



Annual Wellness Visits

Institute For Accountable Care

April 28, 2022



Overview



- Introductions
- AWWs - quick overview
- Presentations from ACO innovators
- Discussion/questions

Presenters



- Nathan Moore, ACO Medical Director, Practicing Physician BJC Medical Group, St. Louis MO
- Whitney Denin, Clinical Coordinator, Nebraska Health Network, Omaha NE
- James Barr, VP of Clinical Intelligence, Atlantic Health System, Morriston NJ

The AWW Basics



Billing codes and average reimbursement

- If CPT = G0402 then IPPE (can only use in the first 12-months of Medicare enrollment) - \$168
- If CPT = G0438 then IAWV (can only be billed once) - \$166
- If CPT = G0439 then AWW (this should be the most common code) - \$117
- If CPT = G0468 then FQHC visit for preventive physical exam (IPPE or AWW) – NA

Who can bill?

- MD, DO, PA, NP or clinical nurse specialists only.

Diagnosis code

- May use any ICD-10 code.

AWVs by Age and Entitlement, 2019

	Annual Wellness Visits	
Age Group	ACO %	FFS %
65-74 years	47%	33%
75-84 years	46%	32%
85 old or older	38%	26%

	Annual Wellness Visits	
Entitlement	ACO %	FFS %
Aged Non-Dual	48%	35%
Aged Dual	31%	20%
Disabled	32%	19%

AWV by Race/ethnicity, 2019

Race/ethnicity	ACO N	ACO N AWVs	ACO %	FFS N	FFS N AWVs	FFS %
Asian/Pacific Islander	214,038	96,390	45%	511,344	167,631	33%
Non-Hispanic White	8,915,421	3,939,360	44%	13,309,343	4,091,311	31%
Latino	439,583	165,094	38%	1,028,610	214,346	21%
Black (Or African-American)	824,316	308,244	37%	1,436,253	345,286	24%
American Indian/Alaska Native	22,406	5,818	26%	121,911	9,619	8%

The AWP Challenge



- What have been the barriers to using AWPVs and how have you overcome these barriers?
- What's the clinical value of AWPV for an ACO?
- Where are you going next with AWPVs? Where will we see innovation in this space?



BJC Accountable
Care Organization

Nathan Moore, MD
Medical Director, BJC HealthCare ACO
Nathan.Moore@BJC.org

BJC HealthCare ACO

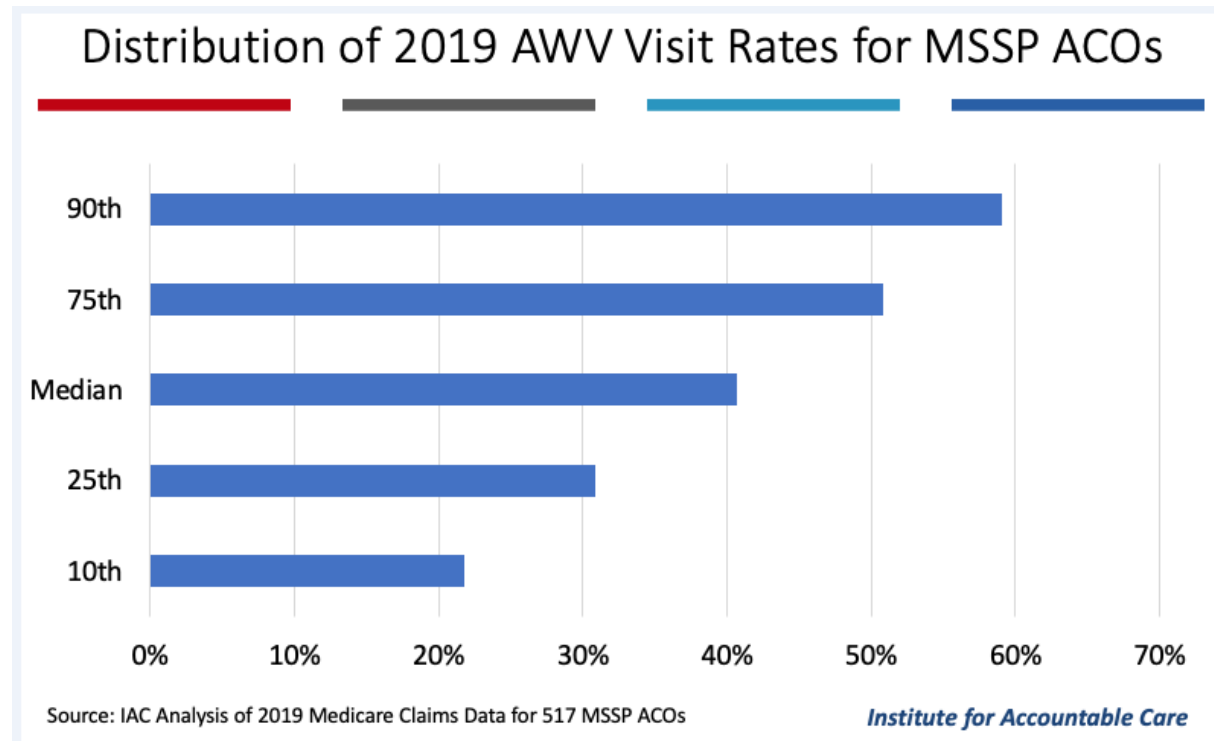
- Enhanced track
- Initial agreement 2012
- Missouri and Illinois
- Urban, suburban and rural
- Health System Led
- ~900 providers
- ~40,000 beneficiaries
- 98% of providers are on a single EHR

