Data Driven Approach to Medicare Wellness: Good for the Patient - Good for the Practice

Building Leaders – Transforming Hospitals – Improving Care

Who We Are

Our Company
Formerly known as Brim Healthcare we have a 45 year track record of delivering superior clinical & operating results for our clients.

Our Team
Our Executive Team has experience in managing hospitals from multi-billion $ healthcare systems to community hospitals.

Our Mission
We believe that the combination of People, Process & Technology transforms healthcare & provides the required results.

Management
- Turnaround Strategy
- Financial
- Operations
- Corporate Compliance
- Board Development

Consulting
- Regulatory Compliance and Accreditation Preparation
- Lean Process Improvement
- CHNA

Placement
- Executive Recruiting
- Interim Executive Placements
- Mid-level and Specialty Placements

Technology
- Gaffey Revenue Cycle Management
- CrossTX Population Health Platform
- Optimum Productivity
Faith M Jones, MSN, RN, NEA-BC  
Director of Care Coordination and Lean Consulting

Faith Jones began her healthcare career in the US Navy over 30 years ago. She has worked in a variety of roles in clinical practice, education, management, administration, and consulting. Her knowledge and experience spans various settings from ambulatory to inpatient to post-acute. In her leadership roles she has been responsible for operational leadership for all clinical functions including multiple nursing specialties, pharmacy, laboratory, imaging, nutrition, therapies, as well as administrative functions related to quality management, case management, medical staff credentialing, staff education, and corporate compliance. She currently implements care coordination programs focusing on the Medicare population using a team based care approach. She teaches care coordination concepts nationally which encompass Chronic Care Management, Annual Wellness Visits, and Advance Care Planning. She currently holds a certification as an Advance Care Planner.

Instructions for Today’s Webinar

- You may type a question in the text box if you have a question during the presentation.
- We will try to cover all of your questions – but if we don’t get to them during the webinar we will follow-up with you by e-mail.
- You may also send questions after the webinar to Faith Jones (contact information is included at the end of the presentation).
- The webinar will be recorded and the recording will be available on the HealthTechS3 website.

www.healthtechs3.com

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Objectives

At the end of this activity, the learner will be able to:

- Understand the elements required in the annual wellness visit and the individualized prevention plan of care
- Explain team based care as related new payment methodologies related to annual wellness visits, advance care planning, and chronic care management
- Identify opportunities and support tools to incorporate clinical and non-clinical community resources into the patient’s experience

What’s in a Word??

Physical Exam
Annual Physical
Routine Checkup
Sports Physical
Job Requirement
Physicals
What's in a Word??

Medicare
Wellness
Visits
"The AWV will include the establishment of, or update to, the individual’s medical and family history, measurement of his or her height, weight, body-mass index (BMI) or waist circumference, and blood pressure (BP), with the goal of health promotion and disease detection and fostering the coordination of the screening and preventive services that may already be covered and paid for under Medicare Part B."


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Welcome to Medicare

- A "Welcome to Medicare" preventive visit: You can get this introductory visit only within the first 12 months you have Part B. This visit includes a review of your medical and social history related to your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. It also includes:
  - Height, weight, and blood pressure measurements
  - A calculation of your body mass index
  - A simple vision test
  - A review of your potential risk for depression and your level of safety
  - An offer to talk with you about creating advance directives.
  - A written plan letting you know which screenings, shots, and other preventive services you need. Get details about coverage for screenings, shots, and other preventive services.

This visit is covered one time. You don't need to have this visit to be covered for yearly "Wellness" visits.

One Time
Use it or Lose it Benefit

https://www.youtube.com/watch?v=3ljyLlaDUEU
**Yearly “Wellness” Visit**

- **Yearly “Wellness” visits:** If you’ve had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. It also includes:
  - A review of your medical and family history
  - Developing or updating a list of current providers and prescriptions
  - Height, weight, blood pressure, and other routine measurements
  - Detection of any cognitive impairment
  - Personalized health advice
  - A list of risk factors and treatment options for you
  - A screening schedule (like a checklist) for appropriate preventive services. Get details about coverage for screenings, shots, and other preventive services.

This visit is covered once every 12 months (11 full months must have passed since the last visit).

**Patient Cost**

**Your costs in Original Medicare**

You pay nothing for the “Welcome to Medicare” preventive visit or the yearly “Wellness” visit if your doctor or other qualified health care provider accepts assignment. The Part B deductible doesn’t apply.

However, if your doctor or other health care provider performs additional tests or services during the same visit that aren’t covered under these preventive benefits, you may have to pay coinsurance, and the Part B deductible may apply.

**Patient Hears....**

**Free Doctor Appointment**
Team Based Approach to Visits

Who is Eligible to Provide the Annual Wellness Visit (AWV)?

