



NATIONAL ASSOCIATION OF
Community Health Centers®

ELEVATE NATIONAL LEARNING FORUM



elevate®

Medicare Annual Wellness Visits
January 14, 2025



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



NACHC Quality Center



Cheryl Modica
Director,
Transformation and Innovation



Cassie Lindholm
Deputy Director,
Quality Center



Holly Nicholson
Deputy Director, Learning
and Development



Tristan Wind
Manager,
Quality Center



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Who can see your messages? Recording On

To: Hosts and panelists ▾

Type

- Hosts and panelists
- ✓ Everyone

Unmute Stop Video Participants 2 Chat Share Screen Record Reactions Leave

During today's session:

- Type your questions in the chat feature.
- Be sure to select "Everyone"!
- There will be Q&A and discussion at the end.

Agenda



Welcome

Elevate 2025

Medicare Annual Wellness Visits

The basics

AWV guidelines and reimbursement Q&A with Lisa Messina, Messina Consulting

AWV promising practices with Dr. Theresa Jacobs, Georgia PCA

Discussion and Q&A

Closing

Elevate: Transformation in Action

Model

The Value Transformation Framework (VTF) is an **organizing framework** that guides health centers in making systemic improvements and enhancing value.



Program

Elevate is a **national program** supporting health centers and partners to transform systems and enhance value.



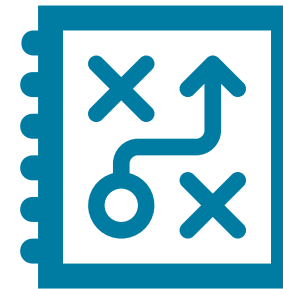
For Every Role, Every Goal, Everyone!

Measure | Learn | Improve | Access | Connect



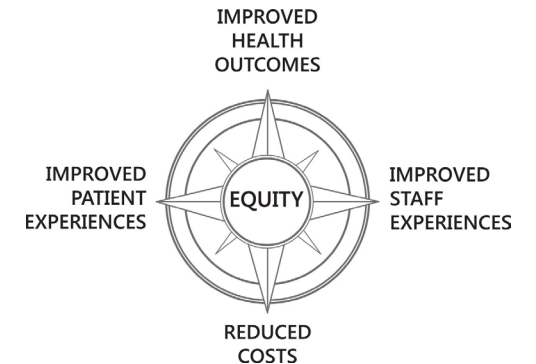
Tools

Tools and resources **operationalize** the model and focus on concrete **evidence-based interventions and recommended action steps**.



Goals

The goal is to enhance health center value and achievement of the **Quintuple Aim**: improved health outcomes, improved patient experiences, improved staff experiences, reduced costs, and equity.



What the Elevate Program Offers

elevateⁱ

Education in Action!
Attend monthly forums and trainings featuring evidence-based interventions and best practices



Assess & Advance!
Assess transformation progress with the VTF Assessment



Improve Performance!
Apply tools to quality improvement and transformation efforts



Connect & Partner!
Join opportunities to connect and share with Health Center Program peers



Resource Hub!
Access a suite of QI and transformation tools and resources



*For Every Role,
Every Goal,
Everyone!*

What's New in Elevate 2025?

Content designed for different learning needs

- ✓ **Learning** – introductory information, suited for all staff!
- ✓ **Applying** – guidelines and workflows, suited for staff with a role in implementation
- ✓ **Optimizing** – promising practices and case studies, suited for staff with a role in improvement

New learning formats

- ✓ Videos
- ✓ Interviews
- ✓ Patient personas

Continued

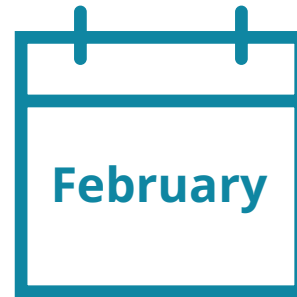
- ✓ Timely content and resources (including the VTF Assessment)
- ✓ Access to experts
- ✓ Peer discussion

Elevate 2025 Launch

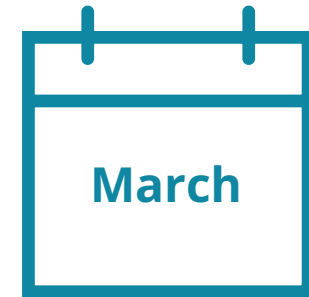
Elevate 2025 Launch: *Quarter 1 Medicare Focus!*



**Annual Wellness
Visits**



**HCC Coding &
Risk Adjustment**



**Care
Management**

Why Medicare?

