

# Medicare AWP User Quick Start Guide

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# Overview

The **Welcome to Medicare Visit** and **Annual Wellness Visit (AWV)** are to review the patient's wellness and develop a plan to keep the patient healthy. A focused physical exam – not a comprehensive “head-to-toe” physical exam – is included.

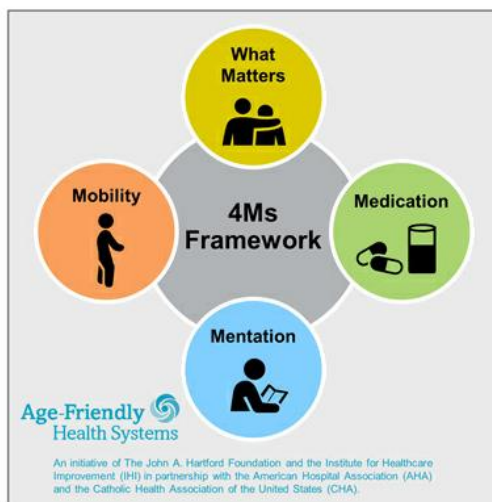
## Visit Includes:

- A health risk assessment (questions you answer about your health)
- A review of your medical and family history
- Developing or updating a list of your current providers and prescriptions
- Documenting your height, weight, blood pressure and other routine measurements
- Looking for signs of memory loss or dementia
- Personalized health advice just for you
- A list of risk factors and treatment options for you
- A screening schedule (like a checklist) for the preventive services recommended for you

The Annual Wellness Visit is an excellent time to screen for and to act on clinical needs identified with the Age-Friendly Health System 4M's framework in primary care. The EPIC template for the AWV supports care teams in assessing and providing age friendly care so that it is integrated and not “just one more thing to do”. This also helps teams to find ways to ensure that we take into account What Matters to each individual patient and develop a unique plan of care based on that particular patient's goals.

In an **Age-Friendly Health System (AFHS)**, value is optimized for all — patients, families, caregivers, health care providers, and the overall system. Age-Friendly Health Systems use a set of four evidence-based elements to organize the care of older adults, known as the “**4Ms**”: **What Matters**, **Medication**, **Mentation**, and **Mobility**. The 4Ms are essential elements of high-quality care for older adults. When implemented together, they are expected to result in significant improvement in the care of these individuals. The 4M's can be applied to the inpatient and outpatient setting with different focus that is most relevant for the setting.

***AFHS icon is used throughout the guide to indicate essential met.***



### What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

### Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

### Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

[Click Here for Tip Sheet on What Matters](#)

# Comparison of Medicare Wellness Visits

Comparing Medicare Wellness Visits			
VISIT	Welcome to Medicare (Initial Preventive Physical Examination or IPPE)	Annual Wellness Visit (AWV)	Traditional Annual Physical Exam
WHEN	Within the first 12 months of enrollment in Medicare Part B.	After the first 12 months enrollment in Medicare Part B and at least 1 year + 1 day after the IPPE (if provided).	Provided at patient's request.
HOW OFTEN	Covered only <b>once</b> in a lifetime	Subsequent AWVs may be provided annually if more than 1 year + 1 day after the last Wellness Visit to review and update the wellness plan.	Every 1-2 years
COVERAGE	Medicare pays 100%.	Medicare pays 100%.	Not covered by Medicare
REQUIRED <i>For both IPPE &amp; AWV</i>	<ul style="list-style-type: none"> <li>Medical/surgical history including; current meds and supplements, diet, physical activities sexual health and history of alcohol, tobacco and illicit drug use including opioid use disorders or at risk</li> <li>Family history</li> <li>Review of potential psychosocial risk factors for depression, life satisfaction, social isolation, stress, pain, and fatigue etc., including current or past experiences with depression or other mood disorders and any appropriate screening instrument (PHQ9).</li> <li>Review of functional ability and level of safety (ADL/fall risk/hearing impairment, home safety)</li> <li>Exam: HT/ WT/BMI/BP, other factors deemed appropriate based on history/clinical standards.</li> <li>Educate, counsel and refer based (based on results)</li> <li>Establishment of a written screening schedule for a minimum of 5 years</li> </ul>		A comprehensive, "head-to-toe" physical exam.
	<b>In addition to above for IPPE</b> <ul style="list-style-type: none"> <li>Visual acuity screen</li> <li>End-of-life planning</li> <li>Screening EKG, as appropriate-once in lifetime</li> <li>Other screening such as AAA ultrasound (family hx or male 65-75 yo with smoking hx); covered only with referral from IPPE.</li> </ul>	<b>In addition to above for AWV</b> <ul style="list-style-type: none"> <li>Review of a completed Health Risk Assessment (HRA)</li> <li>List of medical providers and suppliers</li> <li>Detection of cognitive impairments</li> <li>ACP discussion at patient's discretion</li> <li>Establish list of patient risk factors and conditions if any</li> <li>Give personalized health advice/appropriate referrals to health education/preventive counseling services</li> </ul>	
CODES	IPPE - G0402	Initial Annual Wellness Visit - G0438  Subsequent Wellness Visit - G0439	99397 – Estab pt, 65 & >, PE  99387 – New patient, 65 & >, PE

