

Implementation of Medicare Annual Wellness Visits by Diabetes Specialists in Evolving Healthcare Delivery Models

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 - Please refer to learning goals and objectives
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 - Presenter: Lisa Hodgson, RD,CDN,CDE – No COI/Financial Relationships to disclose
 - Presenter: Judy Carr, MS, RD,CDN,CDE – No COI/Financial Relationships to disclose
 - Presenter: Kimberly Spano, MSN,MSE,BSN, RN – No COI/Financial Relationships to disclose
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Learning Objectives

- Understand the rationale for, and purpose of, Medicare Annual Wellness Visits (AWVs).
- Identify the required components of AWVs and the billing codes for this visit type.
- Recognize the role of the diabetes educator in providing this service in primary care and the value added to practices and patients through this delivery model.

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Today's Presenters

- Lisa Hodgson, RD, CDN, CDE - Clinical Nutrition Manager, Saratoga Hospital, with over 20 years of experience managing accredited diabetes self-management programs and outpatient nutrition services. Current Member Affiliates Liaison on the AADE Board of Directors.
- Judy Carr, MS, RD, CDN, CDE - Diabetes Services Quality Coordinator, Saratoga Hospital AADE-accredited Program, with over 20 years of diabetes education and primary care experience.
- Kim Spano, MSN, MEd, RN, NE-BC - Director of Nursing Practice, Saratoga Hospital Medical Group, with over 30 years of nursing leadership experience.

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Saratoga Hospital Saratoga Springs, NY



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How does the AWV (Annual Wellness Visit) fit into the AADE Vision?



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Why consider implementing AWW?

- Aligns with 6 pillars of Project Vision
- Healthcare moves from volume to value
 - Pay for performance (MCR DPP)
- Referral stream to DSMES, MNT
- Supports expanded role of educators in primary care practice settings

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Who can implement these visits?

- RDs, RNs, Pharmacists, other licensed professionals under direct physician supervision (in office suite)
- Billed under primary care provider, provider receives RVU's for visits
- Value-added service provided by other care team members vs. direct billing

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What is the Annual Wellness Visit?

- Not 'hands on' physical exam
- Focuses on issues *important* to older adults
- Considers issues often overlooked
- Detects emerging health and safety risks
- Evaluates medication lists
- Addresses potential food & drug interactions

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IPPE vs. AWV

- Initial Preventative Physical Examination
 - “Welcome to Medicare”
 - Must be done by MD, DO, NP or PA
 - Once per lifetime - within first 12 months of enrollment in Medicare Part B ONLY
- Annual Wellness Visit; Subsequent AWV
 - Once per 12-month period thereafter
 - Average time to complete AWV: 20 MINUTES! (Efficient pre-work + team work are essential) #AADE19

Components of AWV

1. Administer a health risk assessment (HRA)
 - Self-assessment of health; active role for patient
 - Psychosocial risks
 - Behavioral risks
 - ADLs- dressing, walking, bathing, shopping, housekeeping, finances, medication management

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Components of AWV

2. Measure vital signs, height, weight, BMI
3. Measure cognitive function (Mini Cog)
http://mini-cog.com/wp-content/uploads/2018/03/Standardized-English-Mini-Cog-1-19-16-EN_v1-low-1.pdf
4. List ALL current providers and medical equipment suppliers (care team)
5. Document patient’s medical and family health history

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Components of AWV

- 6. Evaluate for potential risk factors for:
 - Depression (PHQ-9)
 - Social Determinants of Health (SDoH)
- 7. Review functional ability and level of safety
 - Fall risk; "Timed Up & Go" (TUG)
 - https://www.cdc.gov/steady/pdf/TUG_Test-print.pdf
 - Hearing impairment
 - Home safety

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How To Schedule AWVs

- Designate specific time slots; days of week
- One medical professional completes all
- Hire staff specifically to complete most
- Telephonic pre-work; followed by shorter visit
- Flip visits; co-visits
- Requires trial and error; tailor to practice needs

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What billing codes may be used?

- IPPE – G0402 \$172.00
- EKG with IPPE – G0403 \$21.00

- Initial AWV – G0438 \$157.00

- Subsequent AWV – G0439 \$105.00

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Can E/M services be provided too?

- Yes- the appropriate E/M may be billed in addition to the AWW.
- Report the CPT code with modifier -25
- The E/M service is subject to co-payment
- The AWW can only be billed once in a 12-month period

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Our Pilot Project

- Identified an opportunity
- RD, CDE/RN collaborative model to make system impact with limited resources.
- Selected locations in which providers were already performing AWWs.
- Calculated potential # AWWs & revenue.

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\$ Our Potential Revenue Generated \$

- 9,000 eligible Medicare Part B beneficiaries
- Only 100 AWWs completed in 2017
- Lost revenue potential: \$900,000
- AND: Payers provide \$ incentives to organizations and member participants to complete AWWs above reimbursement

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Organizational Engagement Essential!

- Medical Staff and Leadership
- Members of Care Team
 - Patient Registration, Nursing Staff, Providers
- Coding and Billing Team
- Health Information Systems Team

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Patient Engagement Essential!

- Education **prior** to visit is important
- Patients should be aware: “prevention focus”
- Designed as no co-pay appointment
- Outreach - community presentations, during office visits, mailed letter, patient portal, phone calls, *Happy Birthday* postcard reminder

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CHALLENGES OF THE AWV

PROVIDER	PATIENTS	PAYER-CMS	HEALTH CARE ORGANIZATION
Time Management	Confusion re: appointment type	Coding incorrectly- patient should not be billed	Lack of support
“Not a Physical”		Rural areas experience lower AWV rates	Overloaded staff
Small practices			Lack of EHR

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BENEFITS OF THE AWV

PROVIDER	PATIENTS	PAYER-CMS	HEALTH CARE ORGANIZATION
Improved quality of care	Improved quality of care: improved A1C, decreased fall risk	Improved service delivery	Patient and revenue growth
Provider satisfaction	Full range of services available to manage health	Improved utilization of strategically placed service	Improved quality of care
Reimbursement opportunity	Preventative service covered at NO cost to patient	Proactive identification of patient issues and use of prevention strategies	Fosters adoption of team-based care approach

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Pearls of Wisdom

1. TALK THE NUMBERS – potential revenue.
2. Provider champion is **ESSENTIAL**.
3. Collaborative effort and support from front line to leadership levels. Start where you have support.
4. Don't give up and be persistent!
5. It's the right thing to do!

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References

- Medicare Learning Network: Guide to Medicare Preventive Services, ABC's of Providing the Initial Preventive Physical Examination
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads>

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References

- [The ABCs of the Annual Wellness Visit \(AWV\)](#), CMS Medicare Learning Network, April 2017
- [The ABCs of the Initial Preventive Physical Examination \(IPPE\)](#), CMS Medicare Learning Network, April 2017
- [FAQ on the Medicare Annual Wellness Visit \(AWV\)](#), American Academy of Family Physicians
- [How to Bill Medicare's Annual Wellness Visit \(AWV\)](#), American College of Physicians
- [Initial Preventive Physical Examination \(IPPE\) and Annual Wellness Visit \(AWV\)](#), Noridian Healthcare Solutions, February 2018

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Thank you for coming!

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