Why Medicare?

- ✓ Your feedback!
- ✓ Increasing segment of health center patient populations
- ✓ Increasing involvement of health centers in Medicare VBP arrangements
- ✓ Opportunities for reimbursement led by care team members other than the provider
- ✓ Workflows/promising practices can be extended to other patient segments (modifying as needed)





Medicare Annual Wellness Visits

The Basics

WHAT are Annual Wellness Visits?

Annual Wellness Visits (AWVs)
are Medicare visits provided
to patients to help assess and
promote overall health and
well-being.



WHY are AWWs important?

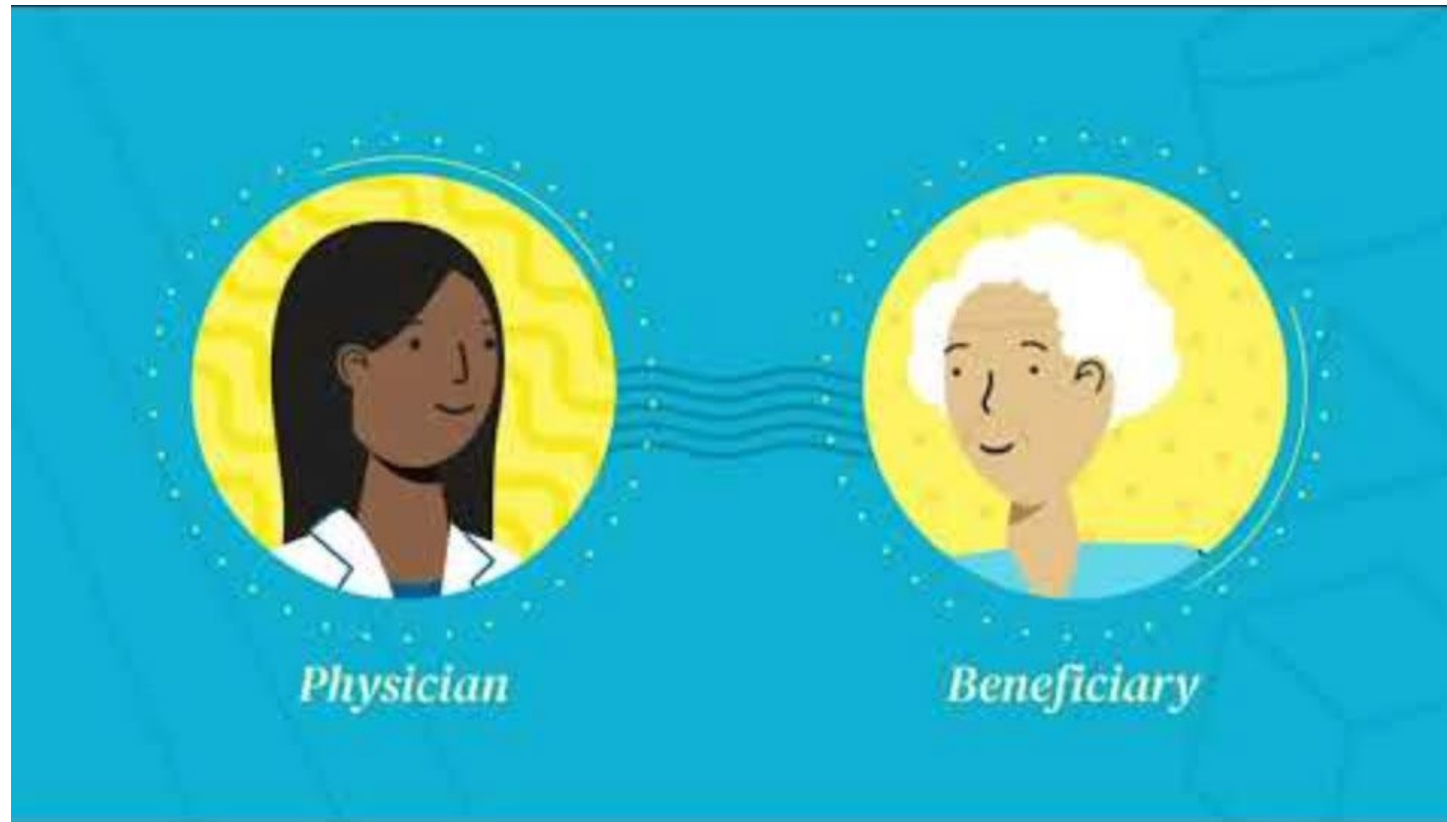
Improve patient outcomes

- ✓ Detect potential health risks early
- ✓ Enhance care coordination
- ✓ Identify and close care gaps
- ✓ Reduce hospitalizations
- ✓ Encourage patients to engage in preventive and wellness care

Increase health center revenue

- ✓ Increase visit volumes
- ✓ Optimize reimbursement through Medicare's PPS
- ✓ Identify patients for other needed services, including chronic care management

HOW are AWWs different from a physical exam?



The video from CMS provides health care professionals with guidance to understand expectations and requirements when submitting documentation for Annual Wellness Visits (AWV) for Medicare beneficiaries.

HOW are AWWs different from a physical exam?

Annual Wellness Visits (AWV)

Annual Wellness Visits (AWV) are personalized and supportive preventive Medicare Wellness Visits provided to patients to help assess and promote overall health and well-being. AWWs are important because they **enable providers and care teams to gain information about the patient**, including medical history and health risks, and to promote positive health behaviors.

Check out NACHC's [AWV Microlearning](#) for an introduction to AWWs for all health center staff!





Medicare Annual Wellness Visits

Guidelines and Reimbursement

WHAT needs to be done in an AWW?

- ✓ Perform a Health Risk Assessment (HRA)
- ✓ Establish the patient's medical and family history
- ✓ Screen for potential SUDs
- ✓ Review current opioid prescriptions
- ✓ (Optional) Social Drivers of Health (SDOH) Risk Assessment
- ✓ Establish a current providers and suppliers list
- ✓ Establish an appropriate patient written screening schedule
- ✓ Measure height, weight, BMI, blood pressure
- ✓ Detect any cognitive impairments
