



# BPHO's



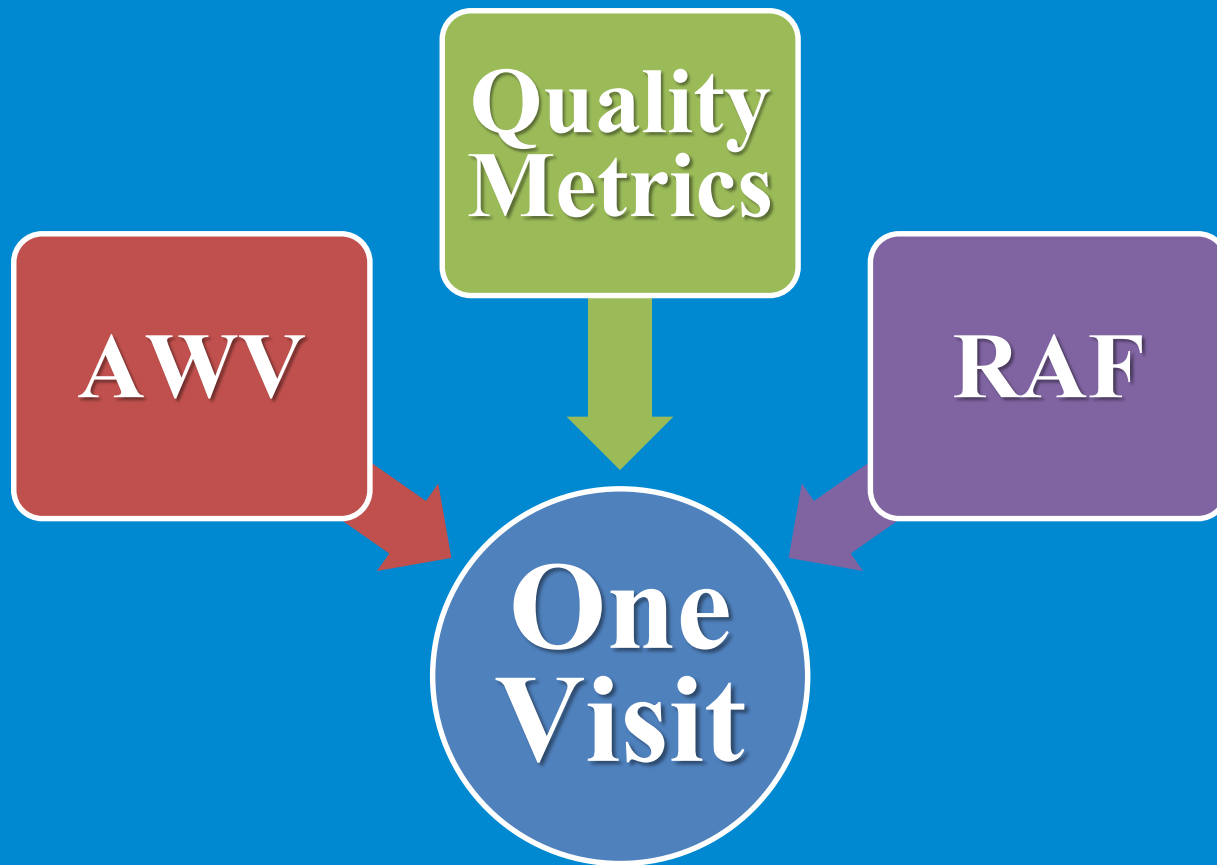
# 1

# Visit



*Presented by:*

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# AWV

- Health Risk Assessment
- List of Providers
- Medical History
- Family History
- Social History
- Potential Risk Factors for Depression
- Functional Ability and Safety
- Measurement of Vitals
- Medication List

# Quality Measures

- BMI
- Blood Pressure
- Hypertension
- Current Medications
- Fall Screening
- Depression
- Influenza
- Pneumonia
- Tobacco
- Colorectal CA Screening
- Mammography Screening
- Statin Therapy
- A1C Poor Control
- DM Retinal Eye
- DM Kidney
- IVD Dx – Aspirin
- HF Dx w. LVSCD <40
- CAD w. Dx Diabetes
- Depression Remission
- Osteoporosis Management
- Rheumatoid Arthritis
- Advanced Directives