Background

- Annual Wellness Visits (AWVs) are critical to success of MSSP ACOs
- Our AWV rates remained below 45% despite efforts to encourage practices and providers to utilize
- We made increasing AWV rates a top priority for 2019

Aim

- Increase AWW rates to $>50\%$ for 2019



Interventions






- Monthly Patient Lists for Practices (with AWW due dates)
- Proactive scheduling; converting other appointment types
- C-SNAP access for offices
- EMR Tracking
- AWW Tracking Dashboard
- Compensation Bonus for PCPs with AWW rates > 50%

Interventions

- New Epic AWW note templates
- BJC AWW Written Patient Communication
- Simplified HRA Questionnaire sent out pre visit
- Best-Practice AWW Workflow
- Webinars for Office Staff
- In-Person Meetings with PCPs

Health Maintenance

 Postpone  Remove Postpone  External Labs/Tests  Abstract Labs/Tests  Past Immunization  Place New Orders  Exclude  Edit Frequency

Due Date	Topic	Frequency	Date Completed			
 07/15/1967	Foot Exam	1 year(s)				
 04/08/2016	Dilated Eye Exam	1 year(s)	4/8/2015			
 09/01/2018	Influenza Vaccine (1)	Sequential	10/9/2017	 9/21/2016	11/1/2015	11/12/2014
 11/01/2018	Regular Well Visit/Exam	1 year(s)	11/1/2017			



Medicare Annual Wellness Visits

Taking Charge of Your Health Has Never Been Simpler

What is an Annual Wellness Visit?

An annual wellness visit is a preventative check-up that is a dedicated time for physicians and patients to discuss procedures, immunizations, and health screenings that you need to remain healthy. This visit is highly recommended by the American Medical Association, and preventative care screenings are covered by most insurances. There is an exception however of any older, existing plans grandfathered in that do not have to cover in full for these services.

What is usually included in a Medicare Annual Wellness Visit?

- A conversation about your medical and family history
- Measurement of height, weight, body mass index, blood pressure and other measurements as deemed appropriate by the medical/family history
- Establishment of a list of current providers who are involved in your medical care
- Review of potential risk factors for depression
- Establishment of a written screening schedule, such as a checklist for the next five to 10 years

What is not included in a Medicare Annual Wellness Visit?

A Medicare Annual Wellness Visit is not necessarily a complete physical*, and it does typically not include:

- Medication refills
- Problem visits
- Testing
- Medical treatment

If you require medication refills or have other health issues that need to be addressed, we may suggest that you make an appointment for these conditions and schedule your Annual Wellness Visit at another time. Or if we schedule both for the same day, then you will be charged for the problem visit or other office visit service. This is a different service and is billed to your health plan in addition to the preventative services on that day. If you have a co-payment for office visits, coinsurance or deductible amounts that you must pay before your health plan pays for these services, these would apply.

**Medicare patients who are new to the insurance (6 months or less) are allowed a one-time Welcome to Medicare (IPPE) exam. This exam is more comprehensive and includes several types of tests.*

