



# Guide to Success:

## Medicare Annual Wellness Visit/IPPE

Streamlined Experience  
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Welcome! This step by step guide will walk you through the practice set-up and workflow steps for completing the Medicare Annual Wellness Visits (MAWV) and the Initial Preventative Physical Examination (IPPE) within athenaNet. It will outline the basic requirements for completing and documenting these visits and serve as a guide to the best practice workflows and recommended athenaNet configurations needed to support these requirements.

The following guide is based on the CMS guidelines for the Medicare AWV and the IPPE. Documentation guidelines can be found on the in the [CMS Guide to Annual Wellness Visits](#).

## Medicare Annual Wellness Visit/IPPE Background Information

### Background

Medicare began reimbursing for Annual Wellness Visits (MAWV) in 2011 as a way to encourage providers to invest in preventative care for their patients. These visits are intended to last approximately 30 minutes and include a health risk assessment (HRA), a review of the patient's medical history, and review of screening and preventative services for which the patient may be eligible. The MAWV also gives providers an opportunity to discuss advance care planning (ACP) with patients. The visits are covered by Medicare if they are administered by any medical professional working under the supervision of an MD/DO. There is no copay required of patients for a MAWV, and when ACP is done in conjunction with a MAWV, the copay for ACP is waived.

There are two different versions of annual wellness visits covered by Medicare:

1. Initial Preventative Physical Exam (IPPE), also known as the "Welcome to Medicare Preventative visit": allowed one time per beneficiary per lifetime within the first 12 months of the effective date of a patient's Medicare Part B coverage
2. Medicare Annual Wellness Visit (MAWV): available to all Medicare beneficiaries who are not in their first 12 months of Medicare Part B coverage and who have not received an IPPE or a MAWV in the past 12 months

### Requirements

Basic requirements for the Annual Wellness Visit are the following:

- A review of an individual's medical and social history with attention to modifiable risk factors
- Review of an individual's potential risk factors for depression; based on appropriate screening questions or standardized questionnaires recognized by national professional medical organizations
- A review of the individual's functional ability and level of safety based on appropriate screening questions or standardized questionnaires recognized by national professional medical organizations
- A physical examination
- End-of-life planning: verbal or written information provided to the beneficiary
- Education, counseling, and referral based on the results of the review and evaluation services described in the previous five components
- A brief written plan such as a checklist for obtaining the appropriate screening and/or other Medicare Part B preventive services

### Advance Care Planning

Advance Care Planning (ACP) is an element of the 2016 CMS physician fee schedule determined by CMS. ACP services include explanation and discussion of advance directives by the provider, face-to-face with the patient, family member(s) or other caregiver(s). Because Medicare primarily covers patients in the later stages of life, and in most markets is the largest payer of end-of-life care, it is recommended that these advance care planning discussions occur regularly as part of the Annual Wellness Visit. Additional information from CMS on ACP can be found [here](#).

## Recommended Configurations

The following clinical configurations can be performed only by users who have Clinicals Admin permissions (e.g. clinical superuser, clinical project lead, etc.). It is recommended the following sections be configured accordingly in order to use the Medicare Annual Wellness Visit/IPPE workflow and guidelines (below).

**NOTE:** Practices that went live on athenaNet in 2016 may disregard the configuration instructions discussed below, as it will already be included in the pre-configuration script. Therefore, none of this content will need to be manually configured.

### Discussion Macro: Advance Care Planning

Practices implemented prior to 2016 will need to manually tie the Advance Care Planning Discussion Template and Advance Care Planning: Care Instructions patient information order to the Medicare Wellness Visit/IPPE encounter plan. This ACP patient information order should also be mapped to the appropriate Advance Care CPT codes. These tasks are discussed in additional detail below.

The following discussion template will provide a place for the provider or staff to document that the advance care planning discussion took place, who they discussed with (patient, caregiver, or both) and how long the discussion lasted. This will make it possible for billing staff to know which of the two available advance care planning procedure codes should apply to the visit.

In order to configure this discussion template, please navigate to Settings (located on the main menu as a gear shape) >> Clinicals >> Text Macros (located under Exam). Click “add new” near the top of the page, then enter the name “Advance Care Planning” into the Name field. Next copy and paste the HTML code below into the Template text field, select “Discussion” as the Section, and click Save.

