



Medicare Annual Wellness Visit Questionnaire Workflow (Ambulatory)

Updated: 01/10/2022

To help complete Annual Wellness Visit documentation, the patient can complete a Medicare Annual Wellness Visit (AWV) questionnaire prior to coming in for the Wellness Visit. The provider can review the documentation during a scheduled visit and pull patient responses into their Note.

Patient Completes the Medicare Annual Wellness Visit Questionnaire

When your Medicare patient is due for an Annual Wellness Visit in an FMOLHS Primary Care clinic, a questionnaire is automatically assigned in MyChart to the patient's visit 7 days prior to their visit. The patient is prompted to complete the questionnaire during eCheck-in or they can complete the questionnaire from My Record > Questionnaires activity at any time.

The screenshot shows the eCheck-In interface with a progress bar at the top containing icons for Personal Info, Insurance, Payments, Questionnaires (highlighted), Medications, Allergies, and Health Issues. Below the progress bar, the title "Medicare Annual Wellness Visit Questionnaire" is displayed. The content includes a header for an upcoming appointment with Michael Bodin on 8/9/2021, followed by three questions with multiple-choice or yes/no options:

What type of diet do you follow?
Select all that apply.
☐ General ☐ Low Fat ☐ Low Sodium ☐ Diabetic ☐ Other ☐ I am not following my diet as recommended

In the past 3 months, on any single occasion have you had 5 or more drinks containing alcohol?
☐ Yes ☐ No

Regarding your use of alcohol, have you ever felt you should cut down on your drinking?
☐ Yes ☐ No

How are you managing any pain?

The automatic assignment of the questionnaire is based on specific criteria including:

- Patient's financial class of Medicare or Medicare Replacement
- Visit types of established patient, new patient, or annual visit
- Visit department, which is limited to adult primary care departments
- Encounter Provider is on the patient's care team
- An annual wellness visit has not been performed on this patient in the last 12 months
- Questionnaire is assigned to the patient regardless of MyChart status

Note: If the patient is not MyChart Active then they will not be able to complete the questionnaire in MyChart, but the nurse/ma will be able to complete it for them. This workflow is explained later in this document.

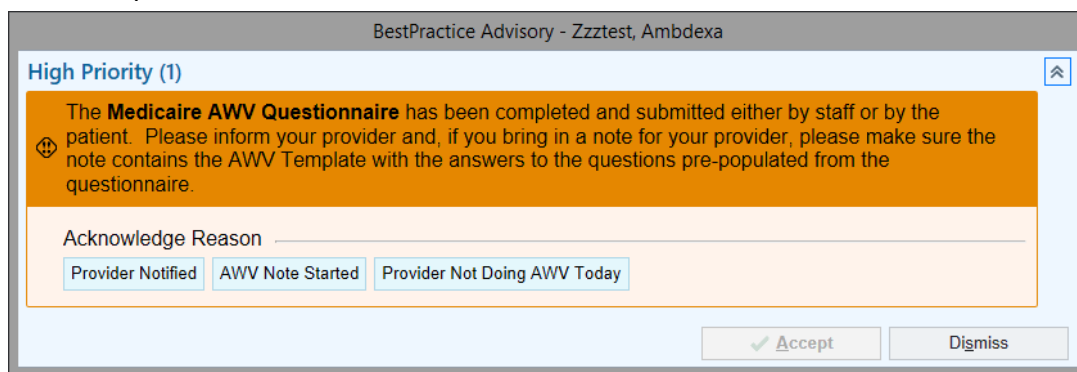
Review the Medicare Annual Wellness Questionnaire

Clinical Staff Workflow

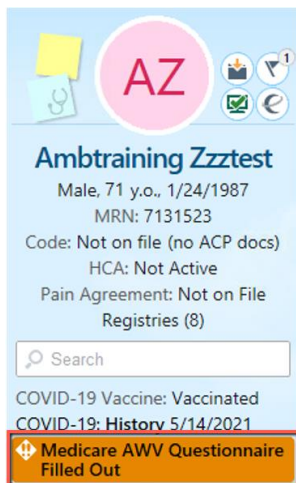
When the patient arrives for their Annual Wellness visit, the nurse can review the questionnaire if it has been completed via MyChart or help the patient complete it during the visit.

If the AVW Questionnaire is completed by the patient via MyChart:

- When opening the encounter for the visit, a BestPractice Advisory (BPA) will appear informing the Nurse/MA that the Medicare AWW Questionnaire has been completed by the patient.
 - Select the appropriate **Acknowledge Reason** based on the visit for that day then click Accept.



- A Storyboard BPA notification will be visible within the Office Visit encounter as a visual indicator that the AWW has been completed.



- The AWW questions and patient answers are visible within the **Questionnaires** section of the Rooming activity.

