

HERE'S ONE WAY TO SATISFY MEDICARE'S RECENT ADDITION TO THE ANNUAL WELLNESS VISIT REQUIREMENTS.

MEDICARE ANNUAL WELLNESS VISITS: DON'T FORGET THE HEALTH RISK ASSESSMENT

CINDY HUGHES, CPC

Family Practice Management (FPM) published several articles and an encounter form last year related to Medicare's new annual wellness visit (AWV) benefit. Some physicians decided not to offer the AWV due to the complexity of the requirements, but many adapted to Medicare's version of preventive care and provided these visits in 2011. Unfortunately, the requirements for 2012 have changed.

The Affordable Care Act directed the Centers for Medicare & Medicaid Services (CMS) to require that a health risk assessment (HRA) be completed as part of the Medicare AWV. Efforts by the American Academy of Family Physicians and others to persuade CMS to delay the HRA requirement and allow time for physicians and practices to prepare for this change were unsuccessful, and late last year CMS published the final rule making the HRA requirement effective Jan. 1, 2012. The purpose of the HRA, according to CMS, is to help systematize the identification of health behaviors and risk factors such as tobacco use and nutrition that the physician can discuss with the patient in an effort to reduce risk factors and related diseases. The idea is that physicians will use the information from the HRA in developing a personalized prevention plan for the patient.

CMS has not required a specific HRA form. The Centers for Disease Control and Prevention published a "framework" for the HRA in a 52-page report in Decem-

ber (<http://www.cdc.gov/policy/opth/hra/>). The report provides a 6-page example of an HRA, but the example does not contain all of the 34 elements required by CMS in the final rule definition.¹ The HRA must be written at a sixth-grade literacy level and be designed so that most patients can complete it in 20 minutes or less. It does not have to be scored.

Compliant HRA tools are presumably being developed by a variety of organizations. One source, HowsYourHealth.org, provides free online assessments that meet the CMS requirements and has developed the paper-based questionnaire published with this article (see HowsYourHealth.org and the Medicare health risk assessment, page 12).

So what does this mean to physicians who provide AWVs? Before the face-to-face encounter, your patient

FPM RESOURCES FOR THE MEDICARE ANNUAL WELLNESS VISIT

"What You Need to Know About the Medicare Preventive Services Expansion." Hughes C. January/February 2011:22-25; <http://www.aafp.org/fpm/2011/0100/p22.html>. This article features an annual wellness visit encounter form (<http://www.aafp.org/fpm/2011/0100/fpm20110100p22-rt3.pdf>).

"Answers to Your Questions About Medicare Annual Wellness Visits." Hughes C. March/April 2011:13-15; <http://www.aafp.org/fpm/2011/0300/p13.html>.

"Medicare Annual Wellness Visits Made Easier." Hughes C. July/August 2011:10-14; <http://www.aafp.org/fpm/2011/0700/p10.html>.

About the Author

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needs to complete an HRA. Some patients may need encouragement and assistance from your staff. To compensate for this added staff time, CMS increased the relative value units of the AWV to 4.89 for the initial AWV and 3.26 for subsequent AWVs, thus increasing average reimbursements by an underwhelming \$5.39 for the initial AWV and \$3.59 for subsequent AWVs.

Other than adding the HRA component, CMS did not change the content of the AWV. Some questions that are required in the HRA are already required elements of the AWV.

Some patients may object to being asked to fill out yet another form; in such cases, your best bet is to document the patient's reasons for not completing the questionnaire and get as much from the visit as you can, keeping

in mind that CMS' overarching goal is that Medicare beneficiaries receive a personalized prevention plan. Once a patient has completed the HRA, you need only review and update the answers in subsequent AWVs. After adding an HRA to your process, you can continue to use the *FPM* encounter form and related articles as references for the rest of the AWV (see "FPM resources for the Medicare annual wellness visit" on the previous page). **FPM**

Send comments to fpmedit@aafp.org.

1. Medicare Program; Payment Policies Under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and Other Revisions to Part B for CY 2012. *Fed Regist.* 2011;76(228):73306. <http://www.gpo.gov/fdsys/pkg/FR-2011-11-28/pdf/2011-28597.pdf>. Accessed Feb. 14, 2012.

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CMS now requires an HRA as part of the Medicare annual wellness visit.

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CMS has specified 34 elements the HRA must cover, but it does not require a specific form.

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One source for a Medicare-compliant HRA is HowsYourHealth.org.

HOWSYOURHEALTH.ORG AND THE MEDICARE HEALTH RISK ASSESSMENT

While a number of health risk assessments for the Medicare annual wellness visit (AWV) may be in development, *Family Practice Management* is aware of only one source so far. HowsYourHealth.org, a not-for-profit service of the Dartmouth Co-Op Project (<http://www.dartmouthcoopproject.org/>), offers two interactive questionnaires that meet the requirements for the AWV:

- A brief questionnaire, available at <http://www.medicarehealthassess.org>, simply asks the required questions and summarizes the results for the practice as a personalized action plan for the patient. It takes less than 10 minutes to complete. Practices may refer their Medicare patients to the site and ask them to print out the summary action plan before their wellness visit or ask them to complete it on paper. A paper version appears on the next page. A PDF of this version is available for download at <http://www.aafp.org/fpm/2012/0300/fpm20120300p11-rt1.pdf>.
- A longer questionnaire, available at <http://www.medicarehealthassess.org> and at <http://www.howsyourhealth.org>, offers a more comprehensive health checkup. This survey adds to the required items of the AWV a full assessment of the patient's problems and priorities ("what is the matter" and "what matters"). It requires more time to complete, but it offers more information to patients and practices. It is available for patients of all ages.

