Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Comagine Health

Annual Wellness Visit

Implementation Guide

January 2021

comagine.org

Table of Contents

This material was prepared by Comagine Health, the Medicare Quality Innovation Network-Quality Improvement Organization for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, 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. 12SOW-GEN-20-QIN-039

What is the Annual Wellness Visit?

Medicare's Annual Wellness Visit (AWV) is not a typical physical exam, rather it is an opportunity for patients and providers to:

- Focus on specific issues important to older adults
- Consider issues that may be overlooked in a typical physical exam
- Engage with patients on a regular (annual) basis and detect emerging health and safety risks
- Review the patient's complete medication list and identify any potential adverse drug events
- Review current providers and suppliers of medical care and check for alignment with patient goals

One of the most valuable elements of the AWV is the creation of a long-term preventive care plan based on the information a patient shares with their provider including a:

- Health Risk Assessment (HRA)
- Family history
- Current list of medical providers and medications
- Screening for cognition, depression, alcohol misuse, hearing, functional status and fall risk

There are three types of visits covered by Medicare that align with a practices AWV program:

IPPE
Initial Preventive Physical Examination

- Medicare pays for one per lifetime
- Must be done in first 12 months of Part B coverage
- Also known as "Welcome to Medicare Visit"

Initial AWV
Initial Annual Wellness Visit

- Applies the first time a beneficiary receives AWV
- Done after first 12 months of Part B coverage
- No IPPE or AWV within the past 12 months

Subsequent AWV
Subsequent Annual Wellness Visit

- Applies to all AWVs after a beneficiary's first AWV
- No IPPE or AWV within the past 12 months

Why Wellness Care?
Summary of Benefits for Your Practice and Your Patients

Better For...

The Clinic Today	The Patient	The Clinic Tomorrow	Control Your Future
More and more clinics are finding that they can use wellness care services and revenues to strengthen their infrastructure for providing comprehensive and coordinated care.	The Medicare Annual Wellness Visit (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.	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.**	While it requires some effort to implement and refine processes to deliver AWV effectively and efficiently, with help and guidance, we expect that almost every clinic will be able to find a way that works for them.

If implemented effectively, it is anticipated a solid AWV program will introduce the following benefits to your practice and your patients:

Provider/Practice Benefits

- Opportunity to build a complete medical history for chronically ill patients
- Strengthen the provider/patient partnership
- Increases patient engagement through outreach and education
- Provide proactive care to patients
- Increase quality metrics
- Create a new and sustainable revenue stream for the practice

Better for the clinic today – More and more practices are finding 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 are accurately risk adjusted – both of which are very important to succeeding in alternative payment models.

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

Taking control of your future – While it requires some effort to implement and refine processes to deliver AWV 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 providers want with their patients.

Patient Benefits

- No co-pay - Medicare covers the cost of the beneficiary's AWV. The beneficiary pays zero out of pocket expenses and Medicare pays the provider the full amount.
- Annual, comprehensive evaluation focused on overall wellness and prevention
- Early disease detection and prevention
- Maximize wellness
- Prevent accidents at home
- Keep patients out of the hospital
- Delay long-term 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 U.S. The Medicare 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.

Alignment with Other Key Initiatives or Reporting Requirements

Medicare's QPP

An effective AWV program implementation may also support much of the reporting and improvement requirements in QPP for both the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Models (AAPMs) pathways. Here are just a few specific examples:

- Quality
  - Preventive care such as immunizations, BMI, high blood pressure screenings and tobacco cessation intervention
  - Medication documentation in medical records and risk assessments (e.g. risk for falls)

- Improvement Activities
  - Evidenced-based techniques to promote self-management into usual care (IA_BE_16 - Medium)
  - Implementation of fall screening and assessment programs (IA_PSPA_21 – Medium)

- Promoting Interoperability
  - Patient-specific education (ACI_PEA_2)
  - Immunization registry reporting (ACI_PHCDRR_1)
  - Clinical information reconciliation (ACI_HIE_3)

- Cost
  - AWV is seen as an effective way to engage in preventive health while containing or decreasing overall costs through:
    - Reducing ER utilization and hospital readmissions
    - Coordinating care with specialty providers to reduce duplication and unnecessary care
    - Patient engagement and patient attribution

What is Included in the Medicare AWV?