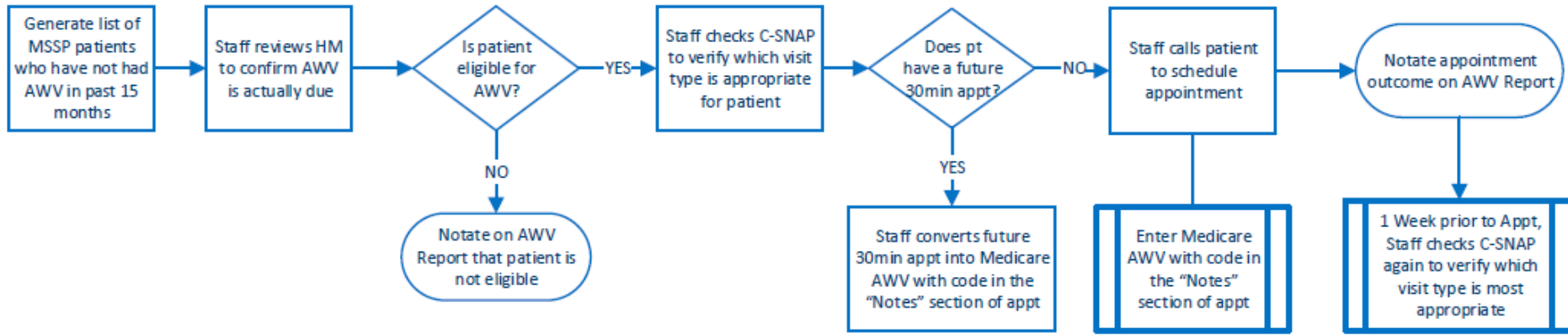
When should I schedule a Medicare Annual Wellness Visit?

We recommend that you contact your physician early in the year to schedule this visit. It's important to start out the year on the right foot with healthy habits, and your physician can help you live your best possible life.

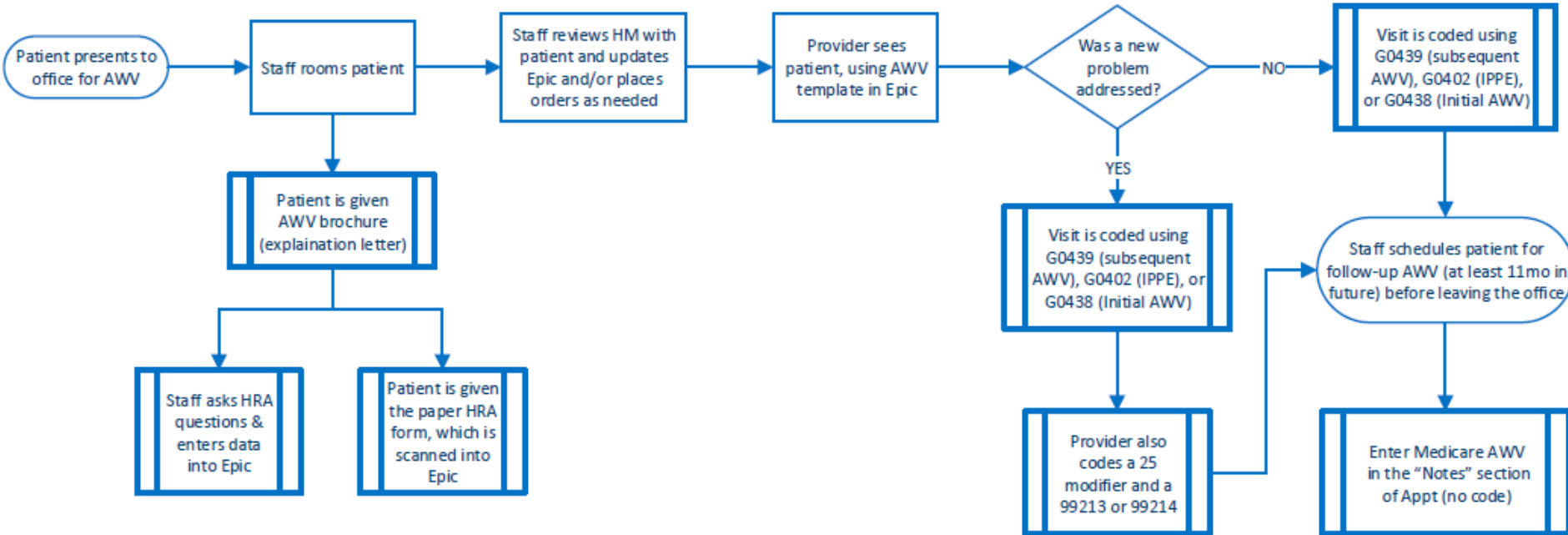
If you have any additional questions about preventative care or annual wellness visits, please talk to your physician or physician's office.

