

Building the Personalized Preventive Plan Services (PPS)

Instructions

Background

For Medicare Part B beneficiaries, the Centers for Medicare & Medicaid Services (CMS) provides coverage for two types of Annual Wellness Visits (AWVs)—the initial AWV and the subsequent AWV. In its publication “The ABCs of the Annual Wellness Visit”, CMS specifies that “Medicare covers an AWV providing Personalized Prevention Plan Services (PPS) for beneficiaries.”

This guide offers information to assist practices and clinicians in designing the PPS document that will be provided to Medicare Part B patients at the conclusion of each AWV. The following table outlines the major components of each type of AWV, including those components related to the PPS:

Section	Initial AWV Components	Subsequent AWV Components
Acquire Beneficiary Information	<ul style="list-style-type: none"> Administer Health Risk Assessment (HRA) Establish a list of current providers and suppliers Establish the beneficiary’s medical/family history Review the beneficiary’s potential risk factors for depression Review the beneficiary’s functional ability and level of safety 	<ul style="list-style-type: none"> Update HRA Update the list of current providers and suppliers Update the beneficiary’s medical/family history
Begin Assessment	<ul style="list-style-type: none"> Obtain patient measurements (4 required) Detect any cognitive impairment 	<ul style="list-style-type: none"> Obtain patient measurements (2 required) Detect any cognitive impairment
Counsel Beneficiary	<ul style="list-style-type: none"> Establish a written screening schedule Establish a list of risk factors and conditions for which interventions are recommended or underway Furnish personalized health advice and appropriate referrals 	<ul style="list-style-type: none"> Update the written screening schedule Update the list of risk factors and conditions for which interventions are recommended or underway Furnish personalized health advice and appropriate referrals

	<ul style="list-style-type: none"> • Furnish, at the discretion of the beneficiary, advance care planning services 	<ul style="list-style-type: none"> • Furnish, at the discretion of the beneficiary, advance care planning services
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As noted in the table, the initial and subsequent AWVs are identical with two exceptions: 1) the subsequent AWV does not include bullets 4 and 5 in the “Acquire Beneficiary Information” section and 2) the subsequent AWV only specifies two patient measurements in the “Begin Assessment” section.

Assumptions

The design of this “Building the PPS” tool makes three general assumptions:

1. We include all four AWV components listed under the “Counsel Beneficiary” section as part of the PPS document. The prior seven components listed under the first two sections “Acquire Beneficiary Information” and “Begin Assessment” comprise the major components of the Health Risk Assessment (HRA) and are discussed in greater detail in the “Building the HRA” guide. We use a numbering system for the four major PPS components (8, 9, 10 and 11) to reflect the prior seven components of the HRA.
2. CMS specifies the PPS components and suggests examples or “minimums” under each component, however, practices and clinicians make the final decision on the items included in their PPS document. This “Building the PPS” tool provides examples of recommended screenings based on CMS’s guidelines with the disclaimer that more valid and reliable tools may be available now or in the future.

Selecting Items to Build Your PPS

As described on the “Building the PPS” instructions page, CMS specifies four major components of the PPS (numbered 8-11 below). Under each major component, CMS also includes additional detail about subcomponents that CMS describes as “minimum” elements to be addressed (designated by letters and check boxes under each major component). As stated in Assumption 2 on the Instructions page, clinicians and managers will select the items used to “build the PPS” for their individual practice(s).

Counsel Beneficiary

8. Establish/update a written screening schedule for the beneficiary, such as a checklist for the next 5 to 10 years, as appropriate.

a. Base written screening schedule on age-appropriate preventive services Medicare covers:

- Advanced Care Planning
- Alcohol Misuse Screening and Counseling
- Bone Mass Measurements
- Cardiovascular Disease Screening Test
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening

- Diabetes Self-Management Training (DSMT)
- Glaucoma Screening
- Hepatitis C Virus (HCV) Screening
- Human Immunodeficiency Virus (HIV) Screening
- Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD), also known as a CVD risk reduction visit
- IBT for Obesity
- IPPE (also called the “Welcome to Medicare Preventive Visit”)
- Medical Nutrition Therapy (MNT)
- Prostate Cancer Screening
- Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests
- Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)
- Screening for Hepatitis B Virus (HBV) Infection
- Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
- Screening Mammography
- Screening Pap Tests
- Screening Pelvic Examination (includes a clinical breast examination)
- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)
- Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)
- The beneficiary’s HRA, health status and screening history, and age-appropriate preventive service covered by Medicare

9. Establish/update a list of risk factors and conditions for which primary, secondary or tertiary interventions are recommended or underway for the beneficiary

a. Include the following:

- i. Mental health conditions
- ii. Risk factors or conditions identified through an IPPE or prior medical exam/history
- iii. Treatment options and their associated risks and benefits

10. Furnish personalized health advice to the beneficiary and appropriate referrals to health education or preventive counseling services or programs

a. Include referrals to educational and counseling services or programs aimed at community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including:

- i. Fall prevention
- ii. Nutrition
- iii. Physical activity
- iv. Tobacco-use cessation
- v. Weight loss

11. Furnish, at the discretion of the beneficiary, advance care planning services

a. Include discussion about:

- i. Future care decisions that may need to be made
- ii. How the beneficiary can let others know about care preferences
- iii. Explanation of advance directives, which may involve the completion of standard forms