



FY2024

Continuum of Care Goal

Annual Wellness Visit Toolkit



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Introduction

Background

Preventive care is essential to staying healthy. It can help catch problems early or prevent them entirely and help patients live independently for longer.

Annual wellness visits (AWVs) are:

- A critical pathway to identifying high risk patients and helping them to develop personalized prevention plans to prevent illnesses, including immunizations, medication review, and advanced care planning.
- A valuable tool to ensure appropriate quality gaps are closed.
- A crucial way to keep patients attributed to the Accountable Care Organization (ACO).

Patients who have Medicare Part B are eligible to receive one annual wellness visit every 12 months, free of charge. Developing and expanding initiatives to increase annual wellness visit awareness and participation among our Medicare population should lead to improved quality of life and lower health care costs for our elderly patients. Studies show a 5.7% reduction in adjusted total healthcare costs and up to 79% greater performance on certain clinical quality measures. Beneficiaries who had an AWV were also more likely to receive recommended preventive clinical services including screenings for fall risk, colorectal cancer, and breast cancer, depression screening and follow-up, and tobacco screening and cessation.

CommonSpirit Health ACOs enterprise-wide data during July 2019 through March 2020 indicated that 26% of our Medicare beneficiaries had an AWV. With the focus on AWV as an enterprise-wide initiative, 47% of our Medicare beneficiaries had an AWV during January 2022 through December 2022. There is still an opportunity for an additional 124,000 ACO MSSP attributed patients who could benefit from an AWV.



Measure Definition

Annual Wellness Visit

Objective

Improve compliance with annual wellness visits for preventive care.

Rationale

Preventive care is essential to staying healthy. It can help catch problems early or prevent them entirely, and help patients live independently for longer. Annual wellness visits are a critical pathway to identifying high risk patients and helping them to develop personalized prevention plans to prevent illnesses, including immunizations, medication review, and advanced care planning. Patients who have Medicare Part B are eligible to receive one annual wellness visit every 12 months, free of charge. Developing and expanding initiatives to increase annual wellness visit awareness and participation among our Medicare population should lead to improved quality of life and lower health care costs for our elderly patients.

Metric

Percentage of Medicare beneficiaries participating in a CommonSpirit Health Accountable Care Organization (ACO) Medicare Shared Savings Program (MSSP) that have had an annual wellness visit (AWV) within the measurement period

Numerator

Beneficiaries completing an AWV with an allowed charge determined by one of the following codes during the measurement period:

- G0402 - Initial Preventative Physical Examination
- G0438 - Annual wellness visit, initial visit
- G0439 - Annual wellness visit, subsequent visit

Denominator

MSSP Medicare beneficiaries eligible for an AWV during the dates of service of the performance period.

Inclusion/Exclusion Criteria

Inclusion Criteria:

- Medicare beneficiaries attributed to a CommonSpirit Health owned or affiliated ACO TIN based upon CMS supplied assignment list

Exclusion Criteria:

- ACO does not share data with enterprise
- Beneficiary becomes deceased prior to getting AWV
- Beneficiary is excluded from assignment prior to getting AWV

National Contact: Kelly Bitonio, BSN, MHA, NEA-BC, CPHQ, System Director Ambulatory Quality
Melissa Gerdes, MD, VP Value-based Clinical Strategy

Physician Champion: Melissa Gerdes, MD, VP Value-based Clinical Strategy

Data Source: CMS



How to Use the Annual Wellness Visit Toolkit

Annual Wellness Visits have been linked to the improvement of the health of our senior beneficiaries and lowering their overall health costs. Tools and evidence-based strategies have been developed to facilitate our Accountable Care Organizations in the implementation and improvement of compliance with Annual Wellness Visits. Materials and links to downloadable documents are included.

Key strategies for success have been identified to aid your ACO in increasing Annual Wellness Visit compliance rates. The following four primary strategies are supported by this toolkit:

- Make AWV an ACO priority by identifying AWV champions
- Promote patient engagement with scripting, reminder letters/cards, proactive scheduling practices and patient facing public reminders
- Optimize clinic management of AWV by top down communication of AWV as a priority, increasing the visibility of the data, utilizing pursuit lists to identify patients needing an AWV and increasing the use of telehealth where feasible
- Enhance the workflow efficiencies of an AWV through use of a multidisciplinary team approach and incorporating the use of allied professionals, telehealth visits and optimizing EHR documentation

Please use tools and templates to implement or augment your AWV program across all CSH clinics.