B	C	D	E	F	G	H	I	J	K	L
Provider First Name	Provider Last Name	First Name	Last Name	Date of Birth	AWV in Last 12 Months	Last AWV Date (Last 24 Months)	Last AWV Code	Date Eligible For Next AWV	New Patient in 20	Next Appointment Date in Ep
John	Ellena				Y	9/25/2018	G0439	9/26/2019	N	NA
John	Ellena				Y	12/19/2018	G0439	12/20/2019	N	NA
John	Ellena				N	3/14/2018	G0439	Due Now	N	8/30/2019
John	Ellena				Y	3/26/2019	G0439	3/26/2020	N	NA
John	Ellena				Y	7/30/2018	G0439	7/31/2019	Y	8/1/2019
John	Ellena				Y	3/28/2019	G0439	3/28/2020	N	NA
John	Ellena				Y	3/28/2019	G0439	3/28/2020	N	NA
John	Ellena				N	6/19/2018	G0439	6/20/2019	Y	6/25/2019
John	Ellena				N	5/10/2018	G0439	Due Now	N	NA
John	Ellena				N	5/10/2018	G0439	Due Now	N	NA
John	Ellena				Y	10/10/2018	G0439	10/11/2019	N	10/11/2019
John	Ellena				Y	4/26/2019	G0439	4/26/2020	N	NA
John	Ellena				Y	10/8/2018	G0439	10/9/2019	Y	10/14/2019
John	Ellena				Y	12/6/2018	G0439	12/7/2019	N	NA
John	Ellena				Y	7/11/2018	G0439	7/12/2019	Y	7/16/2019
John	Ellena				Y	2/1/2019	G0439	2/2/2020	N	NA
John	Ellena				Y	9/21/2018	G0439	9/22/2019	Y	9/24/2019
John	Ellena				Y	9/12/2018	G0439	9/13/2019	N	9/13/2019
John	Ellena				Y	7/13/2018	G0439	7/14/2019	N	9/3/2019
John	Ellena				Y	3/5/2019	G0439	3/5/2020	Y	NA
John	Ellena				Y	1/4/2019	G0439	1/5/2020	N	NA

Pre-Visit

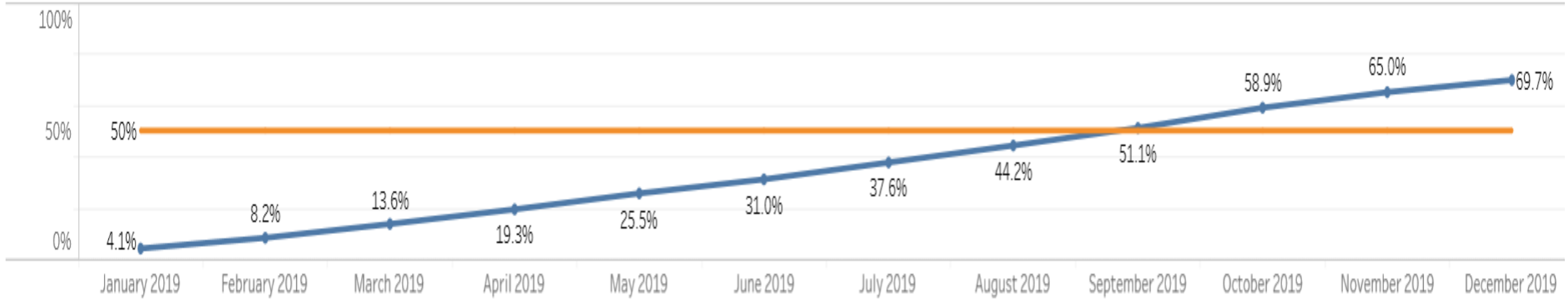


During AWW



BJC ACO Annual Wellness Visit Dashboard

Overall AWV Rate



Region

(None)

AWV Rate by Region

Practice

(All)

AWV Rate by Practice

Provider

(All)

AWV Rate by Provider

Lessons Learned

- Significant improvement in AWW rates
- Multiple areas of intervention
- Engaging office staff is key
- Increase has been sustainable
- Currently evaluating impact on utilization and quality
- Using AWW as framework for other QI efforts

Whitney Denin, MSN, RN, CCM

Medicare Annual Wellness Visits

NEBRASKA
HEALTH
NETWORK



METHODIST



Nebraska
Medicine

What is an Annual Wellness Visit (AWV)?

Visit Comparison

Medicare AWV

vs.

Physical Exam

More focused on a conversation with your patient about their current health risks and creating a comprehensive plan for necessary preventive services for the next 5-10 years along with any recommendations from their health risk assessment, including interventions with:

- Diet
- Physical Activity
- Tobacco Use Cessation
- Fall Prevention

A physical exam is more extensive. Most of the time spent completing a physical exam is a head-to-toe assessment with lab work.

Patient Benefit

1. Strengthen the relationship with the provider, increases patient engagement
2. The time and space to talk about their wishes/health goals
3. Understanding the patient's wishes can reduce stress for them and their family
4. Identify gaps in care by reviewing providers, medications, and screenings
5. The visit itself is free.

