ROLES AND RESPONSIBILITES: MEDICARE WELLNESS VISIT USING TEAM-BASED CARE MODEL

MaineHealth Accountable Care Organization

MaineHealth

	POP HEALTH	CLERICAL SUPPORT	CLINICAL SUPPORT	PROVIDER
PREVISIT PLANNING	Generate reports identifying patients with MC FFS or MA plans who have not had an MWV in past 12 months ↓ Conduct outreach to patients encouraging MWV (mail, phone or Patient Portal	Patient request Welcome to Medicare or Annual Wellness visit = Medicare Wellness Visit →Schedule MWV(Note the visit type as either): 1) Welcome to Medicare 2) Medicare Annual Visit; Initial or Subsequent ↓ → Medicare Wellness Visit Patient Packet (See hand out) either: 1) Mail to patient 2) Have patient come in 15 minutes early to complete 3) MyChart	Scan schedule for MC FFS or MA patient with follow-up visits scheduled: 1) MWV in past year? 2) Can visit be extended to MWV? →Schedule MWV (Note the visit type as either): 1) Welcome to Medicare 2) Medicare Annual Visit Initial or Subsequent ↓ • View visit type and update EMR (pull correct templates) • Identify gaps in care/standing orders • Welcome to Medicare? 1) EKG? (optional) (ck w/ provider	Review Problem list and assess potential diagnosis coding to highest level of specificity
DURING VISIT			• Perform standard rooming procedures • Transcribe HRA into EMR • Update Care Team info • Welcome to Medicare? →Perform Visual Acuity Screen	• Review and update clinical support documentation • Review HRA and other screening info • Refer, Counsel and educate based on HRA and Screenings • Develop Personalized Prevention Plan • Document all stable chronic conditions
POST VISIT		Check out: • Schedule Next MWV One year + One day out • Provide AVS		