

Annual Wellness Visits

In 2011, the Centers for Medicare and Medicaid Services (CMS) began to reimburse an Annual Wellness Visit (AWV) under the Medicare Physician Fee Schedule and the Hospital Outpatient Prospective Payment System. The AWV is an annual appointment for Medicare fee-for-service (FFS) beneficiaries with their Primary Care Provider (PCP). The AWV is not a physical examination as Medicare does not cover routine physical examinations.

The goal of an AWV is to identify current health and risk factors with the health risk assessment (HRA) being the main focus. In 2018, Medicare reimbursed on average \$174 for the initial AWV (G0438) and an average of \$118 for the subsequent AWV (G0439). For our Scripps ACO providers participating in a Medicare Shared Savings Program (MSSP), the AWV is important for the following reasons:

- Aids in retention of attributed beneficiaries to the ACO
- Supports quality metric documentation
- Opportunity to review patient's care plan
- Patients with an AWV are less likely to be cost outliers
- Ensures accurate documentation of patient risk levels through HCC coding

Medicare covers an AWV for beneficiaries who have met the following criteria:

- Are not within 12 months of the effective date of their first Medicare Part B coverage period
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months

An AWV may be performed by any of the following:

- Physician (MD or DO)
- Qualified non-physician practitioner (PA, NP, CNS)
- Medical professional(s) who are directly supervised by a physician

For additional AWV provider information please click the following links:

- [The ABCs of the Annual Wellness Visit](#)
- [Annual Wellness Visit \(incl. Personalized Prevention Plan Services\)](#)
- [Framework for Patient-Centered HRA \(with sample HRA\)](#)

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