[Link to Annual Wellness Visit Resources](#)

Key Strategies for Success

1 Establish AWV as an ACO priority

- Designate a AWV Champion
 - Form an improvement team
 - Ensure AWVs are a standing agenda item in ACO leadership meetings
 - Provide regular updates in clinic huddles and on bulletin boards
 - Link AWVs to other relational outcomes i.e. HTN, Preventive Screenings
- Increase visibility and transparency of performance data in key stakeholder venues
 - Schedule regular team meetings (weekly recommended) to monitor gaps, action plan, progress, and outcome data
 - Increase communication of results and remove barriers throughout all levels of ACO
 - Celebrate successes

2 Promote patient engagement

- Communicate and educate beneficiaries on the importance of and benefit to having an AWV
 - Use scripting for all staff associated with AWV to promote AWVs
 - Use letters or birthday cards to remind beneficiaries to schedule AWV
 - Public Reminders: Relay the importance of AWV in public spaces
 - AWV posters or flyers
 - Video campaign in office waiting areas (for those who have the capability)
- Proactive scheduling practices for AWV
 - Promote appropriate AWV type during scheduling opportunities
 - When verifying Medicare eligibility, schedule appropriate Medicare Wellness Visit type
 - Schedule patient when making follow-up appointments
 - 365 day lookback for new Medicare beneficiaries
 - Schedule subsequent AWV upon current AWV exit

3 Optimize clinic management of AWV

- Promote use of EHR registries for patient outreach and follow up
 - Pursuit lists
- Prioritize and promote AWVs within ACOs and clinics
 - Use of editable educational deck for town halls and lunch and learns
 - Orient leaders and providers to AWV toolkits for benefits, coverage and resources available

- Incorporate AWV and sharing of best-practices across the enterprise
 - Promote provider participation in Population Health and Ambulatory Quality Division Lead meetings and office hour calls
 - Use local quality meetings to address barriers to success

4 Enhance workflow efficiencies for AWVs

- Build an accountable AWV team at the direction of the ACO leadership
 - A multidisciplinary clinic team works together to coordinate AWV
 - Identify clinic team roles for AWVs dependent on clinic workflow
 - Map out responsibilities to be carried out by each member of the team
 - Incorporate AWV in care coordination workflow for enrolled beneficiaries or discharge follow-up calls
- Increase use of telehealth for AWV
 - Convene clinical leaders to determine best practices for virtual AWVs
 - Providers are educated on AWV using telemedicine
 - Incorporate an alternative to in-person office visits to increase patient participation with the use of telehealth
 - Consider patient preference in visit modality if telehealth is available
 - Plan virtual AWV workflow for efficiency
 - Use standard guidelines for virtual visits
 - Ensure coding practices are implemented for virtual annual visits
- Expand performance of AWV to Advanced Practice Partners
 - Increase capacity to perform AWV through use of Advanced Practice Professionals
 - Utilize team members at the top of their license to move patients through AWV more efficiently
 - State regulations are taken into consideration
- Standardize AWV documentation in EHRs
 - Optimize AWV documentation process
 - Promote use of EHR embedded AWV templates for complete documentation
 - Standardized paper tool for EHRs without template available
 - Use of coding tip sheets for AWVs
 - Promote use of pre-visit checklist for preventive service schedules

Instructions for Gap Analysis Tool

What is this tool?

This is a supplementary tool for ACO and/or CIN leads to use as needed with clinics in their market to:

- Compare the evidence-based “must have” improvement strategies with the processes currently in place within the clinic.
- Determine the “gaps” between current clinic practices and identified best practices.
- Provide a structured approach in documenting action plans to address identified “gaps”.
- Provide a reference of available resources to support improvement efforts.

Who should use this tool?

The ACO and/or CIN leads will coordinate within their market the clinics that might benefit from utilizing this tool. It is recommended that the selected “appropriate” clinics (i.e. primary care and select specialty clinics who may perform annual wellness visits) establish improvement teams or workgroups to develop action plans to address identified gaps and successfully deploy improvement strategies.

This tool is not a required and there is no due date for submission of the gap analysis for Annual Wellness Visits. However, for the ACO and/or CIN leads that plan to use this tool, we suggest deploying it ASAP for maximal input and benefit during the current performance year.

How can the tool help you?