- A physician who is a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Social Security Act (the Act); or,

- A physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa)(5) of the Act); or,

- A medical professional (including a health educator, registered dietitian, or nutrition professional or other licensed practitioner) or a team of such medical professionals, working under the direct supervision (as defined in CFR 410.32(b)(3)(ii)) ....


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Understanding Your Medicare Visits

Welcome to Medicare Initial Preventative Physical Exam (IPPE)

Cost: FREE

Coverage: Once per lifetime

- When you are within 12 months of the effective date of your initial Medicare Part B coverage.

- A review of your health education and counseling about preventive services, and referrals for other care if needed.

- Performed by:
  - Physicians, physician assistants or nurse practitioners
  - Please note:
    - When making your appointment, please let us know that you would like to schedule your Welcome to Medicare Initial Preventative Physical Exam.
    - You may be billed and responsible for copayments in cases of illness (e.g., illness or injury) or in cases of illness.
    - You must be not enrolled or prescribed in this exam.

Annual Wellness Visit

Cost: FREE

Coverage: Annually

- When you are within 12 months after you were enrolled in Medicare Part B (within the first 12 months following January 1, 2011).

- Performed by:
  - Registered Nurse (RN)

Please note:

- When making your appointment, please let us know that you would like to schedule your annual wellness visit.
- You must be enrolled and responsible for any charges associated with this wellness visit.
- You must be enrolled or prescribed in this exam.

Medically Necessary follow-up visits

Cost: Co-Pay

Coverage: Annually and as needed

- You will be billed as responsible for 20% of the services one would expect under the Medicare Part B plan.

- Performed by:
  - Physicians, physician assistants or nurse practitioners

Please note:

- For the exact up-to-date Medicare plan coverage, please visit medicare.gov.
- Medication may be refilled as prescribed in this exam.

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The ABC’s of the AWV

Required Elements:

• Administer a Health Risk Assessment (HRA)
• Establish a list of current providers and suppliers
• Establish the beneficiary's medical/family history
• Review the beneficiary's potential risk factors for depression
  • Depression Screening
• Review the beneficiary’s functional ability and level of safety
  • Cognitive Screening
  • Fall Risk Assessment and Home Safety Screening
• Assess height, weight, BMI, BP, other routine measures appropriate to medical history


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So Now What??

The purpose of the Annual Wellness Visit is...

To provide:

• Personalized Prevention Plan Services

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The ABC’s of the Annual Wellness Visit

Individualized Prevention Plan of Care:

1. Establish a written screening schedule for the beneficiary
2. Establish a list of risk factors and conditions with interventions
3. Provide personalized health advice and referrals to programs as appropriate
   • Community-based lifestyle interventions to reduce health risks, promote self-management, and wellness
   • Fall Prevention
   • Nutrition
   • Physical Activity
   • Tobacco-Use Cessation
   • Weight Loss


Screening Check List

Are You Up-To-Date on Your Preventive Services?

Medicare covers a full range of preventive services to help keep you healthy and help find problems early, when treatment is most effective. Ask your doctor which of these services is right for you.

<table>
<thead>
<tr>
<th>Preventive service</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>One time “Welcome to Medicare” Preventive Visit—within the first 12 months you have Medicare Part B (Medical Insurance)</td>
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<tr>
<td>Yearly “Wellness” Visit—get this visit 12 months after your “Welcome to Medicare” preventive visit or 12 months after your Part B effective date</td>
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<tr>
<td>Abdominal Aortic Aneurysm Screening</td>
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<td>Alcohol Misuse Screening and Counseling</td>
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<tr>
<td>Bone Mass Measurement (Bone Density Test)</td>
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<tr>
<td>Cardiovascular Disease (Behavioral Therapy)</td>
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<tr>
<td>Cardiovascular Screenings (cholesterol, lipids, triglycerides)</td>
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<tr>
<td>Colorectal Cancer Screenings</td>
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<tr>
<td>Depression Screenings</td>
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<tr>
<td>Diabetes Screenings</td>
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</table>
Screening Check List

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<tr>
<th>Preventive Service</th>
<th>Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Diabetes Self-management Training</td>
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<tr>
<td>Flu Shot</td>
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<tr>
<td>Glaucoma Test</td>
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<tr>
<td>Hepatitis A Shot</td>
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<tr>
<td>Hepatitis C Screening</td>
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<tr>
<td>HIV Screening</td>
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<tr>
<td>Mammogram (screening for breast cancer)</td>
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<tr>
<td>Medical Nutrition Therapy Services</td>
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<tr>
<td>Obesity Screening and Counseling</td>
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<tr>
<td>Pap Test and Pelvic Exam (includes a breast exam)</td>
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<tr>
<td>Pneumococcal Shot</td>
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<tr>
<td>Prostate Cancer Screenings</td>
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<tr>
<td>Sexually Transmitted Infections Screening and Counseling</td>
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<td></td>
</tr>
<tr>
<td>Tobacco Use Cessation (counseling to stop smoking)</td>
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</tbody>
</table>

Your “Guide to Medicare’s Preventive Services” has more information about these and other preventive services, including costs and conditions that may apply. Visit Medicare.gov/publications.

