



Welcome! We will get started shortly.

Each month's webinar slide deck & recording will be posted to [Healthcare Provider Home | Brand New Day HMO \(bndhmo.com\)](#) for on demand access!



brand new day
HEALTHCARE YOU CAN FEEL GOOD ABOUT



Medicare Annual Wellness Exam (AWE) Incentive Program

Presented by Bright HealthCare



Our commitment to value-based care:

Bright HealthCare's approach to risk adjustment is **member-centered**. The organization has invested significantly in different technology to help empower providers & staff with **critical member information at the point-of-care**.

This includes offering the Cozeva platform at no cost to our partners. The analytics that this technology provides and our discussions around it are intended to **improve accurate & complete capture of each member's health profile**.

We are committed to ensuring that **all chronic conditions are assessed, and all treatment plans are refreshed** on at least an annual basis. This full-circle approach ensures **appropriate resource allocation for each individual member**.



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Today's Agenda



Program Overview



Program Participation



Payment Details



Next Steps



Program Overview

with Janet Fina

2023 Medicare AWE Incentive Program

1. Purpose
To encourage member & provider engagement and improve health quality of health outcomes for our members.

2. Scope
This program covers Bright HealthCare's Brand New Day (BND) & Central Health Plan (CHP) Medicare Advantage plans for 2023.

3. Eligibility
There are no contract amendments needed. Some groups are excluded for different factors. If you have eligibility questions, contact your PSR.



Program Participation

with Janet Fina & Elise Depew

Form Submissions

Janet Fina – RA
Operations

AWV forms can be accessed by providers in two ways:



1. Cozeva Electronic Form (Opt-In)

Through Cozeva, providers can access an electronic AWV form allowing on-line and real-time access to updated member specific forms.



Service Date : 03/17/2023

AWV-3931747 Encounter Type Annual Wellness Visit
 Visit Type Initial Visit
 Primary Provider
 Service Date *

Reason for Visit

Chief Complaint*	HPI*
Annual Wellness Visit	

Intake

Vitals						
Temp	BP *	Weight *	Height *	BMI		
		lb	inch	kg/m ²		
					<input type="checkbox"/> Patient refuses BMI measurement	
HR	RR	Oximetry	Date & Time	Oxygen Source	Flow rate	
bpm	breaths/min	%	03/17/2023 12:54	No oxygen source specified	No flow rate specified	
Notes						

History

Immunizations*	Completion Status*	Amount	Administration Date*
influenza, high-dose, quadrivalent	Complete		08/17/2022
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose	Complete		08/17/2022
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose	Complete		11/30/2021
influenza, injectable, quadrivalent	Complete		10/29/2019
Labs*	Value	Date	
(87811), Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])		12/21/2022	
(80307), Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay (eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA)), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service		06/30/2022	
(3048F), Most recent LDL-C less than 100 mg/dL (CAD) (DM)		04/27/2022	
(80053), Comprehensive metabolic panel This panel must include the following: Albumin (80040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (8247) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)		04/27/2022	
(80061), Lipid panel This panel must include the following: Cholesterol, serum, total (82485) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (82718) Triglycerides (84778)		04/27/2022	
(82306), Vitamin D: 25 hydroxy, includes fraction(s), if performed		04/27/2022	
(82607), Cyanocobalamin (Vitamin B-12)		04/27/2022	