Upon completion of the gap analysis, providers and clinic team members will have:

- An understanding of the differences between current clinic practices and evidence-based, best practices related to AWV within the clinic setting.
- An assessment of the barriers that need to be addressed before successful implementation of best practices.
- An awareness of available resources to support improvement efforts.

Instructions

1. Mark the corresponding number which reflects your clinic’s level of readiness for each strategy item.
2. If the recommended improvement strategy or associated elements are not able to be deployed or supported within your clinic, provide a brief description of reason under the Comments column.
3. Planned improvement strategies to address identified practice gaps should be documented on the Action Planning Document.

Completed gap analysis and Action Planning document should be returned to the respective ACO and/or CIN leads. Measure Leads are also available to answer questions and/or offer assistance with this evaluation.

THANK YOU!

Gap Analysis

Division _____ Clinic _____ Date of Completion _____

For each Improvement Strategy please use the following scoring method:

- 1 Tactic not in place, difficult to develop
- 2 Tactic not in place, can be developed
- 3 Tactic variably in place, difficult to scale
- 4 Tactic in place, can be scaled
- 5 Tactic well embedded consistently

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
Establish AWW as an ACO priority	Establish an AWW Champion <ul style="list-style-type: none"> • Form an improvement team • Schedule regular team meetings (weekly recommended) to monitor gap analysis, progress with the action plan, and outcome data • Increase visibility and transparency of performance data • Celebrate successes 			Champion role description in toolkit

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
<p>Promote patient engagement</p>	<p>Communication: Educate beneficiaries on the importance and benefit to having an AWV</p> <ul style="list-style-type: none"> • Patient Awareness Campaign: Communication <ul style="list-style-type: none"> • Use scripting for all staff associated with AWV to promote AWVs • Use letters or birthday cards to remind beneficiaries to schedule AWV <ul style="list-style-type: none"> • Consider patient preference in visit modality if telehealth is available • Incorporate AWV in care coordination workflow for enrolled beneficiaries or discharge follow-up calls <p>Promote appropriate AWV type during scheduling opportunities</p> <ul style="list-style-type: none"> • Patient Awareness Campaign-Scheduling <ul style="list-style-type: none"> • When verifying Medicare eligibility, schedule appropriate Medicare Wellness Visit type <ul style="list-style-type: none"> • Welcome to Medicare (within 1st 12 months of coverage) • AWV (recurrent annually after 1st 12 months of coverage) • E/M visit for illness or follow-up <ul style="list-style-type: none"> • May be combined with scheduled AWV 			<p>MLN Booklet https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html</p> <p>Article on AWV recruitment; Bluestein, Daniel et al., "Medicare Annual Wellness Visits: How to Get Patients and Physicians on Board" Fam Pract Manag. 2017 Mar-Apr;24(2):12-16. Link: https://www.aafp.org/fpm/2017/0300/p12.htm</p> <p>Example of AWV patient letter : North State Quality Care Network "Planning Your Medicare Annual Wellness Visit"</p> <p>Standardized letters and birthday cards in toolkit</p> <p>Key points in communicating AWVs in toolkit</p> <p>Tip sheets for pursuit lists from EHRs in toolkit</p> <p>Scheduler guide for AWVs and types in toolkit</p>

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
	<ul style="list-style-type: none"> • Schedule patient when making follow-up appointments • Pursuit lists • 365 day lookback for new Medicare beneficiaries • Schedule subsequent AWV upon current AWV exit <p>Public Reminders: Relay the importance of AWV in public spaces</p> <ul style="list-style-type: none"> • Patient Awareness Campaign- Public Reminders: <ul style="list-style-type: none"> • Video campaign in office waiting areas (for those who have the capability) • AWV posters or flyers <p>Advanced Strategy <i>This strategy requires Legal/ Compliance approval</i> Marketing Incentives for beneficiaries to complete AWV</p> <ul style="list-style-type: none"> • Patient Awareness Campaign: Incentives <ul style="list-style-type: none"> • Waiver application approval required • Marketing material, if budgeted 			<p>YouTube AWV video https://www.youtube.com/watch?v=yqRsl-W6lKbc</p> <p>Examples of Flyer: North State Quality Care Network “High Quality Preventive Care” and “CHI St. Joseph Health “Your Medicare Annual Wellness Visit”</p> <p>Standardize flyer/poster in toolkit</p>

