Medicare
Annual Wellness Exams
You will be having your Medicare Annual Wellness Exam on your next scheduled visit with us. We are providing some information to you about this exam because it is somewhat different from the “physical” you may have been accustomed to in years past.

Medicare’s goal and our focus is to promote good health and overall wellness, while helping you manage any health issues you may have which need your physician’s ongoing attention. During this visit the focus is on your overall health, which includes:

- Lifestyle
- Ability to function and carry out the activities of daily living
- Your social activities and status
- Safety in your home and daily life
- Your emotional health and wellbeing
- Any ongoing health issues being treated currently

Please read this handout which provides you additional information about this important visit. Also, please complete the enclosed questionnaire which addresses several topics that will be discussed in more depth during your visit. This is a very important component of your Annual Wellness Exam, so please be sure to bring the completed questionnaire with you to this visit.

We also encourage you to bring any questions you may have, regarding both your health and how you can promote and preserve a healthy lifestyle.

We look forward to seeing you at this Wellness Exam and to partnering with you for your health.

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Current Providers

Preparing Eligible Medicare Beneficiaries for the AWV

Providers can help eligible Medicare beneficiaries get ready for their AWV by encouraging them to come prepared with the following information:

- Medical records, including immunization records;
- Family health history, in as much detail as possible;
- A full list of medications and supplements, including calcium and vitamins – how often and how much of each is taken; and
- A full list of current providers and suppliers involved in providing care.

Please list all physicians currently involved in your medical care.

Provider: ____________________________
Address/Phone: ______________________

Send Notes to This physician? Yes: ☐  No: ☐

Provider: ____________________________
Address/Phone: ______________________

Send Notes to This physician? Yes: ☐  No: ☐

Provider: ____________________________
Address/Phone: ______________________

Send Notes to This physician? Yes: ☐  No: ☐

Provider: ____________________________
Address/Phone: ______________________

Send Notes to This physician? Yes: ☐  No: ☐
**ROADMAP TO MEDICARE VISITS**

**BIRTHDAYS, ELECTRIC BILLS AND ... MEDICARE VISITS?**

We understand it can be hard to keep up with changes in your Medicare coverage, especially with the demands of everyday life. As your primary care doctors, we can help.

The visits listed below are at no cost to patients with Medicare Part B, however, if your health care provider performs other tests or services during the same visit which are not covered under Medicare's preventive benefits as listed below, your coinsurance and the Part B deductible may apply. Medicare does not cover physicals. We encourage you to ask your medical care provider if any additional test or services were performed prior to the end of your visit.

If you are eligible for Medicare Part B, use this road map to learn more about free preventive visits offered through Medicare.

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### "WELCOME TO MEDICARE" VISIT

This introductory visit is only available to new Medicare patients and must be scheduled within the first 12 months of becoming a Medicare patient. This visit is important because it will map out your health needs and allow your health care provider to create a preventive checklist to keep you healthy. During this visit your health care provider will:

- Update your list of current health care providers and prescriptions
- Review your medical and family history
- Ask you to fill out a Health Risk Assessment (HRA) questionnaire

### "INITIAL ANNUAL WELLNESS" VISIT

While this visit is an annual visit, it is different from an annual physical. This visit is available to Medicare patients whom have had Part B for more than 12 months. This visit is important because it will help your health care provider update your written plan as discussed at your Welcome to Medicare visit, as well as create a 5-10 year preventive schedule based on your needs. During this visit your health care provider will:

- Measure your height, weight and blood pressure
- Calculate your Body Mass Index
- Perform a simple vision test
- Review your medical and social history as related to your health

### "SUBSEQUENT ANNUAL WELLNESS" VISIT

This visit is the same as the Initial Annual Wellness visit. This visit is available to Medicare patients 12 months and one day after their Initial Annual Wellness visits. This visit is important because it will keep your health care provider up-to-date with your preventive schedule and will provide an annual update to your Health Risk Assessment.

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Please don't hesitate to reach out to us with any questions you have regarding your Medicare Visits.
What can you do to help prevent illness?

You can stay healthy, live longer, and delay or prevent many diseases by doing the following:

**Exercising**—Do any physical activity you enjoy for 20–30 minutes, 5 or 6 days a week. Talk to your doctor about the right exercise program for you.

**Eating well**—Eat a healthy diet of different foods, like fruits, vegetables, protein (such as meat, fish, or beans), and whole grains (such as brown rice). You should also limit the amount of saturated fat you eat.

**Keeping a healthy weight**—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.

**Not smoking**—If you smoke, talk with your doctor about getting help to quit.

**Get preventive services**—Delay or lessen the effects of diseases by getting preventive services (like screening tests) to find disease early, and shots to keep you from getting dangerous illnesses.
**Talk to Your Doctor or Health Care Provider**

In providing good care, your doctor or health care provider may do exams or tests that Medicare doesn’t cover. Your doctor or health care provider may also recommend that you have tests more or less often than Medicare covers them. Medicare also pays for some diagnostic tests. A diagnostic test may be recommended when a screening test or exam shows an abnormality. In some cases, you may have to pay for these services.

