

Annual Wellness Visit

Medicare covers a yearly appointment to discuss your plan of preventive care in the coming year.

This appointment is called the Annual Wellness Visit. The Annual Wellness Visit is similar to the one-time Welcome to Medicare preventive visit but has important differences. For example, like the Welcome to Medicare visit, the Annual Wellness Visit is not a head-to-toe physical. However, you cannot receive your Annual Wellness Visit within the first year you are enrolled in Medicare or within the same year you have your Welcome to Medicare exam.

During the first Annual Wellness Visit, you and your doctor or health care provider will create a prevention plan based on your needs. As part of the visit, your doctor will:

- Give you a health-risk assessment
 - This may include a questionnaire that you complete (with or without the help of your doctor) before or during the visit that looks at your health status, injury risks, risky behaviors and urgent health needs.
- Take your medical and family history
- Make a list of your current providers, durable medical equipment (DME) suppliers and medications
 - Medications include prescription medications, as well as vitamins and supplements that you may take.
- Create a written 5-10 year screening schedule or check-list
 - This checklist depends on your individual health status, screening history and what age appropriate, Medicare covered, preventive services you are eligible for.
- Identify risk factors and current medical and mental health conditions along with related current or recommended treatments
- Check your height, weight, blood pressure, and body mass index

- Screen for cognitive impairment
 - Cognitive impairment includes diseases such as Alzheimer's or other forms of dementia. Medicare does not require that physicians use a test to screen patients. Doctors are asked to rely on their observation of the patient or on reports by the patient and others.
- Review risk factors for depression
- Review your functional ability and level of safety
 - This includes screening for hearing impairments and your risk of falling.
 - Your doctor must also assess your ability to perform activities of daily living such as bathing and dressing and also your level of safety in your home.
- Give health advice and referrals to health education or preventive counseling services or programs aimed at reducing identified risk factors and promoting wellness
 - These include weight loss, physical activity, smoking cessation, fall prevention, and nutrition.

Annual Wellness Visits after your first visit may be slightly different. As part of subsequent wellness visits, your doctor will:

- Update the health-risk assessment you completed
- Update your medical and family history
- Check your weight and blood pressure
- Update your list of current medical providers and suppliers
- Screen for cognitive issues
- Update your written screening schedule from previous wellness visits
- Update your list of risk factors and conditions and the care you are receiving or that is recommended
- Provide health advice and referrals, to health education or preventive counseling services or programs.

Original Medicare covers the Annual Wellness Visit with no coinsurance or deductible if you see doctors or other health care providers who accept the Medicare approved amount in full.

Medicare Advantage Plans cover all preventive services the same as Original Medicare. This means Medicare Advantage Plans will not be allowed to charge cost-sharing fees (coinsurances, copays or deductibles) for preventive services that Original Medicare does not charge for as long as you see in-network providers. If you see providers that are not in your plan's network, charges will typically apply.

Note: If you receive any additional services or screenings during the Annual Wellness Visit, then you may have an additional charge for those services. Services not included in the Annual Wellness Visit will be billed separately. You may be charged your usual copay and deductible if the additional service is covered by Medicare.

If you receive any additional services not covered under Medicare, such as a routine hearing exam, then you or your supplemental insurance will be responsible for 100% of its cost.