# Scheduling Protocols

## Patient Service Representative (PSR) – Call Center

- Use scripts to clarify patient needs and expectations when a patient calls for appointments
- Educate patients and schedule appropriately
  - For patients signed up for MyChart, documents will be sent 2 weeks prior to the scheduled visit for patients to complete. If patient does not have an active MyChart account, ask if they would like to sign up for one.
  - Mail a Patient Packet for Annual Wellness Visit to the patient if they do not use MyChart.
  - Provide a HRA packet to the patient if scheduled during check out in the office.
  - Use the Medicare Wellness Visit Type during scheduling.



- **MyChart Patient Packet for Medicare Wellnes** includes:
  - Update current medical providers and equipment suppliers
  - List of all prescribed and OTC medications
  - Heath Risk Assessment (HRA) Questionnaire (updates, see appendix)
  - SDOH MyChart Questionnaire (new tool with actions, see appendix)
  - PHQ9

- Proactively schedule patients by extending upcoming appointments

# Pre-Visit Planning (As Applicable)

## Update Care Team

Update the Care Team with names of consultants by reviewing the media and encounters tab for consult reports.

### Other Patient Care Team Members List

Role	List
Attending physician or resident physician <u>not</u> serving as the patient's primary care provider.	<i>Relationship = "Consulting Physician"</i> Surgeons may optionally select a relationship of "Surgeon"
Nurse Practitioner <u>not</u> serving as the patient's primary care provider.	<i>Relationship = "Nurse Practitioner"</i>
Physician Assistant <u>not</u> serving as the patient's primary care provider.	<i>Relationship = "Physician Assistant"</i>
Registered Nurse	<i>Relationship = "Registered Nurse"</i>
Dietitian	<i>Relationship = "Dietitian"</i>
Social Worker	<i>Relationship = "Social Worker"</i>
Care Manager	<i>Relationship = "Care Manager"</i>
Anticoagulation Manager – if applicable	<i>Relationship= "Anticoagulation Manager"</i>

## Identify Health Maintenance Items

Identify the Health Maintenance (HM) items that the patient will be due for and make a note in the pre-visit planning tool.

## Check Advance Directive Documentation

Check the banner for Advance Directives documentation. If none, make a note in the pre-visit planning tool that the patient needs the Advanced Care Planning booklet.

## Identify Visit Type

Identify if the visit is a Welcome to Medicare (enrolled <12 months), initial Annual Wellness Visit (AWV) or Subsequent AWV or a Combination Wellness Visit (initial or subsequent) **WITH** an Annual for patients with a Medicare Advantage plan. Indicate the visit type in the Appointment Note and enter this as the Reason for Visit (RFV).

Add the annual physical as an additional RFV if appropriate. See Page 3 for a complete explanation of the different visit types.



If the patient is scheduled for a Medicare Wellness visit and the patient has a Medicare Advantage Plan, the visit can be turned into a combination AWV + Annual visit

## Review any Special Instructions

Ask provider for any special instructions (e.g. ECG if needed for IPPE)

# Patient Check-In

## Health Risk Assessment Questionnaire

- Confirm that the patient has brought the Patient Packet for Medicare Wellness. If not, provide a packet for the patient to complete in the waiting room

## Update Care Team

If the patient is actively seeing other specialists, you can verify and update the care team with names of consultants by reviewing the media and encounters tab for consult reports (as applicable).

# Patient Rooming

## Update Care Team

If the patient is actively seeing other specialists, you can verify and update the care team with names of consultants by reviewing the media and encounters tab for consult reports (as applicable).

## Enter Chief Complaint/Reason for Visit

Enter Chief Complaint/RFV (if not already done), by choosing the appropriate Medicare visit.

- Welcome to Medicare Visit (also known as Initial Preventive Physical Examination, IPPE)
- Medicare Annual Wellness Visit Initial
- Medicare Annual Wellness Visit Subsequent
- Additional RFV if applicable



Refer to p. 3 for more information on Medicare Wellness Visit types.

## Pull in results from MyChart

## Enter Vital Signs

Enter Vital signs (Height, Weight, BP, Pulse) and document Pain Score.

## Update Allergies

Review and update allergies.

