

# Risk Coding Sessions with NEQCA: Medicare Annual Wellness Visit

Mary Pistorino  
Director, Network Operations

Mary Fitzgerald, MS, RN, CPC, CRC  
Risk Adjustment Coding Specialist

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# Before we begin...

- We have **muted your speaker** to limit background noise.
- We ask that you please **turn your cameras off**.
- This webinar **will be recorded and posted** to the Wellforce website for future viewing.

## Have a question?

- Please **use the “Q&A” feature** to submit your question.
- We will host questions following the presentations. If we do not get to your question, we will provide a response following the webinar.



# CMS PREVENTIVE VISITS

Initial Preventive Physical Exam (IPPE)

Initial Annual Wellness Visit (AWV)

Subsequent Annual Wellness Visit (AWV)

Advance Care Planning (ACP)

# Background of Wellness Visits

- Affordable Care Act of 2010
- Effective 1/1/2011
- Purpose
  - Promote health
  - Detect disease
  - Foster screening and preventive services
  - Identify risk diagnoses
- Not a CPE

# Value of Wellness Visits: Closing Gaps

Manage complex patients

Opportunity to update charting, problem lists, medication reconciliation, care coordination (hospital encounters)

Use this opportunity to assign the patients chronic conditions to the claim for risk adjustment purposes and support quality measures (12 or more diagnosis codes can be submitted per claim, clarify any system limitations with your vendor)

During current SOE a video AWW is excellent opportunity to connect with your patients

# Initial Preventive Physical Exam (IPPE)

- This is the “Welcome to Medicare Visit” and can be billed once in a patient’s lifetime while in the initial 12 months of Part B enrollment
- This includes an exam to gather specified information such as BMI and vital signs and other systems **as medically necessary. \*\*NOT YOUR TYPICAL ANNUAL PHYSICAL\*\***
- Can order a screening EKG and screening for AAA with certain criteria: cardiovascular diagnoses not necessary
- A separate visit (99212, 99213, etc.) can be billed with a modifier -25 as long as it’s medically necessary and significantly, separately identifiable in the documentation
- **This visit is the only preventive CMS covered service that includes an examination**

# Components of IPPE (G0402)

Component	Actions
Patient and Family Medical and Social History	<ul style="list-style-type: none"><li>• Review medical and social history: include medications and supplements, evaluation of <u>opioid</u> use, alcohol, tobacco and other drugs, hospitalizations and other illnesses</li><li>• Diet and physical activities</li><li>• Review potential risk factors for depression and other mood disorders (PHQ 2 or 9)</li><li>• Review functional ability and level of safety (e.g. ADLs, fall risk, home safety, hearing)</li></ul>
Examination and Discussion	<ul style="list-style-type: none"><li>• Exam based on clinical needs: minimally height, weight, BMI, blood pressure and visual acuity</li><li>• Based on above review and evaluation provide education, counseling and referrals</li></ul>
Recommendations	<ul style="list-style-type: none"><li>• End-of-life planning with patient's agreement</li><li>• Screening for EKG and AAA and Preventive Checklist</li></ul>

# IPPE Billing Codes

HCPSC Code	ICD /CPT Codes
G0402- IPPE	Any appropriate ICD 10 code is acceptable e.g Z00.00 or Z00.01, also include ICD 10 codes for chronic conditions
G0403-12 lead EKG performed, interpretation and report	Same as above
G0404-12 lead EKG tracing only	Same as above
G0405-12 lead EKG interpretation and report only (tracing not done in office)	Same as above
AAA screening ultrasound 76775, limited, 76706, complete; modifiers TC, 26	Z13.6