Reason for Visit

Intake/Vitals

History

- Immunizations
- Labs
- Procedures
- Medications

(82670), Estradiol; total	04/27/2022				
(82728), Ferritin	04/27/2022				
(82746), Folic acid; serum	04/27/2022				
(83036), Hemoglobin; glycosylated (A1C)	04/27/2022				
(83525), Insulin; total	04/27/2022				
(83540), Iron	04/27/2022				
(83735), Magnesium	04/27/2022				
(84100), Phosphorus inorganic (phosphate)	04/27/2022				
(84144), Progesterone	04/27/2022				
(84439), Thyroxine; free	04/27/2022				
(84443), Thyroid stimulating hormone (TSH)	04/27/2022				
(84466), Transferrin	04/27/2022				
(84481), Triiodothyronine T3; free	04/27/2022				
(85025), Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	04/27/2022				
(86140), C-reactive protein	04/27/2022				
(86789), Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	04/27/2022				
Procedures*	Start Date	Performer	Notes		
(36415), Collection of venous blood by venipuncture	04/27/2022				
(36473), Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	09/20/2021				
(67500), Retrobulbar injection; medication (separate procedure, does not include supply of medication)	03/05/2020				
(67505), Retrobulbar injection; alcohol	03/02/2020				
Drug Description*	Quantity	Duration	Dosage Instruction	Status	All Active
cholecalciferol (vitamin D3) 125 mcg (5,000 unit) capsule	90			Unknown	
Lantus Solostar U-100 Insulin 100 unit/mL (3 mL) subcutaneous pen	50			Unknown	
Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector	28			Unknown	
calcium carbonate 500 mg calcium (1,250 mg) tablet	90			Unknown	
amlodipine 5 mg tablet	90			Unknown	
gabapentin 300 mg capsule	30			Unknown	
ibuprofen 600 mg tablet	14			Unknown	
diclofenac 1 % topical gel	16			Unknown	
clopidogrel 75 mg tablet	90			Unknown	
naproxen 500 mg tablet	30			Unknown	
loratadine 10 mg tablet	90			Unknown	
corybutyrin chloride 5 mg tablet	90			Unknown	
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule	90			Unknown	
metformin 1,000 mg tablet	30			Unknown	
ibuprofen 400 mg tablet	14			Unknown	
allopurinol 100 mg tablet	90			Unknown	
alendronate 70 mg tablet	84			Unknown	
Bydureon BCise 2 mg/0.85 mL subcutaneous auto-injector	28			Unknown	
FreeStyle Lancets 28 gauge	90			Unknown	
losartan 100 mg hydrochlorothiazide 25 mg tablet	90			Unknown	
atorvastatin 40 mg tablet	90			Unknown	
FreeStyle Lite Strips	90			Unknown	
blood pressure test kit-large cuff	30			Unknown	
FreeStyle Lite Meter kit	30			Unknown	
Fluzone High-Dose Quad 2022-2023 (PF) 240 mcg/0.7 mL IM syringe	1			Unknown	
Pfizer-BioNT COVID19 tris (12y up) Vacci(PF)30 mcg/0.3 mL IM susp(gray)	1			Unknown	
sertraline 25 mg tablet	60			Unknown	
lorazepam 0.5 mg tablet	30			Unknown	
docusate sodium 100 mg capsule	60			Unknown	
cholecalciferol (vitamin D3) 50 mcg (2,000 unit) capsule	90			Unknown	
BD Nano 2nd Gen Pen Needle 32 gauge x 5/32"	50			Unknown	

Triple Antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment	14	Unknown
potassium chloride ER 10 mEq tablet,extended release	30	Unknown
Basaglar KwikPen U-100 Insulin 100 unit/mL (3 mL) subcutaneous	25	Unknown
aspirin 81 mg tablet,delayed release	90	Unknown
dexamethasone 2 mg tablet	5	Unknown
Advair Diskus 100 mcg-50 mcg/dose powder for inhalation	30	Unknown
Silussin-DM 10 mg-100 mg/5 mL oral syrup	14	Unknown
dextromethorphan-guaifenesin 10 mg-100 mg/5 mL oral syrup	14	Unknown
azithromycin 250 mg tablet	5	Unknown
Social History		
Basic Social History Queries		
Alcohol intake		
Details of drug Use/Abuse		
Educational achievement		
Employment status		
Exercise		
Health-related behavior		
Marital status		
Nutritional observable		
Others		
Smoking status		
Toxic Exposure Status		
Preventive Screenings		
PHQ-9 Health Assessment All Negative		
Little interest or pleasure in doing things *		
<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days		
Feeling down, depressed, or hopeless *		
<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days		
Trouble falling or staying asleep, or sleeping too much *		
<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days		
Feeling tired or having little energy *		
<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days		
Poor appetite or overeating *		
<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days		
Feeling bad about yourself or that you are a failure or have let yourself or your family down *		
<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days		

History cont.

