Update Problems

Plan of Care Patient Instructions Patient Instructions / Goals: Previous

Underdosing

- Intentional Due to Finances
- Intentional Due to Other
- Unintentional d/t Age Debility
- Unintentional d/t Other
- Other Non-compliance
- Search for Medication Code

Care Plans / Handouts

- Hypertension
- Hyperlipidemia
- Diabetes
- Asthma
- COPD
- CAD
- CHF
- Low Back Pain

Patient Screening Reminders

- Prevmar 13 Due
- Mammogram Due
- Bone Density Due
- Screening Pap Due

Qualifies for Tobacco Counseling

Enter minutes spent

☒ symptomatic ☐ asymptomatic

Colds, Sore Throat, Flu

- Vomiting and Diarrhea
- Child with Fever
- Contusions
- Sprains
- Abrasions
- Strep throat
- RTC if sx persist/worsen
- Return for lab
- Lab before next visit
- Call results of tests
- ER if worse or problem
- BP check in 2 weeks
- Lab 3 mo Lab 6 mo

Goals: ☐ Met ☐ Not Met ☐ Maintained

New/Changed meds Planning Comments

Medications Removed

New Orders

Disposition: when:

Referral To:

Return to work/school: Work excuse:

☐ Above impression and plan discussed with patient. Expressed understanding and agreement.

☐ Above impression and plan discussed with caregiver. Expressed understanding and agree

E & M Not Entered

Refill Medications

Clinical Summary Not Printed



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Nurse Intake HRA

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Medicare HRA #2: BALDWIN TEST

PLEASE ADDRESS ALL QUESTIONS ON THIS PAGE!

Safety

Do you have adequate housing? ☒ yes ☐ no

Do you have transportation? ☒ yes ☐ no

Do you have sufficient food? ☒ yes ☐ no

Do you have access to a telephone? ☒ yes ☐ no

Do you have actual or threats of physical, emotional abuse? ☒ yes ☐ no

Do you have actual or threats of sexual abuse? ☒ yes ☐ no

Do you feel safe at home? ☒ yes ☐ no

Do you use your seatbelt when driving/riding in a motor vehicle? ☒ yes ☐ no

of falls in the last 12 months:

of falls with injuries in last 12 months:

What were the circumstances and consequences of the fall(s)?

Annual Alcohol Misuse Screening

Alcohol use? ☒ Yes ☐ No

Alcohol Diagnosis added

Drinks per day:

Felt need to cut down: ☒ Yes ☐ No

Annoyed by complaints: ☐ Yes ☒ No

Feels guilty: ☒ Yes ☐ No

Eye opener in a.m.: ☐ Yes ☒ No

CAGE score calculated

Comments:

Depression Screening ☐ Patient unable to answer Social Risk questions due to physical or mental issues

Over the past 2 weeks, how often have you been bothered by any of the following problems?

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Little interest or pleasure in doing things ☐ 0 ☐ 1 ☒ 2 ☐ 3

Feeling down, depressed or hopeless ☐ 0 ☐ 1 ☒ 2 ☐ 3

Trouble Falling asleep, staying asleep, or sleeping too much ☐ 0 ☐ 1 ☐ 2 ☒ 3

Feeling tired or having little energy ☐ 0 ☐ 1 ☐ 2 ☒ 3

Poor appetite or overeating ☐ 0 ☐ 1 ☒ 2 ☐ 3

Feeling bad about yourself or that you're a failure or have let yourself or your family down ☐ 0 ☒ 1 ☐ 2 ☐ 3

Trouble concentrating on things, such as reading the newspaper or watching television ☐ 0 ☐ 1 ☒ 2 ☐ 3

Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual ☐ 0 ☒ 1 ☐ 2 ☐ 3

Thoughts that you would be better off dead or of hurting yourself in some way ☐ 0 ☐ 1 ☒ 2 ☐ 3

If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people? (pick one)

☐ Not difficult at all

☒ Somewhat difficult

☐ Very difficult

☐ Extremely difficult

PHQ-9 Score **Calculate Score**

PHQ-9 Rating Scale

PHQ-9 Scoring

5-9 Minimal symptoms

10-14 Minor depression, Dysthymia, Major depression (mild)

15-19 Major depression, moderately severe

>20 Major depression, severe

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Close



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Health Screening Plans: BALDWIN TEST