## Perform Medication Reconciliation



1. Perform Medication Reconciliation including over the counter medications and supplements.
2. Document taking|not taking and flag medications for removal.

## Update Social History

1. Update the Tobacco and Alcohol history in the Social History section, including an assessment of smokeless tobacco use. If positive and not completed in MyChart, patient completes DAST and AUDIT screener.
2. Review SDOH for care gaps (Storyboard) and update assessment.

# Complete Screenings



Complete the following items within the **Screenings** tab:

1. Patient Health Questionnaire (PHQ)
2. Fall Risk

**SCREENINGS** Travel/Exposure **Fall Risk** PHQ9 GAD-7 Assessment Cognitive/Functional Food Insecurity Hearing/Vision Questionnaires

Trauma/ACES C-SSRS Substance Use Screen DAST AUDIT Sexual Identity Spine Conservative Treatments Tele Enroll

Asthma Symptom Control Safety Screening MOCA Malnutrition ASAM AC-OK ADULT CIWA SOAP-R ADHD Self Reported

**Amb Fall Risk Assessment**

Responsible Create Note ☐ Show Row Info ☒ Show Last Filed Value ☐ Show Details ☒ Show All Choice

**Falls assessment**

Have you had 2 or more falls in the last year?

Yes No Unknown

Have you had a fall with injury in the last year?

Yes No Unknown

Do you have difficulty with walking or balance?

Yes No Unknown

**Timed Up and Go Test**

How many seconds did it take to complete the 5 tasks?

Observe the patient's postural stability.

☐ Slow tentative pace ☐ Loss of balance ☐ Short strides ☐ Little or no arm swing ☐ Steadying self on walls ☐ Shuffling ☐ En bloc turning

☐ Not using assistive device properly

**Patient Observations**

Patient able to stand from a seated position unaided by seat arms or walking device?

Yes No

Patient able to walk ten feet, turn around, and walk ten feet back to the chair unassisted by any walking device?

Yes No

Restore Close Cancel Previous

3. Under the Hearing/Vision section:
  - o Document Visual Acuity (required if visit is Welcome to Medicare Exam, aka IPPE)
4. Cognitive/Functional (includes visual and hearing questions).

**SCREENINGS** Report Travel/Exposure Fall Risk/Exposure to Violence PHQ9 GAD-7 Assessment Medicare HRA **MiniCog/Functional Status** Food Insecurity

Hearing/Vision Questionnaires Trauma/ACES C-SSRS Substance Use Screen DAST AUDIT Sexual Identity Spine Conservative Treatments

Tele Enroll Asthma Symptom Control Safety Screening MOCA Malnutrition Social Determinants Past Medication Trials Covid 19 Pos at Home

**MiniCog/Functional Status**

Responsible Create Note ☐ Show Row Info ☒ Show Last Filed Value ☐ Show Details ☐ Show All Choices

**Mini-Cog**

I am going to say three words that I want you to remember now and later.

Able to repeat Unable to repeat

Clock drawing

2- Clock is correct 0- Clock is not correct

Word Recall

3 Words Recalled 2 Words Recalled 1 Words Recalled 0 Words Recalled

Mini Cog Score

**Cognitive and Functional Status Questions**

Are you deaf or do you have serious difficulty hearing?

No Yes

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

No Yes

Do you have serious difficulty walking or climbing stairs? (5 years old or older)

No Yes

Do you have difficulty dressing or bathing? (5 years old or older)

No Yes

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)



Minicog will cascade regardless, complete when appropriate

# Enter Health Risk Assessment Questionnaire Responses

1. Enter the HRA questionnaire responses in the HRA section of the Screenings activity, if not already completed by the patient via MyChart. This must be entered before the provider portion of the visit. SDOH questions are now aligned with Epic foundation and questions about caregiver stress have been added.

Medicare HRA

Responsible

Create Note

Show Row Info

Show Last Filled Value

Show All Choices

Health Risk Assessment

Are you deaf or do you have serious difficulty hearing?

No | Yes

Have you noticed any changes in your memory lately?

No | Yes

I am going to say three words that I want you to remember now and later.

Able to repeat | Unable to repeat

Clock drawing

2- Clock is correct | 0- Clock is not correct

Word Recall

3 Words Recalled | 2 Words Recalled | 1 Words Recalled | 0 Words Recalled

Mini Cog Score

In the past 2 weeks, how often have you felt nervous, anxious, or on edge?

Almost never | Some of the time | Most of the time | Almost all of the time

In the past 2 weeks, how often were you not able to stop worrying or control your worrying?

Almost never | Some of the time | Most of the time | Almost all of the time

In general, would you say your health is?

Excellent | Good | Fair | Poor

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days | Patient refused

On average, how many minutes do you engage in exercise at this level?