CMS Guidelines for Wellness Visits

Section	Initial AWV Components	Subsequent AWV Components
Acquire Beneficiary Information	• Administer 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 • Review the beneficiary's functional ability and level of safety	• Update HRA • Update the list of current providers and suppliers • Update the beneficiary's medical/ family history
Begin Assessment	• Obtain patient measurements (4 required) • Detect any cognitive impairment	• Obtain patient measurements (2 required) • Detect any cognitive impairment
Counsel Beneficiary	• Establish a written screening schedule • Establish a list of risk factors and conditions for which interventions are recommended or underway • Furnish personalized health advice and appropriate referrals • Furnish, at the discretion of the beneficiary, advance care planning services	• Update the written screening schedule • Update the list of risk factors and conditions for which interventions are recommended or underway • Furnish personalized health advice and appropriate referrals • Furnish, at the discretion of the beneficiary, advance care planning services

As noted in the table, the initial and subsequent AWVs are identical with two exceptions: 1) the subsequent AWV does not include bullets four and five in the "Acquire Beneficiary Information" section and 2) the subsequent AWV only specifies two patient measurements in the "Begin Assessment" section.

For more details about the components of the Initial Preventive Physical Examination (IPPE), see The ABCs of the Initial Preventive Physical Examination

Which Patients are Eligible for AWV?

The AWV is for Medicare fee-for-service (FFS) or (Part B) beneficiaries who have been enrolled for at least one year. The information provided in this guide is specific to the services covered under Medicare FFS. Medicare Advantage (Part C) also covers similar services for AWVs. Please see individual plan administrators for specific details.

Who Can Provide the Medicare AWV?

- **Physician**
- **Qualified nonphysician provider**
- **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**

How Do I Implement AWVs in My Practice? Four-step Approach

This guide will help you develop your plan for successful AWV implementation by walking you through the following steps:

- Step 1 – Establish program plan and identify eligible patients
- Step 2 – Perform outreach and engagement
- Step 3 – Perform AWV medical encounter
- Step 4 – Complete appropriate and effective coding/billing

Step 1 - Establish the Program Plan and Identify Eligible Patients

Establish AWV Benchmark and Target

Example:

Total Medicare Part B beneficiaries attributed to clinic	1049
Total number of Medicare AWVs completed in last 12 months	125
Percentage of Medicare AWVs completed in last 12 months	11.9%
Target % of Medicare AWVs to complete each year	50%
Number of Medicare AWVs per week to reach target %	10.5

Plan for Identifying Eligible Patients and Generating AWV Patient Lists

Top Considerations for a Good AWV List and Action Steps

To have success in implementing an AWV program, there is a critical need to be able to compile a complete and accurate patient list regularly (ideally monthly or at a minimum quarterly). The following are some considerations that could significantly increase the number of patients who come in for visits, by getting to them in a timely fashion:

1. Can your EHR system pull an automatic AWV eligibility report? If not, how will you generate the list?
2. What data do you need on the report or list to schedule the AWV?
3. Include patients who will be Medicare eligible within two months on your list for outreach.
4. Consider a process for checking whether patients have chosen their primary care provider. Can the patient's assigned provider or last seen provider be included in the list to connect the patient to the upcoming visit?
5. Consider sending mailer out to potential patients in your geographic region who are not currently your patients.
6. How easy is it to run updates to the list? And what is your planned frequency for running them – quarterly, monthly, weekly or daily?
7. Can someone act on the list? Do you have a monthly call out solution or mailer? Is there a virtual option in your EHR for outreach – patient portal message, automated phone calls, etc.?
8. How many times will you remind the patient about an AWV? Do these methods include phone calls only or other types of communication methods (mailing/secure message in portal)?
9. Are the patient's preferred contact methods specified? Could that preferred contact method be included on a report?