- ✓ Review potential depression risk factors
- ✓ Review functional ability and level of safety
- ✓ Establish the patient's list of risk factors and conditions
- ✓ Provide personalized patient health advice and appropriate referrals
- ✓ Provide Advance Care Planning (ACP) services at the patient's discretion

Updated for 2025!



IPPE & AWW Reimbursement Tip Sheet

Featured Speaker



Lisa Messina, MPH, CPC, CPCO
Messina Consulting, LLC

Lisa Messina is an independent consultant and the Compliance Lead for the FQHC division of Coronis Health. Lisa has over 20 years of health care health information management and operations experience working in the inpatient, outpatient, community clinic, and physician practice arenas. She has conducted research and authored dozens of articles and blogs on coding, billing, and general compliance specific to community health centers.

Documentation

Be sure to capture the following documentation elements when billing for IPPE and AWW services:

- ✓ Patient consent
- ✓ Date of the visit and, for AWW, the mode (telehealth or in-person)
- ✓ All IPPE or AWW services performed, including standardized tools and assessments, and by whom (provider and/or auxiliary personnel)

Some service elements may be performed in advance of the scheduled IPPE or AWW visit, such as screening questionnaires (including the HRA for AWWs), medical history, family history, current medications, and a list of current providers/suppliers. Patient self-reported information can be collected through the patient portal, forms/questionnaires, or staff interview via audio, audio-visual, or in-person communication. While CMS does not provide a time parameter, NACHC recommends for this information to be collected not more than 7 days in advance of the scheduled visit, to ensure the information collected remains current and relevant.

Co-Occurring Care Management Services

IPPE and AWW services qualify as *incident* visits for certain Medicare care management services and are reported separately from those care management services. IPPE and AWW may also be furnished during the same reporting period as those care management services billable by FQHCs using the individual service codes or, until July 1st, 2025, HCPCS code G0511 and G0512 (see NACHC resource: [Summary of Medicare Care Management Services](#)).

