

Great Plains QIN Microlearning Session



Medicare Annual Wellness Visits



Medicare Wellness Visits

Initial Preventive Physical Exam (IPPE)

Review of medical and social health history and preventive services education.

Annual Wellness Visit (AWV)

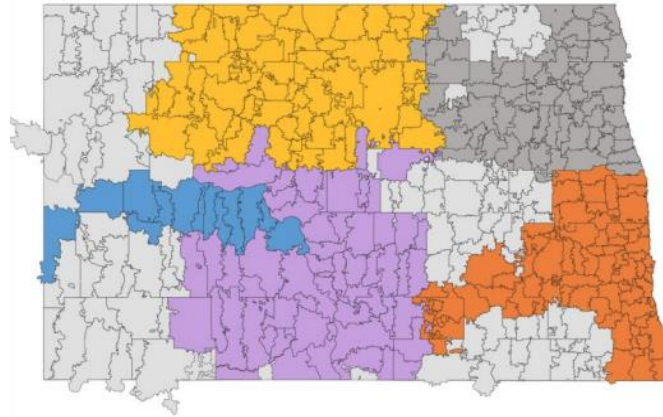
Visit to develop or update a personalized prevention plan and perform a health risk assessment.

Routine Physical Exam

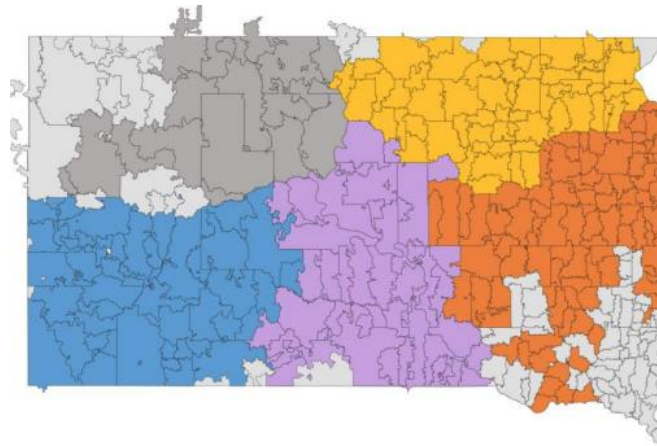
Exam performed without relationship to treatment or diagnosis of a specific illness, symptom, complaint, or injury.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html#AWV>

Medicare AWW Utilization Across The Great Plains QIN Community Coalitions



- Western ND PCH
- Bismarck-Mandan Area PCH
- Fargo Area PCH
- Grand Forks Area PCH
- Minot Area PCH



- Northeast SD
- East Central SD
- NorthWest SD
- Central SD
- Western SD

Opportunity in the Dakotas



North Dakota and South Dakota Medicare FFS Claims Data shows a range of Medicare Annual Wellness Visit utilization rates of **4.25% to 29.39%** across the Great Plains QIN Community Coalitions.

Annual Wellness Visit



First Annual Wellness Visit Components

Subsequent AWV Components

AWV Coding, Diagnosis, & Billing

Advance Care Planning as an Optional Annual Wellness Visit Element

Social Determinants of Health Risk Assessment as an Optional Annual Wellness Visit Element

Components of the Annual Wellness Visit

Section	Initial AWV Components	Subsequent AWV Components
Acquire Beneficiary Information	<ul style="list-style-type: none"> • Administer HRA • Establish a list of current providers and suppliers • Establish the beneficiary's medical/ family history • Review the beneficiary's potential risk factors for depression • Review the beneficiary's functional ability and level of safety • Administer SDOH Risk Assessment 	<ul style="list-style-type: none"> • Update HRA • Update the list of current providers and suppliers • Update the beneficiary's medical/ family history • Administer SDOH Risk Assessment
Begin Assessment	<ul style="list-style-type: none"> • Obtain patient measurements (4 required) • Detect any cognitive impairment 	<ul style="list-style-type: none"> • Obtain patient measurements (2 required) • Detect any cognitive impairment
Council Beneficiary	<ul style="list-style-type: none"> • Review current opioid prescriptions • Screen for potential substance use disorders (SUDs) • Establish a written screening schedule • Establish a list of risk factors and conditions for which interventions are recommended or underway • Furnish personalized health advice and appropriate referrals • Furnish, at the discretion of the beneficiary, advance care planning services 	<ul style="list-style-type: none"> • Review current opioid prescriptions • Screen for potential substance use disorders (SUDs) • Update the written screening schedule • Update the list of risk factors and conditions for which interventions are recommended or underway • Furnish personalized health advice and appropriate referrals • Furnish, at the discretion of the beneficiary, advance care planning services