# RAF

- Current Dx Assessment
- Corresponding Form Completion
- Historical Dx Assessment

# Benefits

**Reimbursement**

**Time Saved**

**Confidence in  
Patient Health**

**Maximize RAF**

**Complete all  
Quality  
Measures**



Overview of AWV, Quality Measures & RAF

Bringing Components Together

Who Can Complete Areas

Breaking Down the Visit

Revenue Generation

Implementation Strategies

Tools & Resources Available

# AWV

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# Brief History of AWW

- **Introduced as a result of the Patient Protection and Affordable Care Act of 2010 (ACA)**
- **Slow implementation nationally - CMS data reveals only 12% of eligible beneficiaries had AWW claims in 2013**
- **Requires a culture shift from illness to wellness management**



**Banner  
Physician Hospital  
Organization**

*An independent provider network*

# What is the Purpose of an AWW?

- **Health promotion**
- **Disease detection**
- **Coordination of screening and preventative services**
- **Development or update of a ‘personalized prevention plan’ to prevent disease and disability based on current health and risk factors**
- **Sets the foundation for value based care and the transformation to Population Health management**
- **Opportunity to capture RAF, STARS/HEDIS and Pioneer ACO Quality Measures**



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# Possible Barriers to Implementation of AWW

## Physician/Office Reasons:

- New concept of Medicare covering preventative services
- Became difficult to document all required elements
- Confusing roles and responsibilities
- Hard to know who can do what piece of the visit documentation and planning
- Time consuming

## Patient Reasons:

- Patients not understanding intent of the AWW - expect to address chronic or acute medical issues at this visit
- If additional services are provided, those charges are subject to copays and deductibles
- Patients may perceive this as a 'bait and switch' technique and become angry with the office



# Medicare Annual Wellness Visit Defined

copayment / coinsurance waived, deductible waived

## “Welcome to Medicare Visit”

(Also known as the *Initial Preventive Physical Examination* or IPPE)

- Must be performed within the first 12 months after the member’s effective date of their Medicare Part B coverage.
- One-time service to newly-enrolled beneficiaries.

## Initial Annual Wellness Visit (AWV)

- Medicare covers only one ‘Initial’ per lifetime
- Must not be within the first 12 months of their first Medicare Part B coverage period
- Must not have received an Initial Preventive Physical Examination (IPPE) or an AWV within the past 12 months (*at least 11 months have passed following the month in which the IPPE or AWV was performed*)

## Subsequent Annual Wellness Visit

- Occurs after the Initial AWV
- Covered once per year (that is, at least 11 months have passed following the month the last AWV was performed)
- Be aware of differences between Medicare and Medicare Advantage Plans which may cover anytime per calendar year

We are comprised exclusively of  
*independent physicians*  
who have achieved  
*innovative ways to deliver care*  
while delivering *high-quality care*  
in a *cost-effective* manner.

**So...**

**What is included in A WV with  
Personalized Prevention Plan  
Services (PPPS)?**



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**ACO 15**  
Pneumococcal  
Immunization

**ACO 20**  
Breast CA  
Screening

**ACO 14**  
Influenza  
Immunization

**STARs**  
Osteoporosis  
Management - Bone  
Mineral Density or  
Medication

**ACO 39**  
Documentation of  
Current Medication

**RAF Assessment**  
Old and New  
Diagnosis

**ACO 31**  
Heart Failure with  
LVSD  
*Beta Blocker*

**ACO 17**  
Tobacco Use  
Assessment and  
Counseling

Collect completed labs / tests /  
treatments from Specialists for  
'at Risk' Measures

**ACO 33**  
CAD & DM and/or  
LVSD  
*ACE/ARB*

**ACO 41 & STARs**  
Retinal Eye Exam

**ACO 30**  
IVD  
*Aspirin*

**ACO 19**  
Colorectal CA  
Screening

- STARs - Kidney Disease
- ACO 27 & STARs - Diabetes
- ACO 30 - IVD
- ACO 31 - HF
- ACO 30 - CAD
- STARs - Rheumatoid Arthritis

# Measure For:

✓ Height

✓ BMI

✓ Other medically  
necessary routine  
measurements

✓ Weight

✓ Blood Pressure

## ACO 16 & STARS

Height, weight and BMI with  
counseling as appropriate for  
above or below normal values



## ACO 28

Blood Pressure for  
those with HTN



## ACO 21

Blood Pressure  
Screening



## Review of potential risk factors for depression, including current or past experiences with depression or other mood disorders

- ✓ Use any appropriate screening instrument for beneficiaries without a current diagnosis of depression, which you may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations.

