



# Intake – Social History section

Annual wellness visit 60 min

Reason for Visit

Patient Preferences

Vitals

Allergies

Medications

Vaccines

Problems

Gynecological History

Obstetric History

Past Pregnancies

Family History

Social History

Social History (+) Show other specialty questions Next

**Education and Occupation**

What is the highest grade or level of school you have completed or the highest degree you have received? High school gradu: v Note

Are you currently employed? Yes No retired

**Marriage and Sexuality**

What is your relationship status? Married v Note

Are you sexually active? Yes No Note

Do you use protection during sex? No v Note

How many children do you have? 5 Note

Education and Occupation ●

Marriage and Sexuality ●

Substance Use ●

Home and Environment ●

Lifestyle ●

Diet and Exercise ●

Activities of Daily Living ●

Advance Directive ●

Lifepoint AWV ●

PCMH ●

The MAWV template utilizes the standard social history sections and questions where possible

# Intake – Social History section

Social History + Show other specialty questions Next

**Lifepoint AWV** ×

|  |   |      |
|--|---|------|
| How would you describe the condition of your mouth and teeth—including false teeth or dentures?  | <input type="text" value="Very Good"/> <span>▼</span> | Note |
| In the past 7 days, how many servings of fried or high-fat foods did you typically eat each day? (Examples include fried chicken, fried fish, bacon, French fries, potato chips, corn chips, doughnuts, creamy salad dressings, and foods made with whole milk, cream, cheese, or mayonnaise.) | <input type="text" value="0"/>                        | Note |
| In the past 7 days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup of fresh vegetables, ½ cup of cooked vegetables, or 1 medium piece of fruit. 1 cup = size of a baseball.)  | <input type="text" value="5"/>                        | Note |

Education and Occupation ●  
Marriage and Sexuality ●  
Substance Use ●  
Home and Environment ●  
Lifestyle ●  
Diet and Exercise ●  
Activities of Daily Living ●  
Advance Directive ●  
**Lifepoint AWV** ●  
PCMH ●

Additional Medicare-required questions specific to the MAWV are included in a custom Social Hx section (only pulled in to the MAWV encounter)

# Intake – Screeners section

|                              |   |
|------------------------------|---|
| Annual wellness visit 60 min | Screening <span style="float: right;">Next</span>   |
| Reason for Visit             | PHQ-2/PHQ-9 × Opioid Risk × CAGE-AID × Mini-Cog × STEADI Fall Risk × AAFP Social Needs Tool × |
| Patient Preferences          | ▼ PHQ-2/PHQ-9<br>Status<br>Incomplete   |
| Vitals                       | ▼ Opioid Risk   |
| Allergies                    | ▼ CAGE-AID  |
| Medications                  | ▼ Mini-Cog  |
| Vaccines                     | ▼ STEADI Fall Risk  |
| Problems                     | ▼ AAFP Social Needs Tool  |
| Gynecological History        |   |

Specific screeners are attached to the MAWV encounter plan. Practices can modify and add additional ones as needed. These are also tied to G codes for quality reporting (for MA plans) and push those codes to the claims

# Epion – Pre-visit Patient Forms

A text message (or email) is pushed to the patient from Epion (3<sup>rd</sup> party tool) three days prior to the appointment. The patient can open and update demographics, insurance, and their medical information.

## Medical Forms

### Health History

Your health history helps us to prepare for your visit. Please review and complete this form prior to your scheduled appointment. You will be able to discuss any questions or concerns with your physician. You may update this form at any time prior to your appointment. Updates to this form will not be available to your provider until the time of your appointment.

Your form is 0% complete

#### Instructions

- When you finish updating a section, click the **Save** button.
- To go to a specific section, click the section name located to the right.
- If you have nothing to enter in a section, check "No ..." and click **Save**.
- If a section is already filled-out from a previous visit, check **Reviewed with no changes** and click **Save**.

**Note:** If your appointment is canceled, the data that you enter in this form will not be reviewed by your provider and may be discarded.

Continue

#### Introduction

Medications

Allergies

Medical History

Family History

Social History

GYN History

Surgical History

ADVANTAGEPOINT  
HEALTH ALLIANCE

Blue Ridge



# Epion – Pre-visit Patient Forms

## Medical Forms

### Health History

#### Social History

Updated from your medical record: 09/08/2023

Your form is 57% complete

Are you sexually active?  Yes  No

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?