Health Screening Plan(s):

Intensive Behavioral (IBT) for Cardiovascular Disease (CVD) ☒ Patient is competent and alert. Select All

☐ I have spent > 8 minutes completing a CVD risk reduction visit including:

G0444 Depression Screening \$16.56

Depression Screening
PHQ-9 Score **20**

Provisional Diagnosis	Treatment Recommendation (Patient Preferences should be considered)
5-9 Minimal symptoms	Support, educate to call if worse, return in one month
10-14 Minor depression Dysthymia Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19 Major depression, moderately severe	Antidepressant or psychotherapy
>20 Major depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

Depression Follow-up Plan

- ☒ Additional evaluation for depression
- ☒ Suicide risk assessment
- ☐ Referral to mental health provider
- ☒ Pharmacological intervention

Comments:
We will change from prozac to cymbalta and refer them for counseling.

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Intensive Behavioral Therapy for Cardiovascular Disease: Annual

- All patients with hypertension, hyperlipidemia, advancing age, and other known risk factors for cardiovascular and other chronic diseases
- Nurse and provider spend ≥ 8 minutes on counseling



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Provider Health Screening Page

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Health Screening Plans: BALDWIN TEST

Health Screening Plan(s):

G0446 CV IBT \$24.50

Intensive Behavioral (IBT) for Cardiovascular Disease (CVD) ☒ Patient is competent and alert. [Select All](#)

☒ I have spent > 8 minutes completing a CVD risk reduction visit including:

- ☒ Encouraging aspirin use for the primary prevention of CVD when the benefits outweigh the risks for men age 45-79 years and women 55-79 years
- ☒ Screening for high blood pressure in adults age 18 years and older
- ☒ Intensive behavioral counseling to promote a healthy diet for adults with hyperlipidemia, hypertension, advancing age, and other known risk factors for cardiovascular and diet-related chronic disease.

15-19 Major depression, moderately severe Antidepressant or psychotherapy

>20 Major depression, severe Antidepressant and psychotherapy (especially if not improved on monotherapy)

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PPP Form: BALDWIN TEST

Personalized Prevention Plan

Select the services needed for appropriate screening and preventive care

End of Life Planning [Advance Directives](#)

☒ Pt accepts and participates in discussion regarding end of life issue
☐ Pt declines participation in discussion regarding end of life issues.

Last Medicare Annual Wellness Exam:

[Enter Medicare Orders](#)

99497 ACP \$80.65

Optional: Additional Advance Care Plan

[Previous](#)

I have discussed Advanced Care Directives with:

☒ **patient**
☐ **surrogate decision maker**

Surrogate Decision Maker name:

Name	Relationship
Bill Doe	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Plan:

☒ Code status
☒ Life support
☒ Artificial nutrition & hydration

Pick one of the following:

☒ Advance Care Plan initiated/updated as above or surrogate decision maker designated
☐ Discussion but no decision made
☐ Cultural or spiritual beliefs precluded discussion of Advance Care Plans

Charge only if physician or other qualified healthcare professional spent > 15 min on discussion

☒ I attest a minimum of 16 mins was spent discussing the above

[Add Advance Care Plan Charge and Print Advance Care Plan Handout](#)

ACTION ITEMS

Action Items:

Patient smokes tobacco products
Patient's PHQ-9 Score is 20 (5-9 Minimal symptoms; 10-14 Minor depression, Dysthymia, Major depression (mild); 15-19 Major depression, moderately severe; >20 Major depression, severe)

Patient does not have adequate housing
Patient does not have adequate transportation
Patient does not have sufficient food
Patient does not have access to a phone
Patient does not feel safe at home
Patient has fallen 1 times in past 12 months
Patient has had 2 falls with injuries in past 12 months

PPP EVALUATION / REFERRAL

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Annual Alcohol Misuse Screen / Counseling

- If screen is positive, providers can charge for counseling.

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Provider Health Screening Page

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Health Screening Plans: BALDWIN TEST

Health Screening Plan(s):
Annual Alcohol Misuse Screening
CAGE score

Felt need to cut down: ☒ Yes ☐ No
Annoyed by complaints: ☐ Yes ☒ No
Feels guilty: ☒ Yes ☐ No
Eye opener in a.m.: ☐ Yes ☒ No

Comments:
We discussed patient's history of 2 DUIs, 2 divorces, and lost 3 jobs, all in relation to their alcohol abuse. They acknowledge the impact and need for cessation.

