



*Understanding the Health Care Law*

From Families USA • Updated February 2012

## An Advocate's Guide to the Annual Wellness Visit Benefit in Medicare

This fact sheet is a troubleshooting guide for advocates who assist beneficiaries in understanding the annual wellness visit benefit in Medicare. A companion fact sheet, *Medicare's Annual Wellness Visit: What It Means for You*, written especially for Medicare beneficiaries, explains the different elements of a wellness visit and is available online at <http://familiesusa2.org/assets/pdfs/health-reform/Consumer-Guide-Medicare-Wellness-Visit.pdf>.

### Why Are Prevention and Wellness Important?

Medicare beneficiaries often do not get the preventive and wellness services they need to stay healthy, to avoid or delay the onset of disease, and to lead productive lives. This is due, at least in part, to cost-sharing requirements that were barriers to access.

The Affordable Care Act made it easier and less expensive for older adults and people with disabilities to stay healthy or to better manage their chronic conditions. The prevention and wellness benefits that are offered under Medicare for free went into effect on January 1, 2011. Medicare beneficiaries can now work with their doctors to develop personalized prevention plans and take advantage of many important preventive services, such as vaccinations or screenings for diabetes, high blood pressure, high cholesterol, and cancer. And beneficiaries won't have to worry about the out-of-pocket costs for these services, because the law eliminated copayments and other cost-sharing for them.

Now, as a result of the Affordable Care Act, Medicare has a new emphasis on prevention and wellness, which should help save lives and save beneficiaries money as well.

For more information on the preventive services benefit under Medicare, see our companion fact sheet, *An Advocate's Guide to the Preventive Services Benefit in Medicare*, available online at <http://familiesusa2.org/assets/pdfs/health-reform/Advocate-Guide-Medicare-Preventive-Care-Benefit.pdf>.

## What Is the Annual Wellness Visit Benefit?

Medicare covers the cost of a beneficiary's annual wellness visit with his or her provider. These visits are designed to help Medicare beneficiaries and their doctors develop personalized prevention plans, at no cost to the patient, that take a comprehensive approach to improving health and preventing disease. This means that the beneficiary and his or her provider can work together to develop a proactive strategy that manages health based on a beneficiary's specific health needs.

The annual wellness visit includes the following services:

- Routine measurements, such as a beneficiary's height, weight, blood pressure, and body mass index (BMI);
- Review of a beneficiary's individual medical and family history;
- Review of the medications, supplements, and vitamins the beneficiary is currently taking;
- Discussion of the care that the beneficiary is receiving from other health care providers;
- Review of a beneficiary's functional ability and level of safety, including any cognitive impairment, as well as a screening for depression;
- Discussion of personalized health advice that takes into account a beneficiary's risk factors and specific health conditions or needs, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition;
- Discussion of referrals to other appropriate health education or preventive counseling services that may help a beneficiary minimize or treat potential health risks; and
- Planning a schedule for the Medicare screening and preventive services that are appropriate for the beneficiary over the next five to 10 years.

## How Is the Annual Wellness Visit Different from the "Welcome to Medicare" Physical Exam?

The annual wellness visit is different from the Welcome to Medicare physical exam both in terms of what services the exams cover and in terms of timing.

Medicare offers a free, one-time Welcome to Medicare physical exam for new beneficiaries within their first year of enrollment in Medicare. This exam typically consists of a review of the beneficiary's family and medical history, as well as a physical examination of vital signs and measurements. Before the Affordable Care Act was passed, this was the only physical exam that was covered by Medicare. Any subsequent routine physical exams are generally not covered by traditional Medicare.

The annual wellness visit offers services that are not included in the Welcome to Medicare physical, such as an opportunity to develop a personalized prevention plan, which includes planning for the preventive screenings and services a beneficiary may need over the next five to 10 years. The annual wellness visit is also a chance to review the care that a beneficiary is receiving from other doctors, and to receive a cognitive function checkup.

If a beneficiary is new to Medicare, he or she can receive the annual wellness visit benefit 12 months after receiving the Welcome to Medicare physical. If the beneficiary did not receive a Welcome to Medicare physical, he or she must wait until 12 months after the date of enrollment to get an annual wellness visit. After the initial annual wellness visit, a beneficiary is eligible for future wellness visits every 12 months.

Medicare pays for 100 percent of the annual wellness visit with no out-of-pocket costs to the patient, whether the beneficiary has original Medicare or a Medicare Advantage plan, as long as the beneficiary receives the annual wellness visit from an in-network provider.

## What Are Other Issues Beneficiaries Should Watch?

It is important to note that the annual wellness visit does not include the treatment or management of problems or issues that are identified during the visit itself, so providers need to fully explain what a beneficiary can expect in order to avoid any unexpected cost-sharing.

The Centers for Medicare and Medicaid Services (CMS, which administers Medicare) prefers that providers not provide non-urgent acute care during the annual wellness visit, as it may detract from the intended focus on preventive care, but providers are not prohibited from doing so. However, beneficiaries may not want to have two separate medical visits, so providers should be clear with beneficiaries about how Medicare coverage will work for services that go beyond the annual wellness visit.

Beneficiaries should keep in mind that the annual wellness visit is something that may still be new to their primary care provider. As a result, their doctors may not be completely familiar with what Medicare does and does not cover in the annual wellness visit. Counselors should encourage beneficiaries to check first with their doctor before a procedure is performed to avoid any unexpected cost-sharing expenses.

CMS has provided guidance to health care providers to educate them about the annual wellness visit, which is available online at <https://www.cms.gov/MLN MattersArticles/downloads/MM7079.pdf>. However, advocates may wish to work with local health care providers and beneficiaries to educate them about the annual wellness visit.

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