Patient-Specific Eligibility Checks

How do I know if a beneficiary already got his/her first AWV from another provider and know whether to bill for a subsequent AWV even though this is the first AWV I provided to this beneficiary?

- You have different options for accessing AWV eligibility information depending on where you practice. You may access the information through the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) or through the provider call center Interactive Voice Responses (IVRs). CMS suggests providers check with their state Medicare Administrative Contractor (MAC) to see what options are available to verify beneficiary eligibility. Contact your MAC for more information:
  - Novitas Solutions – New Mexico
  - Noridian Healthcare Solutions – Nevada, Oregon and Utah

Prepare for Patient Communications

Most patients have no experience with the AWV. Many will not know what is included in an AWV and may expect a physical examination. Others will not appreciate the value of this type of preventive approach and will decline the service. There is no co-pay for the AWV service. However, if additional care is provided, a co-pay may be required. This is not an uncommon situation – expectations can be managed through a proactive approach and clear communications. Practices can establish AWV patient communications strategies, forms and letters, and staff scripting to head-off misunderstandings and patient frustrations, and embed them in consistent wellness visit processes.

See Communicating with Patients for further explanation and talking points that support how to communicate with patients about the AWV. It also includes a link to a sample letter detailing the AWV for patients.

Plan for Scheduling AWVs

- Outreach method
  - In-office or Phone – refer to "Scripts for Scheduling Medicare Wellness Visits" (MaineHealth, 2017)
- Time scheduled for AWV
  - Ways to avoid tying up exam room for 30 minutes
    - "Offline" HRA completion, data entry, vitals, screenings, etc.
    - Need to balance efficiency AND patient privacy and comfort

See Flow Chart for Scheduling a Medicare AWV – a decision tree for what type of visit to schedule.

Plan for Completing the HRA Form

Consider the following options for completing the patient's HRA:

- Provide through patient portal
  - Requires patient account and familiarity with accessing
  - Patient can fill out online or print and bring with them to the visit
- Mail to patient
  - Cost of mailing; may not be completed for visit
  - Other documents to include
- Email to patient
  - Need valid email when scheduling
  - Other attachments
- Phone interview with patient
  - Highest impact; highest resource use

Plan for Documentation of the AWV in your EHR

Create an AWV template and/or electronic HRA in your practice's EHR or assess your current templates and HRA for compliance. Contact your EHR vendor for technical assistance with building templates.

Also, depending on the plan for completing the HRA form above, you may also need to determine how to move the HRA information over to the EHR.

Educate/Train Staff on Refined AWV Process

- Providers
- Clinical support staff (nurses, MAs, etc.)
- Office support staff (scheduling, front desk, billing)

Gather Team(s) who Will Work on AWVs

- Do full virtual "walkthroughs", AWV list to billing
- Test random "red flags" such as:
  - Incomplete HRA form
  - Poor screening scores (depression, fall risk, cognitive)
  - Patient wanting acute treatment during the AWV

