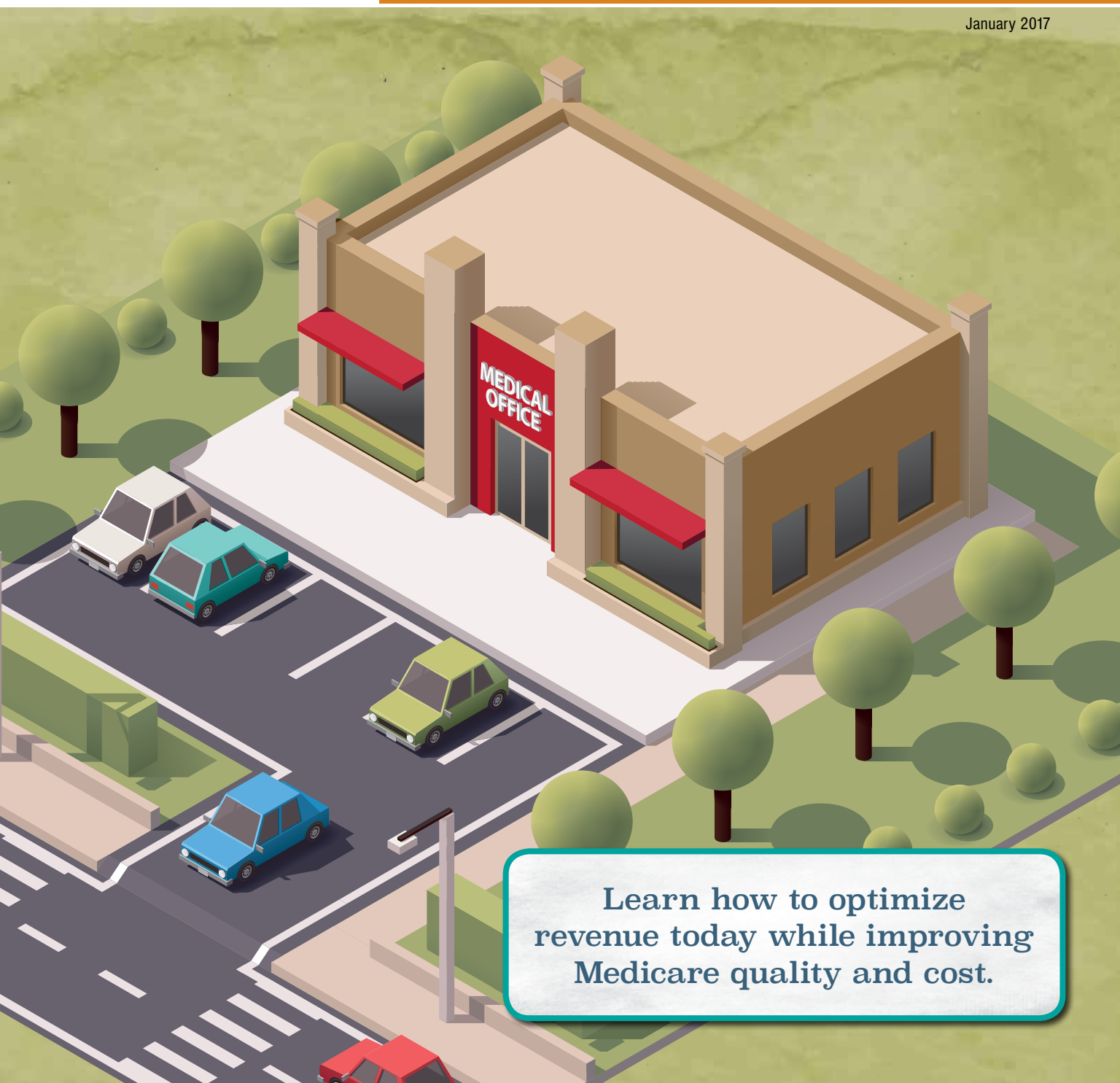




# Making Sense of MACRA: Annual Wellness Visit

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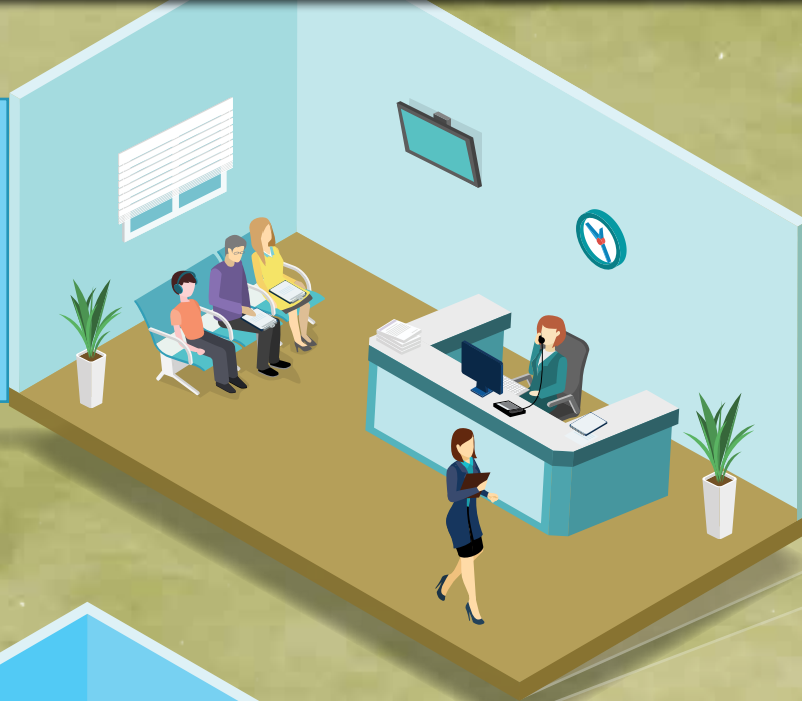
Learn how to optimize  
revenue today while improving  
Medicare quality and cost.

## A Step-by-Step Approach to Adding Annual Wellness Visits to Your Practice

The Annual Wellness Visit (AWV) can be added to your small practice with existing staff and minimal impact to your operations. The AWV identifies care gaps and preventive services, increases revenue, and prepares your practice for value-based payment.

1

**Schedule an appointment and provide questionnaire.** Your receptionist will contact patients to schedule an Annual Wellness Visit (AWV). On the day of the patient visit, your receptionist will provide a brief questionnaire. The questionnaire may include such items as medical and vaccination history, and health risk questions. Download sample patient questionnaires at: [www.aafp.org/patient-questionnaires](http://www.aafp.org/patient-questionnaires).



2

**Review the questionnaire and discuss with the patient.** A qualified health professional (see step 4 for a list) will review the patient questionnaire and talk with the patient about health changes, care gaps, and the need for preventive services. Staff document this information for the physician in a health risk assessment. Elements of the health risk assessment include: psychosocial behavior risks, activities of daily living (ADLs), etc. A review of the patient's functional ability will help determine home safety and fall risk. The visit also includes capturing a list of the patient's current providers to allow for increased coordination of care.



3

**Physician meets with the patient.** The physician reviews care gaps, helps the patient set health goals, and documents those goals. The discussion can include information on fall prevention, lifestyle interventions, nutrition, and community-based resources to help the patient achieve their goals. A treatment plan should be established to address mental health or other risk factors identified in the visit. No physical exam is required during the AWV.



4

**Submit claim for Annual Wellness Visit.** Once steps 1 to 3 are completed, a member of your staff will submit a claim for the AWV. Make sure the AWV was performed by the appropriate staff member(s). Medicare Part B covers AWV if performed by a:

- Physician;
- Physician assistant, nurse practitioner, certified clinical nurse specialist; or
- Medical professional (such as a health educator, registered dietitian, nutrition professional, or other licensed practitioner); or a team of medical professionals working under the direct supervision of a physician.



