

Annual Wellness Visit (AWV) Delivery—Team Roles

Activity	Team Members	Functions/ Competencies
“Promoting” wellness care to patients. This includes both: - Return visit scheduling - Outreach, letters and calls	Can include all team members with patient contact	<ul style="list-style-type: none"> To manage patient expectations and to communicate the value of the AWV, “marketing” activities must be able to describe what this service is and isn’t – and where to refer for additional questions. Standard letters and scripts are helpful. Providers have a particular role here in helping patients appreciate the importance of wellness care.
Scheduling	Reception, scheduling staff	<ul style="list-style-type: none"> Staff know how to schedule and time required for AWV.
Visit planning	AWV coordination or support staff	<ul style="list-style-type: none"> Verify insurance status and no prior AWV in past year. Identify screening tests or immunizations that may be required, pull records, test results, and other preparations required for the visit (e.g., fasting). Mail AWV background and HRA forms. Address questions the patient may have for completing HRA. Ensure proper time allotted per patient need.
Intake	Reception	<ul style="list-style-type: none"> Ensure forms have been completed (or provide forms and time to complete).
Encounter	Physician or qualified non-physician provider or Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner), or a team of such medical professionals who are working under the direct supervision of a physician.	<ul style="list-style-type: none"> Administration and interpretation of Health Risk Assessment (HRA) and associated tests used by the clinic. Knowledge of screening and preventive services recommendations and schedules. Based on data from HRA, patient history, and patient report, assess need for:

		<ul style="list-style-type: none"> • Follow-up with physician or qualified non-physician provider. (If the AWV is performed by other medical professional or team.) <ul style="list-style-type: none"> ○ If follow-up is provided on the same day as the AWV, communication of patient financial obligations. ○ Screening and preventive services. • Develop written schedule for screening and preventive services. • Counsel patient, provide personalized health advice and referral to programs aimed at identified health risks. Knowledge of standing orders for labs and immunizations. Knowledge of insurance benefits (e.g., preventive services with no co-pay or deductible). • Advanced directives materials
Documentation and billing	Staff performing AWV and follow-up services or Billing staff	<p>Documentation requirements – for the AWV and (if applicable) for significant, separately identifiable, medically necessary E/M service.</p> <ul style="list-style-type: none"> • Assure all current problems are documented and codes for accurate risk assessments. • Billing requirements.

This material was prepared by Comagine Health, the Medicare Quality Innovation Network-Quality Improvement Organization for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12SOW-GEN-21-QIN-049