Schedule Regular Team Reviews at the Start

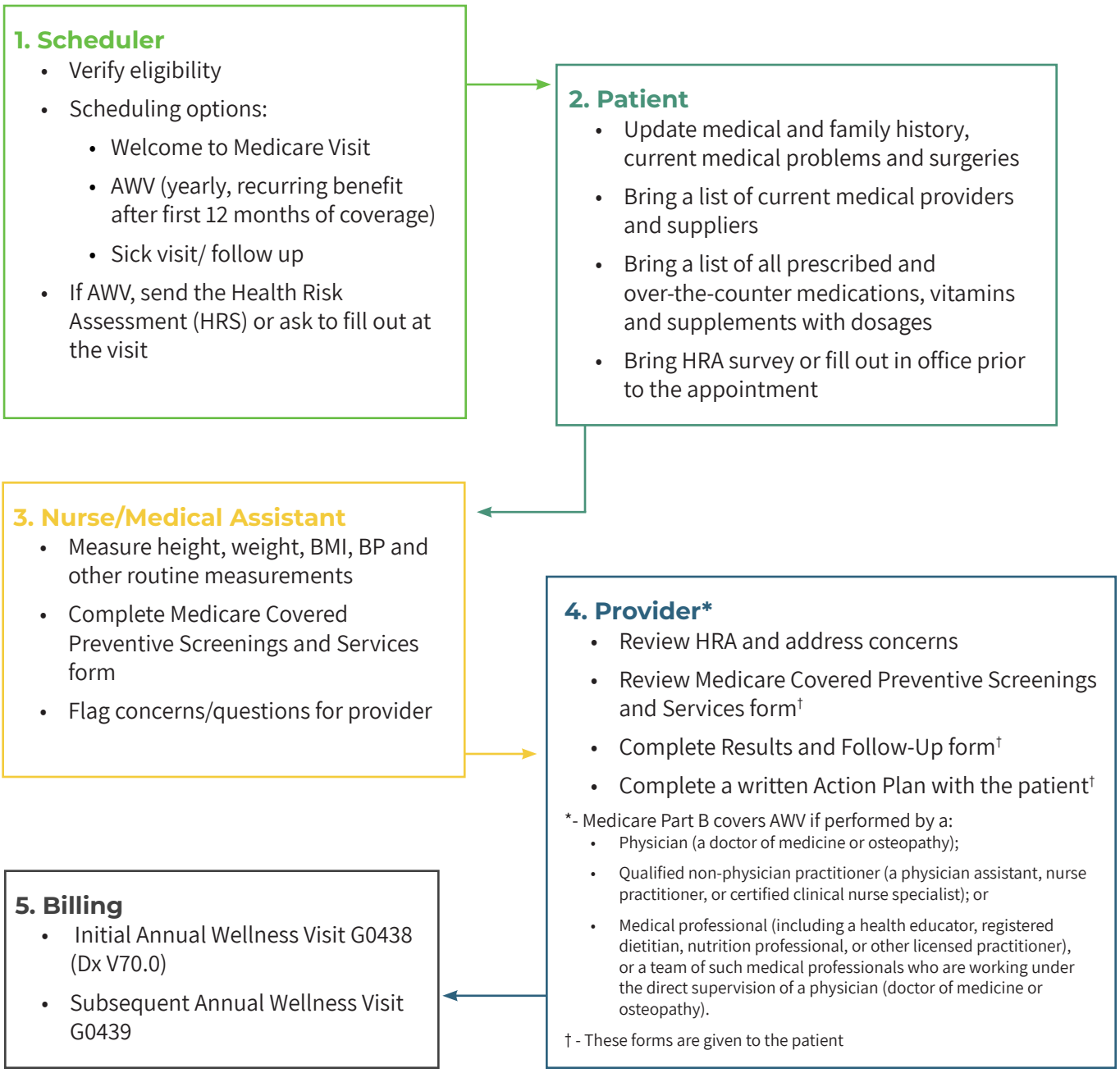
- Can be less frequent over time

See Pilot, Review and Refine - A guide on how to pilot, review and refine your new AWV process.

Develop a Workflow that Supports AWV Implementation

Consider your workflow and who will carry out each task to support successful implementation of AWV in your practice. See a diagram of one suggested workflow on the next page.

Diagram of Suggested Workflow



From [Annual Wellness Visit: Diagram of Suggested Workflow]

Step 2 - Perform Outreach and Engagement

Consider how you will engage and educate the patient about AWV and encourage them to schedule their appointment.

Scheduling

A. Verify eligibility

- **Is the patient a Medicare beneficiary?**
  - Determine eligibility using practice management software or
  - Verify eligibility and ensure that the service has not already been captured by another provider for the service period using your state Medicare Administrative Contractor (MAC)
    - Novitas Solutions – New Mexico
    - Noridian Healthcare Solutions – Nevada, Oregon and Utah
- **Has the patient had their IPPE?**
  - If the patient has received their IPPE during their Welcome to Medicare visit, then schedule an AWV.
  - If the patient is within their first 12 months of Medicare and has not received an IPPE, schedule a Welcome to Medicare visit.
- **Has the patient been enrolled in Medicare for over 12 months?**
  - If the patient has been enrolled in Medicare for over 12 months, and 12 months has elapsed since their IPPE schedule an AWV

See Patient-specific eligibility checks section above.