ACO 40  
Depression Remission at 12  
months (must use PHQ 9  
Screening Form)



ACO 18  
Depression  
Screening



# Review of Functional Ability and Level of Safety

- ✓ Use direct observation of the beneficiary, or select appropriate screening questions or a screening questionnaire, from various available screening questions or standardized questionnaires recognized by national professional medical organizations to assess, at a minimum, the following topics:
  - ✓ Ability to successfully perform ADLs
  - ✓ Fall Risk
  - ✓ Hearing impairment
  - ✓ Home safety

ACO 13  
Screening for  
Fall Risk



✓ **Establish a written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years, as appropriate**

Base written screening schedule on:

- Age-appropriate preventive services Medicare covers
- Recommendations from the USPSTF and the ACIP; and
- The beneficiary's Health Risk Assessment, health status and screening history

✓ **Update the list of risk factors and conditions for which the primary, secondary, or tertiary interventions are recommended or underway for the beneficiary**

Include the following:

- Any mental health conditions or any risk factors or conditions identified through an IPPE; and
- A list of treatment options and their associated risks and benefits



- ✓ **Furnish Personalized Health Advice to the Beneficiary and a referral, as appropriate, to health education or preventative counseling**

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### **If needed, referrals for:**

- **Lab Work:**
  - ✓ A1c, LDL, Nephropathy screening/monitoring test
- **Screening Exams for :**
  - ✓ Colon CA, Breast CA, Retinal Eye Exam, Osteoporosis
- **Immunizations:**
  - ✓ Flu, Pneumonia
- **Counseling and F/U:**
  - ✓ Abnormal BMI, Tobacco cessation, Depression, Blood Pressure
- **Medication F/U for:**
  - ✓ IVD, Heart Failure, CAD, Prevention and Treatment of CAD

Link to American College of Physicians Women's and Men's Prevention Plans

# Reimbursement for an AWV and IPPE\*

## Medicare FFS & Pioneer ACO

- Paid by current Medicare fee schedule
- ‘Welcome to Medicare’ (IPPE) - G0402 - **\$166.90**
- AWV, initial visit - G0438 - (non-facility) **\$171.92**
- AWV, subsequent - G0439 - **\$116.64**

## Medicare Advantage Plans

- Medicare Advantage Plans (MAP) reimburse at 100% of Medicare Fee Schedule, unless there is a different reimbursement % referred to in the MAP Provider’s contract.
- Reimbursement based on specific plan

\*Fees are approximate and based on CMS fee schedule

# Preventative Services & Reimbursed Amount

copayment /coinsurance waived, deductible waived

Codes	Service	Time	Amount
G0436	Smoking Cessation Counseling	3-10 min	\$14.59
G0437	Smoking Cessation Counseling	>10 min	\$27.80
G0108	DSMT (DM) Individual	Per 30 min	\$53.13
G0109	DSMT (DM) Group	Per 30 min	\$14.28
G0403	EKG for IPPE		\$17.10
G0404	EKG Tracing for IPPE		\$8.55
G0405	EKG Interpret and Report for IPPE		\$8.55
G0446	Intensive Behavioral therapy for CVD, Annual, Individual	15 min	\$26.01

# Preventative Services & Reimbursed Amount (continued)

copayment /coinsurance waived, deductible waived

Codes	Service	Time	Amount
G0447	Face to face behavioral counseling for obesity	15 min	\$26.01
G0102	DRE for prostate cancer screen		\$19.65
G0442	Annual alcohol misuse screening	15 min	\$18.22
G0443	Brief face to face behavioral counseling for alcohol misuse	15 min (4 x per year)	\$26.01
G0444	Annual depression screening	15 min	\$18.22
Q0091	Screening pap: obtain, prepare, and convey to lab		\$45.30
G0101	Pelvic and clinical breast examination, cervical or vaginal cancer screening		\$38.45
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face to face		\$27.08