**Testing/labs ordered would involve copayment.*

Patients receive a long-term preventive care plan that includes:



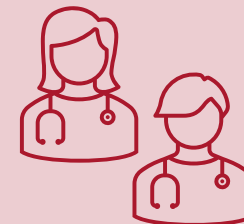
Health Risk Assessment



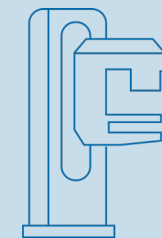
Patient History



Current Medications



Current Care Providers



Screenings

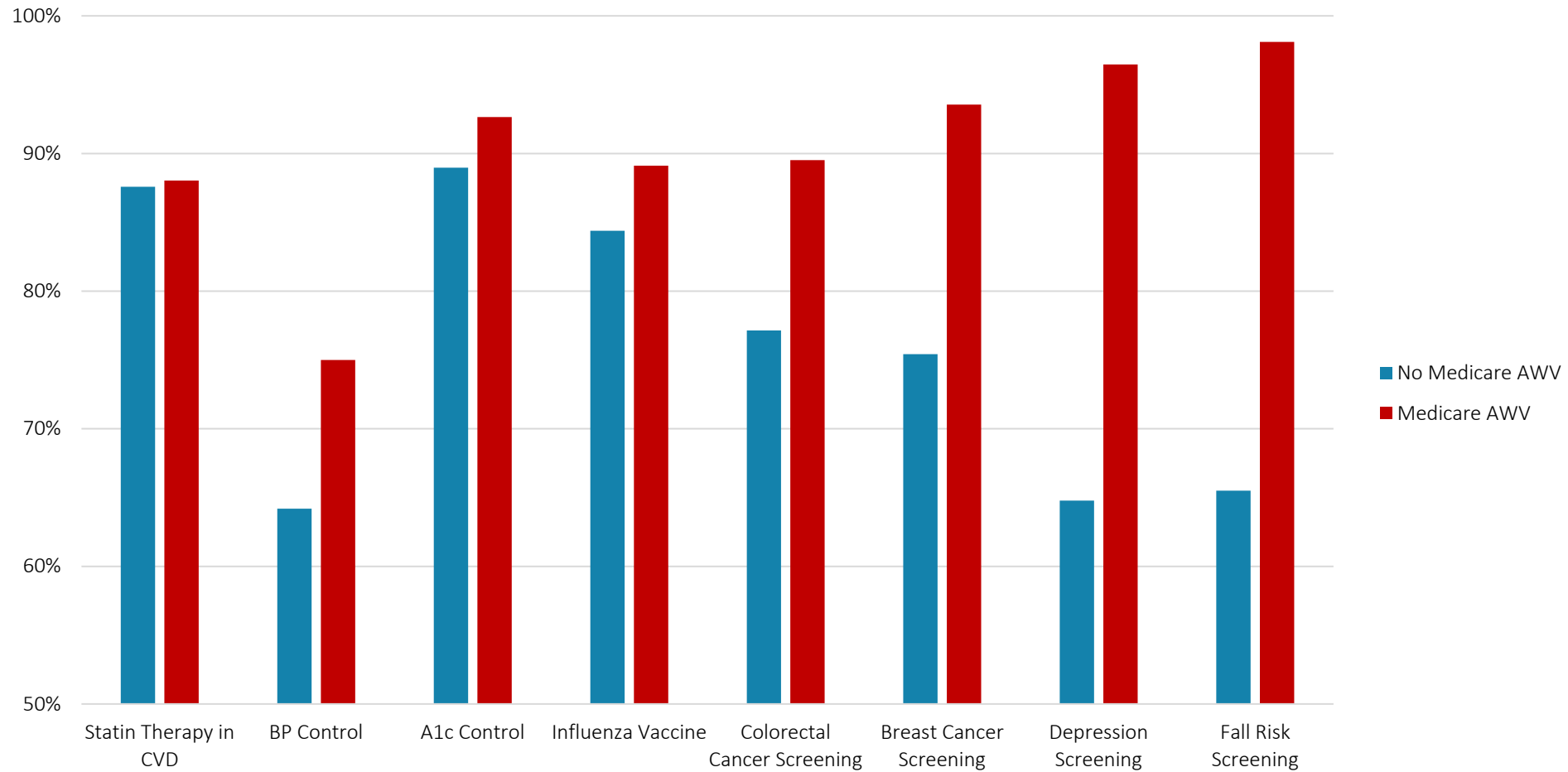
Clinical Value of an AWW

What is the clinical value of an AWW?