# Initial Annual Wellness Visit (AWV) (G0438)

- Initial annual wellness visit to be billed at least 12 months following the IPPE or if patient has never had an annual wellness visit and is not in the initial 12 months of Part B coverage
- Is similar to the IPPE exam in its limitations to specific data gathering
- Documentation ***must*** include a **Health Risk Assessment (HRA)** and a **Personalized Prevention Plan (PPP)**
- A separate visit (99212, 99213, etc.) can be billed with a **modifier -25** as long as it's medically necessary and separately identifiable in the documentation-**Cost-share is applied to separate E/M service**

# Components of Initial Annual Wellness Visit (AWV)

Component	Actions
<b>Beneficiary Information - HRA</b>	<ul style="list-style-type: none"><li>• Administer or review Health Risk Assessment (HRA)</li><li>• Establish a list of current providers</li><li>• Review medication list</li><li>• Review potential risk factors for depression and other mood disorders (PHQ 2 or 9)</li><li>• Review functional ability and level of safety</li></ul>
<b>Assessment</b>	<ul style="list-style-type: none"><li>• Height, weight, BMI and blood pressure</li><li>• Assess cognitive impairment</li></ul>
<b>Recommendations and/or counseling</b>	<ul style="list-style-type: none"><li>• Create written screening schedule such as checklist for next 5-10 years</li><li>• Establish list of risk factors and conditions based on your assessment with prescribed recommendations</li><li>• Refer for health education or preventive programs</li><li>• Advance care planning offered</li></ul>

# Components of Subsequent Annual Wellness Visit (AWV)

Component	Actions
<b>Beneficiary Information</b>	<ul style="list-style-type: none"><li>• Update Health Risk Assessment (HRA)</li><li>• Update list of current providers and medications</li><li>• Review medical/family history *include discussion opioid use</li></ul>
<b>Assessment</b>	<ul style="list-style-type: none"><li>• Weight, BMI and blood pressure</li><li>• Assess cognitive impairment</li></ul>
<b>Recommendations and/or counseling</b>	<ul style="list-style-type: none"><li>• Update written screening schedule such as checklist for next 5-10 years</li><li>• Update list of risk factors and conditions based on your assessment with prescribed recommendations</li><li>• Refer for health education or preventive programs</li><li>• Advanced care planning at patient's discretion</li></ul>

# Wellness Visit Checklist

Components	IPPE (G0402)	First AWV (G0438)	Subsequent AWV (G0439)	Additional CPT/ICD 10 codes
Review medical and social history (incl opioid use )	X	X	X	
Risk factors for depression (PHQ 2 or 9)	X	X		
Functional ability and safety (fall risk)	X	X	X	
Assess cognitive status	X	X	X	
Brief Exam	X	X (omit visual acuity)	X (omit visual acuity)	
Health Risk Assessment (HRA) patient completes		X	X (update)	
List of current providers	X	X	X (update)	
PPP: Create written screening schedule, copy to patient		X	X (update)	
Create list of risk factors (physical and mental health treatment options, risks and benefits)	X	X	X	
Education on preventive services and/or referrals; *screening EKG and AAA u/s (once/lifetime)	X	X	X	AAA screening ultrasound 76775, limited, 76706, complete; modifiers TC, 26
End of Life or advanced care planning	X	X (discretion of pt)	X (discretion of pt)	99497 (30 min) 99498 (additional 30 min)

# AWV Billing Codes

HCP Code	ICD 10 code(s)
G0438 <b>Initial</b> AWV	Any appropriate ICD 10 code is acceptable e.g Z00.00 or Z00.01, also include ICD 10 codes for chronic conditions
G0439 Sub AWV	Same as above

The **initial** Annual Wellness Visit (AWV) is billed only once per patient's lifetime

At least 12 months following the AWV the **Subsequent** AWV should be billed and scheduled at **12 months minimum intervals for each year**



# Local Medicare Administrative Contractor: National Government Services (NGS) Documentation and Coding Guidelines to add an E&M Visit to the AWW

A review of stable chronic conditions is part of the AWW

A change in a chronic condition (as noted in the HPI, exam, assessment and treatment plan), or, if an acute problem is addressed, then add a problem-oriented visit at the time of the wellness visit