☒ I attest > 8 minutes was spent on alcohol misuse counseling.

Add Annual Alcohol Misuse Screening Charge

G0443 Counseling \$24.50

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Coding and Reimbursement

- 100% internal auditing of IPPE/AWV exams for completeness and accuracy of documentation of services provided
- Provider documentation education post wellness exams if documentation not compliant/consistent with services provided
- Must ensure that we are completing requirements designated by CMS to care for patient and document medical necessity

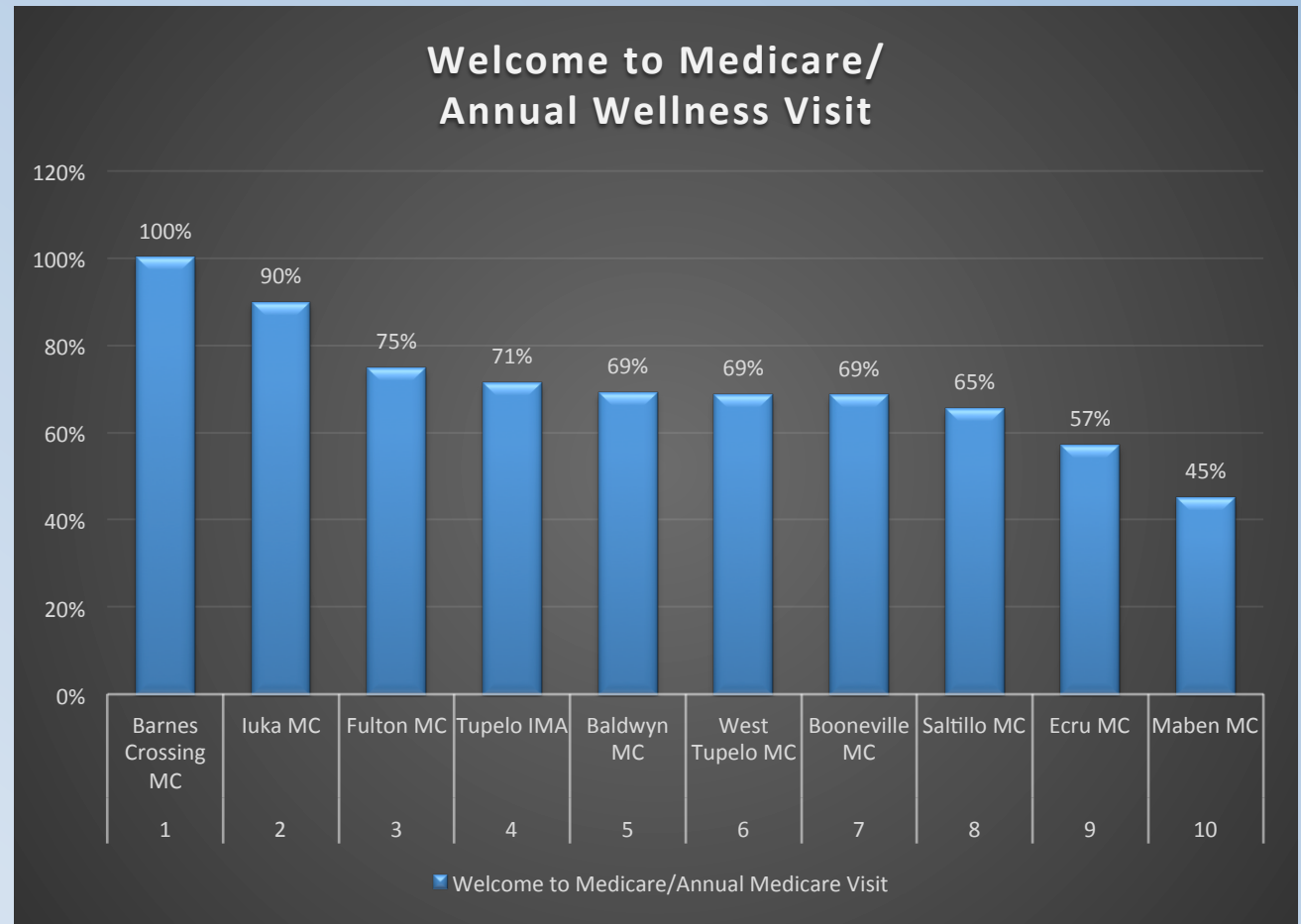


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Results