1. Maintain the patient's health
2. Capture/Recapture of patient's chronic health conditions
3. Build a trusting relationship between provider and patient
4. Care coordination opportunity
5. Health Risk Assessment evaluation/intervention
6. Patients with an AWW have fewer quality care gaps
7. Potential to decrease unnecessary healthcare utilization

Impact of our AWW Efforts: MSSP Quality

NHN 2020 MSSP Quality Measure Performance (GPRO Reported)



Barriers of AWWV Completion

What are some barriers with AWW?

BARRIER

Correct Billing and Coding

Provider Education

Patient Education

RESPONSE

Billing and coding resource development

Education one pager, provider meetings

Staff education, resources they can provide/mail

What are some barriers with AWW?

BARRIER

Established Workflows

Poorly Developed Templates

Poor Use of ACO Data

RESPONSE

Provider/clinic-level adjustments

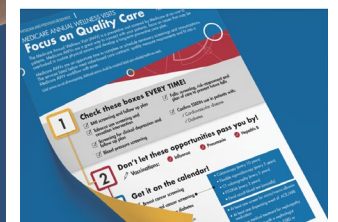
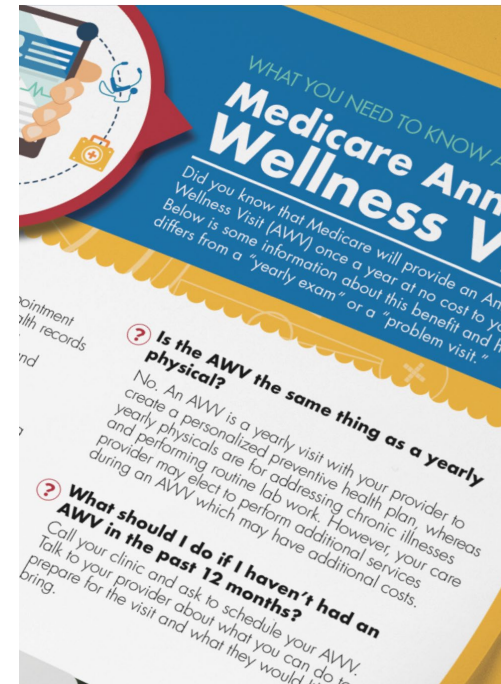
Resource on visit components for proper template development

Providing lists of patients showing as due for AWW
Monthly performance updates

Resources

Nebraska Health Network has created resources to help guide practices through Medicare AWVs.

- Medicare AWV Module
- Patient Education
- Visit Comparison
- Focus on Quality Care
- Billing Guide
- AWV lunch-and-learn
- Coming soon
 - Patient-focused education video
 - Social Media Kit for clinic outreach



What's Next?

Where are we going next with AWW?

1. Assessing the volume of codes captured per AWW
Leveraging the AWW to capture risk
2. Expansion of health risk assessment to include other areas
(lung cancer, sleep apnea, bladder control)
3. Increased use of applicable add-ons
(advance care planning, depression screening, etc.)

Takeaways

1. AWVs will **decrease the number of open care gaps** for the patient.
2. AWVs can be used as a tool to **strengthen the patient/provider relationship**.
3. AWVs are a time to **capture and recapture** all the patient's conditions.
4. Be transparent with your providers about AWV completion rates. You can do this at an NPI or TIN level. Create healthy competition that **your patients benefit** from.

