

Wellness Care—AWV Processes

Practices may find it useful to directly involve the entire team in the design of this care process, as the introduction or expansion of this service has the potential to impact multiple workflows. Team members often have useful insights into how new activities can be incorporated into existing processes and how to effectively manage physical resources (like exam rooms). A comprehensive AWV process includes:

Promoting AWV services to patients – Practices can match their marketing and outreach efforts to their changing capacities to provide these services. Practices might begin with a “passive” approach – for example, placing posters in exam rooms inviting patients to schedule a return visit for wellness care. They can build upon this with a more systematic approach that directly involves staff to schedule a return visit before the patient leaves the office. Finally, practices may want to engage in active outreach using mailings or even phone calls to bring patients in who haven’t been seen for a while.

- [AWV Patient Letter](#)

AWV Workflow – To ensure a positive patient experience, efficient delivery of services, and avoid disruption to other clinical functions, as they’re seeking to increase AWV volumes, practices will want to review associated workflows. We’ve provided some examples (which may need to be tailored to your circumstances):

- [Implementing the AWV](#) (process overview)
- [Diagram of Suggested Work Flow](#)

Scheduling

- [Flow Chart for Scheduling a Medicare Wellness Visit](#)
- [Sample Script for Scheduling Medicare Wellness Visits](#)

Pre-visit planning – orienting patients to the AWV, health risk assessment (HRA) data collection, what to bring to the visit, preparation and scheduling for screening tests (e.g., fasting).

- [What to Bring to Your AWV](#)
- [HRA 2 pages](#) (sample form)
- [HRA Large Font](#) (sample form)

AWV intake – Check to ensure forms are complete, required information available.

AWV encounter

- Measure height, weight, BMI, BP, and other routine measurements
- Review HRA
- If additional screening is necessary, consider the following:
- **Functional Status:**
 - [Katz and Lawton Activities of Daily Living Forms](#) (supplement)
- **Cognition:**
 - [Screening Mild Cognitive Impairment](#)
- **Depression:**
 - [PHQ 9](#)
- **Hearing:**
 - [Brief Hearing Loss Screener](#)
- **Home Safety:**
 - [CDC Check Safety](#)
- Patient counseling, health advice, and community resource referral.
- Review patient goals and action plan:
 - [AWV Action Plan](#)
- Complete and provide written copy to patient:
 - [Medicare Covered Preventive Services](#)
 - **AWV Results Follow Up**
 - **HRA Responses Referrals**
- Flag concerns/questions for the attention of the patient’s provider, arrange for follow-up as appropriate
- Document visit and all chronic conditions identified in the patient’s record and with appropriate billing codes.
- **Billing** – Ensure all current chronic conditions reviewed are captured.
 - [Coding for Medicare Wellness Visits](#)
- **Subsequent visits**—Send a reminder for 1 year

This material was prepared by HealthInsight, the Medicare Quality Innovation Network -Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. # 11SOW-CORP-17-41