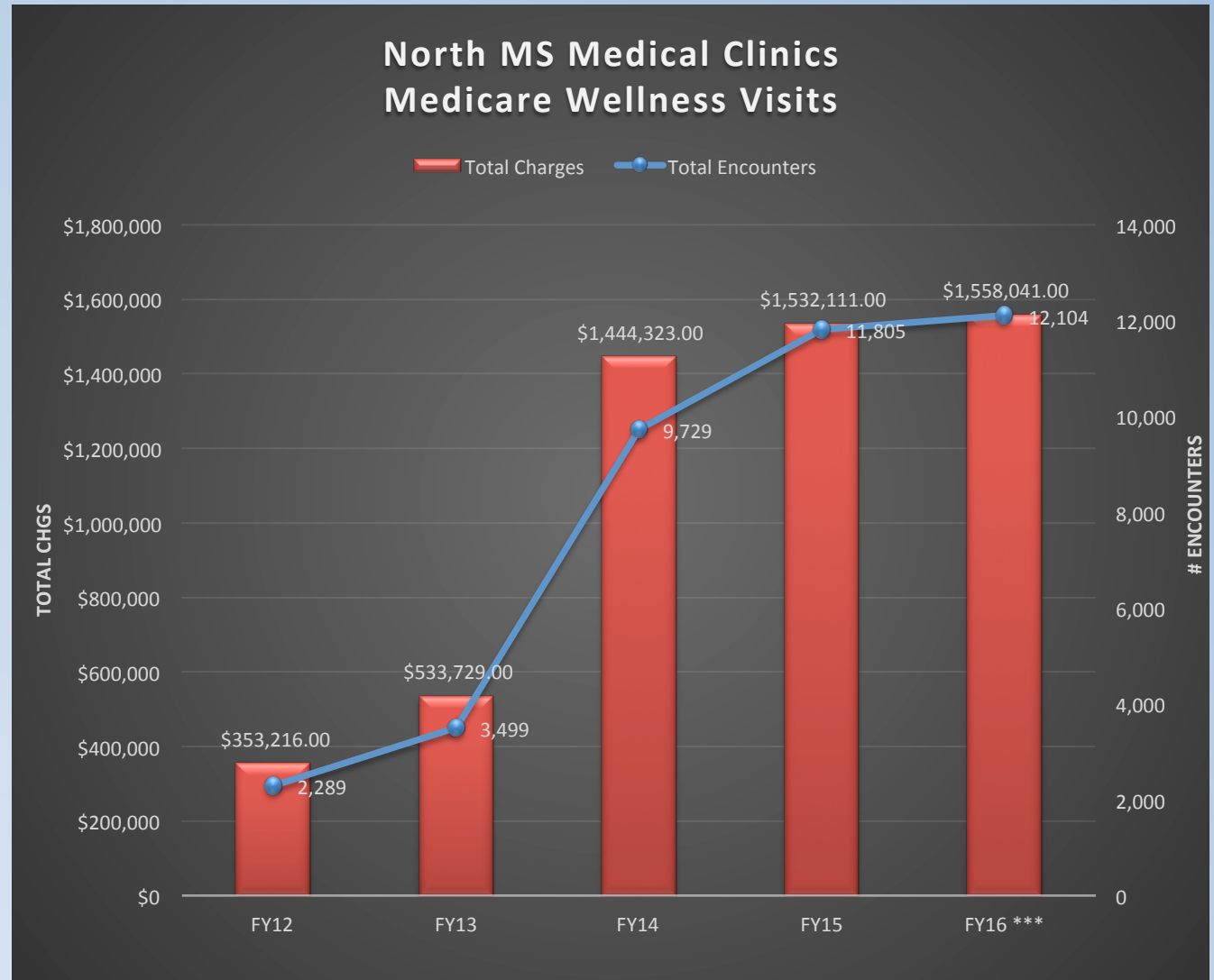


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Results





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Best Practice Sharing

- Utilize and leverage EMR to automate entry and utilization of data
- Develop and hardwire workflow within each clinic that are consistent
- Improve communication with employees to ensure that each available visit is captured
- Increase encounters for providers through patient outreach



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Thank You!

Questions??

Contact me at:

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