HTML Code:

```
Discussed and explained advance directives such as standard forms to the {{patient|caregiver|patient and caregiver}}. Face to face discussion lasted for a duration of {{less than 30 minutes|greater than 30 minutes}}.
```

**Add text macro**

Shortcut:

Expansion:

Section:

Users:  All  Selected

### Order Type and Procedure Template Mapping

One way to reduce the work of looking up CPT billing codes is to map specific orders and/or procedures to procedure codes on the back end. That way any time those orders or procedures are used during an encounter the mapped code will appear automatically on the billing tab.

For example if you tie the two Advance Care Planning CPT codes (99497 and 99498) to the patient information order “Advance Care Planning: Care Instructions” then those codes become available to select on the billing tab as a dropdown or billing staff can select the code which reflects the amount of time documented for Advance Care Planning conversation with the patient.

To map the ACP procedure codes to the patient information order, navigate to Settings (located on the main menu as a gear icon) >> Clinicals >> Order Type & Procedure Template Mapping (located under Charge Integration). At the top of the page you can enter the order or procedure you wish to map, select an effective and/or expiration if desired, and then enter the procedure code(s) you wish to map. To tie more than one procedure code, enter one code and then click the plus (+) icon in the Procedure Code column to open an additional field to add another code.

The Advance Care Planning Patient Info. order will now be tied to the ACP CPT codes and appear in the Order Type & Procedure Template Mapping Clinicals Admin table as shown below:

Action	Type	Name	Procedure Code - Description	Effective Date	Expiration Date
<a href="#">update</a>   <a href="#">delete</a>	ORDER	ADVANCE CARE PLANNING: CARE INSTRUCTIONS - PATIENTINFO	99497 - ADVANCE CARE PLANNING >30 MINUTES 99498 - ADVANCE CARE PLANNING <30 MINUTES		

### Encounter Plan

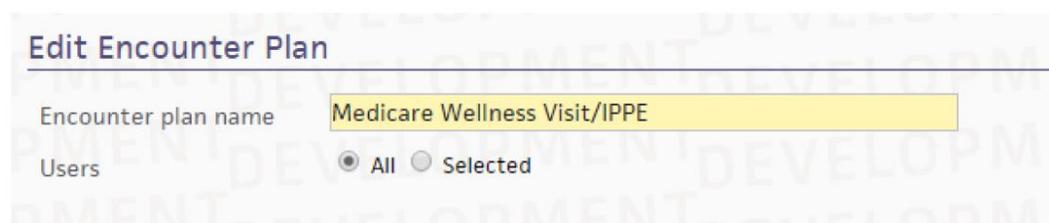
An encounter plan is a set of templates, diagnoses and orders that are configured to fire in an encounter once a specific encounter reason is selected. Encounter plans accelerate documentation by pre-populating the encounter with the appropriate templates and other information based on the selected encounter reason. We recommend incorporating ACP into the MAWV encounter plan so that providers can easily remember to conduct and document ACP discussions during completion of the MAWV.

**Note:** You must complete the two items discussed above (1. Configure the Advance Care Planning Discussion

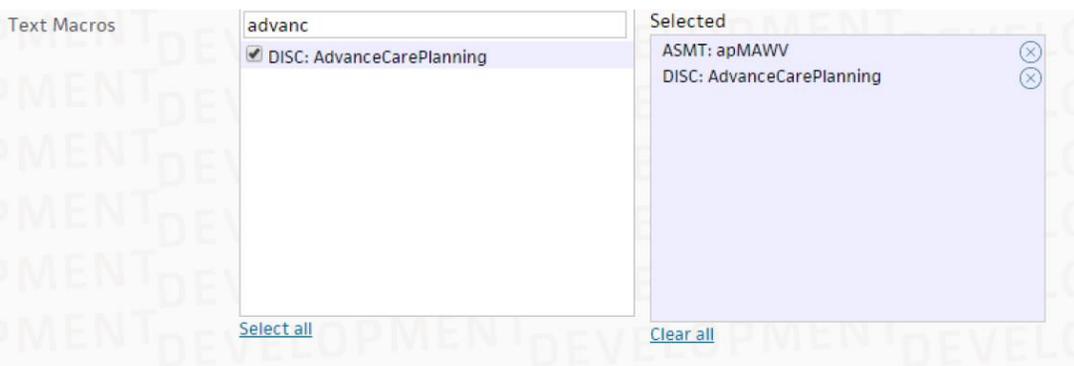
Template and 2. Tie the Advance Care Planning CPT codes to the patient information order) before the MAWV/IPPE encounter plan is updated.