Do you have a medical power of attorney?  Yes  No

Do you have an advance directive?  Yes  No

Do you or have you ever smoked tobacco?

How much tobacco do you smoke?

Do you or have you ever used any other forms of tobacco or nicotine?  Yes  No

How much tobacco do you chew?

Do you or have you ever used smokeless tobacco?

What is your level of alcohol consumption?

How many years have you consumed alcohol?

Do you use any illicit or recreational drugs?  Yes  No

What is your exercise level?

Reviewed with no changes

Introduction

Medications

Allergies

Medical History

Family History

Social History

GYN History

Surgical History

When the patient is checked in to the office, Epion loads the patient's answers in the various sections awaiting reconciliation by the person doing intake. When these are completed in advance, the time for Intake is greatly reduced.

Save & Next

# Intake – Screeners section

|                              |   |
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| Medications                  | ▼ Mini-Cog  |
| Vaccines                     | ▼ STEADI Fall Risk  |
| Problems                     | ▼ AAFP Social Needs Tool  |
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# Exam – A/P section

04-26-2023 | Annual Wellness V... | Christie Fer

Exam Prep

Review — HPI — ROS — PE — **A/P** — Sign-off

Done v

Assessment & Plan (+) **DIAGNOSES & ORDERS**

Supervising Provider

**2 potential diagnoses** have not been added to a claim this year.

Risk score 0.428 | Gap 0.458

Sign Orders Next

Prescription drug monitoring report

Misuse 800 Narcotics 652 Overdose 650 Sedatives 430 Stimulants 000

Viewed by rmarasco2 on 08/04/2021

Click here to open Risk Flyout



# Risk Flyout – Add to A/P

Patient Risk Learn more | Dismissed risk (0)

▼ **Potential Diagnoses (2)** No score gap +

All potential diagnoses have been documented in this encounter or submitted on a claim this year.

|  |   |                         |
|--|---|-------------------------|
| HCC 12: Breast, Prostate, and Other Cancers and Tumors | RAF weight 0.150  | <b>ADD TO A/P</b>       |
| Diagnosis  | Malignant tumor of breast   |                         |
| ICD-10   | C50.111: Malignant neoplasm of central portion of right female breast |                         |
| Source   | CLAIM : BELL MEDICAL FAMILY PRACTICE - OFFICE 10/25/2022              |                         |
| HCC 35: Inflammatory Bowel Disease                     | RAF weight 0.308  | <b>CHOOSE DIAGNOSIS</b> |
| ICD-10   | K50.90: Crohn's disease, unspecified, without complications           |                         |
| Source   | CLAIM : BELL MEDICAL FAMILY PRACTICE - OFFICE 09/09/2020              |                         |

▼ **Suspected Diagnoses (0)**

These suspected diagnoses have not been clinically verified. They have been inferred from evidence such as labs, screenings, and prescriptions. Determine if these diagnoses are valid before documenting them.

Click here to add this specific diagnosis to the A/P section of the exam

# Risk Flyout – Dismiss Dx

Patient Risk Learn more | Dismissed risk (0) <<

▼ ⚠️ **Potential Diagnoses (1)** No score gap ⊕

All potential diagnoses have been documented in this encounter or submitted on a claim this year.

|   |                    |
|---|--------------------|
| HCC 8: Metastatic Cancer and Acute Leukemia RAF weight 2.659                | CHOOSE DIAGNOSIS ⊗ |
| ICD-10 C92.60: Acute myeloid leukemia w 11q23-abnormality not achieve remis |                    |
| Source MANUAL : On hospital claim in 2021 at Bell, chudson28 04/28/2023     |                    |

▼ ? **Suspected Diagnoses (0)**

These suspected diagnoses have not been clinically verified. They have been inferred from evidence such as labs, screenings

Click here to Dismiss this diagnosis

Select a reason from the list or type a reason then Save

mitted on a claim this year.

JUSTIFY DISMISSAL ⊗

- disagree with diagnosis
- condition resolved
- greater specificity is appropriate
- less specificity is appropriate
- duplicate
- Other

Enter justification (470 characters only)

Save

# Exam – Preventative Plan

Assessment & Plan + DIAGNOSES & ORDERS

1 potential diagnosis has not been added to a claim this year.