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
<p>Optimize clinic management of AWV</p>	<p>Prioritize and promote AWVs within ACOs and clinics</p> <ul style="list-style-type: none"> • Engage ACO leadership in making AWV compliance a priority <ul style="list-style-type: none"> • Use editable educational deck for town halls and lunch and learns • Orient leaders and providers to AWV toolkits for benefits, coverage and resources available • Incorporate AWV and sharing of best-practices in leadership meetings <p>Increase visibility and transparency of performance data in key stakeholder venues</p> <ul style="list-style-type: none"> • Increase communication of results and remove barriers throughout all levels of ACO <ul style="list-style-type: none"> • Ensure AWVs are a standing agenda item in ACO leadership meetings <ul style="list-style-type: none"> • Link AWVs to other relational outcomes i.e. HTN, Preventive Screenings • Promote provider participation in Population Health and Ambulatory Quality Division Lead meetings and office hour calls • Use local quality meetings to address barriers to success • Provide regular updates in clinic huddles and on bulletin boards 			<p>Current AWV Tool Kit</p> <p>CMS Wellness Visits, https://www.medicare.gov/coverage/yearly-wellness-visits</p> <p>Editable education power point in toolkit</p> <p>MLN Booklet https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html</p>

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
	<p>Identify patients for AWV</p> <ul style="list-style-type: none"> • Employ use of pursuit lists <ul style="list-style-type: none"> • Schedule next AWV at current AWV • Schedule Welcome to Medicare visits for those new to Medicare during the performance period • Care coordinators manage pursuit list for enrolled patients <p>Increase AWV compliance in locations telehealth would be most feasible (Medicare annual wellness visits are on the list of approved telehealth services)</p> <ul style="list-style-type: none"> • Use of telehealth for virtual AWV, where feasible • Convene clinical leaders to determine best practices for virtual AWVs <ul style="list-style-type: none"> • Use standard guidelines for virtual visits • Ensure coding practices are implemented for virtual annual visits 			<p>Example: Pursuit list from PH Clinical Strategy</p> <p>EHR specific pursuit list tip sheets in toolkit</p> <p>Standard template for AWV components for care coordinators</p> <p>Telemedicine fact sheet: https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency</p> <p>Iowa Virtual Conversion Toolkit</p> <p>CommonSpirit Health AWV toolkit includes coding information</p>

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
<p>Enhance workflow efficiencies for AWVs</p>	<p>Utilize team members at the top of their license to move patients through AWV more efficiently</p> <ul style="list-style-type: none"> • A multidisciplinary clinic team works together to coordinate AWV • Identify clinic team roles for AWVs dependent on clinic workflow <ul style="list-style-type: none"> • Map out responsibilities to be carried out by each member of the team • Promote use of preventive screening schedule (Addendum C of Telehealth Annual Wellness Visit Guide) <p>Incorporating an alternative to in-person office visits to increase patient participation with the use of telehealth</p> <ul style="list-style-type: none"> • Promote virtual AWV via telehealth, if feasible • Educate providers on AWV using telemedicine • Plan virtual AWV workflow for efficiency 			<p>AMA StepsForward workflow process: ama.2019.0691.pdf</p> <p>HealthInsights QIO team roles: https://healthinsight.org/tools-and-resources/send/416-forms-and-tools/833-awv-implementation-guide-team-roles</p> <p>Editable process map of AWV Workflow in toolkit</p> <p>Guidelines for AWV Team Based Roles in toolkit</p> <p>Preventive screening schedule (Addendum C of Telehealth Annual Wellness Visit Guide)</p> <p>Telehealth Annual Wellness Visit Guide, Nurse roles Telemedicine fact sheet: https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-for-ward-covid-19-public-health-emergency</p>

Key Concept	Improvement Strategy	Assessment	Comments	Available Resources
		1 2 3 4 5		
	<p>Increase capacity to perform AWV through use of Advanced Practice Professionals (APPs)</p> <ul style="list-style-type: none"> • Promote use of APPs for AWV, if feasible <ul style="list-style-type: none"> • APPs can perform AWVs to provide more time to providers for sick visits • Employ use of best practice guidelines for APP AWV <ul style="list-style-type: none"> • State regulations are taken into consideration <p>Optimize AWV documentation process</p> <ul style="list-style-type: none"> • Standardized EHR optimization for documentation <ul style="list-style-type: none"> • Promote use of EHR embedded AWV templates for complete documentation • Standardize paper tool for EHRs without template available • Use coding tip sheets for AWVs 			<p>Iowa Virtual Conversion Toolkit</p> <p>CommonSpirit Health AWV toolkit Telemedicine fact sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</p> <p>MLN Booklet https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html</p> <p>Campaign flyer and Know, Do, Share for AWV EHR documentation in toolkit</p> <p>Sample paper AWV: Southern California Integrated Care Network-Ventura Chapter “Medicare Annual Wellness Guide” in toolkit</p>

