



Medicare Annual Wellness Packet

Thank you for choosing **CVFP - New London**, a Privia Medical Group Care Center, for your continued medical care! To ensure your upcoming appointment is covered by Medicare, we request that you complete the Medicare Annual Wellness Questionnaire and bring it to your appointment.

Annual Wellness visits (AWV) are an optional service provided by Medicare. If you choose to not participate in the AWV, your appointment will be billed as an annual physical, which is not covered by Medicare, and you would be financially responsible. We will follow coding guidelines and if non-routine services are rendered during this appointment, an additional office visit may be billed. If your deductible has not been met, you may be responsible for the balance. Please call the office with any questions.

Due to the extensive amount of information covered in this visit, please arrive 30 minutes early with the enclosed questionnaire completed, or we may have to reschedule your appointment. If you have Advanced Directives, bring a copy with you.

We look forward to seeing you!



To: Our Medicare Patients

Subject: Changes in Medicare Annual Wellness and Other Preventive Visits

Beginning January 1, 2011, Medicare covers an “Annual Wellness Visit” (AWV) in addition to the one-time “Welcome to Medicare” exam. The “Welcome to Medicare” exam occurs only once during your first twelve months as a Medicare patient. You may then receive your Annual Wellness Visit after you have been with Medicare for more than one year, or if it has been at least one year since your “Welcome to Medicare” exam. The AWV is an optional covered benefit.

Initial Preventive Physical Exam (IPPE)	“Welcome to Medicare” is only for new Medicare Patients. Must be done in the 1st 12 months as a Medicare patient.
Annual Wellness Visit (AWV), Initial	At least 1 yr after “Welcome to Medicare” exam.
Annual Wellness Visit (AWV), Subsequent	Once a year (more than 1 year + 1 day after the last Wellness Visit).

The Annual Wellness Visit is not the same as what many people often refer to as their yearly physical exam, which is not covered by Medicare. Your doctor may be able to perform your yearly physical exam at the same time, which may include any lab work or other diagnostic testing, medication management, vaccinations, and other services, but please understand that these services will be charged and covered according to Medicare’s usual coverage guidelines. Medicare is very specific about what the AWV includes and excludes.

At the Annual Wellness Visit, your doctor will talk to you about your medical history, review your risk factors, go over all screening questionnaires, and make a personalized prevention plan to keep you healthy. The visit does not include a hands-on exam or any testing that your doctor may recommend, nor does it include any discussion about any new or current medical problems, conditions, or medications. You may schedule another visit to address those issues or your doctor may charge the usual Medicare fees for such services that are beyond the scope of the AWV.

We appreciate the trust you put in us to take care of your health care needs and hope that you will take advantage of this new benefit to work with your physician in creating your personalized prevention plan.



Please complete this page and the following 7 page Medicare Annual Wellness Questionnaire. Bring the completed paperwork to your appointment, along with a copy of your Advanced Directives.

To facilitate coordination of your care, please provide the names of all your doctors:

Provider Name	Specialty

Please indicate all medications, vitamins, and supplements you are currently taking:

Medication Name	Dose

Do you have Advanced Directives? Yes / No **(circle one)**

If you choose to have the Annual Wellness Visit, you will need to fill out the questionnaire prior to your appointment and bring it with you to your appointment. This is a mandatory element of the AWV and must be completed before you are seen. Please arrive 30 minutes before your appointment time so the nurse has time to review the questionnaire and begin your AWV. If the questionnaire is not completed, your doctor will not be able to do the AWV and will bill Medicare for a yearly physical exam, which is not covered by Medicare, in addition to any other services that are performed.



Medicare Annual Wellness Questionnaire

Please complete this 7 page questionnaire before seeing your doctor or nurse. Your responses will help you receive the best healthcare possible.

Your name: _____

Your date of birth: _____

Today's date: _____

1. Diet and nutrition

- Healthy diet
- Diet is high in salt
- Diet is high in fat, low in fiber
- High caloric intake
- High carbohydrate meals
- Inadequate caloric intake
- Low calcium intake

2. Fracture Risk

- No history of fractures
- No recent explained fracture
- No sudden unexplained fractures
- No previous musculoskeletal injuries
- History of fractures
- Recent explained fracture
- Sudden unexplained fractures
- Previous musculoskeletal injuries

3. Physical Activity

- Exercises on a regular basis
- Recent increase in physical activity
- Good physical condition
- Does not exercise on a regular basis
- Decreased physical activity
- Poor physical condition
- Deconditioned due to sedentary lifestyle



4. Depression Risk

- Never feels sad, empty or tearful
- No loss of interest in activities
- No significant change in weight
- No sleep disturbance or insomnia
- No agitation
- No loss of energy
- No feelings of worthlessness or guilt
- No thoughts of suicide
- No history of depression
- No history of mood disorders
- Feel sad, empty or tearful
- Loss of interest in activities
- Significant change in weight
- Sleep disturbance or insomnia
- Agitated
- Loss of energy
- Feelings of worthlessness or guilt
- Thoughts of suicide
- History of mood disorders
- History of depression