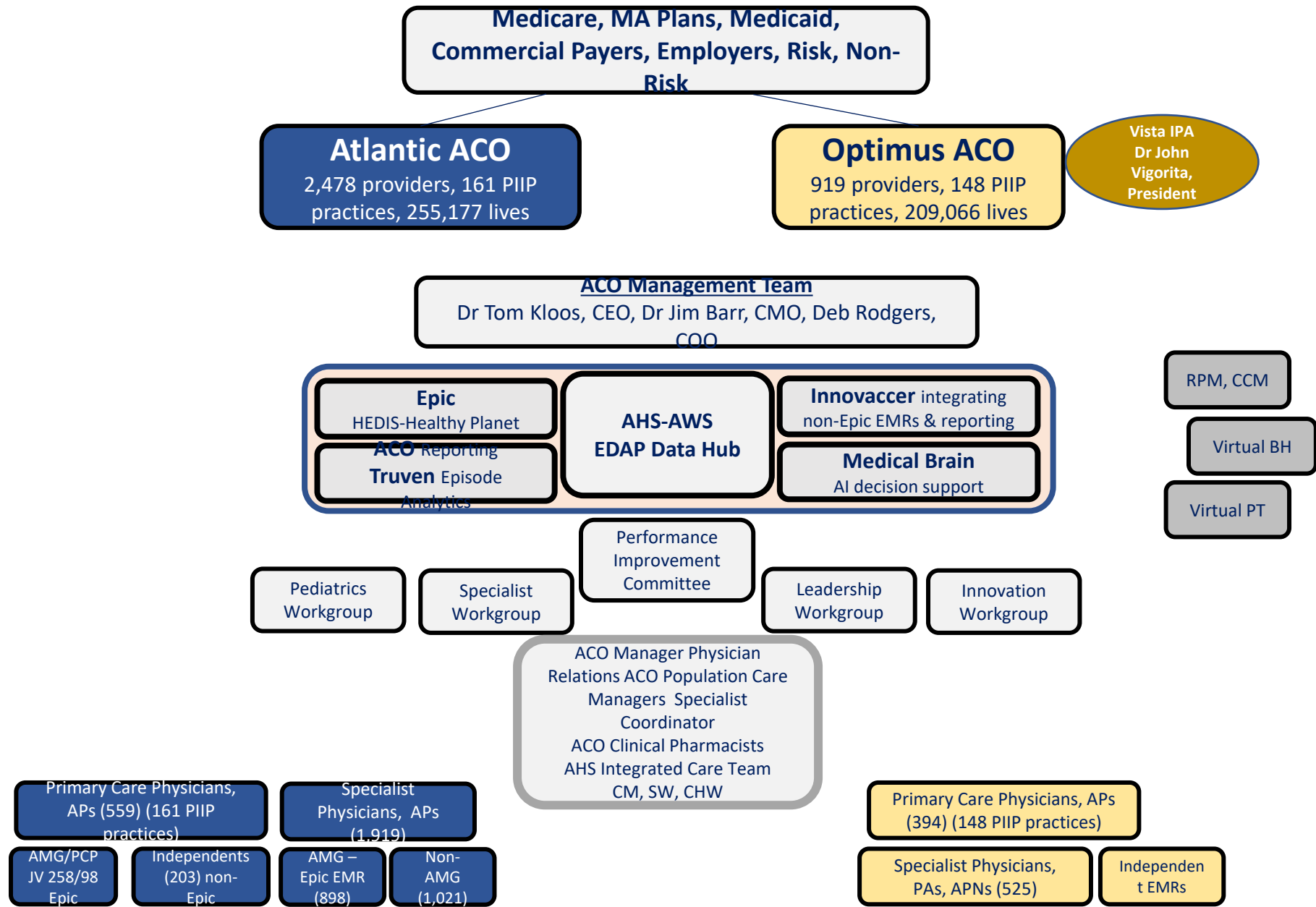
Annual Wellness Visits for Accountable Care Organizations