- Social

Screenings

- PHQ-9
- Functional Status
- Adv. Care Planning
- Cognitive

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 *

Not at all Several days More than half the days

Thoughts that you would be better off dead, or of hurting yourself *

Not at all Several days More than half the days

Total Score *

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? *

Not at all Several days More than half the days

Functional Status Assessment:

(IADL/ADL SELECTION):

Select IADL or ADL

IADL ADL

(Instrumental) Activities of Daily Living (IADL's):

Independent of all IADL's

Yes No

Shopping for groceries:

Needs Assistance Fully Dependent Independent

Driving or using public transportation:

Needs Assistance Fully Dependent Independent

Using the telephone:

Needs Assistance Fully Dependent Independent

Cooking or meal preparation:

Needs Assistance Fully Dependent Independent

Housework:

Needs Assistance Fully Dependent Independent

Home repair:

Needs Assistance Fully Dependent Independent

Laundry:

Needs Assistance Fully Dependent Independent

Taking medications:

Needs Assistance Fully Dependent Independent

Handling finances:

Needs Assistance Fully Dependent Independent

Activities of Daily Living (ADL's):

Independent of all ADL's

Yes No

Advanced Care Planning:

Cognitive Assessment:

Cognitive Functional Assessment:

Screenings, cont.

- Falls Risk
- Hearing
- Incontinence
- Nutritional
- Pain
- Phys. Activity
- Safety

Needs Assistance Fully Dependent Independent
Dressing:
 Needs Assistance Fully Dependent Independent
Transferring:
 Needs Assistance Fully Dependent Independent
Toileting:
 Needs Assistance Fully Dependent Independent
Walking:
 Needs Assistance Fully Dependent Independent

Discussion documented in the medical record
 Legal document present in the medical record

Cognitive Impairment is indicated
 Yes No

Alert & Oriented
 Yes No

Memory Deficit
 Yes No

Immediate Recall
 Yes No

Falls Risk:
Vision Impairment
 Yes No

Mobility Impairment (amputation, paralysis, etc.):
 Yes No

Household Hazards (stairs, poor lighting, etc.):
 Yes No

Conditions that affect coordination (i.e., Parkinson's):
 Yes No

Hearing:
 No impairment Mild impairment Profound impairment Total Impairment

Any assistive devices used (hearing aids, cochlear implants, etc.)?

Incontinence Assessment:
 Any urinary incontinence?

Any fecal incontinence?
 Yes No

Nutritional Assessment:
 Eats/Drinks 3 servings of calcium-rich foods daily?
 Yes No

Eats fruits & vegetables every day?
 Yes No

Limits fried food & fast food eaten?
 Yes No

Easily able to get enough healthy food?
 Yes No

Drinks a soda/juice/sports/energy drink most days of the week?
 Yes No

Often eats too much or too little food?
 Yes No

Which?
 Concerned about weight?
 Yes No

Has difficulty chewing or swallowing?
 Yes No

Unplanned weight loss in the past 3-6 months?
 Yes No

< 5% 5-10% > 10%

Pain Assessment:
 Acute or chronic pain
 No pain Mild Moderate Severe Worst Possible

Medications used for pain
 Medications have improved pain by
 0% 25% 50% 75% 100%

Acute or chronic pain
 0 1 2 3 4 5 6 7 8 9 10

Physical Activity Assessment:
 Physical activities:
 Number of days/week:

Safety Assessment:
 Do you feel safe where you live?

Yes No

Have you been hit, or physically hurt by someone this year?

Yes No

Are family and friends worried about your driving?

Yes No

Sexual Health Assessment:

Are you currently sexually active?

Yes No

Do you think you or your partner could have a sexually transmitted infection?

Yes No

Have you or your partner(s) had sex with other people in the past year?

Yes No

Have you ever been forced or pressured to have sex?

