

## Why Wellness Care?

**Better for the patient** – Changes in payment policies, especially for Medicare, are now creating opportunities to more fully realize the promise of primary care and geriatrics in the United States. The Medicare Annual Wellness Visit<sup>1</sup> (AWV) is designed to encourage and support individuals in taking an active role in accurately assessing and managing their health, and improving their well-being and quality of life.

**Better for the clinic today** – More and more practices are finding that they can use wellness care services and revenues to strengthen their infrastructure for providing comprehensive and coordinated care. Well designed and managed AWV processes don't demand sacrifices or trade-offs from a viable bottom line for the practice. Rather, providing these services can pay for themselves directly and, at the same time, position clinics to provide additional care coordination, screening, and preventive services in a financially sustainable manner. Importantly, doing these visits and updating patients' problem list means more patients are attributed to their correct primary care practice and be accurately risk adjusted – both of which are very important to succeed in alternative payment models.

**Better for the clinic tomorrow** – Changes in payment models, like CMS' Medicare Access and CHIP Reauthorization Act (MACRA) – also known as the Quality Payment Program or QPP, make it imperative for primary care providers and geriatricians to be proactive identifying, documenting, and managing their patients' health risk. Incentives and bonuses may be available to those who are successful at this; negative payment adjustments may await those who aren't. Even practices that have expanded their use of AWV are looking for ways to reach more patients, or to engage them more effectively.

### Did you know?

Since the introduction of the Annual Wellness Visit (AWV) in 2012 the national percentage of Medicare fee for service (Part B) patients has risen to 17.7 percent - with the best states close to 40 percent; rates in Nevada, New Mexico, Oregon and Utah are lower than the national average.

AWVs can be provided by a:

- Physician;
- Qualified non-physician provider; or
- Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician.

In 2017, the national payment for the initial AWV is approximately \$173.70, or \$117.71 for the subsequent AWV.

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<sup>1</sup> While Welcome to Medicare visits have different rules teams working on initial and subsequent AWV often also work on processes to execute these Welcome visits too.

**Taking control of your future** – While it requires some effort to implement and refine processes to deliver AVW effectively and efficiently, with help and guidance, we expect that almost every primary care practice will be able to find a way that works for them. Wellness care can and should result in better health and care for the patient, overall health care cost savings through improvement in addressing patients’ needs, and more of the type of care relationships that providers want with their patients.

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