### Implementing AWVs in your practice has many benefits. Routine AWVs with your patients:

- Optimizes a practice's revenue. For example, a practice with 150 Medicare patients could generate approximately \$17,500 annually.
- Provides physicians with a comprehensive view of their patient's health.
- Strengthens the patient's relationship with their family physician.
- Assists in controlling health care utilization by identifying health conditions early.
- Builds a foundation to help prepare practices for value-based payment and MACRA.



# Improvements Today Help Prepare for Tomorrow

Medicare's shift to value-based payment and MACRA puts an increased focus on improving the quality and reducing the cost of care. While payment adjustments for MACRA are not applied until 2019 (based on 2017 performance), payment for AWWs is now. By adding AWWs to your practice's services, you improve quality, reduce costs, and build a strong foundation to prepare your practice for the transition toward value-based payment and MACRA.

When effectively implemented, the AWW can be woven into routine practice workflows and improve the overall health of your patients. Reduced hospitalizations and emergency department visits are major goals and potential outcomes of preventive care. AWWs help patients and physicians develop health goals and treatment plans that enhance preventive care and better manage chronic conditions.

## Coordinating Care Across the Health Spectrum

The AWW requires a practice to collect information on a patient's current providers. This information allows practices to coordinate care across multiple settings and providers. Knowledge of a patient's specialist care helps a primary care physician involve and consult with other providers of the patient, when appropriate. This provides the primary care physician a more complete picture of the care needed by the patient. One tool to obtain this information is the health risk assessment.

The health risk assessment provides information to assist in creating a comprehensive care plan for the patient. The care plan is designed to be an interactive plan for the year. Patient and caregiver engagement is a key element to help improve quality and reduce costs. Patients who are more engaged in their health care have a better opportunity to meet goals and adhere to treatment plans. When a condition is maintained and preventive care is followed, emergency department visits and hospitalization decrease, driving down cost, and improving the patient's quality of life. Download sample patient questionnaires at [www.aafp.org/patient-questionnaires](http://www.aafp.org/patient-questionnaires).



## Developing the Physician-Patient Relationship

The AWW provides an opportunity for physicians and care teams to have a meaningful conversation with patients about their health. This conversation helps develop the physician-patient relationship. The AWW is not a standard physical or preventive visit. It is a visit that allows the physician and care team to discuss with the patient health concerns and other aspects related to their health, such as emotional or psychological issues. It gives the patient an opportunity to talk about changes in their health status and maintaining their independence. Having the team connect with the patient on a personal level allows the patient to feel more engaged in their health decisions and helps the physician and care team identify care gaps.

## Maximizing Revenue

The financial impact of the AWW can be significant. Many practices discover that implementing AWWs provides a new stream of income. The amount of revenue generated will depend on a practice's Medicare population. A unique characteristic of the AWW is that it is covered 100 percent by Medicare—meaning there is no patient co-pay or co-insurance.\* This eliminates any additional burden of patient billing or collections. **Based on national Medicare allowable amounts for a subsequent AWW, a practice with 150 Medicare patients in its panel could generate roughly \$17,500 annually.**

The income generated by adding AWWs to your practice can be distributed in a variety of ways, including adding staff or providing additional services. The AWW generates revenue that can be seen today, while also helping practices improve quality, reduce costs, and build a strong foundation to prepare your practice for the transition toward value-based payment and MACRA.

Service	2017 Work Relative Value Unit	2017 Medicare Payment Allowance
G0438 – Initial AWW**	2.43	\$172.58
G0439 – Subsequent AWW**	1.50	\$117.08
Modifier-25 to another acute/chronic visit	–	Varies by level of E/M code billed

Another service, the “Welcome to Medicare Preventive Visit” (also called the Initial Preventive Physical Examination or IPPE) is a separate service from the AWW. Medicare pays for one IPPE per beneficiary, per lifetime for beneficiaries within the first 12 months of the effective date of the beneficiary's first Medicare Part B coverage period.

\* Note: If the AWW is billed on the same day as a separate office visit (modifier -25), the patient is responsible for any related charges.

\*\* Medicare covers an AWW for beneficiaries who are not within the first 12 months of their first Medicare Part B coverage period; and have not received an IPPE or AWW within the past 12 months.