Adapted from Comagine Health: <https://comagine.org/resource/1349>

*NEW - Optional: SDOH Risk Assessment



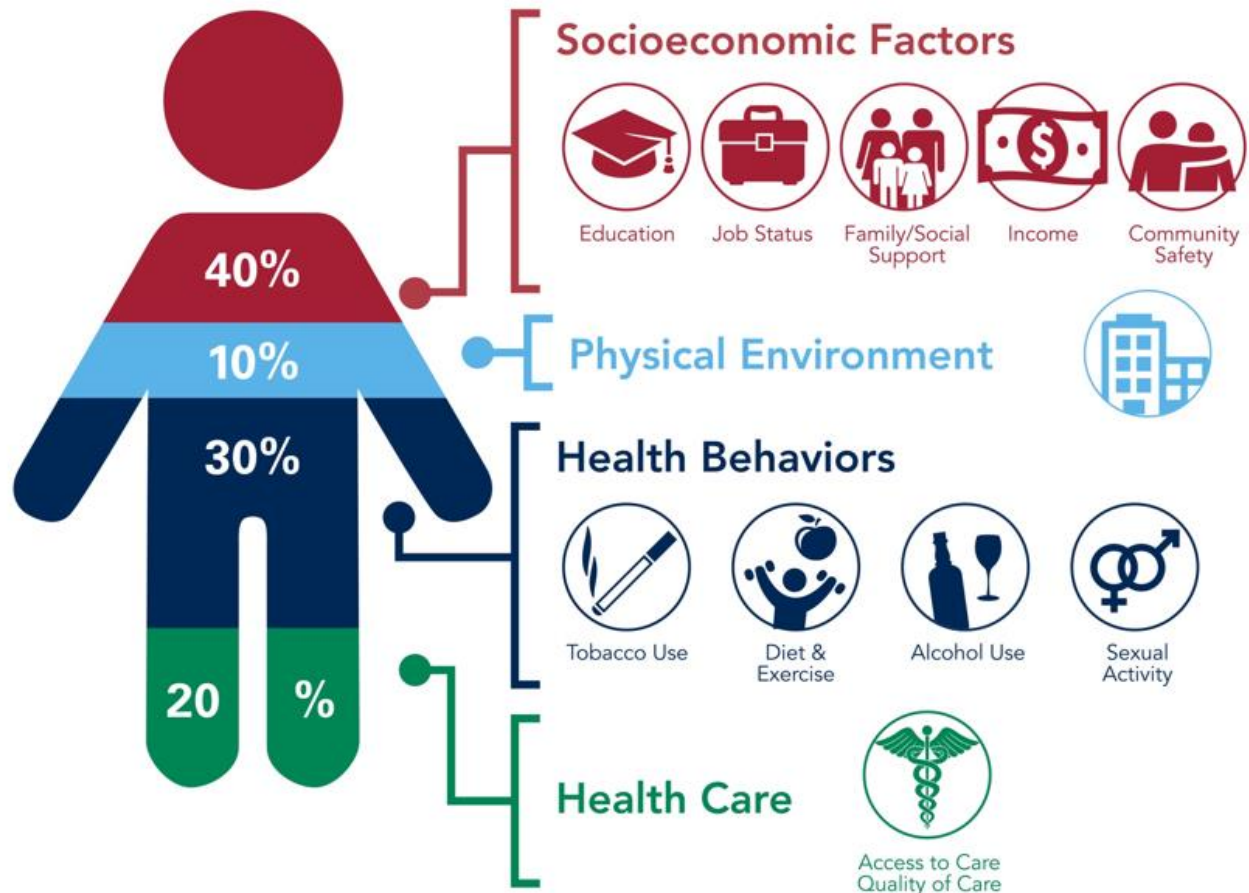
SDOH Risk assessment

- New, optional element of the AWW
- Completed at provider and patient discretion
- Identifies patient risk
- Guides medical decision making, prevention, diagnosis, care and treatment

Coding

- HCPCS code G0136 to file SDOH Risk Assessment claims as an optional AWW element with modifier 33
- ***G0136 Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes***

Impact of Social Determinants of Health



Sample SDOH Risk Assessment Tools



- [PRAPARE](#)
- [The AHC Health-Related Social Needs Screening Tool \(cms.gov\)](#)
- [Social Interventions Research & Evaluation Network](#)