# Preventative Services & Reimbursed Amount (continued)

copayment /coinsurance waived, deductible waived

Codes	Service	Time	Amount
76977	US Bone Density Measurement and Interpretation, Periph site(s), any method		\$7.07
	Modifier 26		\$2.82
	Modifier TC		\$4.25
77078	CT Bone Mineral Density study 1/> sits; Axial Skeleton		\$114.49
	Modifier 26		\$12.49
	Modifier TC		\$102.00
77080	Dual-Energy X-Ray Absorptiometry (DXA), Bone Density Study, 1/> sits; Axial Skeleton		\$41.44
	Modifier 26		\$10.34
	Modifier TC		\$31.11
77081	DXA, Bone Density Study, 1/> sits; Appendicular Skeleton (peripheral)		\$28.20
	Modifier 26		\$11.06
	Modifier TC		\$17.14
G0130	Single Energy X-Ray Absorptiometry (SEXA), Bone Density Study, 1/> sits or more sites, Appendicular Skeleton (peripheral)		\$34.28
	Modifier 26		\$11.47
	Modifier TC		\$22.87

# Preventative Services & Reimbursed Amount (continued)

copayment /coinsurance waived, deductible waived

Service	Applicable Codes
Influenza Vaccine Administration	G0008
Influenza Vaccine	Various codes
Pneumococcal Administration	G0009
Pneumococcal Vaccine (Conjugate & Polysaccharide)	90670
Hepatitis B Vaccine Administration	G0010
Hepatitis B Vaccine	Various codes

# New for 2016

## Advance Care Planning (ACP)

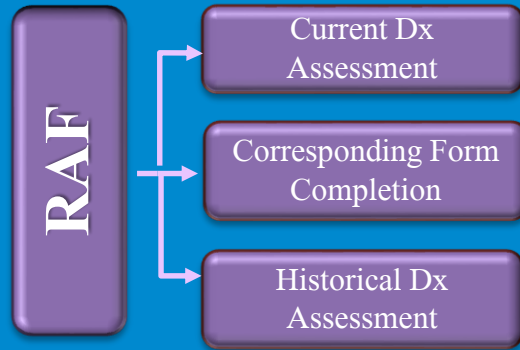
Discussion about advanced directives, with or without completing relevant

Code	Description	Anticipated Reimbursement
99497	The first 30 minutes of face-to-face ACP with the patient and/or family member(s)	\$85.49
99498	Additional 30 minutes of ACP, listed separately in addition to the code for the primary procedure	\$74.39