0 min | 10 min | 20 min | 30 min | 40 min | 50 min | 60 min | 70 min | 80 min | 90 min | 100 min | 110 min | 120 min | 130 min | 140 min | 150+ min | Patient refused

How confident are you that you can control and manage most of your health problems?

Very confident | Somewhat confident | Not very confident | I do not have any health problems.

During the past 12 months, have you helped out a relative or friend with health and/or life tasks, even just a little bit?

No | Yes

In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking or using the toilet?

No | Yes

In the past 7 days, did you need help from others to take care of things such as laundry, housekeeping, banking, shopping, using the telephone, food preparation, transportation or taking your own medicine?

No | Yes

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Never | Rarely | Sometimes | Often | Always

We have care team members with special knowledge of assistance programs and community resources. Help is free and confidential. What kind of help would you like?

☐ I would like help. ☐ I would like information about help. ☐ I already have help. ☐ I do not need help.

Restore

Close

Cancel

Previous

Next

2. If clinical staff need to make edits, they click on the **date/time** and update the entries.

Medicare HRA

+ New Reading

Medicare HRA Questionnaire

Appointment from 7/2/2021 in Maine Medical Partners Falmouth Internal Medicine

06/30/21  
0849

Health Risk Assessment

Are you deaf or do you have serious difficulty hearing?	<input type="radio"/> Yes
Have you noticed any changes in your memory lately?	<input type="radio"/> No
In the past 2 weeks, how often have you felt nervous, anxious, or on edge?	<input type="radio"/> Some of the time
In the past 2 weeks, how often were you not able to stop worrying or control your worrying?	<input type="radio"/> Some of the time
In general, would you say your health is?	<input type="radio"/> ! Fair
During the past 12 months, have you helped out a relative or friend with health and/or life tasks, even just a little bit?	<input type="radio"/> Yes
Do you feel stressed by these caregiving/helping responsibilities?	<input type="radio"/> No
In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking or using the toilet?	<input type="radio"/> No
In the past 7 days, did you need help from others to take care of things such as laundry, housekeeping, banking, shopping, using the telephone, food preparation, transportation or taking your own medicine?	<input type="radio"/> ! Yes



If the Medicare HRA section does not appear, confirm that 1 of the 3 Medicare Reason For Visit (RFVs) have been entered and then press F5.

## Enter Billing Codes (As Applicable)

Go to the Visit Taskbar

1. Enter TC code(s) as applicable.

# Physician and APP

## Important Notes for Providers

1. Medicare Annual Wellness Visit (AWV) documentation will be generated by the AWV SmartSet. It is required that the patient receive a personal screening plan at the end of the visit. This will appear on the patient's After Visit Summary (AVS), automatically with the use of the SmartSet.
2. All visits to be provided and documented the same regardless of visit type. NOTE: Welcome to Medicare requires visual screening to be performed by support staff.
3. **All other documentation, e.g., the Annual physical, additional Evaluation and Management (E&M) services for acute or unstable conditions, and the patient's Hierarchical Condition Category (HCC) can be completed in a separate note within the same encounter.**



If the visit is an **AWV/PE** combination, create a separate note. It is recommended to use your template that you normally use with annual physicals for the annual component. Similarly, you can use your usual visit templates for the **E&M** component. The **AWV** documentation will be generated separately by the **SmartSet** tools described below.



Refer to p. 3 for more information on Medicare Wellness Visit types.

4. Sign the SmartSet **prior** to the patient checking out.



The SmartSet needs to be signed **prior** to the patient checking out as it inserts necessary information into the After Visit Summary (AVS) and communicates follow-up instructions to check-out staff.

# Before Opening the SmartSet

1. Open the Rooming activity to review and update the following sections:
  - a) Home Medications
    - Discontinue medications that have been flagged for removal, if applicable.
  - b) Vital Signs
  - c) Safety Questions
  - d) PHQ
  - e) Fall Risk
  - f) Cognitive/Functional
  - g) Health Risk Assessment (HRA) questionnaire
    - To edit responses on the HRA questionnaire, click on the blue date hyperlink at the top of the response column. Clicking the hyperlink will open the response filed to edit.



To view the questionnaires most effectively do not open the sections or responses individually. Instead, Click the Blue Arrow or scroll through the individual sections. With the HRA sections closed, abnormal responses appear in red text.

2. Open the History Section to review and update the following information:
  - a) Medical History
  - b) Surgical History
  - c) Family History
3. Review and Update Health Maintenance
4. Review and Update Problem List
  - a) Assess diagnosis coding for highest level of specificity (HCC Score)
  - b) Update goals, as applicable

# Opening the SmartSet

1. Within the Plan Activity navigate to the SmartSet section where you will find the suggested Medicare Annual Wellness Visit (AWV) SmartSet.
2. Open the Medicare AWV SmartSet
  - Based upon the responses to the Health Risk Assessment (HRA) questionnaire, relevant sections will be available. For instance, if the patient reports that they do not exercise, appropriate text will be added to the AVS to increase activity.
  - The check box to select which health risks were discussed has been replaced with a SmartList. Opioid Management has now been added to the list.