## PERSONALIZED HEALTH PLAN (COPY PROVIDED TO PATIENT)

### 1) Vaccines:

(a) Pneumococcal Vaccine -

Type:

Last Service:

Plan:

(b) Influenza vaccine -

Last Service:

Plan:

(c) Hepatitis B vaccine -

Last Service:

Plan:

(d) Shingrix Vaccine -

Last Service:

Plan:

(e) COVID -

Last Service:

Plan:

There are two types of encounter plans (templates) for the MAWV. One includes an electronic version of the personal preventative plan that is completed in Athena and then printed at DC for the patient (provider preference).

# Exam – Paper Preventative Plan

## PERSONAL PREVENTIVE CARE (Female)

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

| VACCINES                          | COVERAGE   | LAST DOSE         | Recommendations/Actions                |
|-----------------------------------|--|-------------------|--|
| Influenza                         | Recommended yearly (covered yearly)  |                   |  |
| Pneumococcal                      | 1 dose PCV15 followed by PPSV23 1 year <u>later</u><br>OR 1 dose PCV20   |                   |  |
| PPSV 23                           | Recommended once over age 65 (covered once in a lifetime)  |                   |  |
| Prevnar (circle) 13 15 20         | Recommended once over age 65 (covered once in a lifetime)  |                   |  |
| Shingrix (Shingles)               | Optional over age 50 (covered if medically necessary) Will need to be administered by patient's pharmacy   |                   |  |
| Tdap or Td (Tetanus)              | Recommended every 10 years (covered if medically necessary)  |                   |  |
| COVID                             |  |                   |  |
| SCREENINGS                        | COVERAGE   | Last SERVICE DATE | Findings/Recommended Next Service Date |
| Mammogram                         | Recommended yearly over age 40 (covers 1 baseline age 35-39: covers yearly over age 40)  |                   |  |
| PAP/Pelvic                        | Recommended age 65, once if <u>nmI</u> (covered yearly if high risk, every 2 years if normal risk)   |                   |  |
| Colon Cancer Screening            | Recommended to start screening at <u>45</u><br>Colonoscopy: Every 10 years if negative<br>Cologuard: Every 3 years if negative<br>Fecal occult Blood card: Every year if negative                                |                   |  |
| Diabetes Screen (Fasting glucose) | Recommended once a <u>year</u> ; if meets criteria-<br>One of these: HTN, <u>Hx</u> of high BS, <u>Hx</u> of high cholesterol, Obesity<br>Two of these: ≥65, overweight, <u>FamHx</u> DM or gestational diabetes |                   |  |
| Fasting Lipid                     | Recommended once a year; MCR will pay annually with 20% <u>co-pay</u> ; once every 5 years MCR will cover at 100%  |                   |  |
| Eye Care                          | Recommended yearly if over age 65 and diabetic. (Covered if diabetic or family history glaucoma)   |                   |  |
| Dental Care                       | Regular exam and cleanings (dental care is not covered unless medically necessary)   |                   |  |
| DEXA Scan                         | Recommended over age 65 (covered every 2   |                   |  |

Sample of Female Preventative Plan

# Exam – Preventative Plan

Assessment & Plan + DIAGNOSES & ORDERS

During today's Medicare Annual Wellness Visit, the patient & I discussed/reviewed the following information:

1. Review of their medical, medication and family health history.
2. Review of their vitals, including, height, weight, blood pressure and BMI.
3. Review of their current providers & medical suppliers.
4. Discussed functional ability, home safety and screening for depression.
5. Discussed assessment of cognitive function and reviewed family or friend's comments about memory.
6. Discussed risk factors & conditions for which referrals/intervention are recommended.

I provided personalized advice or resources to help prevent disease & improve health on topics such as weight loss, physical activity, smoking cessation, advance directives/advance care planning, fall prevention and nutrition.

A written preventive screening and services plan for the patients' next 5-10 years were reviewed, given to patient, and scanned into chart.

All recommendations have been discussed thoroughly with the patient.

Next Medicare Annual Wellness Visit will be due in 1 year.

When the paper form for preventative planning is used, this language is in the encounter plan. The form is completed on paper, scanned into the encounter, and then handed to the patient to take with them.

The Z code is automatically included in the encounter plan. Additional patient educational handouts are included and can be customized by market.

adult health examination

Z00.00 Encounter for general adult medical examination without abnormal findings

preventing falls: care instructions

well visit, over 65: care instructions

advance directives: care instructions

advance care planning: care instructions