References

- AMA. 2025 CPT Codebook
- AAPC. 2025 HCPCS Level II Codebook
- CMS. <https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other>
- CMS List of Telehealth Services <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- CMS. MLN Matters MM13486 AWW: Social Determinants of Health Risk Assessment.
- Code of Federal Regulations 42 § 410.15 Annual Wellness Visits
- COVID-19 FAQs on Medicare Fee-for-Service (FFS) Billing, Pages 81-82. <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- Medicare Claims Processing Manual, Chapter 9: Rural Health Clinics/Federally Qualified Health Centers <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>
- Medicare Benefit Policy Manual, Chapter 13: Rural Health Clinics/Federally Qualified Health Centers <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c13.pdf>
- CMS Outreach: Medicare Wellness Visits. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

This resource is supported by the Centers for Disease Control and Prevention (CDC) cooperative agreement #NU380T000310. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the CDC or the U.S. Government

Avoid incomplete documentation:

Ensure all required components are performed and documented before billing.

Use the correct code:

G0402 for the IPPE
G0438 for the first AWW
G0439 for subsequent AWWs

Avoid denials due to timing:

Verify the patient's Medicare Part B enrollment date to ensure they are eligible for the IPPE or AWW

AWVs must be at least 12 months apart

Reimbursement Tips: Medicare Wellness Visits: IPPE & AWW

The subsequent Annual Wellness Visit (AWV) may occur annually 12 months after the initial or last AWW.

CODE	Service Elements	Resources	Service Provider	FQHC Medicare Billing Code & Rate
HCPCS G0439	Review and update the service elements of the previous AWW (see above).	(See above)	Auxiliary personnel under direct supervision and/or in combination with the services the billing provider chooses to personally deliver.	G0468, PPS qualifying AWW visit: \$271.88 <i>The PPS payment rate for AWW is adjusted by a factor of 1.3416 above the base national payment rate of \$202.65.</i> <i>AWW services may be furnished via telehealth during the COVID-19 telehealth extension and billed via G2025. Patients may self-report vital signs if they have available the necessary medical equipment. The national 2025 rate for G2025 is \$94.45</i>

* The reimbursement rate is based on the 2025 Medicare Physician Fee Schedule (PFS); no Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied. FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI. Code descriptions taken from the AMA's CPT 2025 Manual, Professional Edition.

* Through the patient portal, forms/questionnaires, or staff interview, patients may provide information in advance of the AWW.

IPPE and AWW services provided by FQHCs are reimbursed under the Prospective Payment System (PPS) methodology and are considered qualifying visit services listed under PPS code G0468 (FQHC visit, IPPE or AWW). When FQHCs submit G0468 for IPPE or AWW encounters, they are eligible to receive a payment higher than the health center's base rate. This elevated payment rate is determined by applying an adjustment factor of 1.3416 (equivalent to 34.16%) to the local FQHC base payment rate. Co-insurance is not applicable for an IPPE or AWW encounter; therefore, the health center is reimbursed at 100% of their charges or their adjusted base rate, whichever is lower. Additional medically necessary services such as clinical laboratory testing and electrocardiograms, which are not included as an IPPE or AWW service, may be performed and billed alongside IPPE or AWW on the same claim, but coinsurance may apply.

AWV is a face-to-face service (see [Medicare Billing Lingo, Defined!](#)) and is included on the Medicare telehealth services list during the COVID-19 telehealth extension through December 31, 2024. Patients may self-report vital signs if they have available the necessary medical equipment; otherwise, providers may document that the data is not available. IPPE is not included on this list because a physical exam is required necessitating the need for an in-person visit.

FQHCs do not bill a medical visit (G0466 or G0467) if an IPPE or AWW is provided on the same day, except in cases of subsequent illness or injury that qualify for additional payment, which the FQHC would indicate by submitting the claim with modifier 59. Alternatively, the health center may submit a claim for all services and related charges for both payment codes. Medicare will then pay the PPS rate on the total charges, whichever is less. Coinsurance applies to the medical visit (G0466 or G0467). In the event of a qualifying mental health visit occurring on the same day as an IPPE or AWW, the health center will receive additional payment based on total charges. [Chapter 9](#) of the Medicare Claims Processing Manual provides examples and payment calculation methodology for various FQHC service scenarios.

