



Annual Wellness Packet

Thank you for choosing **CVFP**, 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 Visit" questionnaire through the patient portal. Completion of the questionnaire through the portal will pre-populate your medical record and improve the efficiency of your upcoming visit. If you prefer, however, you may instead complete the enclosed packet 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, for which 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. Feel free to call the office with any questions.

Due to the extensive amount of information covered in this visit, please arrive 30 minutes early with either the packet or portal 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. You may have already had your AWV with us in 2011 or 2012, but since then Medicare has redefined the AWV.

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.

See the attached list of items to complete/bring with you to your appointment.



Please complete the "Medicare Annual Wellness Visit" questionnaire through the patient portal and bring a copy of your Advanced Directives to your appointment. If you choose not to use the portal, please complete this page and the following 2 page questionnaire and bring it with you to your appointment.

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

Name	Specialty

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

Name of Medicine	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 screening questionnaire prior to your appointment and bring it with you to your appointment. This questionnaire is a mandatory element of the AWV and must be done prior to your appointment. Please arrive 30 minutes prior to your appointment time so the nurse has time to review the screenings 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) and any other services that are performed.



Medicare Wellness checkup

Please complete this checklist before seeing your doctor or nurse. Your responses will help you receive the best health and health care possible.

Your name:

Today's date:

Your date of birth:

1. What is your age?

- 65-69.
- 70-79.
- 80 or older.

2. Are you a male or a female?

- Male.
- Female.

3. During the past four weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad, or downhearted and blue?

- Not at all.
- Slightly.
- Moderately.
- Quite a bit.
- Extremely.

4. During the past four weeks, has your physical and emotional health limited your social activities with family friends, neighbors, or groups?

- Not at all.
- Slightly.
- Moderately.
- Quite a bit.
- Extremely.

5. During the past four weeks, how much bodily pain have you generally had?

- No pain.
- Very mild pain.
- Mild pain.
- Moderate pain.
- Severe pain.



6. During the past four weeks, was someone available to help you if you needed and wanted help? (For example, if you felt very nervous, lonely, or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself.)

- Yes, as much as I wanted.
- Yes, quite a bit.
- Yes, some.
- Yes, a little.
- No, not at all.

7. During the past four weeks, what was the hardest physical activity you could do for at least two minutes?

- Very heavy.
- Heavy.
- Moderate.
- Light.
- Very light.

8. Can you get to places out of walking distance without help? (For example, can you travel alone on buses or taxis, or drive your own car?)

- Yes.
- No.

9. Can you go shopping for groceries or clothes without someone's help?

- Yes.
- No.

10. Can you prepare your own meals?

- Yes.
- No.

11. Can you do your housework without help?

- Yes.
- No.

12. Because of any health problems, do you need the help of another person with your personal care needs such as eating, bathing, dressing, or getting around the house?

- Yes.
- No.

13. Can you handle your own money without help?

- Yes.
- No.



14. During the past four weeks, how would you rate your health in general?

- Excellent.
- Very good.
- Good.
- Fair.
- Poor.

15. How have things been going for you during the past four weeks?

- Very well; could hardly be better.
- Pretty well.
- Good and bad parts about equal.
- Pretty bad.
- Very bad; could hardly be worse.

16. Are you having difficulties driving your car?

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

17. Do you always fasten your seat belt when you are in a car?

- Yes, usually.
- Yes, sometimes.
- No.

18. How often during the past four weeks have you been bothered by any of the following problems?

Never Seldom Sometimes Often Always

	Never	Seldom	Sometimes	Often	Always
Falling or dizzy when standing up.					
Sexual problems.					
Trouble eating well.					
Teeth or denture problems.					
Problems using the telephone.					
Tiredness or fatigue.					

19. Have you fallen two or more times in the past year?

- Yes.
- No.



20. Are you afraid of falling?

- Yes.
- No.

21. Are you a smoker?

- No.
- Yes, and I might quit.
- Yes, but I'm not ready to quit.

22. During the past four weeks, how many drinks of wine, beer, or other alcoholic beverages did you have?

- 10 or more drinks per week.
- 6-9 drinks per week.
- 2-5 drinks per week.
- One drink or less per week.
- No alcohol at all.

23. Do you exercise for about 20 minutes three or more days a week?

- Yes, most of the time.
- Yes, some of the time.
- No, I usually do not exercise this much.

24. Have you been given any information to help you with the following:
Hazards in your house that might hurt you?

- Yes.
- No.

Keeping track of your medications?

- Yes.
- No.

25. How often do you have trouble taking medicines the way you have been told to take them?

- I do not have to take medicine.
- I always take them as prescribed.
- Sometimes I take them as prescribed.
- I seldom take them as prescribed.

26. 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.



27. What is your race? (Check all that apply.)

- White.
- Black or African American.
- Asian.
- Native Hawaiian or other Pacific Islander.
- American Indian or Alaskan Native.
- Hispanic or Latino origin or descent.
- Other.

Thank you very much for completing your Medicare Wellness Checkup. Please give the completed checkup to your doctor or nurse.

The contents of this Medicare Wellness Checkup are derived from www.HowsYourHealth.org;

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