Disclaimer: Medicare changes Fee Schedule on a fairly frequent basis



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# RAF

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## Medical Assistant

## M.A. & Provider

## Provider

# Quality Measures

Measurement of Vitals

Medication List

List of Providers

Medical History

Social History

Family History

Potential Risk Factors for Depression

Health Risk Assessment

Functional Ability and Safety

BMI

Blood Pressure

Current Medications

Fall Screening

Depression

Influenza

Pneumonia

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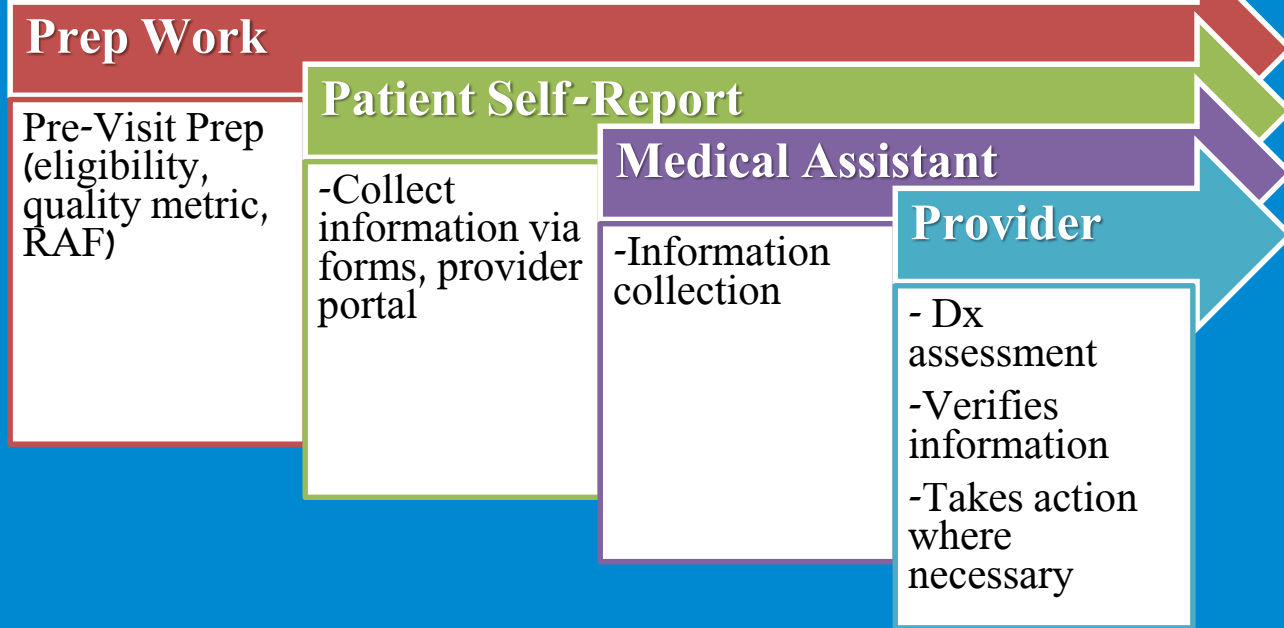
Hypertension

Corresponding Form  
Completion

Current Dx  
Assessment

Historical Dx  
Assessment

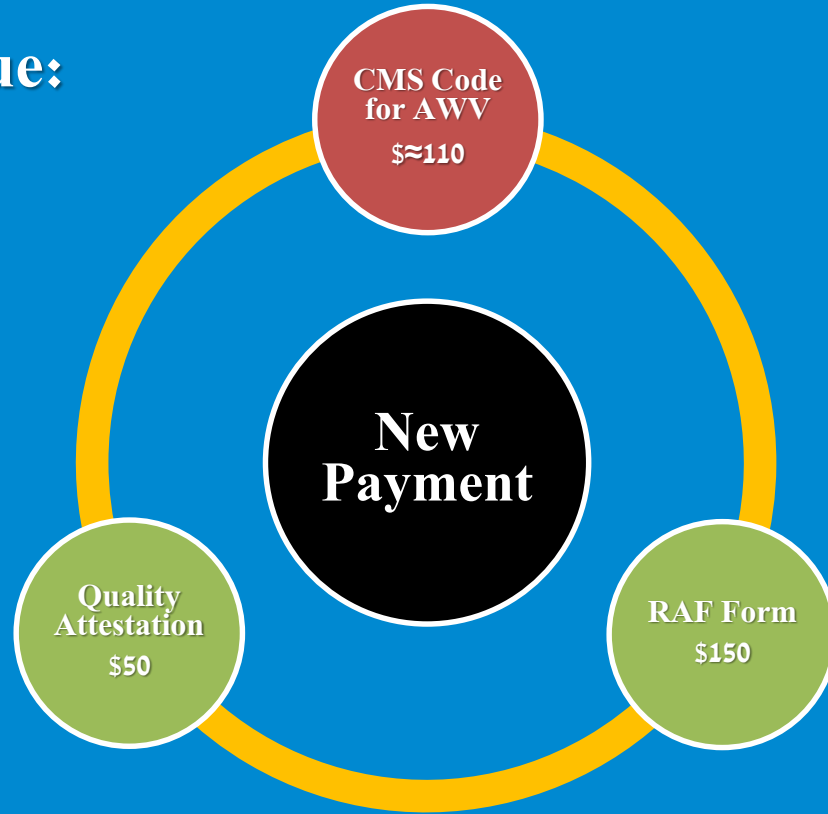
# What Visit Looks Like:



**Total Revenue:**  
**\$110+**



**Total Revenue:**  
**\$270+**



**CMS Codes for Additional Prev. Services**

# Strategies for Transition

## Appointment Management

- **Set specific times for AWW/One Visit**
- **Book AWW/One Visit at times where the MA starts prior to the provider or they are otherwise occupied**

# Strategies for Transition

## Shifting Duties

- **Create Job Descriptions for Staff**
- **Create Job Processes**
- **Agree Upon Definitions & Roles**
- **Train MAs & Practice Pre-Visit Prep\*\***
- **Pick a lower volume day to start and practice**
- **Educate patients on appointment expectations and set up appointment for patient self-report**

# Tools & Resources

## One Visit Practice Checklist

Initial Annual Wellness Visit      G0438 } Dx V70.0  
 Subsequent Annual Wellness Visit      G0439 }

### Pre-Visit Prep:

- Verify eligibility:    [ ] Medicare  
                                   [ ] Not eligible for Welcome to Medicare Visit  
                                   [ ] More than 365 days since initial AWV
- Gather External Data [ ] Quality Metric Completion Status (BHN Provider Portal)  
                                   [ ] HCC Information (BHN Provider Portal) \*\*  
                                   [ ] RAF Form (determined by Health Plan) \*\*

### Patient Education:

- Explain the Annual Wellness Visit to the patient

### Patient Self-Report (via form or validation of current information):

- Family, Medical, Social History
- Health Risk Assessment
- Current Medication List
- Current Provider List
- Fall Screening
- Depression screening

### Medical Assistant Information Collection:

- Measure BP, weight, BMI and/or waist measurement
- Complete list of risk factors.

Components of Care	Quality Measure Preventative	Quality Measure Chronic	Pioneer Reporting Code	Medicare Advantage Reporting Code	Second step to meet measure	Pre-Visit Information Assessment Needed	self report	MA Documents*	Provider Action	Trigger for DX	Additional Billing or need resources for	Medical Assistant Established Protocols	Welcome to Medicare Visit/YPE	AWV	2nd AWV	BPOV Visit	
Measurement of Vital								X					X	X	X	X	
Family History							X Patient can complete	X					X	X	X	X	
Medical History - if self-reporting DX then provider would need to address for MAI (not necessary AWV)							X Patient can complete	X	X	X			X	X	X	X	
Health Advice & Referrals													X	X	X	X	
Plan of Care- written plan of screening									X				X	X	X	X	
Tobacco Screening and Risk Factors	ACD 38		G8510; G8831		follow up plan			X	if positive	X	X, counseling		X	X		X	
Functional Ability and Safety (GDL, fall risk, hearing impairment and home safety) Assessment								X					X	X		X	
Referral for Abdominal Aortic Aneurysm (AAA) Screening													X				
Advanced Directive													X	X			
Advanced Care Planning (include but not identical)						X			X		X				Q	Q	
Social History							X Patient can complete	X								X	
Health Risk Assessment					check if code?		X Patient can complete	X		X					X	X	
Cognitive Assessment							X								X	X	
Current Medication List*not searching of medications	ACD 39		G8827; G8830				X Patient can complete	X	X						X	X	
Current Provider List (specialists, GME)							X Patient can complete	X							X	X	
Fall Screening (History of falls and injury to be included as, FAS)	ACD 33		1100P; 1101P; 1288P; 2054P; 4008P				X Patient can complete	X							X	X	
Follow-up and Cervical Intervention	ACD 17		G8817; G8818; G8819		counseling			X	X		Comments if applicable	X, counseling	X			X	
BMI and Follow Up	ACD 16; STAR		G8417; G8418; G8419		F 88.1 to 708-65	follow up plan				X	if abnormal		X			X	
Blood Pressure Screening	ACD 21		G8780; G8784		follow up plan needed for			X	if abnormal	X			X			X	
Hypertension DX (BP <140/90)		ACD 28; STARs	G8752; G8754; G8476-G8485					X	if abnormal	X						X	
DM Kidney Disease Monitoring		STAR															X

+ many more!!