Under FQHC PPS, Advance Care Planning (ACP) services, defined by CPT 99497, qualify as a visit for both new (PPS G0466) and established patients (PPS G0467). If ACP is the sole service provided during an encounter, and it occurs on a different day from an Annual Wellness Visit (AWV) or a medical services visit, FQHCs can bill for ACP services, and coinsurance will apply. However, if ACP services are provided during an AWW visit, they are included as part of the G0468 services, and coinsurance is waived.

Starting January 1, 2024, CMS introduced a new Social Drivers of Health Risk Assessment (HCPCS G0136) that FQHCs may offer at the discretion of the provider and the patient and in conjunction with a qualifying visit such as an AWW or an Evaluation and Management (E/M) visit. G0136 is not reimbursed separately from the AWW or E/M visit PPS payment, as CMS considers it included in the payment for those visits.

If ACP services are provided during an AWW, they are included as part of the AWW services and not billed separately.

If ACP occurs on a different day from an AWW and is the sole service provided during an encounter, ACP may be billed.

Smoking cessation counseling is handled similarly.

Reimbursement Tips: Medicare Wellness Visits: IPPE & AWW

Who they are:

- Physicians (MD,DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Certified Nurse Midwife (CNM)

Note: IPPE and AWW services are part of the Evaluation and Management services category, and providers must therefore be qualified to perform and bill for E/M level services in the state where they practice.


 Auxiliary Personnel

IPPE	AWW
What they may do (under direct supervision see): <ul style="list-style-type: none"> • Obtain patient consent for services (verbal or written) • Facilitate completion of screening questionnaires and collect patient information • Record vital signs • Provide patient education • Coordinate follow up appointments and services 	What they may do (under direct supervision see): <ul style="list-style-type: none"> • Obtain patient consent for services (verbal or written) • Facilitate completion of Health Risk Assessment (HRA), screening questionnaires, and collect patient information • Record vital signs • Provide patient education • Coordinate follow up appointments and services
Who they are (examples): <ul style="list-style-type: none"> • Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN) • Medical Assistants 	Who they are (examples): <ul style="list-style-type: none"> • Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN) • Social workers • Medical Assistants • Clinical pharmacists • Registered Dietitians • Health educators • Community Health Workers

! *Note: IPPE/AWW service elements as described below may be completed by auxiliary personnel (as indicated by scope of practice, education, and training limits set by their individual State) under supervision of the authorized billing provider. As IPPEs and AWWs qualify as FQHC visits reimbursed at the PPS rate, the visit must be a face-to-face encounter (see [Medicare Billing Lingo Defined!](#)) between the patient and qualified practitioner (see list of authorized billing providers above).*

Since an AWW qualifies as an FQHC visit reimbursed at the PPS rate, the visit must be a face-to-face encounter **between the patient and a qualified practitioner (MD, DO, NP, PA, CNM).**

While auxiliary personnel may complete many AWW service elements, the practitioner must have a role in the visit.



