



Dear Medicare Beneficiary,

If you are enrolled in Medicare Part B for more than twelve months, you are now eligible to receive an Annual Wellness Visit. The Annual Wellness Visit is a yearly preventative care visit covered by Medicare. This visit is a very specific type of evaluation that is intended to help you and your primary care provider develop a plan for determining and addressing potential medical problems. This type of visit is a *limited* evaluation and requires that you and your provider address and evaluate *specific* issues with the intent of developing and/or updating a personalized prevention plan based on your current health and risk factors.

You are receiving this letter because you are scheduled for an upcoming Annual Wellness Visit. As mentioned above, Medicare requires that *specific* elements are addressed during this type of visit. As a result, we ask that you please complete the attached Annual Wellness Visit Questionnaire form and bring it with you to your visit to prevent any delay during your appointment while your provider reviews it. We also recommend that you bring all of your medications with you to ensure that your physician obtains an accurate and complete list of all the medications you are currently taking, including the dosage of the medication and the frequency with which you take the medication.

In addition to reviewing the above information, the following services will be covered by Medicare as part of the Annual Wellness Visit:

- Routine measurements such as height, weight, blood pressure, and body-mass index (or waist circumference, if appropriate)
- Creation of a schedule for screening and preventative services for the next 5 to 10 years
- Advice or referral services that may help intervene and treat potential health risks

Please note that if you have any specific health concerns or problems your provider may not be able to complete all of the required elements of the annual wellness visit and your visit may need to be changed to an office visit evaluation which is partially covered by Medicare Part B.

We have included a Frequently Asked Questions document which may help answer any questions you may have about the Medicare Annual Wellness Visit and what Medicare covers, but if you have any additional questions, prior to your appointment, please contact the Sansum Clinic Billing Offices at 805-681-1760. A billing representative will be happy to help clarify any concerns.

Sincerely,

Marjorie Newman, MD  
Medical Director



## Medicare Wellness Visits Patient Frequently Asked Questions

**Does Medicare pay for a routine yearly physical?** No, Medicare does not pay for routine preventive physical examinations.

**What preventive medical visits does Medicare cover?** Medicare pays for two types of wellness visits: a one-time Welcome to Medicare Visit and an Annual Wellness Visit.

Within the first 12 months that you are enrolled in Medicare Part B, Medicare covers the one-time Welcome to Medicare Visit. It includes a review of your medical and social history related to your health, and education and counseling about preventive services such as certain screenings, immunizations and referrals for other care that is needed. The visit is a great way to get up-to-date with your provider about how to stay healthy. You are eligible for your first Annual Wellness Visit if you have been enrolled in Medicare for more than 12 months and have not had a Welcome to Medicare Visit in the last 12 months.

An official government booklet called Your Guide to Medicare's Preventive Services explains in detail all of the preventive services Medicare covers and how often. It is available online via this link:

<http://www.medicare.gov/Pubs/pdf/10110.pdf>.

**What can I expect during the one-time Welcome to Medicare Visit?** During the visit, your provider will:

- Record your medical history and review your completed *Wellness Visit Health Questionnaire*,\* which will be mailed to you prior to your visit OR if you are on MyChart, you will receive a link to the questionnaire prior to your appointment.
- Check your height, weight, and blood pressure
- Calculate your body mass index
- Give you a simple vision test

Depending on your general health and medical history, further tests, like an EKG, may be ordered. You will get advice to help you prevent disease, improve your health, and stay well. You will also get a written plan (like a checklist) letting you know which screenings and other preventive services you need.

Please note that the one-time Welcome to Medicare visit is **not** a full physical exam, and as a result, if your provider needs to evaluate and treat a medical problem during one of these wellness visits, he or she would need to charge for this separately, and the cost of the evaluation and any testing performed would be applied to your deductible or copay.

**What should I bring to the one-time Welcome to Medicare Visit?** Plan to bring your completed *Wellness Visit Health Questionnaire*, which will include information about the following:

- Your medical and immunization records, if not already available at the clinic (if you're seeing a new provider – call your former provider, if he/she is not part of Sansum Clinic, to get copies of these)
- Your family health history – to help your provider determine if you're at risk for certain diseases
- A list of prescription and over-the-counter drugs that you currently take, how often you take them, and why

**What should I know about the Annual Wellness Visit?** If you've had Medicare Part B for longer than 12 months, you can get this yearly Annual Wellness Visit to develop or update a personalized prevention plan based on your current health and risk factors.