Encounter Plan	Encounter Reason	Action
Medicare Annual Wellness Visit/IPPE- Female/Male	Medicare Annual Wellness Visit <ul style="list-style-type: none"> <li>Follow up for: Adult health examination</li> </ul>	HPI: Medicare Annual Wellness Visit SH: Medical Wellness Visit/IPPE Assessment Template: Medicare Annual Well Visit <b>Discussion Template: Advance Care Planning</b> Diagnosis/Orders: Adult health examination (An ICD-10 code will need to be selected) <ul style="list-style-type: none"> <li>MEDICARE PREVENTIVE SERVICES GUIDE</li> <li><b>ADVANCE CARE PLANNING: CARE INSTRUCTIONS (Healthwise)</b></li> </ul>

In order to update the MAWV encounter plan, navigate to Settings (located on the main menu as a gear shape) >> Clinicals >> Encounter Plans (located under History/Intake). Next locate the MAWV encounter plan in the table of encounter plans on the lower half of the page. Click update and the encounter plan sections will open on the top of the page for editing.



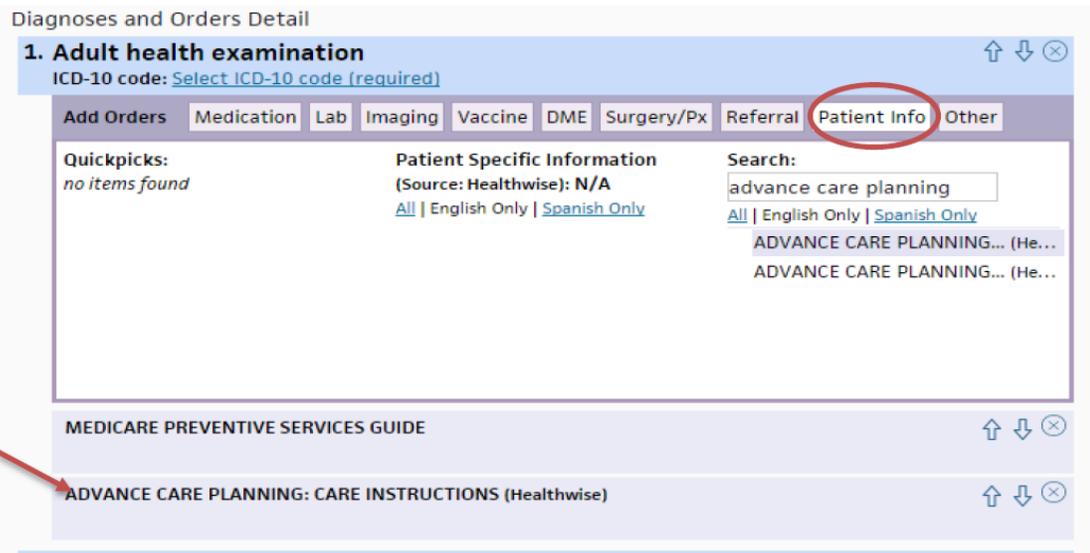
In order to add a new discussion macro, scroll to the section "Text Macros" under Encounter Plan Actions. In the search field begin typing "Advance Care Planning" and it will start searching for that template after a few characters have been entered. Click the checkbox next to the AdvanceCarePlanning discussion template and the title will populate in the "Selected" field to the right of the Templates field.



Next scroll down to add the Advance Care Planning patient information order. Scroll until the Diagnosis and Orders Detail section is visible. Under the diagnosis "Adult health examination" click on the Add Orders button for Patient Info. In the search field begin typing "Advance Care Planning" and it will search after a few characters have been entered. Click the patient information order entitled ADVANCE CARE PLANNING: CARE INSTRUCTIONS (Healthwise). This order will populate below the other orders under this diagnosis. Click save.

**Note:** Your organization can modify this encounter plan to include additional templates or diagnoses and orders,

should you want to standardize other types of documentation that are included within a Medicare AWW encounter.