Talk to your doctor or health care provider to find out how often you need these exams to stay healthy. If a service you get isn’t covered and you think it should be, you may appeal this decision. To file an appeal, follow the instructions on your Medicare Summary Notice (MSN). The MSN is an easy-to-read statement that clearly lists your health insurance claims information. For more information on filing an appeal, call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov. TTY users should call 1-877-486-2048.

**Things to know when reading this booklet**

**Symbols**

You will see one of the following symbols next to each preventive service. It tells you for whom Medicare covers the service or test.

- **Men only**
- **Women only**
- **Men and Women**
One-time “Welcome to Medicare” preventive visit

Medicare covers a one-time preventive visit within the first 12 months that you have Medicare Part B. This visit is called the “Welcome to Medicare” preventive visit. It includes a review of your medical and social history related to your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. The visit is a great way to get up-to-date on important screenings and shots and to talk with your doctor about your family history and how to stay healthy.

What happens during the visit?
During the visit, your doctor will do the following:
- Record your medical history.
- Check your height, weight, and blood pressure.
- Calculate your body mass index.
- Give you a simple vision test.
One-time “Welcome to Medicare” preventive visit (continued)

Depending on your general health and medical history, further tests may be ordered. You will get advice to help you prevent disease, improve your health, and stay well. You will also get a written plan (like a checklist) letting you know which screenings and other preventive services you need.

People at risk for abdominal aortic aneurysms may get a referral for a one-time screening ultrasound at their “Welcome to Medicare” preventive visit. If you have a family history of abdominal aortic aneurysms, or you’re a man age 65 to 75 and you have smoked at least 100 cigarettes in your lifetime, you’re considered at risk. You pay nothing for this screening ultrasound.

What should I bring to the visit?

When you go to your “Welcome to Medicare” preventive visit, bring the following items:

- Your medical records, including immunization records (if you’re seeing a new doctor). Call your old doctor to get copies of your medical records.

- Your family health history—try to learn as much as you can about your family’s health history before your appointment. Any information you can give your doctor can help determine if you’re at risk for certain diseases.

- A list of prescription and over-the-counter drugs that you currently take, how often you take them, and why.

Who is covered, and how often is it covered?

This visit is only covered one time, and you must have the visit within the first 12 months you’re enrolled in Part B.

Your costs if you have Original Medicare.

You pay nothing if your doctor accepts assignment.
Yearly “Wellness” Visit

Starting January 1, 2011, if you’ve had Part B for longer than 12 months, you can get a yearly “wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes the following:

- Review of medical and family history
- A list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare.

You pay nothing for this visit if your doctor accepts assignment.

You don't need to have had a “Welcome to Medicare” preventive visit before getting a yearly “Wellness” visit if you’ve already had Medicare Part B for at least 12 months, but if you do get the “Welcome to Medicare” preventive visit during your first year, you’ll have to wait 12 months before you can get your first yearly “Wellness” visit.
Cardiovascular Screening

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat (lipid) levels. High levels of cholesterol can increase your risk for heart disease and stroke. These screenings will tell if you have high cholesterol. You might be able to make lifestyle changes (like changing your diet and increasing your activity level or exercising more often) to lower your cholesterol and stay healthy.

Who is covered?
All people with Medicare.

What is covered?
Tests for cholesterol, lipid, and triglyceride levels.

How often is it covered?
Once every 5 years.

Your costs if you have Original Medicare.
You pay nothing if your doctor or health care provider accepts assignment.
Breast Cancer Screening (Mammograms)

Breast cancer is the most common non-skin cancer in women and the second leading cause of cancer death in women in the United States. Every woman is at risk, and this risk increases with age. Breast cancer can usually be successfully treated when found early. Medicare covers screening mammograms and digital technologies to check for breast cancer before you or a doctor may be able to find it manually.

Who is covered?

Women age 40 and older are eligible for a screening mammogram every 12 months. Medicare also covers one baseline mammogram for women between ages 35 and 39.

How often is it covered?

Once every 12 months.

Your costs if you have Original Medicare.

New: Starting January 1, 2011, you pay nothing for the test if the doctor accepts assignment.

Are you at high risk for breast cancer?

Your risk of developing breast cancer increases if any of the following are true:

• You had breast cancer in the past.
• You have a family history of breast cancer (like a mother, sister, daughter, or two or more close relatives who have had breast cancer).
• You had your first baby after age 30.
• You have never had a baby.
Cervical and Vaginal Cancer Screening

Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. As part of the pelvic exam, Medicare also covers a clinical breast exam to check for breast cancer.

Who is covered?
All women with Medicare.

How often is it covered?
Medicare covers these screening tests once every 24 months, or once every 12 months for women at high risk, and for women of child-bearing age who have had an exam that indicated cancer or other abnormalities in the past 3 years.

Your costs if you have Original Medicare.
New: Starting January 1, 2011, you pay nothing for Pap test specimen collection, or the pelvic and breast exams if the doctor accepts assignment.