During the visit your provider will:

- Review your completed *Wellness Visit Health Questionnaire\**, which will be mailed to you prior to your visit, OR if you are on MyChart, you will receive a link to the questionnaire prior to your visit.
- Check your Height, weight, blood pressure, and other routine measurements
- Develop a screening schedule for appropriate preventive services and evaluate any risk factors which may be impacting your health.

Please note that the Annual Wellness visit is **not** a full physical exam, and as a result, if your provider needs to evaluate and treat a medical problem during one of these wellness visits, he or she would need to charge for this separately, and the cost of the evaluation and any testing performed would be applied to your deductible or copay.

**What should I bring to the Annual Wellness Visit?** Please remember to bring your completed *Wellness Visit Health Questionnaire* which should include the information below:

- Your medical and immunization records, if not already available at the clinic (if you're seeing a new provider-call your former provider, if he/she is not part of Sansum Clinic, to get copies of these).
- Your family health history
- A list of prescription and over the counter drugs that you currently take, how often you take them, and why

**What is the difference between the one-time Welcome to Medicare Visit and the Annual Wellness Visit?**

Your first Annual Wellness Visit has a lot in common with the Welcome to Medicare Visit. The main difference is the timing. If you are newly enrolled in Medicare, you are eligible for the one-time Welcome to Medicare Visit only within the first year. The Annual Wellness Visit can take place every 12 months, and the first Annual Wellness Visit can be scheduled either 12 months after the Welcome to Medicare Visit or after more than 12 months of your enrollment in Medicare.

**How are the Welcome to Medicare Visit and the Annual Wellness Visit different from a yearly physical?**

An annual physical is a much more extensive examination than the Welcome to Medicare Visit or Annual Wellness Visit. In addition to collecting a medical history, a physical exam may also include a vital signs check, lung exam, head and neck exam, abdominal exam, neurological exam, dermatological exam, and extremities exam. Clinical laboratory tests are not included in either the Welcome to Medicare Visit or Annual Wellness Visit. If your doctor needs to evaluate and treat a medical problem during one of these wellness visits, he or she would need to charge for this separately, and the cost of the tests would be applied to your deductible or copay.

**Do I need to have a Welcome to Medicare Visit before I can have an Annual Wellness Visit?** No, not if you have had Medicare Part B Coverage for more than 12 months. If you have been enrolled in Medicare part B for more than 12 months and have not had a Welcome to Medicare visit, unfortunately you are no longer eligible for the one-time Welcome to Medicare visit but would instead be eligible for your initial Annual Wellness Visit.

**Is there a deductible or copay for the Welcome to Medicare Visit or the Annual Wellness Visit?** No, there is no deductible or copay for either one of those visits. But keep in mind that either of these visits could cost you some money out of pocket. For example, you may need to have a medical condition evaluated or treated in a way that goes beyond the purpose and limited scope of a Welcome to Medicare or Annual Wellness Visit.

Under Medicare rules, the additional time or treatment would be billed as an office visit, with Medicare paying 80% of the allowed charges and the rest being applied to your deductible or copay. However, if you have a medi-gap plan the 20% that isn't covered by Medicare would likely be covered by the medi-gap plan. Please check with your insurance carrier if you have any questions.

**I'm new to Medicare and normally receive a full physical exam from my doctor every year. I'm due for my next physical, and since I'm eligible for a Welcome to Medicare Visit, how should I schedule my appointment?** When you call for your appointment, explain that you want the Welcome to Medicare Visit, which Medicare will cover, in addition to your annual physical. The amount applied to your deductible or copay will be the difference between what Medicare pays for the Welcome to Medicare Visit and the full preventive examination fee that your doctor charges for the rest of the physical. Also, you should be aware that scheduling this appointment with your doctor's office entirely as an annual physical exam will mean that the visit will not be covered by Medicare and will be applied directly to your deductible or copay.