No diagnosis found.	None
No orders of the defined types w	Cognitive Impairment
	Completion of ADLS
	Depression
	Hearing Impairment
	Opioid Management
<b>Identified Health Risks:</b>	Risk for Falls
	Tobacco Use
The above review has identified	Safety
	Other
[AWV Health Risk topics:34020]	

- Positive screening measures will present options for interventions.
  - The SmartSet will automatically add the appropriate Wellness visit diagnosis. The Level of Service (LOS) needs to be selected within the SmartSet.
  - The SmartSet will automatically add the Health Maintenance list to the After Visit Summary (AVS).
  - New education materials (AVS attachments).
3. When finished placing orders, **Sign** the orders.
  4. **Sign** the SmartSet



Note: Smartset completes prevention plan including, **personalized health advice just for you, risk factors and treatment options for you, and screening for the preventive services recommended for you.**

Medicare AWW SmartSet [Manage User Versions](#)

- CMS Medicare Wellness Guide

▼ **Progress Note**

▼ **MEDICARE ANNUAL WELLNESS VISIT NOTE**

☒ Medicare Wellness Visit Note

☐ Video Visit Progress Note

▼ **Level of Service**

▼ **Initial AWW [G0438]** Review of Epic indicates this patient has had Medicare Part B greater than 12 months and no prior G0438 Annual Wellness visit billed. This code is only billable once per patient per lifetime.

☒ PR PPS, INITIAL VISIT [G0438]

☐ PR PPS, INITIAL VISIT (PERFORMED BY RN) [G0438TC]

▼ **Subsequent AWW [G0439]** Review of Epic indicates this patient has had Medicare Part B greater than 12 months, and had a G0438 billed in the past, and is eligible for G0439.

☐ PR PPS, SUBSEQ VISIT [G0439]

☐ PR PPS, SUBSEQ VISIT (PERFORMED BY RN) [G0439TC]

▶ **Adult Preventative Visit - New** [Click for more](#)

▶ **Adult Preventative Visit - Established** [Click for more](#)

▶ **Office/Outpatient Services - New** [Click for more](#)

▶ **Office/Outpatient Services - Established** [Click for more](#)

▼ **Follow-up**

▼ **Routine HCM Follow-up**

☐ 2 Week BP RN Visit

☐ 2 Month General Follow-up

☐ 6 Month General Follow-up

☒ 12 Month Medicare Subsequent AWW

☐ Other (right-click HERE to edit)

▼ **Patient reminders and Education**

▶ **Health Maintenance and education AVS attachments** [Click for more](#)

☒ Patient's Health Maintenance Summary

▼ **Ad-hoc Orders**

Search

*You can search for an order by typing in the header of this section.*

Associate Edit Multiple Providers

Remove Pend



The SmartSet needs to be signed prior to the patient checking out as it inserts the necessary information into the AVS.

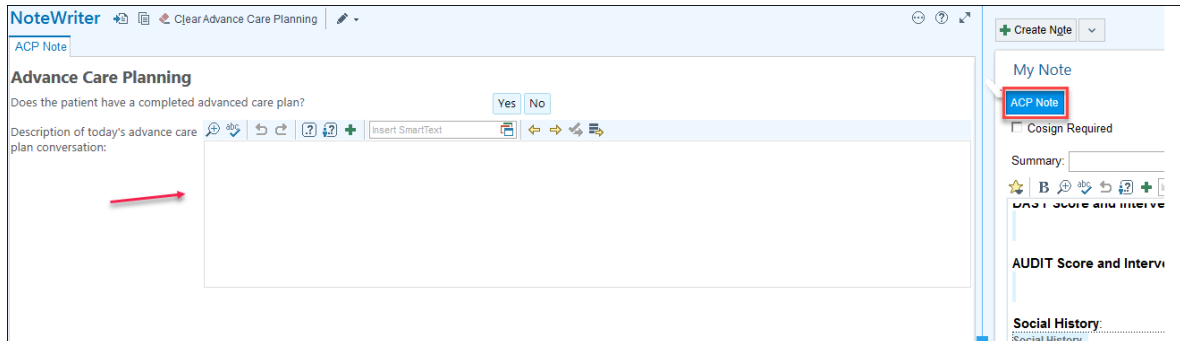
- The minicog questions should be completed in the HRA, and they will now display in the progress note.