Gap Analysis Action Plan

Facility/Entity Name: _____

Completed By: _____ Date Initiated _____

Key Concept/ Process	Action Plan	Responsible Person	Estimated Completion Date	Monitoring/ Validation Process (How do you know it's happening?)

Additional Comments:

Champion Role Description

Recommended Clinical Lead: Medical Director of ACO or ACO Quality Lead

Clinical Champion: Clinic Dyad of Operations and Clinical

Recommended ACO Lead: ACO Executive Director or VP

Role Summary

In collaboration with the Population Health Physician Leads and ACO leadership, the Annual Wellness Visit Champion is authorized to serve as a liaison and coordinate implementation of evidence-based practices and strategies to improve care for Medicare beneficiaries through the use of annual wellness visits within the clinic setting. This individual may be a clinician or other member of the healthcare team overseeing annual wellness visits improvement activities within one or multiple clinics. Experience has shown a dyad partnership with a clinical and operational lead has been most successful.

Desired Skills

1. Knowledgeable and enthusiastic about annual wellness visits with appropriate expertise and experience
2. Good communication skills and able to work well with others
3. Willing/able to invest time in necessary activities including conducting or coordinating educational presentations to providers and clinic staff, sharing performance outcome data and promoting annual wellness visit activities

Functions and Duties as Goal Champion

1. Actively and enthusiastically promote annual wellness visits as a practice/clinic improvement priority
2. Collaborate with providers and clinic managers to facilitate a gap analysis of current annual wellness visit practices within assigned clinic(s) and promote, advocate and implement an improvement plan using evidence-based strategies to address identified gaps
3. Provide input and leadership for implementation, monitoring, and evaluation of deployed improvement strategies
4. Work collaboratively with providers and clinic staff to leverage and optimally utilize clinic infrastructure to:
 - Facilitate clinic approach to support adherence to annual wellness visit improvement strategies as directed by the Population Health Physician Leads and ACO leadership group and gap analysis findings. (For example, oversee establishment of an improvement team or work group to focus on these efforts.)
 - Mentor providers, clinic staff, improvement teams to effectively apply improvement methods and tools
 - Facilitate process for periodic review, monitoring and sharing of performance outcome data reports
 - Celebrate key milestone achievements

Frequently Asked Questions

ABOUT THE MEASURE

Q What is the definition of the Annual Wellness Visit measure?

A Percentage of Medicare beneficiaries participating in an Accountable Care Organization (ACO) Medicare Shared Savings Program (MSSP) that have had an annual wellness visit (AWV) within the measurement period (Higher is better).

Q What is the inclusion criteria for the denominator?

A Medicare beneficiaries attributed to a CommonSpirit Health owned or affiliated ACO TIN. Attribution determined by appearance of beneficiary on a CMS supplied assignment list (either retrospective or prospective).

Q What is the exclusion criteria for the denominator?

- A**
- Patients are attributed to an MSSP ACO that has elected to not share their data with the Payor Strategy Relations (PSR) team.
 - Patients become deceased prior to receiving an AWV. If they have an AWV before becoming deceased they will be left in the calculation.
 - Patients become excluded in a prospective assignment list prior to receiving an AWV. If they have an AWV before becoming excluded they will be left in the calculation.
 - Reasons for becoming excluded are: the patient stopped receiving Part B benefits, the patient moved out of the country, the patient moved to an MA plan, etc.

Q What is the inclusion criteria for the numerator?

A Medicare beneficiaries that appear in the denominator and have an annual wellness visit with an allowed charge with one of the following codes G0402 (Initial Preventative Physical Examination), G0438 (Annual wellness visit, initial visit), and G0439 (Annual wellness visit, subsequent visit)

Q What is the data source?

