

What is a Medicare Annual Wellness Visit?

A Medicare Annual Wellness Visit (AWV) is a preventive health service covered by Medicare Part B once every 12 months (NOT ONCE A YEAR). The visit focuses on assessing health risks, updating medical history, and creating a personalized prevention plan to help prevent disease and disability. Medicare covers this visit with no member cost.

What's included in the AWV:

Health Risk Assessment*: A questionnaire evaluating a member's health status and risk factors, including, but not limited to, social determinants of health, substance use, and other risk elements that can affect a member's overall health.

*A Clinical HRA is different from the Care Coordinator HRA, though both are conducted annually.

Routine Measurements: Height, weight, blood pressure, and BMI updates.

Medical & Family History Review: Identifying changes in health history.

Update list of current providers

Screening Schedule: A written checklist for recommended preventive services specific to the member.

Personalized Health Advice: Guidance on managing health risks.

Cognitive Assessment: Screening for signs of cognitive impairment, including dementia.

Advance Care Planning: Discussion about future healthcare preferences, at the member's discretion.

How is an Annual or Routine Physical different?

A Medicare Wellness Visit is about preventive health planning, while an Annual Physical is a hands-on medical evaluation. The Annual Physical:

- Involves a comprehensive physical examination, including checking heart, lungs, reflexes, and vital signs
- May include blood work, imaging, and diagnostic tests
- May be used to help diagnose existing health conditions rather than just focusing on prevention
- Routine annual physicals are not a Medicare benefit. Medicare does cover office visits to evaluate new or changing medical problems.

What if the member has other health needs to address during the AWV?

Often, providers are willing and able to address other health needs during the AWV. This might include managing chronic conditions or evaluating new concerns. The availability of this option will depend on the provider's processes and the complexity of the additional items.

These non-preventive services are typically billed separately, like they would be if the member returned at a later date for the same care. This is called "split billing" and is done frequently during AWVs. Members will often have costs associated with this.

How do Medicare Annual Wellness Visits support Medicare Star Ratings?

Medicare Star Ratings measure the quality and performance of Medicare Advantage (MA) plans. These ratings help members compare plans based on factors like member experience, preventive care, and health outcomes.

Preventive Care Measures: AWVs help ensure members receive recommended screenings, vaccinations, and health assessments, which contribute to higher quality scores.

Member Satisfaction: Regular wellness visits improve member engagement and satisfaction, influencing Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey scores, a key component of Star Ratings. This, in turn, leads to healthier outcomes for members.

Care Coordination: AWWs allow providers to identify care gaps, update medications, and refer members to specialists, improving health outcomes and boosting a plan's rating.

Chronic Disease Management: These visits help detect and manage chronic conditions early, leading to better long-term health results, which Medicare evaluates in its rating system.

Health Outcomes Survey (HOS) measures: Some of the questions in the Medicare Annual Wellness Visit HRA correspond to the Health Outcomes Survey (HOS) used in the Medicare Star Ratings program.

HOS Measure	What is it?	Examples of Questions
Monitoring Physical Activity	Evaluates whether healthcare providers encourage physical activity among older adults.	How many days a week do you exercise? At what intensity? For how many minutes?
Improving Bladder Control	Assesses how well providers help manage urinary incontinence.	Have you been experiencing urinary leakage? Are you urinating frequently?
Reducing the Risk of Falling	Measures efforts to prevent falls among older adults.	Have you fallen in the last year? Do you worry about falling?
Improving or Maintaining Physical Health	Tracks changes in physical health over time.	How much pain have you had in your body? Do you rely on anyone for help?
Improving or Maintaining Mental Health	Evaluates mental health stability and improvements.	Do you have any difficulty concentrating, making decisions or remembering things? Have you been feeling down, depressed, or hopeless?

Why is this visit important?

These visits are important for members because they ensure dedicated time to focus on preventive care. These visits help members stay ahead of potential health risks and improve overall well-being.

- **Early Detection of Health Issues:** AWWs include screenings for cognitive decline, depression, and chronic diseases, allowing for early intervention.
- **Personalized Prevention Plan:** Members receive a tailored health plan based on their medical history and risk factors.
- **Medication & Care Coordination:** Providers review medications and recommend necessary adjustments to improve safety and effectiveness. Managing medications might be part of non-preventive care, even if it occurs during the same office visit.
- **Improved Access to Preventive Services:** AWWs help ensure members receive vaccinations, screenings, and lifestyle counseling to improve long-term health.
- **Better Member Engagement:** Regular wellness visits encourage members to take an active role in their health, leading to better outcomes.

How can care coordinators support a member in scheduling a Medicare AWW?

- **Educate Member on Visit:** Help the member understand the differences in Medicare visit types and support them in scheduling the correct appointment type.
 - See the table below for guidance
- **Check Member's Eligibility:** To qualify, the member must have had Medicare Part B for at least 12 months. If they have joined Medicare within the last 12 months, they would qualify for the Welcome to Medicare visit. Reference the gap in care member report to verify if the member needs an AWW.



Medicare Annual Wellness Visit

- **Help Member Find a Provider:** Help the member contact their primary care physician or a Medicare-approved provider. If support is needed to locate an in-network provider, please reach out to the Health Improvement team.
- **Help Member Call to Schedule:** Request a Medicare Annual Wellness Visit—not a physical exam or annual exam
- **Help Member Prepare for the Visit:** Member will need to bring a list of current medications and supplements to their appointment. Support member in setting up transportation and/or interpreter services if needed.

Welcome to Medicare Visit	Subsequent Visit (AWV)
<ul style="list-style-type: none">• Available only within the first 12 months of enrolling in Medicare Part B• Focuses on creating a personalized prevention plan, including a Health Risk Assessment (HRA) and screenings for cognitive impairment• Includes a review of medical and social history, preventive services education, and screenings like vision checks• Can only be used once in a lifetime	<ul style="list-style-type: none">• Available every 12 months after the Welcome/ Initial visit• Updates the personalized prevention plan, reassesses risk factors, and includes screenings for mental and physical health maintenance