



MEDICARE ANNUAL WELLNESS VISITS FOR PHYSICIANS

Are Third Parties Interfering with Your Patients' Medicare Wellness Visits?

Medical advocacy organizations like the TMA and AMA have received complaints about third party vendors performing Medicare Annual Wellness Visits (AWV) for Medicare Advantage (MA) plan patients.

Some of these third parties use deceptive marketing tactics, such as holding “wellness fairs” to reel in unsuspecting patients, and then submitting a bill for the patient’s AWV. The patient’s primary care physician may not receive a report of the results. Some MA plans are known to contract with third parties for these services to save costs, instead of having AWVs provided by patients’ primary care physicians, who know more about the patient’s medical history and can provide any needed follow-up care.

Bottom line, Medicare patients lose when third parties interfere with the AWV.

- Continuity of care is impeded
- If no report is generated to the patient’s primary care doctor, undiagnosed conditions requiring treatment plans or additional diagnostic work-ups cannot take place in a timely manner
- If the AWV has already taken place for the year, it cannot be repeated by the patient’s doctor without cost to the patient or the doctor repeating the exam without reimbursement

Medical advocacy organizations like TMA, AMA, and Physicians Advocacy Institute (PAI) have strongly urged CMS to modify federal policy to promote provision of the AWV by the patient’s regular physician instead of as a one-time-only service from an outside vendor.

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Q: How does a primary care physician know if patients have already received their AWV?

A: Medicare Administrative Contractors (MACs) should be able to provide AWV eligibility checks. According to Cahaba GBA, Tennessee's MAC, medical practices should start by checking to see if the benefits are on either its InSite or ELGA web page. If not, contact the Cahaba Provider Contact Center. The phone number is 877-567-7271.

Q: What if I have a complaint that a third party vendor performed an AWV on one of my Medicare patients but did not forward a copy of the results to their primary care provider; conducted a substandard or incomplete AWV; or fraudulently submitted a claim for AWV reimbursement?

A: It depends on whether the nature of the complaint is fraud and abuse or quality of care.

Fraud and Abuse

Annual Wellness Visit complaints pertaining to fraud and abuse (claims related) should be directed to the CMS Consortium of Financial Management and Fee for Service Operations. It monitors the CMS contractors in charge of fraud and abuse investigations. Its number for the Atlanta Region which services Tennessee is 404-562-7368.

Quality of Care

CMS contractors that work with Quality of Care complaints are called Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations (QIOs). KEPERO is the contractor. Tennessee is in Region 3 and the Help Line number is 844-430-9504. More information is available at <https://www.keproqio.com/bene/appeal.aspx>.

Q: What if I have general questions about the AWV?

A: Inquiries to CMS can be sent to <https://questions.cms.gov/newrequest.php>. Here is a screenshot of relevant topic areas:

Medicare - Preventive Services
Annual Wellness Visit
Immunizations
Initial Preventive Physical Exam
Preventive Services