If are missing the Medicare Annual Wellness Visit HPI, SH and Assessment templates in your Encounter Plan and would like these to be included, follow the instructions below to ensure you have them in your practice's tablespace. Once they are copied to your tablespace, you may update the encounter plan to include these as well:

**Assessment Macro: Medicare Annual Wellness Visit**

We recommend the use of an Assessment Macro to document the assessment of the patient, and that this template be tied to the MAWV encounter plan. Athena provides a global Assessment Macro that covers the fact that a healthy diet, regular cardiovascular exercise and other preventive measures were discussed during the visit. Providers may also create their own assessment macro if desired. In order to configure an Assessment Macro, navigate to Settings (located on the main menu as a gear shape) >> Clinicals >> Discussion Text Macros (located under Exam). Click "add new" near the top of the page, then enter "apMAWV" into the Shortcut field. Next copy and paste the HTML code below (or whatever text you would like to have in your Assessment macro) into the Expansion field, select "Assessment & Plan" as the Section, and click Save.

HTML Code:

```

Patient presented to office today for their Medicare Annual Wellness Visit.
<br/>
Education was provided on healthy nutrition, including a diet rich in fruits and vegetables, minimizing simple carbohydrates, salt, and saturated fats. Encouraged regular cardiovascular exercise such as walking at least 30 minutes daily, 5 times per week.
<br/>
Emphasized preventive health measures and educated pt on fall prevention and community-based lifestyle interventions to help reduce health risks and promote healthy living.
    
```

**History of Present Illness Template: Medicare Annual Wellness Visit**

If you would like to utilize the athena-provided HPI template created for the MAWV, navigate to Settings (gear icon) → Clinicals → History of Present Illness Templates (located under Exam). Navigate about halfway down the page to the heading that says "You can also copy global templates into this practice." Locate the template titled "Medicare Annual Wellness Visit." You may preview the template by clicking "preview," and copy it into your practice by clicking "copy."

**Note:** If you already have a template for your practice with this same exact name, you will not be able to copy in

this template. We recommend changing the name of your practice's template before copying in the global version.

**Social History Template: Medical Wellness Visit/IPPE**

If you would like to utilize the athena-provided Social History template created for the MAWV, navigate to Settings (gear icon) → Clinicals → Social History (located under History/Intake). Navigate about halfway down the page to the heading that says "Global Templates." Locate the template titled "Medical Wellness Visit/IPPE" and select "prepare to copy." The following screen will enable you to rename the template and select which specialties you would like the template be available for. Click "Make a local copy" to save.

## Recommended Annual Wellness Visit/IPPE Workflow

To be meet the CMS requirements for the Annual Wellness Visit/IPPE, we recommend the following workflows:

### Intake Stage

The following is a step-by-step list of the elements of the Intake workflow that we recommend be completed in order to meet the requirements for the MAWV with ACP.

1. Enter into the Intake Stage and in the **Reason for Visit** section, select the appointment reason "Medicare annual well visit." This will trigger the Medicare Wellness Visit Encounter Plan.
2. In the **Vitals** section, Intake staff should measure, at a minimum, body mass index (BMI), height, weight and blood pressure.
3. The Intake staff should document **Allergies/Adverse Reactions** and **Medications**.
4. **Family History** should be documented. This section should include medical events in the family, including diseases that may be hereditary or place the patient at risk.
5. The patient's social history should be documented in the **Social History** section. The provider should select the Medicare Wellness Visit/IPPE Social History template to document this information. The template will automatically open for documenting as part of the encounter plan.

The only social history question the intake staff should leave for the provider to discuss is the Advance Directive question, which is only applicable in IPPE visits (the initial visit). The Provider should use the notes field after the question for advance directive.

6. The intake staff should document **Surgical History** as well as a full **Past Medical History**.
7. The Intake staff should complete the depression screening in the **Screening** section using the PHQ-9 screening questionnaire. A mental status or dementia screening can be documented using the SLUMS questionnaire. These questionnaires will become available for completion once the Intake staff checks off the checkboxes next to "PHQ- 2/PHQ-9" or "SLUMS."
8. Intake staff should ask all questions in the **HPI template** "Medicare Annual Wellness Visit" which covers relevant measures such as hearing impairment, Activities of Daily Living, fall risk, physical activity, diet, and home safety.
9. In the **Orders and Results** section, staff can select the Visual Acuity point of care test. This will pull a Visual Acuity order under the OTHER order type group in the Assessment and Plan and generate a results template in the Results/Interpretations section. If the Intake staff is performing the Visual Acuity test, they should document the result information in the Results/Interpretations section.