B. Decide on the type of appointment to schedule

- Welcome to Medicare (within the first 12 months of coverage)
- AWV (annual, recurring benefit after the first 12 months of coverage)
- Evaluation and management visit for emerging illness or follow up

C. Determine how the patient will complete the HRA: 1) provide through patient portal, 2) send to the patient's home before the scheduled AWV, or 3) if they need to arrive early to fill out paperwork. If sending in advance, you may include a reminder for the patient to also bring:

- A complete list of current medical providers
- A complete list of all prescribed medications, over the counter medications and supplements
- Complete medical, family and social history

Step 3 - Perform AWV Medical Encounter

Triage Process

The triage process may be performed by a medical assistant, licensed practical nurse or registered nurse—these elements must be documented in order to bill for the AWV.

A. Collect patient Information including:
- Collect the patient's height, weight, BMI and blood pressure
- Functional status evaluation
- Fall risk screening
- Cognition screening
- Depression screening (PHQ-2, PHQ-9)
- Alcohol misuse screening (Audit, Audit-C, CAGE)

Provider

A. Review HRA with patient and address concerns identified at triage with patient

B. Establish a written screening schedule for the beneficiary including any age or gender appropriate screenings such as:
- Colorectal cancer screening
- Mammography
- Annual pap screening
- Bone density testing
- Ultrasound screening for Abdominal Aortic Aneurysm (AAA)
- Prostate cancer screening
- Hepatitis C and HIV
- Influenza, pneumococcal, hepatitis b, shingles and TDaP vaccinations

C. Create a list of risk factors and conditions included recommended interventions

D. Share personalized health advice to the beneficiary and provide referrals to specialists, health education or preventive counseling services or programs including:
- Tobacco cessation
- Nutrition
- Weight loss
- Fall prevention

E. Patient should be provided a copy of their personalized action plan at the close of the AWV encounter, which could include items such as:
- Concerns identified from the HRA and guidance or plan to address them (results and follow-up)
- Schedule of appropriate preventive screenings and services
- A list of risk factors and conditions including recommended interventions
- Note referrals to specialists, health education or preventive counseling services or programs

F. This personalized action plan can be provided via their patient portal or in hard copy printed before they leave. Ideally this personalized action plan is generated from the EHR and based on the AWV template used.

Step 4 - Complete Appropriate and Effective Coding and Billing

Evaluation and Management Services

Medicare will pay for a medically necessary evaluation and management service (99201-99215) billed on the same date of service as the AWV. Medicare will also pay for an IPPE or AWV billed on the same date of service as a medically necessary evaluation and management service. In either case, the evaluation and management code must be billed with modifier -25. That portion of the visit must be medically necessary to treat the beneficiary's illness or injury, or to improve the functioning of a malformed body member. If a separate service is provided the same day as the AWV, the beneficiary needs to be notified that a copay or coinsurance may be required for the additional service.

Coding for Wellness Visits

Use the following HCPCS codes to file claims for AWVs:

G0402

- IPPE "Welcome to Medicare Visit"
- G0402 is a once in a lifetime benefit for beneficiaries within the first 12 months of Part B coverage

G0438

- AWV-Initial visit
- G0438 may be administered to beneficiaries who are no longer in the first 12 months of Medicare Part B coverage and who have not received an IPPE or AWV within the past 12 months

G0439

- AWV-Subsequent visit
- G0439 is an annual benefit for beneficiaries

Diagnosis

- You must report a diagnosis code when submitting a claim for the AWV
- Since you are not required to document a specific diagnosis code for the AWV, you may choose any diagnosis code consistent with the beneficiary's exam
- Consider ICD 10 : Z00.00, encounter for general adult medical examination, without abnormal findings.