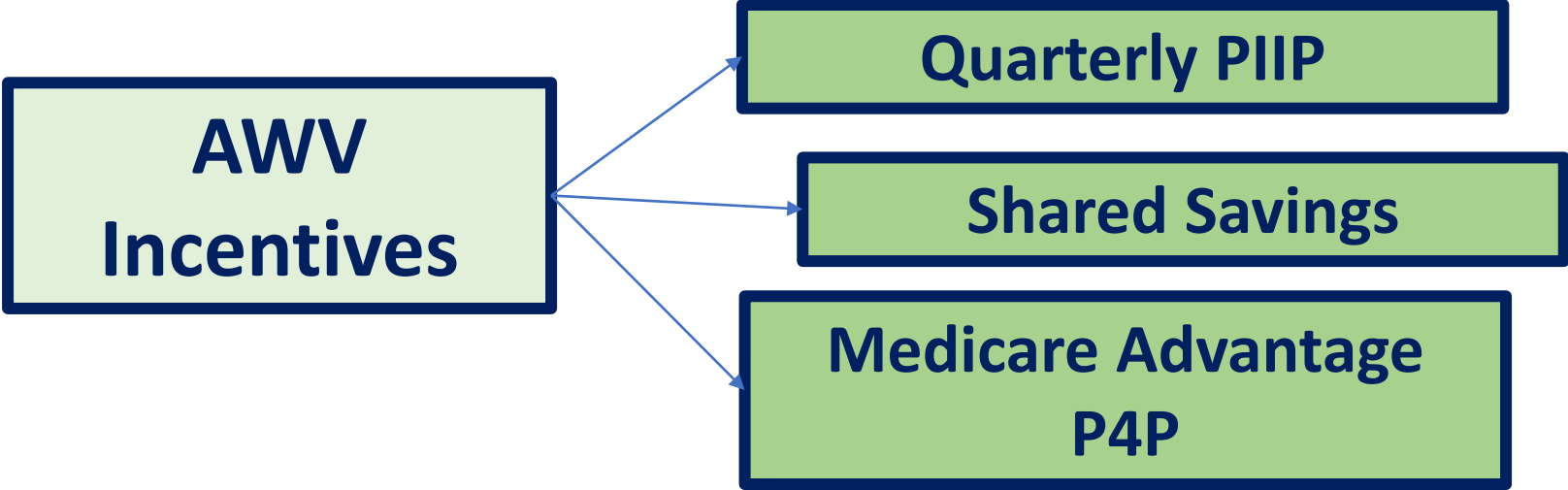
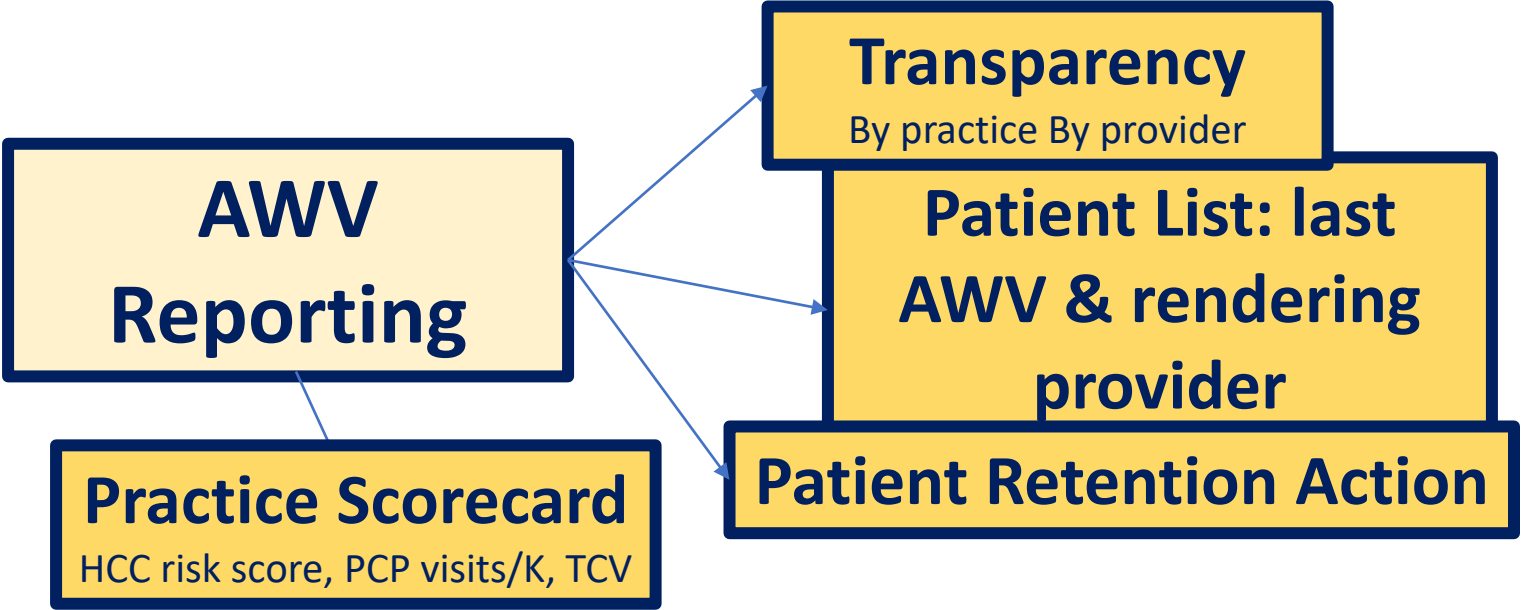
Jim Barr, MD

(james.barr@atlantichhealth.org)

VP Physician Value-Based Programs,
CMO Accountable Care

 [Atlantic Health System](#)





Patient Retention: Personas



Dating

- Has visited an ACO practice.
- Has never been attributed to an ACO practice.

Obtain AWV, primary services:
Convert to Newlyweds

86,875



Newlyweds

- Newly attributed to the ACO.
- No prior attribution.

Increase participation
in all network services:
Convert to Happily Married

9,502



Divorced

- Was attributed to an ACO practice.
- No longer attributed to the ACO in the current membership.

Increase primary care to
regain attribution:
**Convert to
Divorced and Remarried**

35,402



Divorced and Remarried

- Still attributed to the ACO but a different practice.
- At risk of loss.

Manage risk of loss with appropriate
primary care practice for patient:
Keep as Divorced and Remarried

10,079



Happily Married

- Attributed to the same ACO practice over the period.

Maintain primary care and be first
choice for specialist services:
Stay happy.

79,154



What's Next for AWW

Automation & Efficiencies

Telehealth AWW – maintain and expand

ACO Quarterly Clinical Coordinator Seminar – AWW

Patient Mobile Apps – inclusion of AWW

Analytics – providers, patients, barriers, outcomes