Are you at high risk for cervical cancer?
Your risk for cervical cancer increases if any of the following are true:
• You have had an abnormal Pap test.
• You have had cervical or vaginal cancer in the past.
• You have a history of sexually transmitted disease (including HIV infection).
• You began having sex before age 16.
• You have had many sexual partners.
• Your mother took DES (Diethylstilbestrol), a hormonal drug, when she was pregnant with you.
Colorectal Cancer Screening

Colorectal cancer is usually found in people age 50 or older, and the risk of getting it increases with age. Medicare covers colorectal screening tests to help find pre-cancerous polyps (growths in the colon) so they can be removed before they become cancerous and to help find colorectal cancer at an early stage. Treatment works best when colorectal cancer is found early.

Who is covered?

All people with Medicare age 50 and older, but there is no minimum age for having a screening colonoscopy.

How often is it covered?

- **Fecal Occult Blood Test**—Once every 12 months.
- **Flexible Sigmoidoscopy**—Once every 48 months after the last flexible sigmoidoscopy or barium enema; or 120 months after a previous screening colonoscopy.
- **Screening Colonoscopy**—Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.
- **Barium Enema**—Once every 48 months (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.

Your costs if you have Original Medicare.

You pay nothing for the fecal occult blood test. You pay nothing for the flexible sigmoidoscopy or screening colonoscopy, if your doctor accepts assignment. For barium enemas, you pay 20% of the Medicare-approved amount for the doctor’s services. The Part B deductible doesn’t apply. If it’s done in a hospital outpatient setting, you pay a copayment.

Are you at high risk for colorectal cancer?

Risk for colorectal cancer increases with age. It’s important to continue with screenings, even if you were screened before you had Medicare. Your risk for colorectal cancer increases if any of the following are true:

- You have had colorectal cancer before, even if it has been completely removed.
- You have a close relative, such as a sister or brother, parent or child, who had colorectal polyps or colorectal cancer.
- You have a history of polyps.
- You have inflammatory bowel disease (like ulcerative colitis or Crohn’s disease).
Prostate Cancer Screening

Prostate cancer may be found by testing the amount of PSA (Prostate Specific Antigen) in your blood. Another way prostate cancer may be found is when your doctor performs a digital rectal exam. Medicare covers both of these tests so that prostate cancer can be detected and treated.

Who is covered?
All men with Medicare over age 50 (coverage for this test begins the day after your 50th birthday).

How often is it covered?
- Digital Rectal Examination—Once every 12 months.
- PSA Test—Once every 12 months.

Your costs if you have Original Medicare.
Generally, you pay 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. There is no coinsurance and no Part B deductible for the PSA Test.

Are you at high risk for prostate cancer?
Risk for prostate cancer increases with age. About two out of three prostate cancers are found in men over age 65. While all men are at risk for prostate cancer, your risk increases if any of the following are true:
- You have a father, brother or son who has had prostate cancer, especially if your relatives were young when they got the disease.
- You are African-American. Prostate cancer is more common in this group for unknown reasons.
You may also be at risk for prostate cancer if you eat a lot of red meat or high-fat dairy products.
Shots (Flu, Pneumococcal, Hepatitis B)

Medicare covers flu, pneumococcal, and Hepatitis B shots. Flu, pneumococcal infections, and Hepatitis B can be life threatening to an older person. All people age 65 and older should get flu and pneumococcal shots. People with Medicare who are under age 65 but have chronic illness, including heart disease, lung disease, diabetes, or End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) should get a flu shot. People at medium to high risk for Hepatitis B should get Hepatitis B shots.

**Flu Shot**

**Who is covered?**
All people with Medicare.

**How often is it covered?**
Once a flu season, in the fall or winter.

**Your costs if you have Original Medicare.**
You pay nothing if your doctor or health care provider accepts assignment.

**Pneumococcal Shot**

**Who is covered?**
All people with Medicare.

**How often is it covered?**
Most people only need this shot once in their lifetime.

**Your costs if you have Original Medicare.**
You pay nothing if your doctor or health care provider accepts assignment.
Shots (Flu, Pneumococcal, Hepatitis B) (continued)

Hepatitis B Shots

Who is covered?
Certain people with Medicare whose doctor says they are at medium or high risk for Hepatitis B.

How often is it covered?
Three shots are needed for complete protection. Check with your doctor about when to get these shots if you qualify to get them.

Your costs if you have Original Medicare.
You pay nothing if your doctor or health care provider accepts assignment.

Are you at medium or high risk for Hepatitis B?
The following are some of the factors that put you at medium or high risk for Hepatitis B:
- Hemophilia
- ESRD (End-stage renal disease)
- Certain other conditions that increase your risk for infection, such as if you live with someone who has Hepatitis B, or if you’re a healthcare worker and have frequent contact with blood or body fluids.

Other factors may increase your risk for Hepatitis B. Check with your doctor to see if you’re at medium or high risk for Hepatitis B.