Yes No

Problems*	All Active	Status	Date	HCC	Evaluation*
(G95.9), Disease of spinal cord, unspecified		Unknown	03/17/2023	Spinal Cord Disorders/Injuries - HCC 72 Recapture	
(G63), Polyneuropathy in diseases classified elsewhere		Unknown	03/17/2023	Myasthenia Gravis/Myotonic Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy - HCC 75 Recapture	
(G81.91), Hemiplegia, unspecified affecting right dominant side		Unknown	03/17/2023	Hemiplegia/Hemiparesis - HCC 103 Recapture	
(J44.9), Chronic obstructive pulmonary disease, unspecified		Unknown	03/17/2023	Chronic Obstructive Pulmonary Disease - HCC 111 Recapture	
(I50.32), Chronic diastolic (congestive) heart failure		Unknown	03/17/2023	Congestive Heart Failure - HCC 85 Suspect	
(F11.20), Opioid dependence, uncomplicated		Unknown	03/17/2023	Drug/Alcohol Dependence - HCC 55 Recapture	
(F33.1), Major depressive disorder, recurrent, moderate		Unknown	03/17/2023	Major Depressive, Bipolar, and Paranoid Disorders - HCC 59 Recapture	
(E11.3311), Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye		Unknown	03/17/2023	Diabetes with Chronic Complications - HCC 18 Recapture	
(E11.51), Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene		Unknown	03/17/2023	Vascular Disease - HCC 108 Recapture	
(I63.89), Other cerebral infarction		Unknown	03/17/2023	Ischemic or Unspecified Stroke - HCC 100 Recapture	
(E11.3553), Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral		Unknown	03/17/2023	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage - HCC 122 Recapture	
(I25.119), Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris		Unknown	03/17/2023	Angina Pectoris - HCC 88 Recapture	
(R52), Pain, unspecified		Unknown	03/17/2023		
(Z13.820), Encounter for screening for osteoporosis		Unknown	03/17/2023		
(E55.9), Vitamin D deficiency, unspecified		Unknown	03/17/2023		
(M81.0), Age-related osteoporosis without current pathological fracture		Unknown	03/17/2023		

Screenings, cont.

- Sexual Health

Assessment & Evaluation

- Problems

Plan

- Quality of Care

(J20.8), Acute bronchitis due to other specified organisms	Unknown	03/17/2023
(R32), Unspecified urinary incontinence	Unknown	03/17/2023
(R79.89), Other specified abnormal findings of blood chemistry	Unknown	03/17/2023
(R05.1), Acute cough	Unknown	03/17/2023
(Z20.822), Contact with and (suspected) exposure to COVID-19	Unknown	03/17/2023
(J06.9), Acute upper respiratory infection, unspecified	Unknown	03/17/2023
(U07.1), COVID-19	Unknown	03/17/2023

Plan

Quality of Care

Medications have been reviewed

Yes No

Medication Reconciliation

Yes No Unable to perform reconciliation

Documentation of current medications

Yes No

Transfer of Care - incoming

Yes No

Transfer of Care - outgoing

Yes No

Patient Decision Aids / Education Materials Given

Yes No

Patient Declined to receive clinical summary

Yes No

Form Submissions

Janet Fina – RA
Operations

AWV forms can be accessed by providers in two ways:



1. Cozeva Electronic Form (Opt-In)

Through Cozeva, providers can access an electronic AWV form allowing on-line and real-time access to updated member specific forms.



2. Health Plan Form (Default)

Providers eligible for participation, who do not opt-in to using Cozeva, will receive member specific AWV forms by SFTP or secure mail (like FedEx). Forms generated through this process are expected to be available in April 2023.

INSTRUCTIONS: In order to ensure complete and accurate patient documentation, please fill in all applicable fields in the form below. Once complete, please send the form and corresponding progress note back to BND via eFax (888-531-2152), IPA sFTP, or Provider Portal (where applicable). For any questions please reach out to bndaweform@brihealthcare.com.