**I'm 80 years old and plan to schedule an Annual Wellness Visit with my doctor. Will that include a check-up for my hypertension and recent memory loss?** An Annual Wellness Visit is very limited in scope and will include a screening blood pressure check, but your provider may address the memory loss and your hypertension by performing an additional evaluation and ordering tests or prescribing medications during an extended part of the visit. This additional treatment will be billed as an office visit, with Medicare paying 80% of the allowed charges and the rest being applied to your deductible or copay or, if you have a medi-gap plan it may be completely covered.

**Will I have out-of-pocket costs for preventive tests such as mammograms or colonoscopies?** Medicare determines which preventive – or screening – tests are covered and when they should take place, and no copay or deductible is required for these. A screening test is given to those who have no symptoms of a condition, such as measuring cholesterol levels in people who have no symptoms of cardiovascular disease. A diagnostic test is used to confirm a suspected condition once initial testing has revealed its possibility. Sometimes a screening test becomes diagnostic if potential abnormalities are found and more testing must be performed. It's a good idea to become familiar with Medicare's rules about screening tests. Your Guide to Medicare's Preventive Services explains in detail which are covered and how often. The guide is available online via this link: <http://www.medicare.gov/Pubs/pdf/10110.pdf>.

*\*Wellness Visit Health Questionnaire-* Please complete this questionnaire at home and please bring it with you to your Welcome to Medicare or Annual Wellness Visit



Patient Name: \_\_\_\_\_

Patient MRN: \_\_\_\_\_

(Do not affix label, print clearly)

## WHAT YOU SHOULD KNOW ABOUT MEDICARE WELLNESS VISITS

### What types of preventive medical visits does Medicare cover?

Medicare pays for two types of wellness visits:

- Welcome to Medicare Visit
- Annual Wellness Visit

There is no deductible or copay for the “Welcome to Medicare” or the “Annual Wellness” visit.

### What types of preventive medical visits does Medicare NOT cover?

Medicare does **NOT** cover a routine yearly physical. Examples of **non-covered** items or services include lung exam, head and neck exam, abdominal exam, neurological exam, dermatological exam, and extremities exam. Clinical laboratory tests are **NOT** included in either the Welcome to Medicare Visit or Annual Wellness Visit.

### What is a “Welcome to Medicare” visit?

If you are newly enrolled in Medicare Part B, you are eligible for a **one-time** “Welcome to Medicare” visit only within the first 12 months.

The “Welcome to Medicare” visit includes:

- Review of your medical and social history on your completed *Wellness Visit Health Questionnaire*
- Education and counseling about preventive services such as certain screenings and immunizations
- Checking your height, weight, blood pressure, and other routine measurements
- Performing a simple vision test
- Advice or referral services that may help intervene and treat potential health risks

Please note that the one-time “Welcome to Medicare” visit does **NOT** include a full physical exam. If your provider needs to evaluate and/or treat a medical problem during a wellness visit this will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

### What is an “Annual Wellness” visit?

The “Annual Wellness” visit can take place every 12 months. The first “Annual Wellness” visit can be scheduled either 12 months after the “Welcome to Medicare” visit or after more than 12 months of your enrollment in Medicare.

The “Annual Wellness” visit includes:

- Review of your medical and social history on your completed *Wellness Visit Health Questionnaire*
- Checking your height, weight, blood pressure, and other routine measurements
- Develop a screening schedule for appropriate preventive services and evaluate any risk factors, which may be impacting your health.
- Advice or referral services that may help intervene and treat potential health risks

Please note that the “Annual Wellness” visit does **NOT** include a full physical exam. If your provider needs to evaluate and/or treat a medical problem during a wellness visit this will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

**Why would I receive a bill for my “Welcome to Medicare” or “Annual Wellness” visit?**

If you need to have a medical condition evaluated or treated in a way that goes beyond the purpose and limited scope of a “Welcome to Medicare” or “Annual Wellness” visit, you will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

**What if I want to receive a full physical exam that is not covered by Medicare?**

You may schedule a full physical exam with your provider but Medicare does **NOT** cover a routine yearly physical. You will be responsible for covering the cost of the physical examination. Out of pocket costs typically exceed \$370 just for the visit with the provider. Additional costs for lab and testing services may be added.