PRAPARE
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?
 Yes No I choose not to answer this question

2. Which race(s) are you? Check all that apply

<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
Other (please write): _____	
<input type="checkbox"/> I choose not to answer this question	

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?
 Yes No I choose not to answer this question

4. Have you been discharged from the armed forces of the United States?
 Yes No I choose not to answer this question

5. What language are you most comfortable speaking?
 I have housing
 I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 I choose not to answer this question

Family & Home

6. How many family members, including yourself, do you currently live with? _____
 I choose not to answer this question

7. What is your housing situation today?
 I have housing
 I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
 I choose not to answer this question

8. Are you worried about losing your housing?
 Yes No I choose not to answer this question

9. What address do you live at?
 Street: _____
 City, State, Zip code: _____

Money & Resources

10. What is the highest level of education you have finished?
 Less than high school degree
 High school graduate
 More than high school

11. What is your current employment status?
 Unemployed
 Employed
 Otherwise unemployed: student, retired, or Please write: _____
 I choose not to answer this question

12. What is your most recent health insurance status?
 None/uninsured
 CHIP/Medicaid
 Other public insurance (not OIG)
 Private insurance

13. During the past year, how much income did you have from any source?
 I choose not to answer this question

CMS
Center for Medicare and Medicaid Innovation

AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. What is your living situation today?²

I have a steady place to live
 I have a place to live today, but I am worried about losing it in the future
 I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?³

CHOOSE ALL THAT APPLY

Pests such as bugs, ants, or mice
 Mold
 Lead paint or pipes
 Lack of heat
 Open or stove not working
 Smoke detectors missing or not working
 Water leaks
 None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.⁴

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
 Often true
 Sometimes true
 Never true

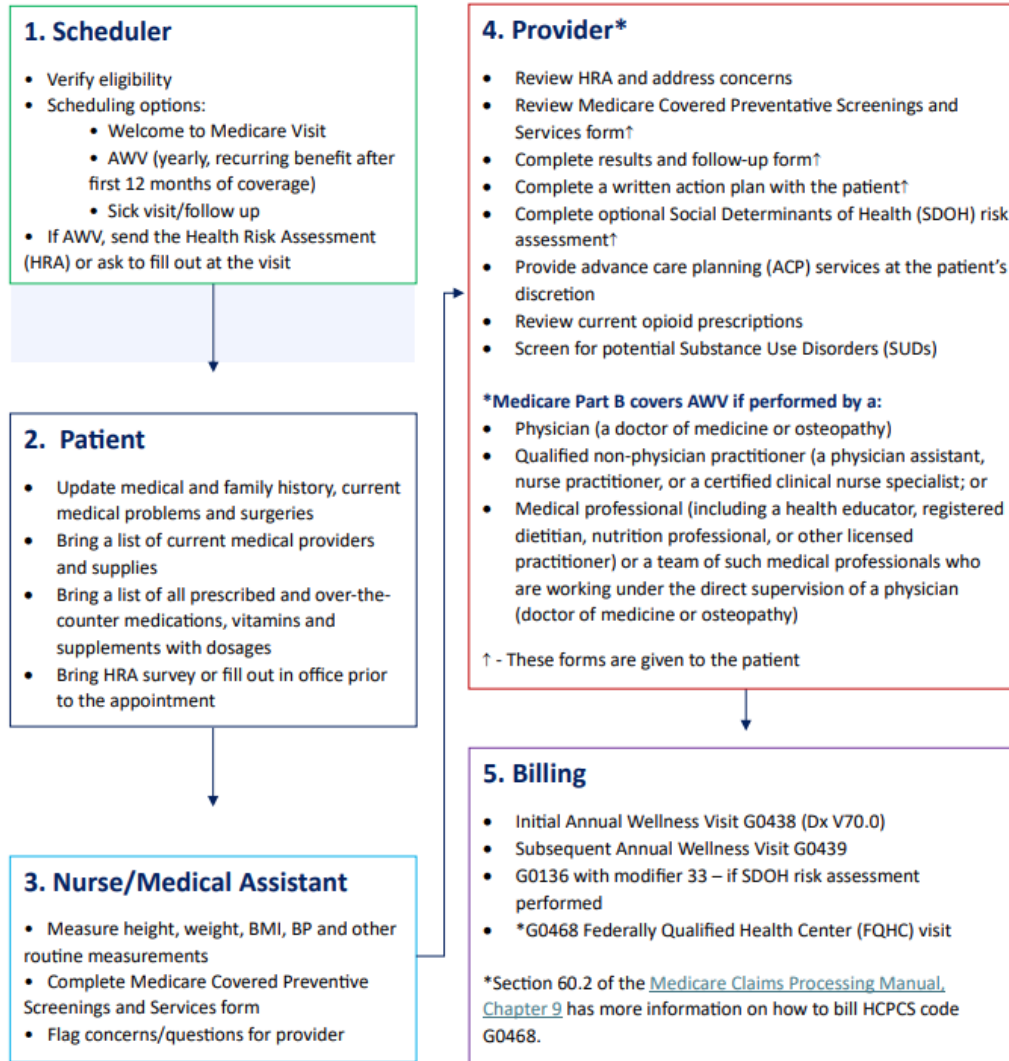
² National Association of Community Health Centers and partners, National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures, (2017). PRAPARE. <https://www.prapare.org/prapare/>