Additional, Frequently Used Codes Aligned with AWV: NOTE these may incur a co-pay for the patient

Cardiovascular Screening Blood Tests

- 80061-Lipid Panel
- 82465-Cholesterol
- 83718-Lipoprotein

- 84478-Triglycerides
- Cardiovascular screenings may be used every five years for all beneficiaries with or without apparent signs or symptoms of cardiovascular disease

Diabetes Screening Tests

- 82947-Glucose, quantitative blood (except reagent strip)
- 82950-Glucose, post-glucose dose (includes glucose)
- 82951-Glucose, tolerance test (GTT), 3 specimens (includes glucose)
- Diabetes tests are for beneficiaries with certain risk factors for diabetes, or have been diagnosed with pre-diabetes
- Beneficiaries previously diagnosed with diabetes are not eligible for this benefit

Seasonal Influenza Virus Vaccine and Administration

- Q2035, Q2036, Q2037, Q2038, Q2039, 90689 (quadrivalent, effective Jan. 1, 2019)
- G0008-Administration, flu
- All beneficiaries are eligible for an influenza vaccination once per influenza season

Pneumococcal Vaccine and Administration

- 90670-Pneumococcal conjugate vaccine (Prevnar™), 13 valent
- 90732-Pneumococcal polysaccharide vaccine (Pneumovax™), 23 valent
- G0009-Administration, pneumonia

Screening and Behavioral Counseling Interventions in Primary Care

- G0442-Annual alcohol misuse screening (up to 15 minutes)
- G0443-Brief face-to-face behavioral counseling for alcohol misuse (up to 15 minutes - 4 times a year)
- G0444- Annual depression screening (up to 15 minutes). This is separately billable for subsequent AWV only. This screening is included in the IPPE and initial AWV

Patient's obligation for copayment or deductibles

Medicare covers the cost of the beneficiary's AWV. The beneficiary pays zero out of pocket expenses, and Medicare pays the provider the full amount. A copay only becomes applicable for a separately billed, medically necessary evaluation and management visit being performed on the same day.

Are there any special considerations for Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) billing for AWVs?

RHCs and FQHCs billing for AWVs and IPPEs are reimbursed at their respective all-inclusive rate (AIR) and prospective payment system rate. Cost sharing for patients is waived. If a significant, separately identifiable, medically necessary evaluation and management service is provided along with the AWV/IPPE, RHCs and FQHCs are not eligible for additional payment. IPPEs/AWVs can only be provided in an RHC or FQHC setting by a provider that meets the RHC/FQHC definition of a visit: physician (MD or DO), nurse practitioner, physician assistant or certified nurse midwife.

Source: https://www.ruralhealthinfo.org/care-management/annual-wellness-visits

Sustaining Improvements

As you are implementing the AWV program, it is important to consider how you will continue to sustain positive change and introduce additional improvements over time. Using the Model for Improvement* can help ensure changes are made systematically, increasing the likelihood they will stick. A simple worksheet to use the model can be found on the Comagine Health website. The model asks three questions:

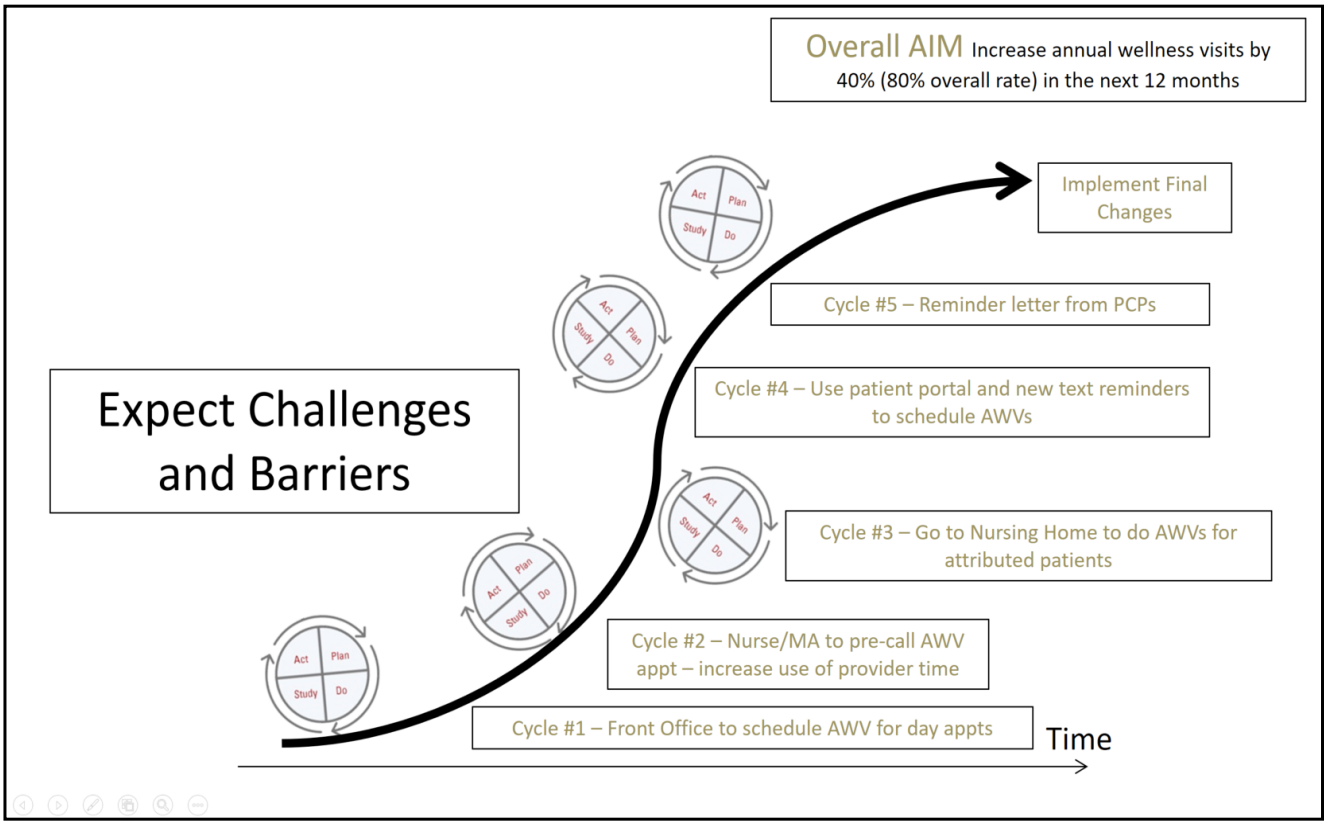
1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Answering and revisiting your answers regularly will help your team stay on track. As you make changes, you may find that as one process gets better, another gets worse, which is normal in the early stages and is why we test changes first using Plan-Do-Study-Act (PDSA) cycles.

PDSA cycles allow you to be specific and intentional about the changes you want to make. You can also identify which changes led to improvement and which ones did not. This can be especially helpful since we learn from our failures and our successes. Make a plan for sustaining improvement early on. Is key leadership engaged? Who has ownership of the daily process? Does the team understand why the changes are needed? Do people understand their roles? How often will you assess progress? Daily huddles in the beginning? During staff meetings? How will EHR data be pulled? Who will run these reports? Answering questions like these early on will help ensure lasting and sustainable change in your system.

The example to the next page on AWVs illustrates how multiple tests of change might look. Some tests will yield better results. Expect challenges and barriers along the way.