Medicare Annual Wellness Visits

Promising Practices

Featured Speaker



Dr. Theresa Jacobs, MD, FAFFP
Clinical Director
Georgia Primary Care Association

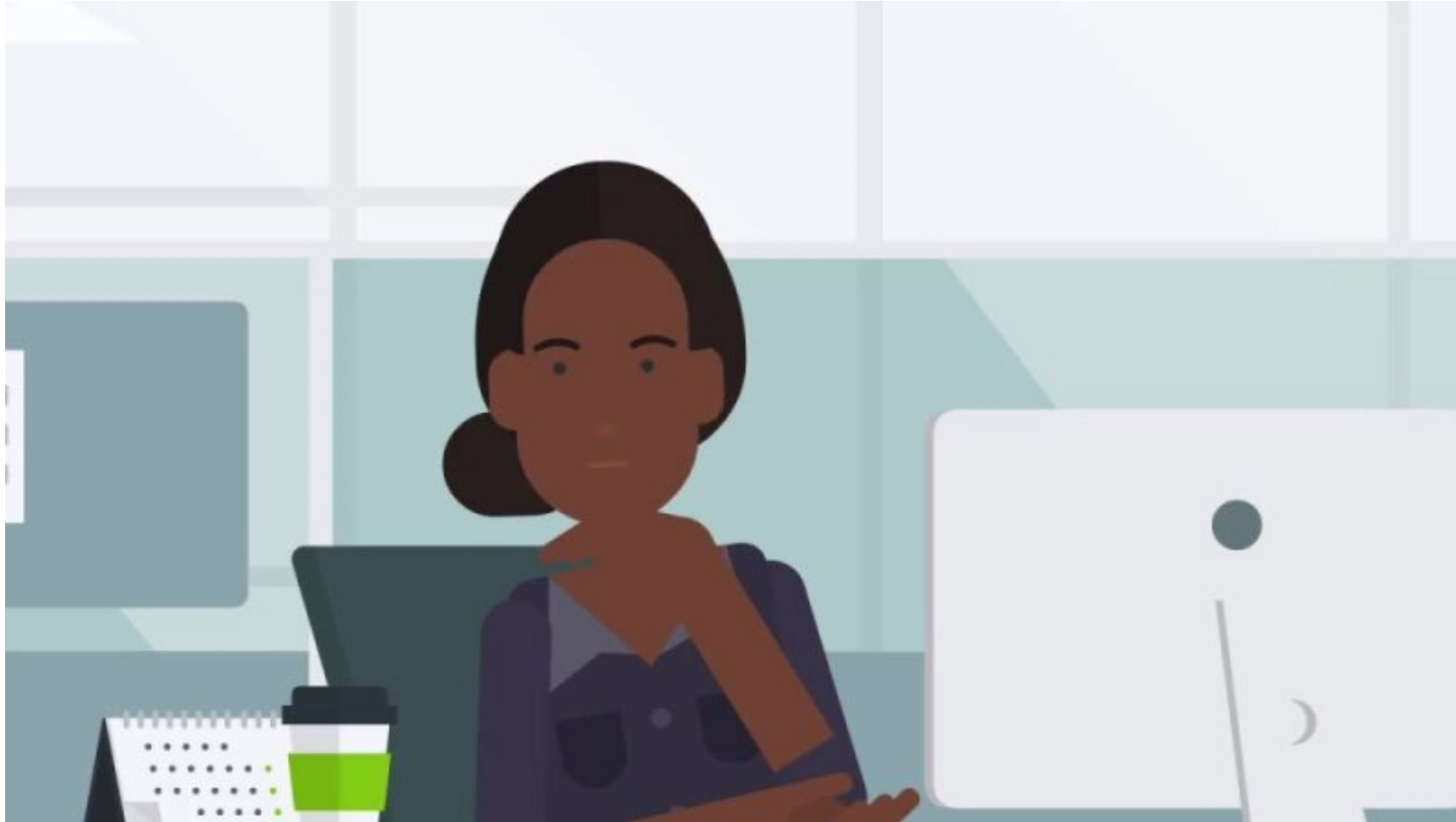
Dr. Theresa R. Jacobs is a board-certified family medicine physician providing the highest quality comprehensive health care to the uninsured and underserved at risk populations. She serves as the Medical Director for the Georgia Primary Care Association and the Georgia Family Planning System (Title X program). There are 232 clinical sites scattered throughout Georgia, servicing over 600,000 Georgians. She is also the Chair of the education and research committee for the Georgia Academy of Family Physicians.