5. Orientation

- No disorientation to time
- No disorientation to date
- No disorientation to place
- Disorientation to time
- Disorientation to date
- Disorientation to place

6. Concentration and Memory

- No decreased concentrating ability
- No memory lapses or loss
- Does not forget words
- Decreased concentrating ability
- Memory lapses or loss
- Forgetting words



7. Speech/Motor difficulties

- No speech difficulties
- No difficulty expressing formulated concepts
- No difficulty with fine manipulative tasks
- No difficulty writing/copying
- No slowed reaction time
- Does not knock things over when trying to pick them up
- Speech difficulties
- Difficulty expressing formulated concepts
- Difficulty with fine manipulative tasks
- Difficulty writing/copying
- Slowed reaction time
- Knocking things over when trying to pick them up

8. Hearing

- No loss of hearing
- Loss of hearing in one ear
- Loss of hearing in both ears
- Fluctuating
- Getting progressively worse
- Difficulty hearing over background noise
- Requires TV, radio at high volume
- Tone deafness
- Wears hearing aids

9. Vision

- No vision problems
- Total vision loss
- Worsening
- Briefly vision loss
- Worse with distance
- Worse both distance and near
- Worse near
- Seeing double images with fatigue
- Blind spot(s)
- Sudden partial vision loss
- Slow partial vision loss
- Increased sensitivity to glare
- Difficulty seeing in bright light



(Vision continued)

- Worsening depth perception
- Blurred vision
- Wears eyeglasses

10. Activities of Daily Living

- Able to bathe with limited or no assistance
- Able to control urination and bowels
- Able to dress with limited or no assistance
- Able to feed self with limited or no assistance
- Able to get out of chair or bed with limited or no assistance
- Able to groom with limited or no assistance
- Able to toilet with limited or no assistance
- Unable to bathe without assistance
- Unable to dress without assistance
- Unable to control urination and bowels
- Unable to feed self without assistance
- Unable to get out of chair or bed without assistance
- Unable to groom without assistance
- Unable to toilet without assistance

11. Instrumental Activities of Daily Living

- Able to do house work with limited or no assistance
- Able to grocery shop with limited or no assistance
- Able to manage medications with limited or no assistance
- Able to manage money with limited or no assistance
- Able to prepare meals with limited or no assistance
- Able to use the phone with limited or no assistance
- Unable to do house work without assistance
- Unable to grocery shop without assistance
- Unable to manage medications without assistance
- Unable to manage money without assistance
- Unable to to prepare meals without assistance
- Unable to use the phone without assistance

12. Falls Risk Assessment

- No frequent falls while walking
- No fall in the past year
- No fall since last visit
- No dizziness/vertigo



(Falls Risk Assessment continued)

- Fall(s) in the past year _____
- Fall(s) since last visit _____
- Frequent falls while walking
- Dizziness/vertigo
- Fear of falling
- Injury with fall

13. Home Safety

- No unsafe flooring hazards
- No unsafe stairs
- No unsafe gas appliances
- Working smoke/CO detectors
- Use of seatbelts
- No vision or hearing loss while driving
- No firearms
- Has hand bars in the bathroom/shower
- Good lighting in the home
- Unsafe stairs
- Unsafe flooring hazards
- Unsafe gas appliances
- No smoke/CO detectors
- Does not wear protective head gear for biking/high velocity
- Does not use seat belts
- Not practicing 'safer sex'
- Vision or hearing loss while driving
- Firearms
- Does not have hand bars in the bathroom/shower
- Poor lighting in the home
- Number of motor vehicle accidents _____
- Uses sun protection

14. Are there any barriers to obtaining and taking your medication as prescribed?

- No, I have my medications at home and can afford them
- No, I am taking my medications as prescribed and directed
- I do not have my medications at home and/or cannot afford to take them
- I am not taking my medications as prescribed and directed

15. Do you experience any difficulty with your sexual activity or performance?



- No
- Yes

16. Are you currently experiencing any pain?

- No
- Yes, it is mild
- Yes, it is moderate
- Yes, it is severe
- Yes, I am in total pain

17. In the past 12 months, how often have you chewed or smoked tobacco (including vaping and e-cigarettes)?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

18. [Women Only] In the past 12 months, how often have you had 4 or more drinks in one day?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

19. [Men Only] In the past 12 months, how often have you had 5 or more drinks in one day?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

20. In the past 12 months, have you used any illicit or recreational drugs?

- No
- Yes

21. In the past 12 months, which illicit or recreational drugs have you used?

- _____



22. In the past 12 months, have you used prescription medications more than prescribed or that were not prescribed to you?

- No
- Yes

23. Are you having any difficulty driving your car?

- No
- Sometimes
- Yes, often
- Not applicable, I do not use a car

Thank you very much for completing your Medicare Annual Wellness Questionnaire! Please give the completed form to your doctor or nurse for review.

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