### Exam Stage

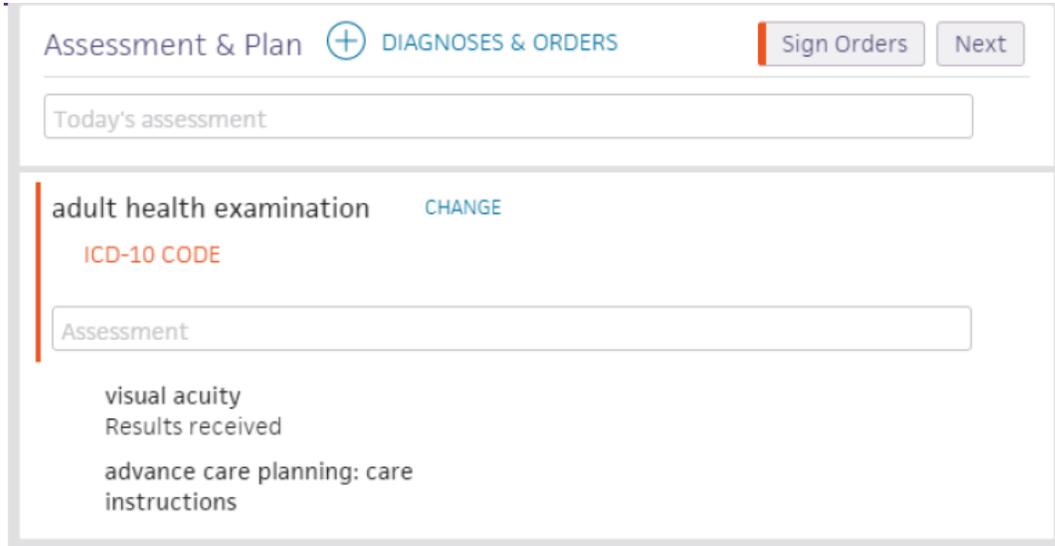
athenahealth provides a pre-configured Encounter Plan (page 6) that populates the appropriate templates within the encounter needed to complete the workflow described below. This encounter plan is named "Medicare Wellness Visit/IPPE."

The following is a list of the elements of the Exam workflow that we recommend be completed in order to meet the requirements for the MAWV with ACP.

1. The provider should review all sections previously filled out by the Intake staff.
2. A thorough **Physical Exam** should be completed by the provider.
3. If the Intake staff has already selected the Visual Acuity test during Intake, the provider will see the order in the Diagnoses and Orders Detail section under the Assessment and Plan. These orders act as a reminder to

the provider to complete the test. The provider can then document the results of the test in the **Diagnosis & Orders** section of the Exam stage, and click the “Discussed this result/Close” button. This will close both the result and order on the patient encounter.

- The provider should complete any necessary education, counseling, or referrals in the **Diagnoses and Orders** and **Discussion** section. This could include Patient Info orders, or any other clinical orders based on a patient's individual review.



- The provider should select the MAWV **Assessment Macro** to document their assessment of the patient. This template will automatically fire as part of the encounter plan. This template covers the fact that a healthy diet, regular cardiovascular exercise and other preventive measures were discussed during the visit. Providers can document their wellness counseling in the Assessment and Plan by creating their own assessment template, if desired.
- The provider should complete all required portions of the **Discussion Macro** “AdvanceCarePlanning” which covers explanation and discussion of advance directives, time spent discussing these plans and documentation of completion of standard forms, if applicable.

If any new or updated advance care directives are brought to or completed during the encounter, it is important that they be uploaded into the patient's chart. It is recommended that the provider instruct the patient to give any new forms to staff during Check-Out. At that time, the staff can upload any paper forms into the patient chart by navigating to the quickview, selecting the Clinicals dropdown, and choosing Print Document Barcode. Staff may then either print barcodes on a label sheet to affix to each page or print a coversheet for the advanced directive document and fax it into athenaNet.

## Sign-Off

- Once all documentation has been reviewed and signed, the provider can close the encounter in the Sign-off section. At this time, the provider should review the Billing tab and enter the appropriate codes for the visit.
- After the appropriate codes have been entered, and the Billing tab is fully reviewed, the provider can select the Billing Tab Review Complete checkbox and click “Save.”