The Annual Wellness Visit

Why Medicare's no-cost preventive benefit isn't getting the attention it deserves and how to maximize reimbursements without disrupting your workflow

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As physicians and healthcare organizations continue to focus on population health, the need for preventive medicine increases significantly. By proactively treating individuals and ultimately improving the health of communities, healthcare professionals across the country have the opportunity to cut the growing costs of care while increasing revenue. It's a win-win for both patient and physician – or rather, it could be.

Through the Center for Medicaid and Medicare Services (CMS), the Patient Protection and Affordable Care Act of 2010[1] expanded coverage of preventive services at no cost to the enrollee. The screening component for these new preventive services is the Annual Wellness Visit (AWV). As the name implies, optimum health is stressed by promoting wellness through prevention. During this visit, physicians facilitate healthcare assessments indicating specific early interventions for a set of personalized health risks. All beneficiaries are eligible for an AWV on a yearly basis.

The Numbers

The average national reimbursement rate for the AWV is approximately $170 per completed visit. However, routinely performed additional AWV screenings including those for alcohol misuse and depression bring the average total revenue per initial AWV to approximately $211.

The AWV may also uncover additional Medicare preventive services for which a patient is eligible including obesity counseling, cardiovascular disease counseling, alcohol misuse counseling and tobacco cessation counseling – broadly known as the "talk therapies" (see Table 1). Indeed, preventive interventions can be performed *only if* an AWV has been performed. For example, a screening mammogram for breast cancer is covered only if the patient has had it ordered during his or her AWV for the year. Additional billable diagnostic services and referrals for services required when health-related issues are uncovered during the assessment screenings also generate additional revenue for the physician and/or health system.

Table 1: AWV 2015 Reimbursement Rates for National[2]

HCPCS CODE	**Description**	**MPFS**
G0438	Annual Wellness Visit	$174.28
G0439	Subsequent Wellness Visit	$117.86
G0442	Annual Alcohol Screen – 15 min	$18.33
G0444	Annual Depression Screen	$18.33
G0436	Smoking Cessation Counseling – 3-10 min.	$14.37
G0437	Smoking Cessation Counseling – >10 min.	$28.39
G0443	Alcohol Counseling – 4 sessions @ 15 min.	$26.23
G0446	Annual Cardiovascular Disease Therapy – 15 min.	$26.23
G0447	Obesity Counseling – 15 minutes each	$26.23

[1] Patient Protection and Affordable Care Act of 2010. Pub. L. no. 111-148, 124 Stat. 119 (2010). 4103 (a)
[2] Physician Fee Schedule Search, CMS.gov, Accessible online at https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=2&H1=G0447&C=52&M=1

Missed Opportunities

In 2011, Charles Fiegl of *American Medical News* posted an article[3] discussing the rather fresh concept of the AWV and its slow adoption rate. According to Fiegl, CMS reported 298,000 beneficiaries received the AWV between January 1 and March 23, 2011.

"Unless the uptake rate increases significantly this year, that puts Medicare on track to cover the visits for only about 1.3 million people -- well shy of the more than 46 million who are eligible to receive one," writes Fiegl.

More than four years later, millions of Americans are still missing out on their no-cost preventive health benefit. Despite increasing reimbursement rates for Medicare's preventive services, the number of completed appointments has failed to increase significantly per year.

What is the problem? Why are physicians across the country passing on the opportunity to increase revenue and engage with patients in need of free, proactive care?

1) **Broadly defined**

   Physicians are given very little direction when it comes to the backbone of the AWV – the Health Risk Assessment (HRA).

   Literature released by CMS in which the HRA is mentioned or discussed is known to send interested parties to the Centers for Disease Control and Prevention (CDC) to learn more about the history of HRAs, the definition of the HRA framework, rationale for its use, details on follow-up interventions, and a *suggested set of HRA questions*. In other words, an official set of fully-compliant HRA questions does not exist for the physician to use.