A separate E&M service would only be medically necessary if the patient presented for a scheduled AWW with signs and symptoms warranting separate assessment and clinical care. Report the additional E&M code with modifier –25

# NGS Documentation and Coding Guidelines for an E&M Visit Added to The AWW (cont.)

- Document the symptoms or the status of the condition in the HPI. The treatment plan should show either a change in treatment or a plan to monitor the condition
- Ex: during a scheduled AWW, a patient reports UTI symptoms, requiring additional evaluation or treatment; or established condition such as HTN with markedly elevated BP that may require adjustment of medication
- Refer to page 73 from the NGS guide “Ask The Contractor” <https://www.codingintel.com/wp-content/uploads/2017/05/4-27-2017NGSMACCallcopy.pdf>

# Screening Tools:

- CMS does not recommend particular screening tools for use in the AWW; you may choose any screening tool as long as it is a nationally recognized instrument
- Your EMR has several resources to create templates or tools to facilitate screenings



# Screening Tool Examples

- Depression Screening:
  - PHQ – 2
  - PHQ – 9
- Functional Ability:
  - Timed Up and Go (TUG)
  - IADLs
- Cognition:
  - MiniCog
  - Memory Impairment Screen (MIS)
  - Mini Mental Status Examination (MMSE) or Telephone Interview for Cognitive Status (TICS)

# Sample Health Risk Assessment

## Medicare Wellness Visit

Please complete this checklist before seeing your provider. Your responses will help you receive the best health and health care possible.

Your name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

- 1) What is your age?
  - ☐ 65-69
  - ☐ 70-79
  - ☐ 80 or older
- 2) What is your gender?
  - ☐ Male
  - ☐ Female
  - ☐ Transgender
- 3) What is your race?
  - ☐ White
  - ☐ Black or African American
  - ☐ Asian
  - ☐ Native Hawaiian or other Pacific Islander
  - ☐ American Indian or Alaskan Native
  - ☐ Hispanic or Latino origin or descent
  - ☐ Other
- 4) Do you live alone?
  - ☐ Yes
  - ☐ No

If **yes**, do you have support nearby if you require help?

- ☐ Yes, always
- ☐ Sometimes
- ☐ No, Never

- 5) How would you rate your health in general?
  - ☐ Excellent
  - ☐ Very Good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor

- 6) Do you have problems with mobility?
  - ☐ Yes
  - ☐ No

If **yes**, I require assistance with:

- ☐ Driving
- ☐ Getting around the house
- ☐ Stairs
- ☐ Eating /Meal Preparation

- 7) Are you able to function independently in the community?
  - ☐ Yes
  - ☐ No

If **no**, please specify what you have difficulty with:

- ☐ Shopping
- ☐ Housekeeping
- ☐ Managing my medications
- ☐ Handling finances

- ☐ Other see notes
- 8) Are you bothered by emotional problems such as anxiety, depression, sadness, irritability, or loneliness?
    - ☐ Yes
    - ☐ No

If **yes**, please specify:

- ☐ Anxiety
- ☐ Depression
- ☐ Sadness
- ☐ Irritability
- ☐ Loneliness

- 9) Does your emotional health limit your social activities with family, friends, neighbors, or groups?
  - ☐ Yes
  - ☐ No

- 10) Do you smoke or use tobacco products?
  - ☐ Yes
  - ☐ No

- 11) Do you drink alcohol?
  - ☐ Yes
  - ☐ No

If **yes**- How many times a week?

- ☐ 1 or less
- ☐ 2-5
- ☐ 6-9
- ☐ 10 or more

- 12) Do you exercise?
  - ☐ Yes

☐ No

If **yes**, How many times a week?

