# Implementing Medicare Wellness Visits in a Ryan White Clinic

Kate Codd-Palmer, CRNP
Nurse Practitioner
UPMC Physician Services
Pittsburgh, Pennsylvania
coddpalmerk@upmc.edu
(w) 412-647-3243





## Background



- 60% of people in care at UPMCPS are >50 years of age
- 15% of people in care at UPMCPS are >65 years of age
- Some in care <65 years of age are medically disabled</li>

Medicare Part B offers patients at no cost to them an Annual Wellness Visit (AWV)

Purpose of AWV: Prevent disease and disability by creating or updating a personalized prevention plan with the patient

#### **Process**



- Recognized need to enhance screening for PWH as they age at a monthly HIV provider meeting
- Developed model of an Annual Wellness Visit to be conducted outside of routine HIV monitoring visits due to time constraints
- Engaged providers to refer patients to the APP for an AWV
- Identified all patients on Medicare by pulling a report
- Mailed AWV Flyer to all eligible patients announcing the new visit and encouraging patients to schedule an appointment

#### Annual Wellness Visit flyer mailed to eligible patients





## Coding & Reimbursement



- G0438 Annual Wellness Visit (AWV), Initial Medicare reimbursement ranges from \$170 \$204, depending on location of practice/clinic
- G0439 AVW, Subsequent Medicare reimbursement ranges from \$122 -\$171
- G0402 Initial Preventive Physical Exam (IPPE) aka "Welcome to Medicare"
   Medicare reimbursement ranges from \$160 \$204
- Diagnosis Code: Medicare does not specify one; select one based on patient's exam
- Resources:
  - <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html</a>
  - <a href="https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=3&H1=G0438&M=5">https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=3&H1=G0438&M=5</a>

### Components of a UPMCPS AWV



- 1 hour dedicated visit with APP (as per our Geriatric Center)
- Vital Signs
- Health Risk Assessment (completed by patient or with assistance by provider)
- Montreal Cognitive Assessment (MoCA)
- Hearing Exam
- Eye Exam
- Review of Preventive Measures

#### Health Risk Assessment Questionnaire



- Nutrition
- Alcohol
- Physical Activity
- Assessment of Falls and Fall Risk
- Health Status
- Cognition
- Medications (polypharmacy)

- Sexual Health
- Assessment for Urinary Incontinence
- Depression Screen
- Advanced Directives
- Assessment of Activities of Daily Living (ADL)
- Review of patient providers
- Review of Equipment/Supplies

# Montreal Cognitive Assessment



NAMING    Contour Numbers   Hands   1/5	S Begin	(A) (B) (2) (4) (3)			Copy cube	Draw C (3 points		oast eleven)	POINTS	
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The Cat atways hid under the couch when dogs were in the room. [ ]										
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Multiple choice cue	Ortional				1		L J reca	ull only		
ORIENTATION   1 Date   1 Month   1 Year   1 Day   1 Place   1 City /6	Optional	Multiple choice cue								

### Earscan 3 Screening Audiometer





#### **Earscan 3 Screening Audiometer (ES3S)**

Whether being carried from location to location or being used at a fixed site, the Earscan® 3 Screening Audiometer's size makes it a perfect fit. This lightweight, truly portable audiometer is equally at home in the palm of your hand or taking up a fraction of the work space of other "portable" audiometers.

With the Automatic Screening function, simply set the frequencies and levels you want to test, and the audiometer will only test those specific frequencies and levels. This provides for a quick exam to ensure the test subject can hear at the specified level. The Earscan® 3 is a fully programmable audiometer, allowing customization of the entire test procedure, from the intensity step size to the frequencies selected for testing.

Operator to patient communication (talk over) is built in, allowing test instructions to be presented via the headset. Calibration is password protected to ensure the integrity of data. Built in calibration reminders ensure the validity of test results.

Data can be transferred to a printer via serial interface or to a PC via USB interface.

# Eye Exam



20/200	E	1
20/100	FP	2
20/80	TOZ	3
20/63	LPED	4
20/50	P E C F D	5
20/40	E D F C Z P	6
20/32	F E L O P Z D	7
20/25	DEFPOTEC	8
20/20	L E F O D P C T	9

# Aggregate data of AWVs January 2020 through June 2022



- 35 patient visits
- 26 Unique patients
- Mean (average) Age 64
- Median Age 65
- Male 73%
- Female 27%

- Mean MoCA score=25
- Range 17-30
- Mean BMI=27
- Fall(s) in the last year=22%
- Active drug or alcohol abuse=27%

#### Aggregate data of AWV January 2020 through June 2022



- Active Smoking=23%
- Hypercholesterolemia=69%
- Hypertension=69%
- Diabetes=13%
- Use of hearing aides=19%
- Bone Loss=19%
  - o 2 males: osteopenia
  - o 1 male: osteoporosis
  - 2 females: osteopenia

- Report of urinary symptoms=31%
  - 4 males Urinary incontinence
  - 1 male Post Micturition Dribble (PMD)
  - o 1 male significant Nocturia >4x/night
  - 1 female with Uterine Prolapse
  - 1 male with alcohol use disorder and incontinence after alcohol use
- Report of 150 minutes of exercise/week=49%
- Referral to PT=8%
  - 1 strength training
  - 1 flexibility training

#### Lessons Learned and Next Steps



- Average MoCA score slightly lower than passing score of 26
  - Range 17-30 (average score=25)
  - Aging population: consider adopting MoCA into HIV Primary Care visit in addition to AWV where appropriate
- 27% of participants with current history of Drug or Alcohol Use Disorder
  - Incorporate: Harm reduction, Motivational Interviewing and appropriate referrals when accepted by patient
- 69% of patients with Hypertension and Hypercholesterolemia
  - Incorporate UPMCPS PharmD under Collaborative Agreement to help patients meet target goals, minimize polypharmacy

#### Lessons Learned and Next Steps



- 19% of patients utilize Hearing Aids
  - Screen patients over 50 years of age for hearing loss, refer to audiology as indicated or to APP for baseline evaluation
- 19% of patients with bone loss
  - Current recommendation for Bone Mineral Density (BMD)evaluation is for all HIV positive men and postmenopausal women at 50 years of age
  - Referral for BMD evaluation during PCP visit for those eligible
- 31% of patients with Urinary Symptoms
  - Consider screening all patients over 50 for urinary symptoms including incontinence and significant nocturia
- Continue to refer patients for AWV when eligible