I am going to say three words that I want you to remember now and later.	<input checked="" type="checkbox"/> <b>Able to repeat</b>   <input type="checkbox"/> Unable to repeat Able to repeat taken today <b>Three Word Registration:</b> I am going to say three words that I want you to remember now and later. The words are <b>banana, sunrise, chair</b> . Please say them to me and repeat the words. You may repeat the words to me if you are unable to repeat the words back to me.	Do you have difficulty with walking or balance? Do you have serious difficulty hearing? Have you noticed any changes in your memory lately? I am going to say 3 words that I want you to remember now and later.	No No (f) <b>Yes</b> Able to repeat
Now I want you to draw a clock. Start by drawing a large circle and then insert all the numbers. Now set the hands to show the time to be 11:10 (ten past eleven).	<input checked="" type="checkbox"/> <b>2- Clock is correct</b>   <input type="checkbox"/> 0- Clock is not correct 2- Clock is correct taken today Now I want you to draw a clock. Start by drawing a large circle and then insert all the numbers. Now set the hands to show the time to be 11:10 (ten past eleven). Scoring: A correctly drawn clock must have all numbers inside the circle of the clock. The two hands must point to the correct time.	Now I want you to draw a clock. Start by drawing a large circle and then insert all the numbers. Now set the hands to show the time to be 11:10 (ten past eleven). What were the three words I asked you to remember? Mini-Cog score In the past two weeks, how often have you felt little interest or pleasure in doing things? In the past two weeks, how often have you felt down, depressed, or hopeless? Have you noticed any changes in your memory lately? In the past 2 weeks, how often have you felt nervous, anxious, or on edge? In the past 2 weeks, how often were you not able to stop worrying or control your worrying? In general, would you say your health is? How many days a week do you do physical activity such as walking, swimming, yoga etc? Of those days, how many minutes are you usually active?	2- Clock is correct 3 Words Recalled 0 Almost never Almost never Good (f) <b>2 days</b> (f) <b>3 minutes</b>
What were the three words that I asked you to remember?	<input type="checkbox"/> 3 Words Recalled   <input checked="" type="checkbox"/> 2 Words Recalled   <input type="checkbox"/> 1 Words Recalled		

# After Signing the SmartSet

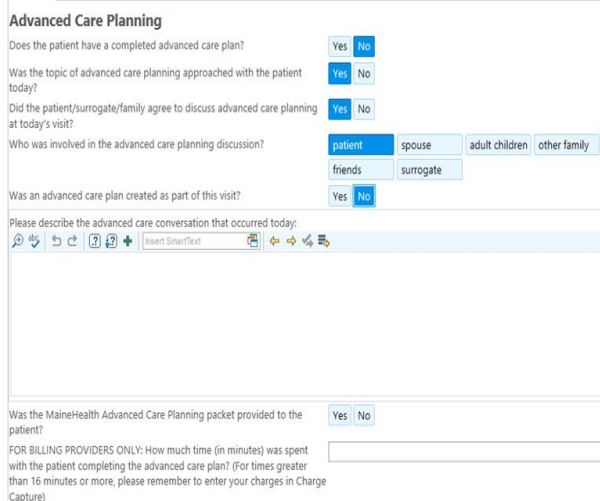
## 1. Go to the Notes Activity

- Edit additional notes including the AWW note and assessment of the HCC diagnosis.
- While editing the AWW note, click the **ACP Note** button at the top of the note and fill out the ACP SmartForm to document information about the patient's ACP. There is now a text box available for documentation of any Advance Care Planning discussion.



The screenshot shows the NoteWriter interface. The main window displays the 'Advance Care Planning' section with a question: 'Does the patient have a completed advanced care plan?' with 'Yes' and 'No' buttons. Below this is a text area for 'Description of today's advance care plan conversation:'. A red arrow points to this text area. On the right sidebar, under 'My Note', the 'ACP Note' button is highlighted with a red box. Other sections visible include 'Cosign Required', 'Summary', 'AST SCORE AND INTERV', 'AUDIT Score and Interv', and 'Social History'.

- ACP Notes box is now available for use in all contexts.



The screenshot shows the 'Advanced Care Planning' form. It includes several questions with 'Yes' and 'No' buttons: 'Does the patient have a completed advanced care plan?', 'Was the topic of advanced care planning approached with the patient today?', 'Did the patient/surrogate/family agree to discuss advanced care planning at today's visit?', and 'Was an advanced care plan created as part of this visit?'. There is a section for 'Who was involved in the advanced care planning discussion?' with buttons for 'patient', 'spouse', 'adult children', 'other family', 'friends', and 'surrogate'. A text area for 'Please describe the advanced care conversation that occurred today:' is present. At the bottom, there is a question 'Was the MaineHealth Advanced Care Planning packet provided to the patient?' with 'Yes' and 'No' buttons, and a section for 'FOR BILLING PROVIDERS ONLY: How much time (in minutes) was spent with the patient completing the advanced care plan? (For times greater than 16 minutes or more, please remember to enter your charges in Charge Capture)' with a text input field.

