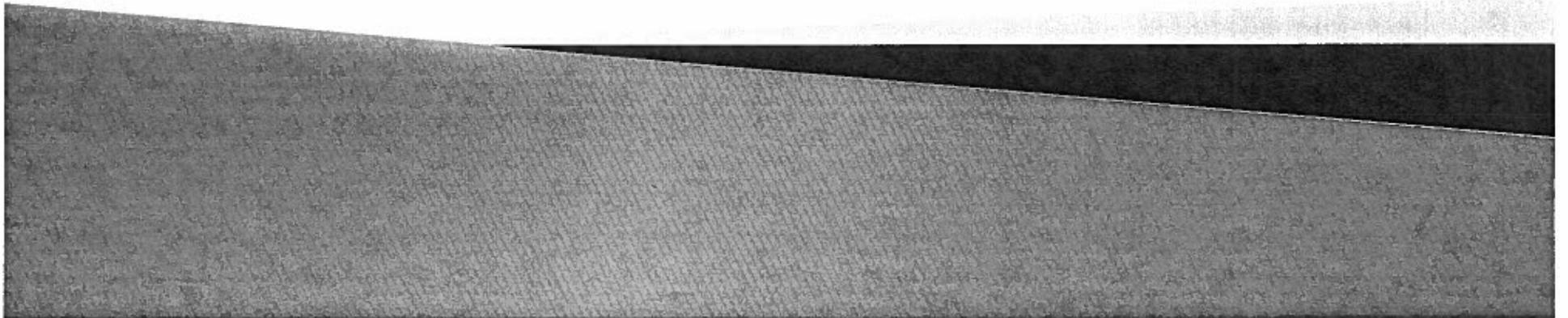


Item VII

Public Comment Handout
July 17, 2013



Senior
Wellness
SOLUTIONS



What Is It?

- ▶ The Annual Wellness Visit is a new and exciting approach to healthcare focused on preventing and delaying the onset of chronic illnesses such as heart disease, cancer, and diabetes so that you can live a longer, healthier and more fulfilled life. There are no deductibles, coinsurance or copayments – it is 100% free.

Am I Eligible?

- ▶ You are eligible for your first wellness visit after you have had Medicare Part B for more than 12 months. If you have had an 'Initial Preventive Physical Exam' or an 'Annual Wellness Visit' providing Personal Prevention Plans within the last 12 months, you must wait 12 months from the date of those visits to schedule your Annual Wellness Visit. The wellness visit is completely separate from the Welcome to Medicare Visit and physical.

What Does The Wellness Visit Include?

Medicare is urging patients to take advantage of this exciting new benefit which includes the following:

- Reviewing your medical history, medications, certain diagnostic measurements (height, weight, blood pressure), and family history;
- Identifying and addressing disease risk factors such as smoking, hypertension, obesity, and inactivity;
- Discussing your risk for developing certain chronic illnesses and diseases;
- Screening you for problems with your cognitive thinking and reviewing your physical ability / level of safety; and
- Determining whether there are additional preventive screenings/tests (most of which are 100% covered by Medicare with no co-pay) that can help you identify chronic illnesses early when they are most treatable/curable.

What Happens After My Wellness Visit?

- ▶ At the conclusion of your wellness visit, you will receive a personalized prevention plan that will include an easy to follow exercise, nutrition, lifestyle plan and other resources. Your personalized prevention plan will also include a written schedule of recommended preventive screening tests to be completed over the next 5-10 years and referrals to community based and other resources.

Why Is The Wellness Visit So Important?

- ▶ Heart disease, certain types of cancer, and diabetes – which are responsible for 7 of 10 deaths among Americans each year - can generally be prevented or delayed by regular exercise, proper nutrition and other positive lifestyle choices. Your annual wellness visit can help you understand your risk of developing these and other chronic conditions and will provide you with an easy to follow plan to reduce your likelihood of developing a chronic illness. Your wellness visit will also identify additional preventive screenings and tests (most of which are 100% covered by Medicare with no co-pay) that can help you identify chronic illnesses early when they are most treatable and/or curable.

Plus, It's 100%
Free!

FREE MEDICARE WELLNESS VISIT

Improve Your Health and Reduce Your Risk of Developing Chronic

The **Medicare Annual Wellness Visit** is a great opportunity to improve your health and quality of life. Medicare is now covering this free (no co-pay) Annual Wellness Visit that is designed to improve your health and prevent / delay the onset of heart disease, cancer, diabetes, and other chronic diseases. This benefit was part of the new healthcare law put into action in 2010 called the "Affordable Care Act".

