

A Closer Look: Medicare's Annual Wellness Visit

The Annual Wellness Visit (AWV) is a preventive benefit available offered to anyone with Medicare Part B.

What is the difference between the Welcome to Medicare exam and the Annual Wellness Visit?

The [Welcome to Medicare](#) exam is a one-time examination available during the first 12 months after a person has enrolled in Part B. While similar in content, the Annual Wellness Visit is available once every year after the first year of Part B enrollment. The AWV provides an opportunity for the beneficiary and provider to develop or update a personalized prevention plan to help prevent disease and disability based on current health and risk factors.

What does the beneficiary need to do to prepare for the AWV?

The beneficiary should be prepared to give the provider a summary of:

- Information (if known) about his/her family's health history.
- Personal history of immunizations, illnesses, hospitalizations, surgeries, etc., including any new symptoms or treatments since the prior visit.
- A list of all prescription, over-the-counter, vitamins, and supplemental medication taken by the beneficiary.
- A list of the beneficiary's providers and suppliers of medical equipment, if applicable.

If the beneficiary received a Welcome to Medicare exam or previous wellness visit with the same provider, the provider should have this information on file.

What does the provider do during the visit?

The health care provider will conduct the following during the AWV:

- Routine body measurements and assessments
 - Height
 - Weight
 - Body mass index
 - Vital signs including blood pressure, pulse, and temperature
- Depression screening (no specific test/tool is required; this may be accomplished through probing for sadness, loss of feelings of pleasure, changes in sleep or appetite, feelings of isolation, suicidal ideation)
- Detection of cognitive impairment (no specific tool or test specified)

- Review of the individual's functional ability and level of safety
- A health risk assessment (HRA; see below for more information)

The provider will also:

- Establish a 5-10 year schedule of screening and preventive services
- Provide personalized health advice and referrals related to:
 - Health education
 - Disease self-management
 - Falls prevention
 - Smoking cessation
 - Nutrition
 - Weight loss
 - Physical activity

What is a health risk assessment (HRA)?

The HRA includes questions about chronic diseases, injury risks, modifiable risk factors, and urgent health needs. An HRA generally asks about overall health and functional matters such as ability to engage in activities of daily living (ADLs), level of physical activity, history with regards to falling, any experience with pain, eating patterns, fatigue, alcohol or tobacco use, and medication use.

The HRA can be mailed to patients before their visit, completed in the office prior to seeing the health care professional, or completed during the actual visit. Additionally, the HRA can be completed through interactive telephonic or web-based programs or through community-based prevention programs. Sometimes a health care professional asks the questions and records the patient's responses during the course of the visit.

Medicare has not developed a model HRA, but there are model health risk assessment forms available (see References below), or health care providers can choose to use one of their own.

What does the AWW cost?

The beneficiary pays nothing if the provider accepts Medicare assignment. However, if the AWW is performed at the same time as other tests/services (e.g., lab tests or screening) that are subject to Part B cost-sharing, then the beneficiary may be responsible for those costs, including meeting the Part B deductible and 20% co-insurance.

What are some additional services that might be delivered during same encounter as the AWW?

- A conversation with the beneficiary about [advance care planning](#)
- Screening and [preventive services](#) such as:
 - Flu shot
 - Cervical cancer screening
 - Prostate cancer screening
 - Evaluation and management of an acute or chronic condition
 - Lab tests
 - Referrals for additional screening or prevention services

*Who can deliver (i.e., who is the *provider of) the Annual Wellness Visit?*

- Medical doctor (MD)
- Nurse practitioner (NP)
- Physician assistant (PA)
- And, under the supervision of a physician (meaning the MD is on the premises and immediately available to guide or intervene) another medical professional (e.g., health educator, registered dietician, nutrition professional, or other licensed professional) or team of medical professionals

References

See the Centers for Medicare & Medicaid Services (CMS) Medicare Benefit Policy Manual, [Chapter 15 – Covered Medical and Other Health Services](#), Section 280.5 titled, Annual Wellness Visit (AWV) Including Personalized Prevention Plan Services (PPPS) (p. 263) for guidance on what’s included in the initial and subsequent Annual Wellness Visits.

See the Centers for Medicare & Medicaid Services (CMS) [Quick Reference Information: The ABCs of Providing the Annual Wellness Visit](#) (revised January 2015) for providers.

View a model HRA from the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/policy/hst/hra/FrameworkForHRA.pdf>.