A Numerator data will be based on a set of monthly CCLF (Claim and Claim Line Feed) files received by each individual MSSP ACO which are then transferred to the PSR team for loading into the PDW. Denominator data will be based on assignment lists received by each individual MSSP ACO which are then transferred to the PSR team for loading into the PDW. Retrospective assignment lists are updated and provided quarterly by CMS. Prospective assignment lists are provided annually with slight updates quarterly when beneficiaries become excluded.

Q What is the time period for the metric?

A The baseline data is from January 2022 through December 2022.
The performance data is from January 2023 through December 2023.

ABOUT AWV

Q Who is eligible for the AWV?

A Medicare covers an AWV for all beneficiaries who are no longer within 12 months after the eligibility date for their first Medicare Part B benefit period, and who have not had either an IPPE or an AWV within the past 12 months. Medicare pays for only one first AWV per beneficiary per lifetime and one subsequent AWV per year thereafter.

Q Is the AWV the same as a beneficiary's yearly physical?

A No. The AWV is not a routine physical that some older adults may get periodically from their physician or other qualified non-physician practitioner. Medicare does not cover routine physical examinations.

Q Are clinical laboratory tests part of the AWV?

A No. The AWV does not include any clinical laboratory tests, but you may make appropriate referrals for such tests as part of the AWV.

Q Do deductible or coinsurance/copayment apply for the AWV?

A No. Medicare waives both the coinsurance or copayment and the Medicare Part B deductible for the AWV.

Q Can I bill an electrocardiogram (EKG) and the AWV on the same date of service?

A Generally, you may provide other medically necessary services on the same date of service as an AWV. The deductible and coinsurance or copayment apply for these other medically necessary services.

Q How do I know if a beneficiary already got his/her first AWV from another provider and know whether to bill for a subsequent AWV even though this is the first AWV I provided to this beneficiary?

A You have different options for accessing AWV eligibility information depending on where you practice. You may access the information through the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) or through the provider call center Interactive Voice Responses (IVRs).

CMS suggests providers check with their Medicare Administrative Contractor (MAC) for options available to verify beneficiary eligibility. Contact your MAC for more information.

Contacts

Melissa Gerdes, MD

VP Value-based Clinical Strategy, Population Health
Melissa.Gerdes@CommonSpirit.org

Kelly Bitonio, BSN, MHA, NEA-BC, CPHQ

System Director, Ambulatory Quality
Kelly.Bitonio@CommonSpirit.org

Continuing Medical Education (CME) Course

Annual Wellness Visit CME Course is now available through our academic partner, Baylor College of Medicine Website (<https://cpd.education.bcm.edu/content/annual-wellness-visit#group-tabs-node-course-default5>).

The screenshot shows the 'ANNUAL WELLNESS VISIT' course page. At the top, there is a navigation bar with 'HOME', 'COURSE CATALOG', 'GRAND ROUNDS CATALOG', 'CALENDAR', 'MY ACCOUNT', and 'CONTACT US'. Below this is a breadcrumb trail: 'Home » Annual Wellness Visit'. The main heading is 'ANNUAL WELLNESS VISIT' with a 'RETURN TO COURSE HOME' link. On the left is a 'COURSE PROGRESS' sidebar with a list of modules: 'COURSE INSTRUCTIONS', 'MODULE 1 - INTRODUCTION TO ANNUAL WELLNESS VISIT', 'MODULE 2 - CODING AND BILLING THE ANNUAL WELLNESS VISIT', 'MODULE 3 - ANNUAL WELLNESS VISIT IMPROVEMENT', 'MODULE 4 - ROLE-BASED WORKFLOW FOR ANNUAL WELLNESS VISITS', 'ADDITIONAL COMMONSPIRIT HEALTH RESOURCES', 'EVALUATION', 'CREDIT', 'CERTIFICATE', and 'COMPLETE'. The 'COMPLETE' item is checked. The main content area is titled 'COURSE HOME' and contains 'COURSE INSTRUCTIONS: TO RECEIVE A MAXIMUM OF 1.50 AMA PRA CATEGORY 1 CREDITS™, YOU SHOULD:'. It lists four steps: 1. Select modules to review. 2. Complete the 'Evaluation' section. 3. Claim credits based on time spent. 4. Download and save the certificate. Below the instructions, it states: 'The estimated time to complete this activity, including review of the materials, is 1.50 hour(s) total.' At the bottom, there is a table with three columns: 'Module Title', 'Presenter', and '# of CME Credits'.

