

A WORD TO OUR PATIENTS ABOUT MEDICARE AND WELLNESS CARE

Dear Patient,

We want you to receive wellness care – health care that may lower your risk of illness or injury. Medicare pays for some wellness care, but it does not pay for all the wellness care you might need. We want you to know about your Medicare benefits and how we can help you get the most from them.

The term “physical” is often used to describe wellness care. But Medicare does not pay for a traditional, head-to-toe physical. Medicare *does* pay for a wellness visit once a year to identify health risks and help you to reduce them. At your wellness visit, our health care team will take a complete health history and provide several other services:

- Screenings to detect depression, risk for falling and other problems,
- A limited physical exam to check your blood pressure, weight, vision and other things depending on your age, gender and level of activity,
- Recommendations for other wellness services and healthy lifestyle changes.

Before your appointment, our staff will ask you some questions about your health and may ask you to fill out a form.

A wellness visit does not deal with new or existing health problems. That would be a separate service and requires a longer appointment. Please let our scheduling staff know if you need the doctor’s help with a health problem, a medication refill or something else. We may need to schedule a separate appointment. *A separate charge applies to these services, whether provided on the same date or a different date than the wellness visit.*

We hope to help you get the most from your Medicare wellness benefits. Please contact us with any questions.

Patient Signature _____ Date _____

PLEASE DO NOT MAIL THIS BACK PLEASE BRING WITH YOU ON DATE OF YOUR VISIT.



Westchester Medical Center Health Network

Medicare Annual Wellness Visit Fact Sheet:

What is the Medicare Annual Wellness Visit?

- This visit is for talking with your healthcare provider about your medical history, your risk factors for certain diseases, your current health status and developing a plan to keep you healthy.
- Your healthcare provider may refer you for screenings and/or other services outside of the Annual Wellness Visit such as: laboratory or radiology testing

How is the Annual Wellness Visit different from other visits?

- This is not the same as a yearly physical exam.
- Your provider will not listen to your heart and lungs or perform a physical exam on you.
- We would ask that if you are not feeling well or are concerned about other health related issues that you schedule a separate appointment to address those issues.

Who pays for the Annual Wellness Visit?

- Medicare pays for the Annual Wellness Visit, with no out of pocket expense to you.
- If you receive additional services on the same day of the annual wellness you may have a co-pay or deductible for those services.

When should I schedule my Annual Wellness Visit?

- You should schedule your first “Welcome to Medicare” visit during the first 12 months that you are on Medicare. After that you should schedule this visit on a yearly basis. We suggest during the month of your birth day for easy remembering.

PLEASE NOTE: Medicare does not cover an annual physical exam – where the provider checks your heart, lungs and other parts of your body. If you choose to have a physical exam there will be a charge for the visit.

Medicare Annual Wellness Visits:

The **Annual Wellness Visit (AWV)** provides an opportunity for you the patient and your doctor to develop and update a personalized prevention plan.

This visit will include the following items:

Patient History

- We will collect and document your medical and surgical history (including illnesses, hospital stays, allergies, injuries, and treatments)
- We will document your family history
- We will document current medications and supplements
- We will review risk factors for depression
- We will review your functional ability and level of safety including: hearing impairment, performing activities of daily living, fall risk, and home safety

Focused Physical Examination

- We will obtain height, weight, body mass index (or waist circumference, if appropriate), and blood pressure
- We will assess your cognitive function

Prevention Plan, Recommendations

- We will establish a list of your current providers and suppliers involved in your care.
- We will establish a written, age appropriate screening schedule of preventive services offered by Medicare for the next 5-10 years
- We will establish a list of your risk factors and conditions as well as treatment options including associated risks and benefits
- We will provide personalized health advice and referrals for health education and preventive counseling services as needed aimed at your lifestyle as well as interventions to promote wellness such as weight loss, increased physical activity, smoking cessation, fall prevention, and improved nutrition.

Please keep in mind that a physical exam is not covered under the Medicare Annual Wellness Visit. If you have additional concerns that you would like addressed by your provider, your provider may bill for those services in addition to the Annual Wellness Visit and you will be responsible for any co-payments / co-insurances that are incurred.

Patient Name (Please Print)

Date

Patient Signature

Patient Health Questionnaire (PHQ-9)



Patient Name: _____ **Date of Visit:** _____

DOB: _____

Do you have a diagnosis of depression? Yes _____ No _____

Are you seeing a psychiatrist/Behavioral health Specialist? Yes _____ No _____ **Name:** _____

Are you taking medication(s) for depression/anxiety? Yes _____ No _____ **Medication:** _____

Would you like to meet with a behavioral health specialist at this office? Yes _____ No _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

		Not At All	Several Days	More Than Half the Days	Nearly Every Day
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1. Little interest or pleasure in doing things.		0	1	2	3
2. Feeling down, depressed, or hopeless.		0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much.		0	1	2	3
4. Feeling tired or having little energy.		0	1	2	3
5. Poor appetite or overeating.		0	1	2	3
6. Feeling bad about yourself- or that you're a failure or have let yourself or your family down.		0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television		0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite- being so fidgety or restless that you have been moving around a lot more than usual.		0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way.		0	1	2	3

Column Totals

_____ + _____ + _____

Add Totals Together

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very Difficult
 Extremely difficult



Health Risk Assessment

NAME: _____

DATE OF BIRTH: _____

DATE: _____

1. Have you fallen in the last 12 months? Yes No

If so, how many times: _____

Did you suffer any injuries? Yes No

2. Do you have a special diet? Yes No

If so, do you follow it? Yes No

3. How would you describe your exercise level?

Extremely active

Moderately active

Sedentary

4. How would you describe your alcohol intake?

None/Rare

More than 7 drinks on one occasion in the last 3 months

More than 7 drinks in a week

More than 14 drinks in a week

Please Turn OVER



Other

5. Do you have in your home (check all that apply)?

safety equipment

handrails

grab bars

rugs

poor lighting

6. Do you require assistance with any of the following (check all that apply)?

Phone

Eating

Transportation

Dressing

Shopping

Bathing

Preparing Meals

Hygiene

Laundry

Bathroom needs

Housework

Walking

Managing Medications

Managing Money

7. Has your family/caregiver stated any concerns about your memory? Yes No

Please Turn OVER





Patient Name: _____

DOB: _____

List of Physicians and consultants whom you are seeing

<u>Consultant</u>	<u>Name (s)</u>
Cardiology (heart)	
Pulmonary (Lungs)	
Gastroenterology (stomach)	
Nephrology (kidneys)	
Neurology (brain)	
Endocrinology (diabetes/thyroid)	
Oncology (Cancer)	
GYN (female)	
Urology (prostate/urinary)	
Dermatology (skin)	
ENT (ears,nose,throat,allergy)	
Surgeon	
Ophthalmology/Optometry (Eye doctor)	
Podiatry (Foot)	
Other: _____	



Patient Name: _____

DOB: _____

Health Maintenance Checklist

TEST	DATE	PLACE/DOCTOR
Mammogram Women 40yo and older annual		
Colonoscopy Age 50, repeat interval per GI specialist		
Bone Density Women age 65yo Repeat interval determined by doctor		
Pap smear Women 21-65yo every 3 years (or interval per GYN)		
Eye Exam Diabetics annual Glaucoma screen		
Recent Immunizations Flu/pneumonia/zoster		
Living Will or Advanced Directive		If you have one please bring a copy to your visit