- ☐ Yes, 1-2 x per week
- ☐ Yes, 3 or more x per week

- 13) How many falls have you had within the last year?
  - ☐ No falls in the past year
  - ☐ One fall with injury in the past year
  - ☐ Two or more falls with injury in the past year
  - ☐ One fall without injury in the past year
  - ☐ Two or more falls without injury in the past year

- 14) Do you have little interest or pleasure in doing things?
  - ☐ Yes
  - ☐ No

- 15) Are you feeling down, depressed, or hopeless?
  - ☐ Yes
  - ☐ No

If you answered **yes** to either question 14 or 15 above, please answer the questions on the following page





# Sample Health Risk Assessment

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1) Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Feeling bad about yourself – or that you’re a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the names of your specialty providers:




# Sample CMS Prevention Plan Reminder Card

## Are You Up-To-Date on Your Preventive Services?

Medicare covers a full range of preventive services to help keep you healthy and help find problems early, when treatment is most effective. Ask your doctor which of these services is right for you and use the space below to write down important information.

- ☐ One time “Welcome to Medicare” Preventive Visit—within the first 12 months you have Medicare Part B (Medical Insurance) \_\_\_\_\_
- ☐ Yearly “Wellness” Visit—get this visit 12 months after your “Welcome to Medicare” preventive visit or 12 months after your Part B effective date \_\_\_\_\_
- ☐ Abdominal Aortic Aneurysm Screening \_\_\_\_\_
- ☐ Alcohol Misuse Screening and Counseling \_\_\_\_\_
- ☐ Bone Mass Measurement (Bone Density Test) \_\_\_\_\_
- ☐ Cardiovascular Disease (Behavioral Therapy) \_\_\_\_\_
- ☐ Cardiovascular Screenings (cholesterol, lipids, triglycerides) \_\_\_\_\_
- ☐ Colorectal Cancer Screenings \_\_\_\_\_
- ☐ Depression Screening \_\_\_\_\_
- ☐ Diabetes Screening \_\_\_\_\_
- ☐ Diabetes Self-management Training \_\_\_\_\_
- ☐ Flu Shot \_\_\_\_\_

- ☐ Glaucoma Test \_\_\_\_\_
- ☐ Hepatitis B Screening \_\_\_\_\_
- ☐ Hepatitis C Screening \_\_\_\_\_
- ☐ HIV Screening \_\_\_\_\_
- ☐ Lung Cancer Screening \_\_\_\_\_
- ☐ Mammogram (screening for breast cancer) \_\_\_\_\_
- ☐ Medical Nutrition Therapy Services \_\_\_\_\_
- ☐ Medicare Diabetes Prevention Program \_\_\_\_\_
- ☐ Obesity Screening and Counseling \_\_\_\_\_
- ☐ Pap Test and Pelvic Exam (includes a breast exam) \_\_\_\_\_
- ☐ Pneumococcal Shots \_\_\_\_\_
- ☐ Prostate Cancer Screening \_\_\_\_\_
- ☐ Sexually Transmitted Infection Screening and Counseling \_\_\_\_\_
- ☐ Counseling to Prevent Tobacco Use and Tobacco-Caused Disease \_\_\_\_\_

Your “Guide to Medicare Preventive Services” has more information about these and other preventive services, including costs and conditions that may apply. Visit **Medicare.gov/publications**.

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# Telemedicine and AWW

# Telemedicine and the AWW Billing

- CMS recommends real-time audio and video; however, audio only is billable under current CMS guidelines (subject to change when SOE expires)
- IPPE cannot be conducted via telemedicine, AWW (G0438) and Subsequent AWW (G0439) are covered
- Effective April 1, 2020 use POS 11 with modifier 95 for telemedicine