User needs to create a one-time login to take the course and claim the CME credit.

The screenshot shows the 'ANNUAL WELLNESS VISIT' course page with a navigation bar and a search bar. The main heading is 'ANNUAL WELLNESS VISIT'. Below the heading is a navigation bar with 'OVERVIEW', 'PROGRAM', 'FACULTY', 'ACCREDITATION', and 'REGISTER/TAKE COURSE'. A yellow banner contains the text: 'Please login or register to take this course.' Below the banner, it says: 'Click the button above to view the presentation modules, complete the course evaluation, and claim credit for this activity.'

The following topics are available in the CME course:

Module Title	Presenter	# of CME Credits
Overview of Annual Wellness Visit	Francis Mercado, M.D.	0.25
Coding and Billing the Annual Wellness Visit	Ranae Forbes, C.P.C.	0.50
Annual Wellness Visit Improvement	Francis Mercado, M.D.	0.25
Role-based Workflow for Annual Wellness Visits	Barbara Martin, Ph.D., ACNP-BC, M.P.H.	0.50

Please reach out to Helena Moon, MD (Helena.Moon@CommonSpirit.org) if you have any questions regarding the AWV CME course.

Appendix

Resources

The [Medicare Preventive Services webpage](#) lists educational products for Medicare Fee-For-Service providers and their staff about preventive services, coverage, coding, billing, payment, and claim filing procedures.

Resource	Website
CMS AWV Resource	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
42 Code of Federal Regulations 410.15 (policy governing AWV service)	https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15
Medicare Benefit Policy Manual, Chapter 15	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual, Chapter 12 Section 30.6.1.1 Section 30.6.6 Section 100.1.1.C	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
Medicare Claims Processing Manual, Chapter 18, Section 140	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
MLN Matters® Article MM9271, Advance Care Planning (ACP) as an Optional Element of an Annual Wellness Visit (AWV)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9271.pdf
MLN Matters Article MM7079, Annual Wellness Visit (AWV), Including Personalized Prevention Plan Services (PPPS)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7079.pdf
MLN Matters Article MM10000, Billing for Advance Care Planning (ACP) Claims	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10000.pdf
MLN Matters Article SE1338, Improve Your Patients' Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf
Reducing Opioid Misuse	CMS.gov/about-cms/story-page/reducing-opioid-misuse.html
CommonSpirit Health AWV Continuing Medical Education	https://resourcelibrary.commonspirit.org/cme-credit-courses/ https://cpd.education.bcm.edu/content/annual-wellness-visit#group-tabs-node-course-default5
CommonSpirit Health Physician Enterprise Resource Library	https://resourcelibrary.commonspirit.org/

Additional Resources	Website
A Framework for Patient-Centered Health Risk Assessments	https://www.cdc.gov/policy/hst/HRA/FrameworkForHRA.pdf
Advisory Committee on Immunization Practices ACIP	https://www.cdc.gov/vaccines/acip
Alzheimer's and Dementia Resources for Professionals	https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals
Annual Wellness Visit	https://www.ecfr.gov/cgi-bin/text-idx?SID=b88181e2130f26ae6c4741f95a518bbf&mc=true&node=se42.2.410_115&rgn=div8
CMS Roadmap to Address the Opioid Epidemic	https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf
Contact Your MAC	http://go.cms.gov/MAC-website-list
Medicare Claims Processing Manual, Chapter 9	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf
Medicare Coverage of Substance Abuse Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1604.pdf
Medicare Preventive Services Webpage	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
Routine Physical Examination	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489.html
United States Preventive Services Task Force USPSTF	https://www.uspreventiveservicestaskforce.org

References

1. Annual Wellness Visits. Centers for Medicare and Medicaid Services: Medicare Learning Network Booklet online resource ICN 905706: Aug 2018, accessed April 1, 2020
2. Beckman, Adam et al., Medicare Annual Wellness Visit Association with Healthcare Quality and Cost. *Am Journ of Man Care*, March 2019 <https://www.ajmc.com/journals/issue/2019/2019-vol25-n3/medicare-annual-wellness-visit-association-with-healthcare-quality-and-costs>
3. Camacho, Fabian et al., The Effectiveness of Medicare Annual Wellness Visits in Accessing Preventive Screening. *J Prim Care Community Health*. 2017 Oct; 8(4): 247–255. Published online 2017 Oct 28. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5932741/>