Screening Schedule

What is Covered...

MEDICARE PREVENTIVE SERVICES

- Annual Home Screenning and Counseling
- Annual Wellness Visit
- Bone Mass Measurements
- Cardiac Cerebrovascular Disease Screening Tests
- Colorectal Cancer Screening
- Counseling for Tobacco Use
- Depression Screening
- Diabetes Counseling
- Diabetes Self-management Training
- Glucose Screening
- Hepatitis A Shot
- Influenza (Flu) Vaccine and Administration
- Human Immunodeficiency Virus (HIV) Screening
- Human Papillomavirus Vaccine
- Mammography
- Pap Test
- Prostate Cancer Screening
- Skin Cancer Screening
- Screening for Early Detection with Mammography (Mammography)
- Screening for Early Detection with PSA and Prostate Cancer Screening
- Screening for Early Detection with PSA and Prostate Cancer Screening
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https://www.cms.gov/Medicare/Prevention/PreventionGInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#PNEUMO
Screening Schedule

How is it Covered...

MEDICARE PREVENTIVE SERVICES

https://www.cms.gov/Medicare/Prevention/PreventiveServices/MPS-QuickReferenceChart-1.html#PNEUMO

Detail and Coding

Preneumococcal Vaccine and Administration

https://www.cms.gov/Medicare/Prevention/PreventiveServices/MPS-QuickReferenceChart-1.html#PNEUMO

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Bone Mass Measurements

HCPCS/CPT Codes

- 76717: Ultrasound bone density measurement and interpretation: peripheral sites: any method
- 77476: Computed tomography: bone mineral density study: 1 or more sites: axial skeleton (e.g., hips, pelvis, spine)
- 77499: Dual-energy X-ray absorptiometry (DXA): bone density study: 1 or more sites: axial skeleton (e.g., hips, pelvis, spine)
- 77481: DPA: bone density study: 1 or more sites: appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
- Q0430: Single-energy X-ray absorptiometry (SXA) (bone density, axial): 1 or more sites: appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

ICD-10 Codes

See the CMS ICD-10 webpage for individual CPTs and coding translations for ICD-10 and contact your MAC for guidance.

Who Is Covered

Certain Medicare beneficiaries who fall into at least one of the following categories:
- Women determined by their physician or qualified non-physician practitioner (NPP) to be estrogen deficient and at clinical risk for osteoporosis
- Individuals with structural abnormalities
- Individuals getting or expecting to get glucocorticoid therapy for more than 3 months
- Individuals with pre-existing hyperparathyroidism
- Individuals being monitored to assess response to U.S. Food and Drug Administration (FDA)-approved osteoporosis drug therapy

Frequency

- Every 2 years
- More frequently if medically necessary

[Link to CMS website for more information about bone mass measurements]

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Let's Talk...

[Image of a bed with a patient]
Reimbursement Rate for 2017

Welcome to Medicare
IPPE - CPT Code G0402 - $168.68
   (National Average)
EKG – CPT Code G0403 - $17.23

Annual Wellness Visit - initial
AWV - CPT Code G0438 - $173.70
   (National Average)
Annual Wellness Visit - Subsequent
AWV - CPT Code G0439 - $117.72
   (National Average)

Timing and Denials

• If a claim for a G0438 or G0439 is submitted within the first 12 months after the effective date of the beneficiary’s first Medicare Part B coverage, it will also be denied as that beneficiary is eligible for the IPPE or “Welcome to Medicare” physical. Such claims with G0438 or G0439 will be denied with a CARC of 26 (Expenses incurred prior to coverage) and a RARC of N130.

**Patient Acquisition**

- **Annual Preventative Care**
  - Recurring Beneficiary
  - Active Prevention Plan Established
  - Age 66+

- **Initial Preventative Care**
  - Established Beneficiary
  - Age 66+

- **Welcome to Medicare**
  - New Beneficiary
  - Age 64-65

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**Birthday Party**

- **Understanding Medicare Event**
  - Target everyone who is currently 64
  - Hold an event annually
- **Partner with local Medicare Specialist**
- **OR**
- **Become a Medicare Specialist**
  - What Medicare Program is right for you?
- **Health Fair**
- **Seminar**
- **Vendors – Insurance Companies, Pharmacists, Sponsors etc.**
Medicare Specialist Program

CMS National Training Program

- The CMS National Training Program provides support for partners and stakeholders, not-for-profit professionals and volunteers who work with seniors and people with disabilities, and others who help people make informed health care decisions.