   Physicians cannot rely on mere suggestions. With no extra time to research and build a compliant template from scratch, Medicare's broadly-defined standards are playing a role in the lack of AWV participation.

2) **A bridge too far**

   Providing comprehensive preventive services for an additional six to ten Medicare patients per day is improbable for most practices. Some practices may have little or no problem facilitating three to five AWVs per day while attending to the usual and customary daily patient loads, but tasking existing staff with the necessary steps to initiate and complete a comprehensive AWV requires a shift in workflow. For many practices, it's simply a bridge too far. The benefits are clear, but the road to these new reimbursements is overwhelming and unfamiliar.

3) **A different animal**

   It's not common for a physician to pick up the phone and invite a patient to come in for a visit. Patients typically engage their primary care provider, rather than the other way around. The former method of patient engagement, while unfamiliar to many, is vital for AWV success.

   From the introductory conversation, to the HRA interview, through the appointment and post-visit care; AWVs require extensive communication to the patient including education on the purpose and value of the visit. This concept of reverse engagement is a different animal for the average practice – and typically a daunting one.

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[3] Fiegl, Charles, "Medicare's missed checkups: Few seniors get wellness exam," American Medical News, May 2011, Accessible online at http://www.amednews.com/article/20110502/government/305029954/4/

No Disruption Necessary

At the core of all factors holding physicians back from incorporating AWVs into their daily workflow is the fact that they simply do not have the time. Moreover, many are under the impression that a significant change in their familiar day-to-day schedule would be required to even consider implementing the process. This is a false assumption. While it's not technically a secret, one would think this minor detail would be more widely known: *The Annual Wellness Visit does not have to be performed by a physician.* Medicare Part B covers the AWV if performed by a:

- Physician who is a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Social Security Act (the Act); or,
- Physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5) of the Act); or,
- Medical professional (including a health educator, registered dietitian, or nutrition professional or other licensed practitioner) or a team of such medical professionals, working under the direct supervision (as defined in CFR 410.32(b)(3)(ii)) of a physician as defined in the first bullet point of this section.

As a result, to ensure limited workflow disruption for physician and staff, practices are permitted to hire an outside team of medical professionals to perform the AWV on days when a physician is in the office. Often times, this group of professionals is referred to as a Management Service Organization (MSO). Under contract with an MSO, the practice is eligible for all AWV reimbursements. MSO service fees are often based on a per-hour basis, though agreements vary.

The MSO can be in charge of engaging with the patient before the day of the appointment, including introductory call services and initial patient engagement to complete the HRA. The MSO nurse works with the practice manager, or another designated contact, to schedule patients when the doctor is in the office. Furthermore, the MSO nurse handles all necessary steps leading to establishment of the Personalized Preventive Plan of Services (or Patient Report). The Patient Report provides recommendations for physician self-referrals. This can be a time-intensive step for a physician to complete on his or her own. Practice-specific specialist referrals may be reviewed by the physician, though individual review is not mandatory.

4 Tips for Choosing Your MSO

An MSO ultimately enables practices to generate additional revenue with few changes to daily workflow, handling all back-end tasks and gathering necessary data. However, it is important for physicians and staff to thoroughly consider all aspects of an MSO's contract and offerings before selecting an AWV partner.

Bringing additional staff into an established practice is never taken lightly. In many ways, hiring an MSO should be treated the same way. After all, once the process is implemented, the MSO nurse could potentially be in the office full-time – depending on initial agreements and anticipated appointments per week. Trust and professionalism are vital characteristics to look for when evaluating MSO options; especially when patient interaction and data are involved.

When searching for your AWV partner, be sure to consider the following tips to ensure your practice, patients and staff are in good hands:

1) When analyzing the contract, compliance is key

As with any contract in which patient data is involved, it is imperative that an MSO promises privacy compliance. The Health Insurance Portability and Accountability Act (HIPAA) requires electronic transactions be transmitted using standard formats. Consider how the MSO plans to gather, record and share relevant patient data and how they plan to take advantage of the American Medical Association's HIPAA toolkit when questions arise.

