

Date: May 7, 2024

To: All WellSense Providers

From: WellSense Health Plan

Subject: **Medicare Annual Wellness Visit Provider and Member Resources**

Product:  MassHealth  Clarity plans (formerly QHP)  Senior Care Options

## Medicare Annual Wellness Visit Provider and Member Resources

At WellSense, we understand the importance of your patients' health and well-being. That's why we have created two new resources to assist healthcare providers in making their Medicare Annual Wellness Visits as effective as possible.

### Provider resource

The first resource is a helpful reference guide that outlines the key elements of a successful well visit tailored to your Medicare patients. As a healthcare provider, you can utilize this guide to ensure that you are addressing physical and mental health of Medicare patients specifically during these annual encounters.

### Member resource

The second resource is designed to help your Medicare patients document their care and any issues in preparation of their well visit. This will empower them to better communicate any concerns or questions they may have during their well visit. Consider sharing this form with your patients either at the time they are scheduled for a well visit or during the visit itself.

Using the form should make it easier for you to document current and future care and address all of the patient's needs as efficiently as possible.

# Provider Communications

Massachusetts

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By utilizing both documents, you and your patients can work together to ensure that their Medicare Annual Wellness Visits are comprehensive and tailored to their individual needs, promoting healthy and fulfilling lives.

## Questions

Please contact the WellSense Quality team at [WS\\_Quality\\_Dept@wellsense.org](mailto:WS_Quality_Dept@wellsense.org) with any questions you may have.

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# Medicare Annual Wellness Visit Provider Reminders



Medicare Annual Wellness Visits are important for supporting both the physical and mental health of seniors, who are more likely to be managing multiple chronic conditions, including cognitive impairments. We hope you'll use this reference to make your practice's annual wellness visits as effective as possible for this population.

## Baseline information

- Review medical, family and social history
- Review current medications and supplements
- Record BP, height, weight and BMI

## Preventative measures

- Review health risk assessment
- Review preventive screening schedule:
  - Colorectal screening
  - Mammography
  - Annual pap screening
  - Bone density testing
  - Prostate cancer screening
  - Vaccines (influenza, pneumococcal, RSV, hepatitis B, shingles, TDaP)

## Mental health

- Screen for risk of depression or anxiety
- Assess cognitive function

## Planning and care coordination

- Discuss end of life planning with your patient
- Document the member's care team, including ancillary providers and suppliers like home health care and DME

## Functional ability and Safety

- Hearing impairment
- ADLs
- Fall risk
- Home Safety

## Before they go

Does the member have a copy of his/her personalized patient plan and preventative screening schedule?

# Your Medicare Annual Wellness Visit



Medicare Annual Wellness Visits are an important part of managing your health. As a member of WellSense Health Plan, your Annual Wellness Visits are fully covered for you at no out-of-pocket costs. During an Annual Wellness Visit, your healthcare provider will do a general checkup. They'll also work with you to make a plan for your care that will help prevent health issues and meet your health goals.

You can help make your Annual Wellness Visit as effective as possible by completing this form and bringing it with you to your appointment. This will help you discuss any concerns with your healthcare provider and give them the information they need to deliver the best care possible.

## My care team:

Provider/Supplier

Specialty

_____	_____
_____	_____
_____	_____
_____	_____

## Medications and supplements:

(including prescriptions and over-the-counter medications, supplements or vitamins)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Mental health concerns:

\_\_\_\_\_

\_\_\_\_\_

## Concerns about falling:

\_\_\_\_\_

\_\_\_\_\_

## Bladder control:

I have issues with bladder control     I do not have issues with bladder control

## Physical Activity:

Describe your physical activity, including how often and how long you engage in physical activity.

\_\_\_\_\_

\_\_\_\_\_

## Vaccines and Annual Screenings:

Have you had any of these vaccines or boosters?

Vaccine	Most recent date received
Influenza (Flu)	
Covid-19 (Vaccine or Booster)	
Respiratory syncytial virus (RSV)	
Pneumonia	
Shingles	
Other:	
Other:	

Have you had any of these screenings?

Screening	Most recent date received
Colonoscopy or other colorectal cancer screening	
For women	
Mammogram	
Bone density scan	
For men	
Prostate screening	
For people with diabetes	
Blood sugar test	
Diabetic eye exam	