³ Nuruzzaman, N., Broadwin, M., Kourouma, K., & Olson, D. P. (2015). Making the Social Determinants of Health a Routine Part of Medical Care. *Journal of Healthcare for the Poor and Underserved*, 26(2), 121-127.

⁴ Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 20-22. doi:10.1542/peds.2009.1346

Center for Medicare and Medicaid Innovation

AWV Toolkit - Suggested Workflow



Adapted from Comagine Health: <https://comagine.org/resource/1349>



Key Takeaways



- Annual Wellness Visits (AWV) are a key component of preventive healthcare
- AWV was created by CMS and is a benefit for Medicare part B patients
- Opportunity for AWVs in ND and SD
- SDOH Risk Assessment is a new optional element to the AWV
- Implementing the AWV takes the whole team

Resources

Resource	Description
<u>Noridian Webinar On Demand – Annual Wellness Visit June 2024</u>	Webinar recording from the Medicare Administrative Contractor for ND and SD on the Medicare Annual Wellness Visit which includes information on the SDOH optional element.
<u>MLN Educational Tool – Medicare Wellness Visits</u>	CMS Medicare Learning Network webpage with detailed information on Medicare Wellness Visits.
<u>Medicare Annual Wellness Visit: Preventive Care for Optimal Health</u>	One page document about Medicare Annual Wellness Visits with QR codes and links included in this training
<u>Comagine Annual Wellness Visit Toolkit</u>	A complete annual wellness visit toolkit to help walk your organization through the steps of implementing the Medicare AWW



Medicare Annual Wellness Visit: Preventive Care for Optimal Health

Did You Know?

The Annual Wellness Visit (AWV) is an underutilized Medicare Part B service. For the period April 1, 2023, to March 31, 2024, Medicare beneficiaries claims data shows that in North and South Dakota regional communities, at best, the utilization of the AWV was 29.39% and in [some communities](#) as low as 4.2%. Scan the QR code to the right to view regional community maps.



What is the Medicare Annual Wellness Visit? A scheduled appointment with a primary care physician to review a patient's wellness and develop a personalized prevention plan. The AWV is different from a typical physical exam and aims to catch potential health issues early.

To learn more, scan the QR Code or visit: [MLN Educational Tool - Medicare Wellness Visits](#).



One of the most valuable elements of the AWV is the creation of a long-term preventive care plan based on the information a patient shares with their provider, including:

- Health Risk Assessment (HRA)
- Family history
- Current list of medical providers and medications
- Screening for cognition, depression, alcohol misuse, opioid prescriptions, hearing, functional status, fall risk and advanced care planning
- **New in 2024** - Optional Social Determinants of Health (SDOH) risk assessment

Patient Benefits	Provider/Practice Benefits
<ul style="list-style-type: none">• Encourages early interventions to:<ul style="list-style-type: none">▫ Early disease detection and prevention▫ Maximize wellness▫ Prevent accidents at home▫ Keep patients out of the hospital	<ul style="list-style-type: none">• Creates an opportunity to provide care coordination• Strengthens the provider/patient partnership to increase what matters to patients• Increases patient engagement through outreach and education• Provides proactive care• Improves quality metrics• Creates a new and sustainable revenue stream

Additional Resources



[Comagine Health Annual Wellness Visit Toolkit](#)



[Annual Wellness Visit Assessment and Resource Toolkit](#)



[Annual Wellness Visit Video](#)



How Can We Help?



Contact Us:

firstname.lastname@greatplainsqin.org

Visit the 'Who We Are' Page of our Web site:

greatplainsqin.org/about-us/who-we-are/

greatplainsqin.org