Questionnaires

Medicare Annual Wellness Visit Patient Entered Health Risk Assessment

Question	Answer
What type of diet do you follow?	General
In the past 3 months, on any single occasion have you had 5 or more drinks containing alcohol?	No
Regarding your use of alcohol, have you ever felt you should cut down on your drinking?	No
How are you managing any pain?	No current long term pain intervention required at this time
Which of the following activities do you currently manage on your own?	Shopping

If the Questionnaire has not been completed prior to the visit:

- When opening the encounter for the visit, a BestPractice Advisory (BPA) will appear informing the Nurse/MA that the Medicare AWW Questionnaire has not been completed. Within the BPA, the Nurse/MA can:
 - Click **Dismiss** and follow the workflow you have been utilizing for AWW visits within Epic.
- OR**
- Give the patient a printed copy to fill out while the patient is waiting in the exam room. *Select* the link to open a paper version of the questionnaire, which can be preprinted in multiple copies and handed out to patients when needed.
- OR**
- Select* the link to jump directly into the Incomplete Questionnaire within the Rooming activity.

BestPractice Advisory - Zzztest, Ambnursinghome

High Priority (1)

This patient is due for a **Medicare Annual Wellness Visit** and has the **Medicare AWW Questionnaire** assigned to this encounter, but it has not been completed and submitted

If your provider would like to do a Medicare Annual Wellness Visit today, please have the patient fill out the paper version of the Medicare Annual Wellness Visit Questionnaire then manually enter the answers using the link below. Click the link then click "Answer Incomplete Questionnaires". You then click on the **Medicare Annual Wellness Visit Questionnaire** and enter the answers.

[Click Here to Go to Incomplete Questionnaires](#)
[Paper Version of Medicare AWW Questionnaire](#)

Acknowledge Reason _____

Done

Accept Dismiss

- If you provided a copy of the paper questionnaire to the patient and/or selected Incomplete Questionnaire option in the BPA, the Nurse/MA can then discretely document the answers into the AWW Questionnaire in Epic using the **Answer Qnrs** section of the Rooming activity.
 - Click **Answer Incomplete Questionnaires**

8/4/2021 visit with Bodin, Michael, MD for ANNUAL PHYSICAL

ROOMING Visit Event Consult Orders Visit Info Vital Signs BP Monitor Menstrual Tracking FLACC Pain PHQ-9 Travel/Exposure Hearing/Vision Care Everywhere

Allergies Verify Rx Benefits Medication Review Objective Measures History Implants HM Summary Goals Mini Mental Status Cognitive/Functional **Answer Qnrs**

Questionnaires Fall Risk

Answer Questionnaires

[Answer Incomplete Questionnaires](#)

- Enter* the patient's responses to complete the Questionnaire.

Epic Tip Sheet

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Answer Questionnaires

Medicare Annual Wellness Visit Questionnaire

For an upcoming appointment with Michael Bodin on 8/4/2021

What type of diet do you follow?

Select all that apply.

☐ General

☐ Low Fat

☐ Low Sodium

☐ Diabetic

☐ Other

☐ I am not following my diet as recommended

In the past 3 months, on any single occasion have you had 5 or more drinks containing alcohol?

☐ Yes

☐ No

Regarding your use of alcohol, have you ever felt you should cut down on your drinking?

- The AWW questions and patient answers will then be visible within the **Questionnaires** section of the Rooming activity for the provider to review.

Provider Workflow

- A Storyboard BPA notification will show **AWV Questionnaire Done** as a visual indicator that the AWW has been completed.

Ambtraining Zzztest
Male, 71 y.o., 1/24/1987
MRN: 7131523
Code: Not on file (no ACP docs)
HCA: N...tive
Pain Agreement: 71...ot on File
Registries (8)

Search

COVID-19 Vaccine: Vaccinated
COVID-19: History 5/14/2021

AWV QUESTIONNAIRE DONE

- Within your note, use the SmartLink **.AWV** to pull in the template for documentation.
 - If the AWW questionnaire was completed by the patient or completed by the nurse during the visit, the completed Questionnaire answers will be pulled into the note automatically.
 - If the AWW questionnaire has not been filled out, or is only completed on paper, the previous AWW prompts will appear within the note for completion.
- Provider can use F2 to be taken to different sections of the note and complete documentation.

Notes | Review All | This Visit | HLN Links

+ Create Note | 1 Standard Visit Note | 2 HPIDM2FU

My Note | Sensitive | Tag | Share w/ Patient | Details

2:43 PM

Summary:

HRA Filled Out With Questionnaire

What type of diet does the patient follow?

General

Patient entered information concerning diet:

In the past 3 months, on any single occasion have you had 5 or more drinks containing alcohol?

No

Regarding your use of alcohol, have you ever felt you should cut down on your drinking?

No

- Any health risks identified by the patient will be summarized below the AWW documentation, along with counseling interventions.

My Note | Sensitive | Tag | Share w/ Patient | Details

2:43 PM

Summary:

The above assessment was completed in the presence of the patient and represents the most up to date information available to the patient and myself.

