

April 30, 2015

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Administrator Slavitt:

The undersigned organizations are writing to express our collective concern about potential misuse of the Medicare Annual Wellness Visit (AWV) by commercial entities. As described below, we believe that the AWV encourages Medicare beneficiaries to engage with their primary care physician or other usual source of care on an annual basis for prevention and early detection of illness, and we are concerned that there are commercial entities that are subverting that benefit and may be misleading patients. We respectfully request that the Centers for Medicare & Medicaid Services (CMS) investigate this issue and engage with our organizations in a conversation about how to protect patients in this matter.

Section 4103 of the Affordable Care Act established coverage of the AWV, including Personalized Prevention Plan Services (PPPS), for Medicare beneficiaries as of January 1, 2011. As noted in the Medicare Learning Network Matters article number SE1338, this benefit allows eligible health care professionals to assess their patients' health annually to help determine if they have any risk factors and if they are eligible for other preventive services and screenings that Medicare covers. The article also notes that the AWV is "a great way for you to detect illnesses in their earliest stages when treatment works best."

Based on this history, we believe that part of the benefit of the AWV was to encourage Medicare beneficiaries to access their usual source of care on an annual basis for prevention and early detection of illness, the treatment of which that source of care could provide or manage. We believe that the AWV facilitated an ongoing relationship between the provider of the AWV and the beneficiary. This is consistent with the tenets of continuity of care, the process by which the patient and his or her physician are cooperatively involved in ongoing health care management toward the goal of high quality, cost-effective medical care. Continuity of care is rooted in a long-term patient-physician partnership in which the physician knows the patient's history from experience and can integrate new information, such as that obtained from an AWV, and decisions from a whole-patient perspective.

Unfortunately, it has come to our attention that patients may be precluded from the benefits of the AWV due to commercial entities that often have no prior relationship with the patient and have no intention of caring for the patient after the AWV is done. This must be avoided, and

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instead CMS should ensure Medicare beneficiaries are fully informed to seek and receive connected, continuous, and comprehensive primary care.

One of our concerns with this situation is that patients may not realize that provision of the AWW by such entities effectively prevents the patient's primary care physician or other usual source of care from providing the AWW, since Medicare only covers one AWW per patient per year. This, in turn, inhibits the provision of preventive services through the patient's usual source of care and disrupts the continuity of care otherwise enjoyed by the patient and the physician. Another concern is that the patient's primary physician often does not know that the patient has received an AWW from one of these entities until his or her claim is denied after the fact. Finally, we note that some consumer groups have asked the Federal Trade Commission to investigate the direct-to-consumer marketing of some of these commercial entities on the grounds that their advertisements contain false or misleading representations or material omissions. This raises serious concerns for us about potential program integrity threats that these entities may pose to Medicare, concerns we hope that CMS would share.

We would like CMS to engage with our organizations in a conversation about creative ways to ensure that the benefit of the AWW is preserved rather than perverted. At a minimum, CMS should require anyone performing the AWW to provide results to a patient's designated primary physician or usual source of care and provide a means for physicians to determine whether or not Medicare has already paid for an AWW for the patient in the past 12 months.

Thank you for your time and consideration of this matter. If you or your staff has any questions, please let us know. As noted, we would appreciate the opportunity to engage you in conversation about creative ways to address our concerns. To arrange such a conversation, please contact Robert Bennett, Federal Regulatory Manager, American Academy of Family Physicians, at 202-431-2396 or rbennett@aafp.org.

Sincerely,

American Medical Association
American Academy of Family Physicians
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Physicians
American Osteopathic Association
Medical Group Management Association