# Adapting AWW to Telemedicine

## Documentation:

**Consent** for visit: Written (ideal) or verbal w. documentation

**Type** of telehealth visit: Audio & Visual & Platform (e.g. Amwell or doxy.me) used OR Audio only

**Location** of the patient and the provider

**Names and roles** of any other persons participating in the telehealth service

**Duration** of the encounter

**Explain** if a required element cannot be completed due to the telemedicine limitation



# Include usual required elements if able

- Complete HRA, consider having patient complete prior to the scheduled appointment
- Update medical and family history include current providers and medication reconciliation; include documentation of opioid discussion
- **Can include patient self reporting:** BP, pulse and temperature and weight
- Assess cognitive status: consider Mini Mental Status Examination (MMSE) or Telephone Interview for Cognitive Status (TICS)
- Depression: administer PHQ 2 and/or 9
- Fall Risk: review HRA questions, caution Timed Up and Go unless caregiver is present
- Screening: alcohol, tobacco, other substance abuse
- Personal Prevention Plan (PPP): appropriate referrals prn
- Advance Care Planning at patient's discretion

# Frequently Missed with Telemed:

- Provide a personalized prevention plan that includes specific medical advice and strategies for addressing identified risks.
- Create an actionable screening schedule that provides the patient with a checklist for all recommended preventive medicine screenings over a five to ten year period.
- Provide the patient with a physical copy of both the personalized prevention plan and preventive screening schedule. \*Consider process with telehealth (patient portal, US mail)

# Advance Care Planning (ACP)

- **Advance Care Planning (ACP) is a reimbursable service**
- ACP is the face-to-face service between a physician or other qualified health care professional and a patient, family member, or surrogate in counseling and discussing advance directives, **with or without completing relevant legal forms.**
- When using codes no active management of the problem(s) required during the time period reported.

# ACP Billing Codes

HCPCS Codes
99497 ACP 30 minutes
+99498 ACP each add 30 minutes

- Documentation for ACP must include the face-to-face time spent in counseling or discussion with patient, family members, surrogates or caregivers. **Can be provided via telehealth**
- ACP may be billed in with the IPPE or AWW by adding **modifier -33** to the ACP code 99497. This modifier indicates a preventive service and cost-share would be waived
- Advance Care Planning can be billed more than once a year
- If Advance Care Planning is billed with non-AWW visits, no modifier is used and cost-share will apply

# Verifying Claims Data for IPPE

***For more information, to check the status of an enrollee for an IPPE visit, and to verify if another provider has previously billed for any of these visits for your patients:***

- Contact your local Medicare administrative contractor (MAC) to verify whether the coverage requirements concerning time intervals between services have been met (NGSMedicare.com)
- If the patient has moved or spends part of the year in another part of the country (e.g., is a “snowbird”), you may also need to contact the MAC for the part of the country where the patient lived previously. You can identify the relevant MAC and their contact information through this [interactive map\(www.cms.gov\)](https://www.cms.gov) from CMS



# Resources

- CMS: Local MAC: [www.ngs.com](http://www.ngs.com), [www.cms.gov](http://www.cms.gov)
- [For Covid updates: neqca.org](http://neqca.org)
- [Opioid Screening](#): Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. Pain Medicine. 2005;6(6):432-442
  - <https://www.drugabuse.gov/sites/default/files/opioidrisktool.pdf>
  - [Validation of the Revised Screener and Opioid Assessment for Patients with Pain \(SOAPP-R\)](#)
- Cordell CB, et al. Alzheimer's Association recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting. Alzheimer's Dement. 2013 Mar;9(2):141-50.
- Phelan, Elizabeth A., et al. "Assessment and Management of Fall Risk in Primary Care Settings." Medical Clinics of North America 99.2 (2015): 281-293.
- [Sample Personalized Preventive Services Plan \(PPP\)](#)
- <https://www.medicare.gov/Pubs/pdf/11420-Preventive-Services-Card.pdf>
- [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV\\_Chart\\_ICN905706.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf)

## Resources (cont.)

- Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. Pain Medicine. 2005;6(6):432-442
- Telephone interview for cognitive assessment
  - [The Telephone Interview for Cognitive Status: Creating a crosswalk with the Mini-Mental State Exam](#)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2783323/>
- Preventive services table:
  - <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

# Resources (cont)

Electronic Health Record (EHR) systems typically have built-in resources for templates, screening tools and patient education. NEQCA strongly encourages you to work with your vendor to explore these useful options. In addition, the Medicare Learning Network (MLN) is an extensive source for patient educational materials and resources, including creating a work flow for the Annual Wellness Visits.