**What if my provider recommends additional tests or screenings?**

During your “Welcome to Medicare” or “Annual Wellness” visit, your provider may perform additional evaluations, order tests, and/or prescribe medications during an extended part of the visit. This will incur a separate charge and the cost of the evaluation and any testing performed will be applied to your deductible or copay.

**Will I have out-of-pocket costs for preventive tests such as mammograms or colonoscopies?**

Medicare determines which preventive or screening tests are covered and when they should take place, and no copay or deductible is required for these. A screening test is given to those who have no symptoms of a condition, such as measuring cholesterol levels in people who have no symptoms of cardiovascular disease. A diagnostic test is used to confirm a suspected condition once initial testing has revealed its possibility. Sometimes a screening test becomes diagnostic if potential abnormalities are found and more testing must be performed. It’s a good idea to become familiar with Medicare’s rules about screening tests. Your Guide to Medicare’s Preventive Services explains in detail which are covered and how often. The guide is available online via this link: <http://www.medicare.gov/Pubs/pdf/10110.pdf>.

I have read and understand the above information provided to me regarding what is and is not covered under the Medicare Wellness Visits benefit. I understand that if my provider needs to evaluate and/or treat a medical problem during a wellness visit this will incur a separate charge and the cost of the evaluation and any testing performed will be applied to my deductible or copay. I also understand that Medicare does not cover the cost of a Preventative Physical exam and that I will be responsible for covering the cost of any Physical examination I choose to have.

I understand that if I have any questions about this I will speak to my provider prior to receiving any non-covered services.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_



Patient Name: _____ MRN: _____
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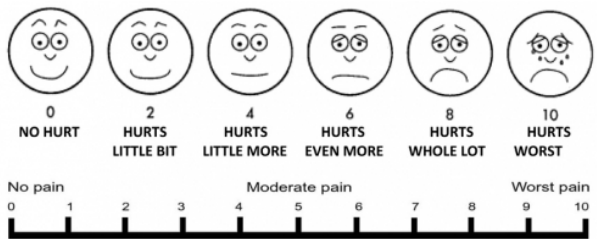
## MEDICARE ANNUAL WELLNESS VISIT HEALTH RISK ASSESSMENT

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What is your primary language spoken at home?	English    Spanish    Other:	
How is your overall health?	Excellent    Good    Fair    Poor	
What are your biggest concerns about managing your health? <b>Check all that apply</b>	<input type="checkbox"/> None – I have not concerns <input type="checkbox"/> I live in an unsafe environment <input type="checkbox"/> Transportation to appointments <input type="checkbox"/> Financial difficulty in paying for services/medicines <input type="checkbox"/> I have difficulty taking or remembering my medicines <input type="checkbox"/> Difficulty reading or understanding instructions <input type="checkbox"/> I am lonely or don't have a lot of support at home <input type="checkbox"/> I am often very tired <input type="checkbox"/> I experience a lot of stress or anger	
What is your housing situation like? <b>Check all that apply</b>	<input type="checkbox"/> Live with one or more children or dependent <input type="checkbox"/> Live with Spouse or Partner <input type="checkbox"/> Live in an assisted living facility <input type="checkbox"/> Live in a nursing facility <input type="checkbox"/> Live alone <input type="checkbox"/> I have housing today, but I am worried about losing housing in the future <input type="checkbox"/> I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) <input type="checkbox"/> Lead paint or pipes <input type="checkbox"/> Inadequate heat <input type="checkbox"/> Oven or stove not working <input type="checkbox"/> No (or not working) smoke detectors <input type="checkbox"/> Water leaks	
Do you feel safe in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which of the following are in your home?	<input type="checkbox"/> Throw rugs <input type="checkbox"/> Handrails in the bathroom	<input type="checkbox"/> Proper lighting <input type="checkbox"/> Handrails for stairs <input type="checkbox"/> No stairs in home