Careful handling of protected health information (PHI) and electronic medical record (EMR) access should be included in all conversations regarding the MSO's HIPAA compliance practices. The MSO should offer a business associate's agreement (BAA) outlining the permitted and required uses of PHI for AWV facilitation as well as ensuring no further use or disclosure of PHI beyond tasks required by the contract. For more details on vital BAA components, the U.S Department of Health and Human Services (HHS) provides a sample BAA online.

Because the AWV will result in identification and assignment of physician self-referrals, be sure your MSO's referral process ensures Stark compliance. Under the Stark law, physicians cannot refer the patient for certain designated health services to any entity with which the physician has a financial interest. To learn more about Stark compliance, visit www.starklaw.org.

2) Protect your patients with the promise of proper engagement

As previously mentioned, the AWV introduces a new kind of patient engagement that is often outside the comfort zone of the average primary care practice. More importantly, it's outside the comfort zone of patients. Your AWV partner must master the ability to properly communicate the value of the AWV to your patients, which requires sensitivity and understanding of the Medicare population you serve.

Once the legal pathway is in place to allow the MSO employees to contact patients, they will speak on behalf of your practice. With that in mind, don't forget to evaluate each MSO's outbound call process. Who is making the calls? Do they have a clear understanding of the AWV, and are they capable of genuinely communicating its value for the patient?

3) Select an MSO with an EMR module for compliance, convenience and more

AWVs are made up of several components and myriad details including appointments, HRAs, physician referrals, patient reports and more. Choosing an MSO with its own EMR module (or online portal) that organizes and allows physicians and patients access to necessary information is vital for AWV success. When evaluating an MSO's online solution, be sure to ask the following questions:

a. Does the module offer a fully compliant and thorough HRA?
b. Does the module offer an up-to-date assessment and integration of current CMS preventive benefits and guidelines?
c. Is the module capable of generating the following information, based on data gathered from the HRA and actual appointment?
    i. A written screening schedule for the beneficiary
    ii. A list of risk factors for the beneficiary
    iii. Personalized health advice along with necessary specific referrals

4) **Additional preventive screenings enable maximized reimbursement**

   Because the AWV is designed for chronic disease management and risk prevention, it is important to choose an MSO that takes full advantage of Medicare's preventive and screening services. During the AWV, performing the annual alcohol and depression screenings generates additional reimbursement and ensures a more accurate risk evaluation.

   Additionally, a thorough MSO will provide or facilitate for the physician other primary care Medicare preventive services, including the "talk therapies." Additional services an advanced MSO will offer include immediate referrals for vaccinations, facilitation of in-depth cognitive screenings and other in-depth risk evaluations based on risks identified from the AWV.

The Possibilities Ahead

In 2012, Medicare beneficiaries made up 16 percent of the country's total population[4] – approximately 50 million people. Yet, only approximately 2.8 million (less than six percent of eligible patients) received AWVs.

With the right solution in place, physicians can realize in excess of $200.00 in reimbursements per completed wellness visit. Considering the remaining 94 percent of beneficiaries in 2012 that did not receive an AWV – that's more than $9 billion in untapped revenue. A practice with 1,000 Medicare Part B beneficiaries has the potential to add in excess of $16,000 in revenue per month, which does not include revenue generated through additional Medicare preventive services or other diagnostic screenings that may frequently result from an AWV.

While reimbursements are declining in many medical venues, they are increasing in preventive medicine. Through the AWV, practices have the opportunity to keep patients well while increasing revenue and reducing healthcare costs across the country.

To learn more about the Annual Wellness Visit and its benefits, visit www.awvsolution.com.

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[4] Medicare Beneficiaries as a Percent of Total Population, The Henry J. Kaiser Family Foundation, Available online at http://kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/