All Medicare beneficiaries (including private Medicare Advantage Plans) are eligible for a Wellness Visit as long as 12 months have passed since the initial effective date of your Medicare Part B coverage. If you are in the first 12 months of Medicare coverage, you are eligible for a **Welcome to Medicare Preventive Visit**.

Medicare is urging patients to take advantage of this exciting new benefit, which includes:

- Reviewing your medical and family history, medications, and certain diagnostic measurements,
- Addressing disease risk factors such as hypertension, obesity, smoking, and inactivity;
- Screening for problems with cognitive thinking and reviewing your physical ability / safety; and
- Determining whether there are additional preventive screenings/tests (most of which are 100% covered by Medicare) that can help you delay/prevent the onset of chronic illnesses.

At the end of your Wellness Visit, you will receive a personalized prevention plan that will include an analysis of your current wellness and easy to follow recommendations to improve your health. The Wellness Visit starts with the completion of a Health Risk Assessment. It is recommended that you complete your risk assessment prior to coming to the Providers office, or if needed you can fill out the Health Risk Questionnaire at the time of your office visit.

REMEMBER:

This is not an annual physical, but a very important visit to review your health and safety every year. Your Doctor will use the results of this visit to plan your individual health and wellness to keep you healthy and happy. This visit is absolutely free (no deductible and no copay) to anyone who has Medicare.

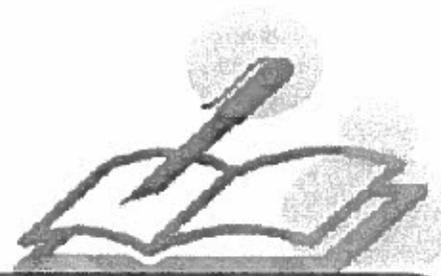
INTRODUCTION

Congratulations on completing your first Annual Wellness Visit (AWV) and taking the first step towards improving your health and quality of life. The AWV is a new approach to healthcare endorsed by Medicare that is focused on prevention, as opposed to traditional medicine which is designed to treat specific illnesses or conditions after they develop. Medicare's new focus on prevention is well founded, since heart disease, certain types of cancer, and diabetes - which are responsible for 7 of 10 deaths among Americans each year - can generally be prevented or delayed by regular exercise, proper nutrition and other positive lifestyle choices. Based on the results of your AWV, we have developed a personalized prevention plan to help prevent/delay the onset of disease and disability and improve the quality of your life. Your personalized prevention plan is divided into three sections:

Section I : Review and analysis of your current health and lifestyle choices

Section II : Personalized health advice, including an exercise and nutrition program

Section III : Short and Long Term Screening Schedule



"Focusing on just 4 simple things in your control - exercising, eating better, managing your cholesterol, and lowering your blood pressure - can dramatically improve your overall health and reduce your risk of developing chronic diseases."

Personalized Prevention Plan given to the patient at the time of the visit satisfies all required CMS components; including a preventive screening schedule, identification of personal disease risk factors, nutritional and exercise education, advance directive information, community services resources....

Personal Prevention Plan

Save / Print

RFP Sections → Introduction I. Current Health Analysis II. Personalized Health Advice III. Screening Schedule Community Based Resources

Medicare Covered Test/Screening/Service	Test/Screening/Service Schedule
Abdominal Aortic Aneurysm Screening	<ul style="list-style-type: none">• One life time screening by ultrasound for male beneficiaries aged 65-75 who have smoked more than 100 cigarettes.• Any male or female with a family history of AAA
Bone Mass Measurement	<ul style="list-style-type: none">• Every two years. More frequently if medically necessary.
Colorectal Cancer Screening	<ul style="list-style-type: none">• Fecal occult annually or• Sigmoidoscopy every 4 years or• Colonoscopy every 10 years or every 2 years if high risk.
Diabetes Screening	<p>Medicare covers these tests for beneficiaries who have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Medicare also covers these tests if you answer yes to two or more of the following questions:</p> <ul style="list-style-type: none">• Are you age 65 or older?• Are you overweight?• Do you have a family history of diabetes (parents, brothers, sisters)?• Do you have a history of gestational diabetes (diabetes during pregnancy), or delivery of a baby weighing more than 9 pounds?
Diabetes Self-Management Training	<ul style="list-style-type: none">• For beneficiaries with diabetes and/or renal disease. 90 hours of initial DSMT sessions of no less than 30 minutes each in a continuous 12 month period. 2 hours of follow-up DSMT in subsequent years.
Flu Shot	<ul style="list-style-type: none">• Annually• Annually if diabetic, family history of glaucoma, Hispanic, age 65 and

Long-Term Screening Schedule