A sample of patient and clinician output from the short-form questionnaire is available at <http://www.medicarehealthassess.org/checklist>, as is information on the use of short-form, patient-reported information to improve care. A sample of output from the comprehensive questionnaire is available at <http://www.howsyourhealth.org/medicare>.

There is no charge for use of either questionnaire, although practices that wish to take advantage of available enhancements to the longer-form questionnaire are asked to pay a fee to help support the HowsYourHealth.org website. According to John Wasson, MD, who supervises both HowsYourHealth.org and <http://www.medicarehealthassess.org>, a practice can customize the assessment, receive real-time aggregate information about its patients' needs and experiences of care, and use a patient-loaded registry. Practices who choose to customize HowsYourHealth.org for patients of all ages may test the tool on as many as 50 patients without charge. If satisfied with the results of testing, practices are asked to pay a fee of \$350 per year for up to 10 clinicians to support the maintenance and further development of the tools.



Article Web Address: <http://www.aafp.org/fpm/2012/0300/p11.html>

MEDICARE WELLNESS CHECKUP

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

1. What is your age?

- 65-69. 70-79. 80 or older.

2. Are you a male or a female?

- Male. Female.

3. During the **past four weeks**, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely.

4. During the **past four weeks**, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?

- Not at all.
 Slightly.
 Moderately.
 Quite a bit.
 Extremely.

5. During the **past four weeks**, how much bodily pain have you generally had?

- No pain.
 Very mild pain.
 Mild pain.
 Moderate pain.
 Severe pain.

6. During the **past four weeks**, was someone available to help you if you needed and wanted help?

(For example, if you felt very nervous, lonely, or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)

- Yes, as much as I wanted.
 Yes, quite a bit.
 Yes, some.
 Yes, a little.
 No, not at all.

Your name: _____

Today's date: _____

Your date of birth: _____

7. During the **past four weeks**, what was the hardest physical activity you could do for at least two minutes?

- Very heavy.
 Heavy.
 Moderate.
 Light.
 Very light.

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own car?)

- Yes. No.

9. Can you go shopping for groceries or clothes without someone's help?

- Yes. No.

10. Can you prepare your own meals?

- Yes. No.

11. Can you do your housework without help?

- Yes. No.

12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?

- Yes. No.

13. Can you handle your own money without help?

- Yes. No.

14. During the **past four weeks**, how would you rate your health in general?

- Excellent.
 Very good.
 Good.
 Fair.
 Poor.

continued ►

15. How have things been going for you during the **past four weeks**?

- Very well; could hardly be better.
- Pretty well.
- Good and bad parts about equal.
- Pretty bad.
- Very bad; could hardly be worse.

16. Are you having difficulties driving your car?

- Yes, often.
- Sometimes.
- No.
- Not applicable, I do not use a car.

17. Do you always fasten your seat belt when you are in a car?

- Yes, usually.
- Yes, sometimes.
- No.

18. How often during the **past four weeks** have you been *bothered* by any of the following problems?

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.	<input type="checkbox"/>				
Sexual problems.	<input type="checkbox"/>				
Trouble eating well.	<input type="checkbox"/>				
Teeth or denture problems.	<input type="checkbox"/>				
Problems using the telephone.	<input type="checkbox"/>				
Tiredness or fatigue.	<input type="checkbox"/>				

19. Have you fallen two or more times in **the past year**?

- Yes. No.

20. Are you afraid of falling?

- Yes. No.

21. Are you a smoker?

- No.
- Yes, and I might quit.
- Yes, but I'm not ready to quit.

22. During the **past four weeks**, how many drinks of wine, beer, or other alcoholic beverages did you have?

- 10 or more drinks per week.
- 6-9 drinks per week.
- 2-5 drinks per week.
- One drink or less per week.
- No alcohol at all.

23. Do you exercise for about 20 minutes three or more days a week?

- Yes, most of the time.
- Yes, some of the time.
- No, I usually do not exercise this much.

24. Have you been given any information to help you with the following:

Hazards in your house that might hurt you?

- Yes. No.

Keeping track of your medications?

- Yes. No.

25. How often do you have trouble taking medicines the way you have been told to take them?

- I do not have to take medicine.
- I always take them as prescribed.
- Sometimes I take them as prescribed.
- I seldom take them as prescribed.

26. How confident are you that you can control and manage most of your health problems?

- Very confident.
- Somewhat confident.
- Not very confident.
- I do not have any health problems.

27. What is your race? (**Check all that apply.**)

- White.
- Black or African American.
- Asian.
- Native Hawaiian or other Pacific Islander.
- American Indian or Alaskan Native.
- Hispanic or Latino origin or descent.
- Other.

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.