- When writing your note, bring in the following SmartPhrases as appropriate. The SmartPhrase will include the AUDIT or DAST Score, a table with recommended interventions based on screening scores, and the intervention that you selected with the patient.

## .AUDITSCOREANDINTERVENTION

### AUDIT Score and Interventions

Consumption Score Total: 16

Score	Intervention
0-7	Provide feedback and education; rescreen in 1 year. Offer follow up visit as clinically indicated.
8-15	Provide brief intervention and offer follow up visit as clinically indicated.
16-19	Provide brief intervention and offer warm handoff to integrated behavioral health clinician. Offer follow up visit as clinically indicated. Screen for withdrawal risk*.
20 or more	Provide brief intervention and offer referral to specialty treatment provider. Offer follow up visit as clinically indicated. Screen for withdrawal risk*.
Note	*Discuss risk of alcohol withdrawal with patient. Offer local options for acute detox.

Brief Intervention: Brief intervention done

Referral to Treatment: Referral to Integrated Behavioral Health Clinician

## .DASTSCOREANDINTERVENTION

### DAST Score and Interventions

DAST Score: 6

Score	Intervention
1-2	Provide brief intervention and offer follow up visit as clinically indicated.
3-5	Provide brief intervention and offer warm handoff to integrated behavioral health clinician. Offer follow up visit as clinically indicated.
6-8	Provide brief intervention and offer warm handoff to integrated behavioral health clinician or referral to specialty treatment provider. Offer follow up visit as clinically indicated. Screen for withdrawal risk*.
9-10	Provide brief intervention and offer referral to specialty treatment provider. Offer follow up visit as clinically indicated. Screen for withdrawal risk*.
Note	* Assess willingness to treat opioid use disorder, if applicable. Refer to local ED or IMAT provider

Brief Intervention: Brief intervention done

Referral to Treatment: Referral to Integrated Behavioral Health Clinician

- Action buttons are listed below the AUDIT and DAST screeners in the screening section of the patient's chart. It is important to select at least one of these to document the intervention taken with your patient. These recommendations will show up in the flowsheets and in your SmartPhrase.

AUDIT Actions  
AUDIT Screening  
Declined

Brief Intervention  
Other taken today  
Brief intervention done Patient declined Other

Referral to Treatment  
Referral to MBH Addiction Treatment Hub (or other addiction treatment hub ex. SMHC or ARC) taken today

Referral to Integrated Behavioral Health Clinician	Referral to MBH Addiction Treatment Hub (or other addiction treat...
Referral to outside provider	Patient actively working on substance use with established counselor
Patient declined referral	Other

If referred to outside provider, list their name

DAST Actions  
DAST Screening  
Declined

Brief Intervention  
Brief intervention done Patient declined Other

Referral to Treatment  
Referral to Integrated Behavioral Health Clinician Referral to MBH Addiction Treatment Hub (or other addiction treat...

Referral to outside provider	Patient actively working on substance use with established counselor
Patient declined referral	Other

If referred to outside provider, list their name

2. Review and select the visit diagnosis from the problem list for assessment documentation.
3. Go to the Wrap-Up activity
  - Enter any additional billing codes such as 99397, or the additional E&M code, if appropriate, in the Additional E/M Codes of the LOS Activity. The appropriate Wellness Visit codes are added with the signing of the SmartSet.

Medicare AWW SmartSet Manage User Versions

CMS Medicare Wellness Guide

Progress Note

MEDICARE ANNUAL WELLNESS VISIT NOTE

☒ Medicare Wellness Visit Note

☐ Video Visit Progress Note

Level of Service

Initial AWW [G0438] Review of Epic indicates this patient has had Medicare Part B greater than 12 months and no prior G0438 Annual Wellness visit billed. This code is only billable once per patient per lifetime.

☐ PR PPPS, INITIAL VISIT [G0438]

☐ PR PPPS, INITIAL VISIT (PERFORMED BY RN) [G0438TC]

Subsequent AWW [G0439] Review of Epic indicates this patient has had Medicare Part B greater than 12 months, and had a G0438 billed in the past, and is eligible for G0439.