<p>Which of the following do you need someone else's help with?</p>	<input type="checkbox"/> Bathe <input type="checkbox"/> Dress <input type="checkbox"/> Eat <input type="checkbox"/> Walk <input type="checkbox"/> Use the restroom <input type="checkbox"/> Use the telephone <input type="checkbox"/> Housework <input type="checkbox"/> Laundry	<input type="checkbox"/> Handle finances <input type="checkbox"/> Drive/Use public transportation <input type="checkbox"/> Take Medications <input type="checkbox"/> Make meals <input type="checkbox"/> Transfer in/out of chairs, etc. <input type="checkbox"/> Shop for groceries  <input type="checkbox"/> None- I can do all of these without help.
<p>Which of the following applies to you?  <b>Please check all that apply</b></p>	<input type="checkbox"/> I have a supportive family <input type="checkbox"/> I have supportive friends	<input type="checkbox"/> I participate in church, clubs, or other groups <input type="checkbox"/> None
<p>How often do you get the social and emotional support you need?</p>	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely <input type="checkbox"/> Never
<p>Do you use any sensory devices?</p>	<input type="checkbox"/> Contact Lenses <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> I have no devices but concerns about: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision	
<p>Do you or your family members have any concerns about your memory?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Many people experience leakage of urine, also called urinary incontinence. In the past 6 months, have you experienced leaking of urine?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> When cough/sneeze	<input type="checkbox"/> No <input type="checkbox"/> I don't know
<p>In the past 2 weeks, how often have you felt pain?</p>	<input type="checkbox"/> Almost all the time <input type="checkbox"/> Most times <input type="checkbox"/> Sometimes	<input type="checkbox"/> Almost never <input type="checkbox"/> Never
<p>Rate your pain on the following scale:</p> 	<p>Describe where on your body you experience pain and how do you treat the pain:</p>	



Which of these assistive devices do you use? <b>Please check all that apply</b>	<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair	<input type="checkbox"/> Crutches <input type="checkbox"/> Other <input type="checkbox"/> None
Have you fallen in the past year?	<input type="checkbox"/> Yes – 1 time <input type="checkbox"/> Yes- 2 or more times <input type="checkbox"/> No- I have not fallen in the past year	
Are you afraid of falling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you use any tobacco products, are you interested in quitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA-I don't use tobacco products.	
How many days in a week do you drink alcohol?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7	
How many alcoholic drinks to you have in a typical week?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> 10 or more	
Do you use any illegal drugs?	<input type="checkbox"/> Yes (please describe): <input type="checkbox"/> No	
Do you take any prescription medications that have not been prescribed to you?	<input type="checkbox"/> Yes (please describe): <input type="checkbox"/> No	
Do you fasten your seatbelt in vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't ride in vehicles	
Do you have questions or concerns about your dietary needs or nutrition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many days a week do you exercise?	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ <input type="checkbox"/> I don't know	
How intense is your exercise?	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy	<input type="checkbox"/> I don't know <input type="checkbox"/> I don't exercise
How many hours of sleep do you usually get?	<input type="checkbox"/> 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 10+ <input type="checkbox"/> I don't know	
Do you snore, has anyone told you that you snore, or do you currently use a sleep device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Have you had any problems with your teeth or dentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you having any sexual problems you would like to discuss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**DEPRESSION SCREENING (PHQ-2)**

In the past 2 weeks, how often have you been bothered by the following problems:	Not at all:	Several Days:	More than half of those days:	Nearly every day:
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
<b>Total Score:</b> <input style="width: 150px; height: 30px; border: 1px solid black;" type="text"/>				

**ADVANCE DIRECTIVES**

<p>Does your family or friends know what you want in an emergency situation or if you could not speak for yourself?  <b>Check all that apply</b></p> <p><i>If you have any of the following, it would be helpful to have a copy provided to us for your medical record.</i></p>	<p><input type="checkbox"/> No</p> <p>Yes, and I have completed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A living will (Advance Directive)</li> <li><input type="checkbox"/> Power of Attorney for Health Care</li> <li><input type="checkbox"/> POLST (in some states known as: POST, MOST, MOLST, TPOPP)</li> <li><input type="checkbox"/> Five wishes</li> </ul>
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<b>Full Name (Please print):</b>	<b>Relationship to Patient:</b>
<b>Signature:</b>	<b>Date:</b>

*Sansum Clinic does not and shall not discriminate on the basis of race, color, national origin, ancestry, age, sex, sexual orientation, marital status, religion, disability or any other characteristic protected by law. See more at SansumClinic.org.*