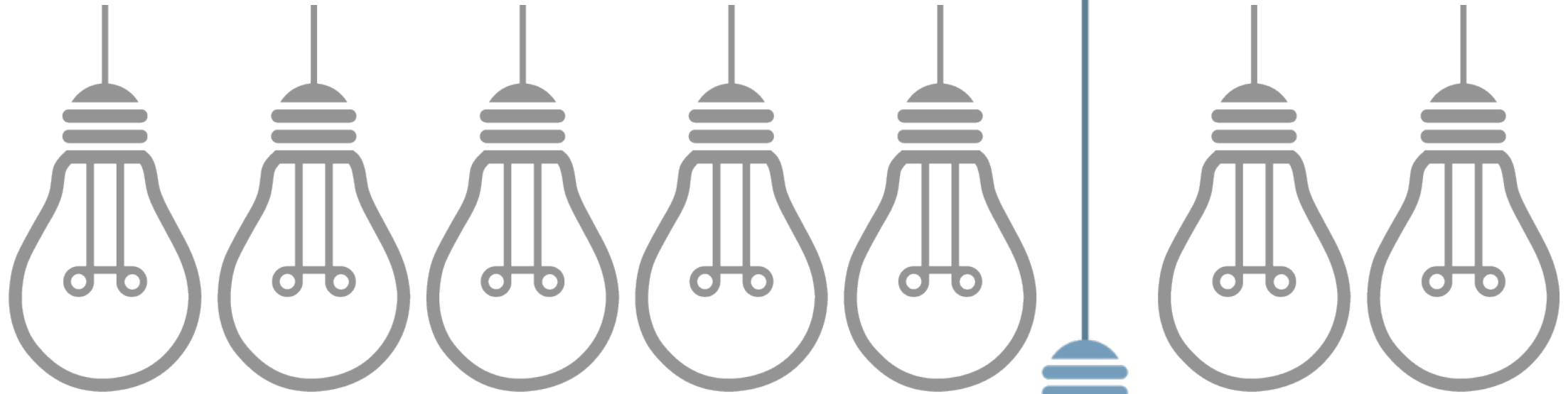
Dr. Jacobs is a scholar who earned an Associate Degree of Science in Industrial Chemistry from Ferris State University, Big Rapids, Michigan; a Bachelor of Science in Microbiology from Eastern Michigan University, Ypsilanti, Michigan; and her Medical of Doctorate Degree from Michigan State University College of Human Medicine, East Lansing, Michigan. She completed her residency in Family Medicine at Morehouse School of Medicine, Atlanta, Georgia where she served as chief resident for one year. She is a Fellow of the American Academy of Family Physicians. She and her sister (Crystal Hammond) are the founders of "The John and Sally Horhn Foundation (JASH)", a nonprofit organization that's committed to helping disadvantage children excel academically.

HOW to optimize AWWs



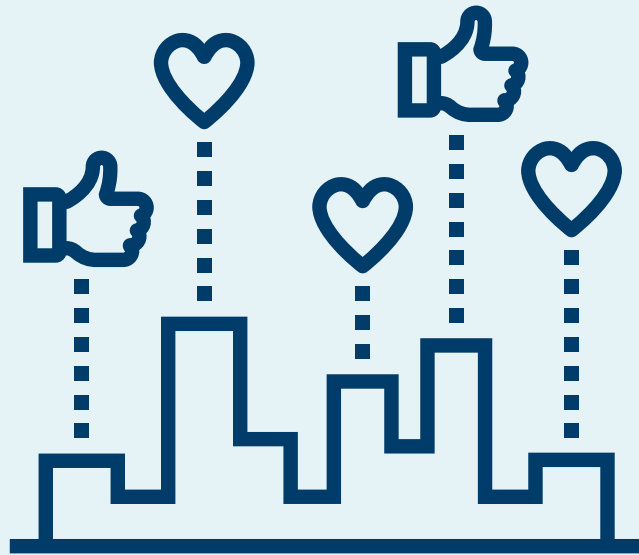
Meet Maria! An Elevate 2025 Patient Persona





Discussion & Questions





Provide Us Feedback

Elevate Communications

NACHC newsletters have been streamlined!

All future Elevate related communications can be found in
**'NACHC News You Need to Know' sent out every
Wednesday.**

All Elevate registrants have been added to the distribution list



PCA/HCCN Partner Opportunity

Opportunity for PCAs/HCCNs to partner with NACHC and the American Cancer Society (ACS) in hosting one of four regional trainings focused on quality improvement strategies and closing care gaps related to cancer screening.

For additional details, visit: <https://www.nachc.org/procurement-opportunities/>

Applications due January 17th

Webinar series:

Cancer Prevention and Early Detection for Community Health Centers

Join us for a 3-part webinar series focused on cervical, colorectal and breast cancer prevention and screening.

Session 1: Promising Practices to Increase Cervical Cancer Prevention and Screening

Details

Join us for an in-depth discussion on

- HPV vaccination rates and trends
- Best practice - age 9 initiation
- Current state of cervical cancer
- Promising practice - self collection



Speakers

Rebecca B. Perkins MD, MSc

Professor of Obstetrics and Gynecology
Tufts University School of Medicine
Tufts Medical Center



Kathy MacLaughlin MD

Associate Professor of Family Medicine
Mayo Clinic

January 29, 2025

2:00 PM EST

Click [here](#) to register or scan the QR code below.



