

Questions from the Health Risk Assessment:

Blood Pressure

If your blood pressure was checked *within the past year*, what was it when it was last checked?

- Low or normal (at or below 120/80)
- Borderline high (120/80 to 139/89)
- High (140/90 or higher)
- Don't know/not sure

Cholesterol

If your cholesterol was checked *within the past year*, what was your total cholesterol when it was last checked?

- Desirable (below 200)
- Borderline high (200–239)
- High (240 or higher)
- Don't know/not sure

Overweight/Obesity

What is your height without shoes? (for example, 5 feet and 6 inches = 5'6")

Feet _____ Inches _____

What is your weight? _____

Weight in pounds _____

Questions from the Health Risk Assessment:

Blood Glucose

If your glucose was checked, what was your fasting blood glucose (blood sugar) level the last time it was checked?

- Desirable (below 100)
- Borderline high (100–125)
- High (126 or higher)
- Don't know/not sure

If diabetic, and if you have had your hemoglobin A1c level checked in the past year, what was it the last time you had it checked?

- Desirable (6 or lower)
- Borderline high (7)
- High (8 or higher)
- Don't know/not sure

Social/Emotional Support

How often do you get the social and emotional support you need:

- Always
- Usually
- Sometimes
- Rarely
- Never

Pain

In the past 7 days, how much pain have you felt?

- None
- Some
- A lot

Questions from the Health Risk Assessment:

Alcohol Use

In the past 7 days, on how many days did you drink alcohol? _____ days

On days when you drank alcohol, how often did you have (5 or more for men, 4 or more for women and those men and women 65 years old or over)) alcoholic drinks on one occasion?

- Never
- Once during the week
- 2-3 times during the week
- More than 3 times during the week

Do you ever drive after drinking, or ride with a driver who has been drinking?

- Yes
- No

Seat Belt Use

Do you always fasten your seat belt when you are in a car?

- Yes
- No

Questions from the Health Risk Assessment:

Depression

In the past 2 weeks, how often have you felt down, depressed, or hopeless?

- Almost all of the time
- Most of the time
- Some of the time
- Almost never

In the past 2 weeks, how often have you felt little interest or pleasure in doing things?

- Almost all of the time
- Most of the time
- Some of the time
- Almost never

Have your feelings caused you distress or interfered with your ability to get along socially with family or friends?

- Yes
- No

If Yes to either, Would you be interested in quitting tobacco use within the next month?

- Yes
- No

Questions from the Health Risk Assessment:

Anxiety

In the past 2 weeks, how often have you felt nervous, anxious, or on edge?

- Almost all of the time
- Most of the time
- Some of the time
- Almost never

In the past 2 weeks, how often were you not able to stop worrying or control your worrying?

- Almost all of the time
- Most of the time
- Some of the time
- Almost never

Stress

How often is stress a problem for you in handling such things as:

- Your health?
 - Your finances?
 - Your family or social relationships?
 - Your work?
- Never or rarely
 - Sometimes
 - Often
 - Always

Questions from the Health Risk Assessment:

Sleep

Each night, how many hours of sleep do you usually get?

_____ hours

Do you snore or has anyone told you that you snore?

Yes

No

In the past 7 days, how often have you felt sleepy during the daytime?

Always

Usually

Sometimes

Rarely

Never

What can I do as a provider to prepare members for their Annual Wellness Visit?



Providers can prepare their members by recommending that members bring the following to their annual wellness visit:

- Copy of their Annual Wellness Visit brochure with the Health Risk assessment form completed
- Copy of any medical records, including immunizations and family history
- List of or actual medications and supplements with dose and frequency
- Full list of current providers and suppliers
- Copy of advanced directives such as a living will or health care power of attorney

How can I verify if a member has already received this service from another provider?

To know if a beneficiary already received services from another provider and to know what to bill for even though this is the first AVW you provided to this beneficiary you can:

Access the information through the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). To sign up and learn more, please check out the following website:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Index.html>.

Check with the Medicare Administrative Contractor (MAC) at 877-908-8431 or signup for the **Noridian Medicare Portal** on the following website:

<https://med.noridianmedicare.com/web/jfa>.

Where can I find out more information regarding Annual Wellness Visits ?

CMS provides more information on AWW including a quick start guide at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

Who can I contact at Mercy Care Advantage if I have questions regarding Annual Wellness Visits ?

Should you have any questions, please contact

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OR

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Thank You