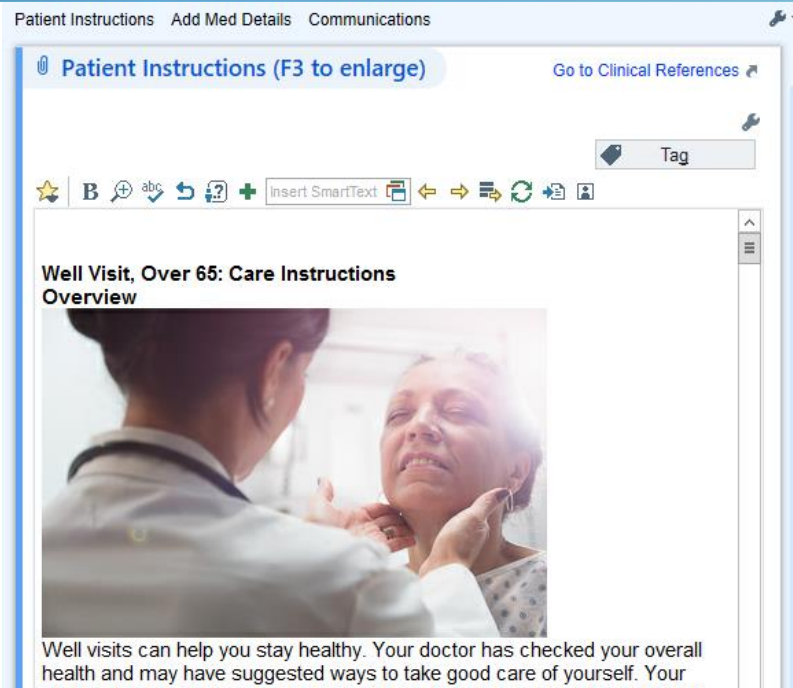
Health Risk Factors Identified in the Health Risk Assessment

- Has Fall Risks
- No home safety items
- Urinary incontinence
- Patient is sedentary
- Hearing problems

Interventions for Health Risk Factors Identified

- Information on fall risk reduction given, see orders for any other interventions
- Counseled on home safety items that would be beneficial
- Discussed treatment options for urinary incontinence including medications. Discussed consideration of referral to or continuing to follow up with urology as appropriate
- Discussed using hearing aid devices or referral to audiology for hearing aid devices if needed and if appropriate, see orders for any new interventions

- If the questionnaire has been completed within Epic, providers can use the SmartPhrase **.FMAWVAVSPATIENTINFO** to generate information specific to the patient's age, gender, and health risks within the Patient Instructions section of the Wrap-Up tab.
- This information can be printed on the patient's After Visit Summary.



Social Factors Questionnaire and the Medicare AWV Questionnaire

Some patients may be due for **both** the Social Factors (SDOH) and Medicare Annual Wellness Visit questionnaire at the same time. To help verify the documentation is completed for both questionnaires:

- If a patient has the Social Factors (SDOH) questionnaire assigned to the same visit as the Medicare AWV questionnaire, the BPA for Nurse/MA's will indicate that both questionnaires are assigned and whether those are completed or need to be completed.

This patient is due for a **Medicare Annual Wellness Visit** and has the **Medicare AWV Questionnaire and the Social Factors Questionnaire** assigned to this encounter, but these have not been completed and submitted.

Click the link below, then click "**Answer Incomplete Questionnaires**". Please click on the **Social Factors AMB Questionnaire** and ask all of the questions of the patient and enter the answers before you finish rooming. If your provider would like to do a Medicare Annual Wellness Visit today, either click on the **Medicare Annual Wellness Visit Questionnaire** and ask those questions also or have the patient fill out the paper version of the Medicare Annual Wellness Visit Questionnaire, then manually enter the answers into the questionnaire using the process above.

[Click Here to Go to Incomplete Questionnaires](#)
[Paper Version of Medicare AWV Questionnaire](#)

Acknowledge Reason _____

Done

Epic Tip Sheet

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- When both the Social Factors (SDOH) and Medicare AWW questionnaires are assigned to the same patient/visit, in order for the AWW to be completed properly, the Social Factors questionnaire must also be completed by the Nurse/MA.

The **Medicare AWW Questionnaire** has been completed and submitted either by staff or by the patient. The SDOH questionnaire is assigned, but not completed. Please ask the questions of the Social Factors Questionnaire using the links below. Please inform your provider and, if you bring in a note for your provider, please make sure the note contains the AWW Template with the answers to the questions pre-populated from the questionnaire.

[Click Here to Go to Incomplete Questionnaires](#)

Acknowledge Reason

Provider Notified

AWV Note Started

Provider Not Doing AWW Today

- If only the Social Factors AMB questionnaire is assigned but not submitted, the BPA will indicate that this is assigned and recommend it be completed.

This patient has the **SDOH Questionnaire** assigned to this encounter. Please click the link below, open the **Social Factors AMB Questionnaire**, ask those questions of the patient, and enter the answers into the questionnaire. Please Click "**Submit**" on the questionnaire when done.

[Click Here to Go to Incomplete Questionnaires](#)

Acknowledge Reason

Done