## **General Resources:**

- Medicare Learning Network: [Medicare Annual Wellness Visit](#)
- CMS: [www.cms.gov](http://www.cms.gov)
- Local Medicare Administrative Contractor (MAC): [ngsmedicare.com](http://ngsmedicare.com)
- [NEQCA COVID-19 Resources](#)

## **Health Risk Assessments:**

- CDC: [A Framework for Health Risk Assessments](#)

## **Personalized Preventive Services Plan:**

- [American College of Physicians Tools for the Annual Wellness Visit](#)
- [Sample Personalized Preventive Services Plan \(PPP\)](#)
- [Medicare Preventive Services Table](#)
- [Preventive Services Reminder Card for patients](#)

# Resources (cont.)

## Screening Tools:

- Opioid Screening Tools and resources
  - <https://www.drugabuse.gov/sites/default/files/opioidrisktool.pdf>
  - [Validation of the Revised Screener and Opioid Assessment for Patients with Pain \(SOAPP-R\)](#)
- Cognitive Screening:
  - <https://www.alz.org/professionals/health-systems-clinicians/clinical-resources/cognitive-assessment-tools>
- Fall Risk Screening:
  - <https://www.cdc.gov/steady/pdf/STEADI-Algorithm-508.pdf>
  - <https://www.cdc.gov/steady/>
- Telephone interview for cognitive assessment:
  - [The Telephone Interview for Cognitive Status: Creating a crosswalk with the Mini-Mental State Exam](#)

## Telehealth Guidance

- Caravan Health: [Adapting the Annual Wellness Visit to Telehealth](#)

## Patient Eligibility

- You have different options for accessing AWW eligibility information depending on where you practice. You may access the information through the [HIPAA \(Health Insurance Portability and Accountability Act\) Eligibility Transaction System \(HETS\)](#) or through the provider call center Interactive Voice Responses (IVRs).
- CMS suggests providers check with their Medicare Administrative Contractor (MAC) for available options to verify patient eligibility. If you have questions, [contact your MAC](#).

# Thank You!!!



# NEQCA Coding Support

**Donna Campbell, CRC – Risk Adjustment Manager** [dcampbell@neqca.org](mailto:dcampbell@neqca.org)

**Tamare Joseph CPC, CRC – Risk Adjustment Coding Specialist** [tjoseph4@neqca.org](mailto:tjoseph4@neqca.org)

**Mary Fitzgerald, MS, RN, CPC, CRC – Risk Adjustment Coding Specialist,** [mfitzgerald3@neqca.org](mailto:mfitzgerald3@neqca.org)

**Liri Sheshi, COC, H/PH – Risk Adjustment Coding Specialist,** [lisheshi@neqca.org](mailto:lisheshi@neqca.org)



# Lowell General PHO (LGPHO) Contacts

Risk Adjustment (Coding) questions:

- Natalie Eisenhower, CPC, CDEO, CPMA, CRC, Certified Instructor, PHO Lead Risk Adjustment Coder

[Natalie.Eisenhower@lowellgeneral.org](mailto:Natalie.Eisenhower@lowellgeneral.org)

Cell 978-732-3116

- PHO AWW Toolkit or AWW Program questions:

- Annie Starrett, PHO Quality Project Manager

[Annmarie.Starrett@lowellgeneral.org](mailto:Annmarie.Starrett@lowellgeneral.org)

Cell 978-407-6882





## Contact Information

Mary Fitzgerald

NEQCA

325 Wood Road

Braintree, MA 02184

[mfitzgerald3@neqca.org](mailto:mfitzgerald3@neqca.org)