Classroom Modules

Complex information is made easy-to-understand in these lesson-based, topic-specific, comprehensive, and customizable train-the-trainer PowerPoint presentations that include speaker notes, workbooks, and casework scenarios.

These self-paced individual learning tools are for partners, information givers, and trainers who share in-depth information about the Medicare program with people with Medicare.


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Classroom Modules

• 0 - Getting Started with Medicare: Medicare and the decisions people need to make when they select a Medicare option.
• 1 - Understanding Medicare: Hospital (Part A), medical (Part B), Medicare Advantage (Part C), and prescription drug (Part D) coverage in Medicare.
• 2 - Medicare Rights and Protections: Beneficiary rights.
• 3 - Medigap: Supplemental insurance policies that pay certain beneficiary health care costs that are not covered under Medicare.
• 4 - Current Topics: Undergoing revisions. Check back for updated version.
• 5 - Coordination of Benefits: Payers’ responsibility when people have Medicare and certain other types of health and/or prescription drug coverage.
• 6 - Medicare for People with ESRD: For beneficiaries entitled to Medicare because of End-Stage Renal Disease or a disability.
• 7 - Medicare Preventive Services: Medicare-covered services that help people with Medicare live longer and healthier lives, including why preventive services are important and who is eligible.
• 8 - CMS Program Resources: Materials from CMS and the Social Security Administration as well as regulations to supplement information provided in the Medicare Modules.
• 9 - Medicare Part D Prescription Drug Coverage: Basic information about Medicare prescription drug coverage.
• 10 - Medicare and Medicaid Fraud and Abuse Prevention: Medicare and Medicaid fraud and abuse prevention, detection, reporting and recovery strategies.
• 11 - Medicare Advantage Plans: A comprehensive overview of Medicare Advantage Plans, including who can join, when to join, how the plans work, and what you pay. A detailed lesson on marketing guidelines and the ways health plans may or may not market their plans.
• 12 - Medicaid & the Children’s Health Insurance Program: For people with limited income and resources, including Medicaid, Medicare Savings programs, the Children’s Health Insurance Program, and coverage in the U.S. territories.
• 13 - Medicare for People with a Disability: Topics include eligibility for Social Security programs, eligibility and enrollment in Medicare, Medicare plan options, Medigap policies, Medicaid, help paying health care costs, and sources for additional information.

Preventative Care Progression

- Annual Preventative Care: Recurring Beneficiary
- Active Prevention Plan Established
- Age 66+

- Initial Preventative Care: Established Beneficiary
- Age 66+

- Welcome to Medicare: New Beneficiary
- Age 64-65
Welcome to Medicare Process

Happy 65th!

Pre-Registration

- Welcome to Medicare Event
- Pre-Registration

Information Services

--tiered Care: Call, Walk In, Corporate, Office, etc
- container services: retail, non-profit, etc

Initial Preventative Physical Exam (IPPE)

- performed by MD, PA, NP
- CPT code: 99203

Medically Necessary Follow-up Exam

- performed by MD, PA, NP
- CPT code: 99200

Initial Preventative Care Process

They missed the party!

Pre-Registration

- Patient requests or Provider offers
- Annual Preventative Care Process: To be Offered to Patient

AWV

- Performed by RN, LPN, Certified Health Coach, etc
- CPT Code: 03010

Follow-up Exam

- Results discussed at follow-up exam if medically necessary
- CPT code: 99305

Preventative Services

- Performs exam related to condition
- Preventative Plan of Care Results

Medically Necessary Follow-up Exam

- Performed by MD, PA, NP
- CPT code: 99305
**Annual Preventative Care Process**

Many happy returns!

- **Pre-Registration**
  - Patient requests at provider offices
  - Annual Preventative Care Process explained to Patient
- **AWV**
  - Performed by RN, LPN
  - Trained Health Coach, etc.
  - Create Preventative Plan of Care
  - Code: G0439
- **Scheduled after AWV**
  - Results discussed at Follow-up Exam if medically necessary
- **Medically Necessary Follow-up Exam**
  - Performed by MD, PA, or NP
  - Anticipates exams related to condition
  - Determines Preventative Plan of Care Results

**Integrated Preventative Care Model**

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Upcoming Events

National Patient Safety Goals – Improving Hospital Safety and Quality – Part I
Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer
Date: September 8, 2017
Time: 12:00pm CT
Register Here: http://bit.ly/2sDNQdp

8 Practical Approaches for Interim Leaders
Host: Mike Lieb, Vice President - Interim Services
HealthTechS3
Date: September 14, 2017
Time: 12:00pm CT
Register Here: http://bit.ly/2sDrO3A

THANK YOU!

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