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FOR MORE INFORMATION CONTACT
qualitycenter@nachc.org

Cheryl Modica
Director, Quality Center
National Association of Community Health Centers
cmodica@nachc.org
301.310.2250

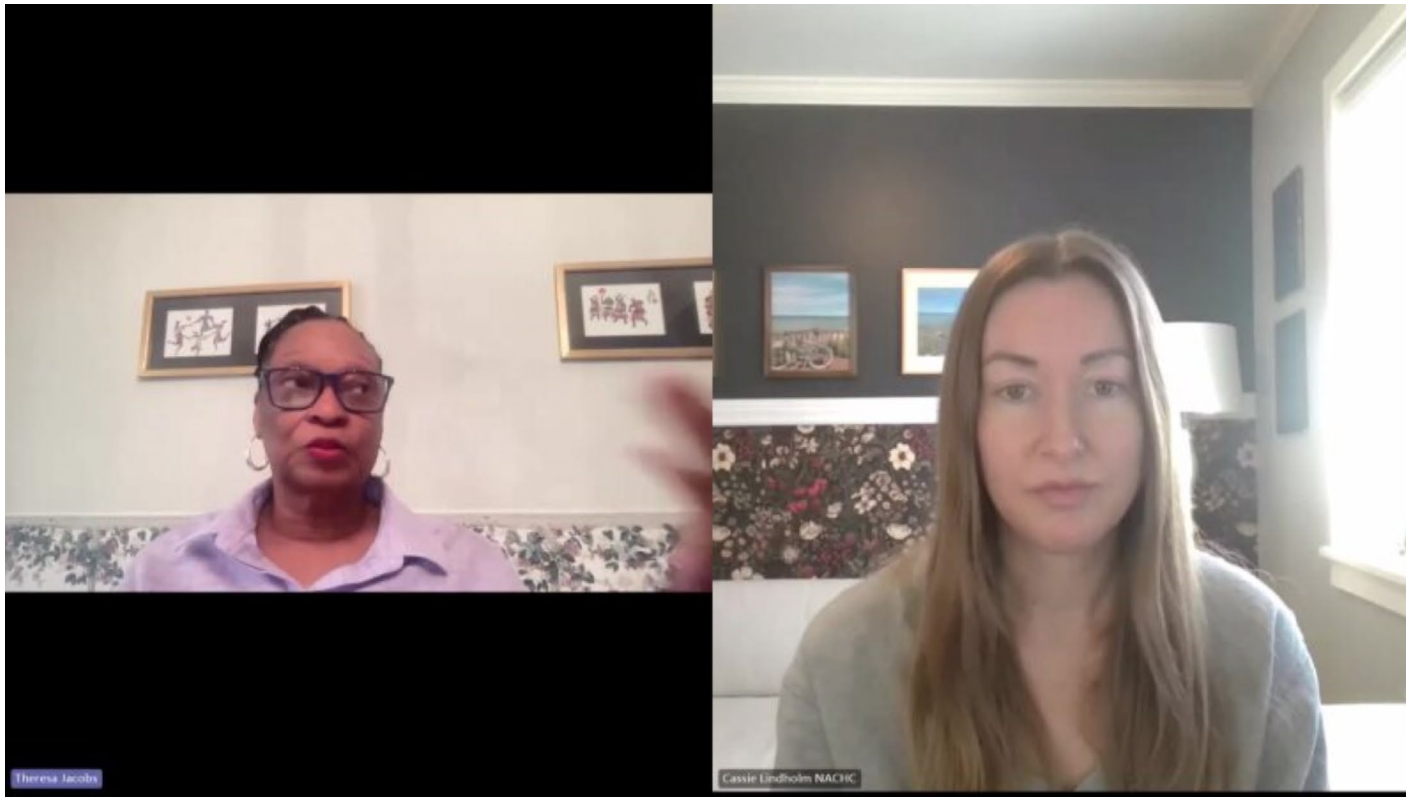
Next Monthly Learning Forum:

HCC Coding



February 11, 2024
1:00 – 2:00 pm ET

HOW to optimize AWWs



- ✓ Leveraging AWWs for HCC coding
- ✓ Connecting patients to care management
- ✓ How PCAs & HCCNs can support health centers with AWWs

Bonus footage from Dr. Jacobs' interview!



elevate°

**Together, our
voices elevate° all.**

The Quality Center Team

Cheryl Modica, Cassie Lindholm, Holly Nicholson, Tristan Wind

qualitycenter@nachc.org