☐ PR PPPS, SUBSEQ VISIT [G0439]

☐ PR PPPS, SUBSEQ VISIT (PERFORMED BY RN) [G0439TC]

Adult Preventative Visit - New

☐ PR PREVENTIVE VISIT, NEW, 12-17 [99384]

☐ PR PREVENTIVE VISIT, NEW, 18-39 [99385]

☐ PR PREVENTIVE VISIT, NEW, 40-64 [99386]

☐ PR PREVENTIVE VISIT, NEW, 65 & OVER [99387]

Adult Preventative Visit - Established

☐ PR PREVENTIVE VISIT, EST, 12-17 [99394]

☐ PR PREVENTIVE VISIT, EST, 18-39 [99395]

☐ PR PREVENTIVE VISIT, EST, 40-64 [99396]

☐ PR PREVENTIVE VISIT, EST, 65 & OVER [99397]

Office/Outpatient Services - New

☐ PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES [99202]

☐ PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES [99203]

☐ PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES [99204]

☐ PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES [99205]

Office/Outpatient Services - Established

☐ PR POST-OP FOLLOW-UP VISIT [99024]

☐ PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S) [99211]

☐ PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN [99212]

☐ PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN [99213]

☐ PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN [99214]

☐ PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN [99215]



The SmartSet defaults to a 1 year follow-up for the next AWW. This can be edited as needed.

# APPENDIX

## Health Risk Assessment Questionnaire

The following Health Risk Assessment questionnaire is aligned with the HRA in Epic for efficient entry of patient responses when completed in advance. (need updated copy/screenshot of form with question 5 removed).

\* Have you had 2 or more falls in the last year?

Yes No Unknown

\* Have you had a fall with injury in the last year?

Yes No Unknown

Do you have difficulty with walking or balance?

Yes No Unknown

\* Are you deaf or do you have serious difficulty hearing?

No Yes

Have you noticed any changes in your memory lately?

No Yes

\* In the past 2 weeks, how often have you felt nervous, anxious, or on edge?

Almost never Some of the time Most of the time Almost all of the time

\* In the past 2 weeks, how often were you not able to stop worrying or control your worrying?

Almost never Some of the time Most of the time Almost all of the time

\* In general, would you say your health is?

Excellent Good Fair Poor

How confident are you that you can manage most of your health problems?

Very confident Somewhat confident Not very confident I do not have any health problems.

During the past 12 months, have you helped out a relative or friend with health and/or life tasks, even just a little bit?

No Yes

Do you feel stressed by these caregiving/helping responsibilities?

No Yes

\* In the past 7 days, did you need help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking or using the toilet?

No Yes

\* In the past 7 days, did you need help from others to take care of things such as laundry, housekeeping, banking, shopping, using the telephone, food preparation, transportation or taking your own medicine?

No Yes

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Never Rarely Sometimes Often Always

Here are the SDOH questions - if it belongs here, which responses to which questions should drive its display?

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Decline

# SDOH Questionnaire

## Social Factors

Attached to a message from Mary received 7/29/2021

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Decline

On average, how many minutes do you engage in exercise at this level?

0 min 10 min 20 min 30 min 40 min 50 min 60 min 70 min 80 min 90 min 100 min  
110 min 120 min 130 min 140 min 150+ min Decline

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Not hard at all Not very hard Somewhat hard Hard Very hard Decline

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

Yes No Decline

In the last 12 months, how many places have you lived?

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

Yes No Decline

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

Yes No Decline

In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?

Yes No Decline

Within the past 12 months, you worried that your food would run out before you got the money to buy more.

Never true Sometimes true Often true Decline

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true Sometimes true Often true Decline

Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?

Not at all Only a little To some extent Rather much Very much Decline

In a typical week, how many times do you talk on the phone with family, friends, or neighbors?

Never Once a week Twice a week Three times a week More than three times a week Decline

How often do you get together with friends or relatives?

Never Once a week Twice a week Three times a week More than three times a week Decline

How often do you attend church or religious services?

Never 1 to 4 times per year More than 4 times per year Decline

How often do you attend meetings of the clubs or organizations you belong to?

Never 1 to 4 times per year More than 4 times per year Decline

Are you married, widowed, divorced, separated, never married, or living with a partner?

Married Widowed Divorced Separated Never married Living with partner Decline

Within the last year, have you been afraid of your partner or ex-partner?

Yes No Decline

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

Yes No Decline

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

Yes No Decline

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Yes No Decline

How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week Decline

How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more Decline

How often do you have six or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily Decline

We have care team members with special knowledge of assistance programs and community resources. Help is free and confidential. What kind of help would you like?

Select all that apply.

I would like help. I would like information about help. I already have help. I do not need help.

Continue Finish later Cancel

If you would like help in the future, please let a member of your care team know. Or, use this link to search for resources in your community: [MaineHealth Community Resources](#)

The AWW HRA questionnaire is unchanged from the email I sent late yesterday. Let me know if you need additional screenshots.

Thank you.

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