*The Improvement Guide (Langley GJ, Nolan KM, Nolan TW, Norman CL, Provost LP. San Francisco, California, USA: Jossey-Bass Publishers, Inc.; 1996



Where Can I Get Additional Information AWVs?*

Resources from Medicare (CMS)

- Medicare Preventive Services - Codes and billing information from CMS (CMS, 2018)
- IPPE and AWV Frequently Asked Questions (FAQs) - FAQ held as part of Medicare Preventive Services National Provider Call (CMS, 2012)

Forms and Tools

- AWV Implementation Checklist - Simple, easy to follow checklist for steps to implement the AWV (Comagine Health, 2021)
- AWV Delivery: Team Roles – Listing of anticipated activities and roles to support AWV implementation (Comagine Health, 2021)
- Building the HRA – Includes the seven CMS specified major components and the subcomponents described as "minimum" elements to be addressed. We also offer examples of written questions, screening tools, and other assessments that may be selected to "build the HRA" for your individual practice (Comagine Health, 2021)
- Sample HRA 2-page and Large Font - Two sample HRA forms (Comagine Health, 2021)
- Building the Personalized Preventive Plan Services (PPS) – This guide offers information to assist practices and clinicians in designing the PPS document that will be provided to Medicare Part B patients at the conclusion of each AWV (Comagine Health, 2021)
- Medical and Family History Review Checklist - Checklist of medical and family history items that should be reviewed with patients (Comagine Health, 2021)
- HRA Review Checklist - Checklist of items that should be included in the HRA (Comagine Health, 2021)
- Check for Safety - Home fall prevention checklist that can be given to patients (CDC, 2015)
- Mobility Assessment - The Timed Up and Go (TUG) Test can be used to assess patient mobility (CDC and STEDI, 2017)
- Brief Hearing Loss Screener - Clinical scale to detect hearing loss (MaineHealth, 2007)
- Alcohol Use Screening - AUDIT tool for assessing alcohol use (WHO)
- AWV Action Plan - Form that can be used with patients to develop an action plan based on their AWV (Comagine Health, 2021)
- Medicare Covered Preventive Screenings and Services -Document that shows the various preventive screenings and services that are covered by Medicare, and how often they are covered (Comagine Health, 2021)
- Communicating with Patients - Explanation and talking points that support how to communicate with patients about the AWV (Comagine Health, 2021)

- Flow Chart for Scheduling a Medicare AWV - A decision tree for what type of visit to schedule (Comagine Health, 2021)
- Pilot, Review and Refine - A guide on how to pilot, review and refine your new AWV process (Comagine Health, 2021)
- Annual Wellness Visit: Diagram of Suggested Workflow - Diagram of a suggested workflow for implementing AWVs (Comagine Health, 2021)

Additional Education

- Medicare AWV Practice Quick Start Guide – Presentation to support understanding and implementation of the AWV program in a practice (Comagine Health, 2021)
- AWV Toolkit Video - Video created by California State University Fullerton discussing AWV toolkits and what they should include. (12 minutes. California State University Fullerton, 2015)

Patient-Facing Tools and Resources

- Sample Letter to Patients with Medicare - A sample letter that can be used to introduce Medicare patients to the AWV (Comagine Health, 2021)
- What to Bring to Your AWV - A sample form that can be given to patients to ensure they bring all the needed information to their AWV (Comagine Health, 2021)
- AWV: A Tune-up for Your Body Video - A short (2 minute) educational video for patients explaining the basics of the AWV. (Quality Insights, 2017)
- AWV Poster and Rack Card - A simple poster and patient rack card that can be displayed/given out in your practice to highlight the importance of an AWV. (Comagine Health, 2021)

Revenue and Return on Investment (ROI) Tools

Basic potential revenue calculator

- Business Case - This document presents the business case for implementing the annual wellness visit into your practice and gives two scenarios as examples. (Comagine Health, 2021)

Custom Calculated ROI or Business Case

- Comagine Health can create a customized ROI dashboard for your practice that will share your potential revenue based on patients who have not received an AWV visit. Please contact us to get this information delivered to you.

*We will do our best to keep this guide up-to-date with the most current information but some of the tools and resources linked in this implementation guide may be out of date.

Contact Us

Contact a project facilitator in your state for personalized assistance or fill out our Contact Us form on our website.

Nevada - (702) 384-9933
New Mexico - (505) 998 -9898
Oregon - (503) 279-0100
Utah - (801) 892-0155