

## Medicare's Annual Wellness Visit is your "Concierge Service" visit to Collaborate with your Physician on a Personalized Plan for Your Health 100% Covered by Medicare

The Annual Wellness Visit (AWV) is a yearly appointment with your primary care provider (PCP) to create or update a personalized plan for your health. This plan may help prevent illness based on your current health and risk factors and is meant as a "non-sick visit" encounter for you and your PCP to talk about your health, your goals, your concerns. You should leave the visit with an overall assessment of how you are doing and a personalized plan to maintain your quality of life. Keep in mind that the AWV is not a head-to-toe physical. This is an opportunity for you and your PCP to discuss "the whole you" and make a plan to optimize your health.

### What is Covered in the Annual Wellness Visit

During your first Annual Wellness Visit, your PCP will develop your personalized prevention plan which will include an assessment and discussion about your concerns as well as your goals. Your PCP will typically do the following during your Annual Wellness Visit:

- Check your height, weight, and blood pressure
- Give you a health risk assessment. This may include a questionnaire that you complete before or during the visit. The questionnaire asks your input on your health status, injury risks, behavioral risks, and any urgent health needs
- Review your functional ability and level of safety. This includes screening for hearing impairments and your risk of falling. Your PCP must also assess your ability to perform activities of daily living (such as bathing and dressing) and your level of safety at home.
- Discuss and learn about your medical and family history
- Make a list of your current specialists, ancillary providers and medications, including all prescriptions regardless of who prescribed them, as well as any over-the-counter medications, vitamins and supplements you take (bringing a list with you will be of great help, but is not required)
- Create a written 5-10 year screening schedule or screening check-list to help you receive the screening that is right for you. Your PCP should keep in mind your health status, screening history and eligibility for age-appropriate, Medicare-covered preventive services.

- Screen for cognitive impairment, including diseases such as Alzheimer's and other forms of dementia. Medicare does not require that doctors use a test to screen you. Instead, doctors may rely on their observations and/or on reports and input from you and others.
- Screen for depression which is so important since it impacts all other chronic conditions you may have such as diabetes, asthma, COPD, atrial fibrillation etc.
- Provide health advice and referrals to health education and/or preventive counseling services aimed at reducing identified risk factors and promoting wellness such as health education and preventive counseling for weight loss, physical activity, smoking cessation, fall prevention, nutrition and more.
- Although it is a separate service, Medicare encourages PCPs to also provide Advanced Care Planning at the time of the Annual Wellness Visit. It just makes sense to discuss at least once a year, and when it is performed on the same day as the Annual Wellness Visit, there is no cost sharing for the patient.

After your initial Annual Wellness Visit, Medicare covers an annual update so you and your PCP can discuss how you are doing on your personalized plan and your plan can be updated at least once a year.

## Patient Costs

If you qualify, Original Medicare covers the Annual Wellness Visit at 100% of the Medicare-approved amount when you receive the service from a Medicare participating provider. This means you pay nothing (no deductible or coinsurance). Medicare Advantage Plans are required to cover AWVs without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements for the service.

It is important to call out that during the course of your AWV, your provider may discover and need to investigate or treat a new or existing problem. This additional care is considered diagnostic, meaning your provider is treating you because of certain symptoms or risk factors. Medicare may bill you for any diagnostic care you receive during a preventive visit so you will see 2 different services on your EOB if this occurs. One service will not have cost-sharing (the AWV) and one will have cost-sharing (the "sick visit").