

## Original Medicare: Preventive Benefits Overview

Medicare helps pay for certain kinds of screenings, trainings, and supplies to help your clients stay healthy. Recent health care reform also improved access for your clients to these benefits by eliminating the coinsurance and waiving the Part B deductible for most of these services.

As of 2011, beneficiaries with Original Medicare will no longer have to pay cost-sharing amounts to receive most Medicare-covered [preventive benefits](#). This means Medicare will pay 100 percent; your clients will pay nothing. The Part B deductible is also waived.

There are a few preventive services your clients will still have to pay for:

- Glaucoma screening,
- Prostate cancer screening,
- Certain alternative tests under the colorectal screening,
- Diabetes self-management training services, and
- EKG screening.

For these services, your client may have to pay a coinsurance (usually 20 percent of the Medicare-approved amount) and any remaining portion of their Part B deductible.

**Note:** If your clients get their Medicare Parts A and B from a Medicare Advantage plan, they are eligible to receive the same benefits available to beneficiaries under Original Medicare as long as they meet the rules of coverage. Medicare Advantage plans, however, may have a different payment structure than under Original Medicare and therefore, they may charge a copayment for preventive services. The exact copayments can vary from plan to plan, so your clients should check with their plan to find out the exact amount.

## Annual Wellness Visit

The Annual Wellness Visit (AWV) is a new preventive benefit available under Medicare starting January 1, 2011. This is the first time ever that Medicare covers an *annual* physical exam, and there is no cost-sharing (coinsurance or deductible) for this service under Original Medicare.

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**Note:** If your clients get their Medicare Parts A and B benefits through a Medicare Advantage plan, they should check with their plan to find out the cost-sharing amount for this service. While Medicare Advantage plan must provide members with the same benefits available under Original Medicare, they can have a different payment structure than Original Medicare.

As of January 1, 2011, your clients can get an Annual Wellness Visit (covered by Medicare every 12 months) starting a year (12 months) after they get their initial “Welcome to Medicare” physical exam. If your client never had a “Welcome to Medicare” physical exam, that’s okay; they can get their free Annual Wellness Visit now (as long as they have had Part B for 12 months), and each year after.

During the visit, your clients and health care providers will develop a personalized prevention plan, building off of the initial exam. It’s important to note the slight distinctions between the *first* wellness visit and *subsequent* such visits.

The **initial** Annual Wellness Visit includes:

- Routine measurements such as height, weight, blood pressure, body-mass index (or waist circumference, if appropriate);
- Review of medical and family history;
- Establishing a list of current providers, suppliers, and medications (including supplements);
- Personal risk assessment (including any mental health conditions);
- Review of functional ability and level of safety;
- Detection of any cognitive impairment;
- Screening for depression;
- Establishing a schedule for Medicare’s screening and preventive services your client qualifies for over the next 5 to 10 years; and,
- Any other advice or referral services that may help intervene and treat potential health risks.

The **subsequent** Annual Wellness Visits include:



- Measurement of weight, blood pressure, and other measurements deemed appropriate (note: height and body-mass index not necessary, unless your client has had significant weight change);
- Update to medical and family history;
- Update to the list of providers, suppliers, and medications (including supplements);
- Review of the initial personal risk assessment;
- Detection of any cognitive impairment;
- Updated screening schedule; and,
- Review and update to list of referral services to help intervene and treat potential health risks.

You can [find more specific info](#) about the Annual Wellness Visit to share with your Medicare clients on MyMedicareMatters.org.

## “Welcome to Medicare” Physical Exam

Anyone who has joined Medicare Part B months is entitled to receive within the first 12 months a “Welcome to Medicare” physical exam (also known as the Initial Preventive Physical Examination, or IPPE). And your clients will no longer (as of January 1, 2011) have to pay a coinsurance or deductible for the “Welcome to Medicare” physical exam.

**Note:** If your clients get their Medicare Parts A and B benefits through a Medicare Advantage plan, they should check with their plan to find out the cost-sharing amount for this exam. While Medicare Advantage plan must provide members with the same benefits available under Original Medicare, they can have a different payment structure than Original Medicare. Generally, most Medicare Advantage plans do not charge a copayment for the exam.

Your Medicare clients do not need to get the “Welcome to Medicare” physical exam before getting the Annual Wellness Visit. But, if they do choose to get the “Welcome to Medicare” physical when they enroll in Medicare Part B, they will have to wait 12 months to get their first wellness exam. Remember, the “Welcome” exam is a one-time benefit, so if your clients don’t use it during the first year they’re enrolled in Part B, they will lose it.

The “Welcome to Medicare” physical includes:

- Acquiring the Patient’s History (e.g., review family and social history, potential for depression, review functional ability and level of safety)
- Physical Examination (e.g., obtain body measurements, take vital signs and more)

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- Counsel Patient (e.g., provide education and counseling of other preventive benefits, make appropriate referrals to other health care providers as needed)

The Centers for Medicare & Medicaid Services (CMS) [ABCs of the Initial Preventive Physical Examination](#) offers a quick-reference guide for health care providers on the components of the “Welcome to Medicare” physical exam. It provides a flow chart, with explanations of all components of the exam, suggestions to what info and which documents a new Medicare beneficiary should bring along to the examination appointment, and provides applicable billing codes and links to additional resources.

You can [find more specific info](#) about the "Welcome to Medicare" physical exam to share with your Medicare clients on MyMedicareMatters.org.

## References

See the *Affordable Care Act*, ([PL 111-148](#)), Section 4104, pages 557-558, for language on the elimination of cost-sharing for certain preventive benefits. See Section 4103, pages 553-557, for language about the Annual Wellness Visit.

See the [November 29, 2010 Federal Register](#) for the final rule regarding the Annual Wellness Visit. See pages 235-240 for list of requirements for the first and subsequent Annual Wellness Visits.

See the Centers for Medicare & Medicaid Services (CMS) [February 15, 2011, Medicare Learning Matters](#) guide for health care providers on the Annual Wellness Visit that explains what elements should be provided during the first and subsequent Annual Wellness Visits.

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