Annual Wellness Visit (AWV)

INTAKE

Vitals - required element

Weight _____	Height _____	Temperature _____	Blood pressure _____	Pulse _____
BMI _____ <input type="checkbox"/> Patient refusal of BMI measurement			O2 (if on supplemental oxygen) _____	

HISTORY

Immunizations

Immunization	Administration Date	Immunization	Administration Date
FLU	10/05/2021	COVID	1/27/2022
PNEUMONIA	01/11/2022		

Labs

Lab	Value	Measurement type	Date
Chloride [Moles/Vol]	108.0	mmol/L	2022-12-21
Urea nitrogen [Mass/Vol]	18.0	mg/dL	2022-12-21
Creatinine [Mass/Vol]	0.81	mg/dL	2022-12-21
MCHC Auto (RBC) [Mass/Vol]	32.5	g/dL	2022-12-21
MCV Auto (RBC) [Entitic vol]	92.2	fL	2022-12-21
Lymphocytes Auto (Bld) [# /Vol]	2.00	10 [^] 3/uL	2022-12-21
Calcium [Mass/Vol]	10.1	mg/dL	2022-12-21
Basophils Auto (Bld) [# /Vol]	0.04	10 [^] 3/uL	2022-12-21
CO2 [Moles/Vol]	29.7	mmol/L	2022-12-21
MCH Auto (RBC) [Entitic mass]	30.0	pg	2022-12-21
RBC Auto (Bld) [# /Vol]	5.03	10 [^] 6/uL	2022-12-21
Sodium [Moles/Vol]	144.0	mmol/L	2022-12-21
Potassium [Moles/Vol]	4.5	mmol/L	2022-12-21

Urea nitrogen/Creatinine [Mass ratio]	22.2	Ratio	2022-12-21
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Procedures

Procedure	Start Date	Performer	Notes
EXCISION LIVER PERQ ENDOSCOPIC APPROACH DX	01/26/2022	GARFIELD MEDICAL CENTER	
RELEASE PERITONEUM PERQ ENDOSCOPIC APPROACH	01/26/2022	GARFIELD MEDICAL CENTER	

Medication - required element

Medication	Quantity	Duration	Fill Date (populated by claims)	
Atorvastatin Calcium-10MG TABS	90.00		2022-05-24	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Doxazosin Mesylate-4MG TABS	90.000		2023-02-06	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Allopurinol-100MG TABS	90.00		2022-06-22	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Finasteride-5MG TABS	90.00		2022-04-11	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Finasteride-5MG TABS	90.00		2022-10-12	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Atorvastatin Calcium-10MG TABS	90.00		2022-11-16	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Atorvastatin Calcium-10MG TABS	90.000		2023-02-15	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Finasteride-5MG TABS	90.000		2023-01-09	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Atorvastatin Calcium-10MG TABS	90.00		2022-08-22	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Allopurinol-100MG TABS	90.00		2022-12-21	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
amLODIPine Besylate-5MG TABS	90.000		2023-01-31	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Lisinopril-5MG TABS	90.00		2022-12-21	<input type="checkbox"/> Continue <input type="checkbox"/> Discontinue

Current pharmacy CVS PHARMACY #09798 313 SOUTH GARFIELD AVENUE

Full Medication Reconciliation performed as indicated on attached progress note.

Yes No Unable to perform reconciliation.

Past Medical - required element

Did you review/update the patient's past medical history during the encounter? Yes No

Problems - required element					
Source	Type	HCC/HCC Description	Dx Code/Description	Date of Service	Disposition
Claim Data	YOY	96: Specified Heart Arrhythmias	I495 : Sick sinus syndrome	1/4/2023	<input type="checkbox"/> Assessment/Plan noted in attached progress note <input type="checkbox"/> Disagree <input type="checkbox"/> Condition Resolved
Claim Data	YOY	88: Angina Pectoris	I25119 : Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	1/4/2023	<input type="checkbox"/> Assessment/Plan noted in attached progress note <input type="checkbox"/> Disagree <input type="checkbox"/> Condition Resolved
Claim Data	YOY	108: Vascular Disease	I700 : Atherosclerosis of aorta	1/4/2023	<input type="checkbox"/> Assessment/Plan noted in attached progress note <input type="checkbox"/> Disagree <input type="checkbox"/> Condition Resolved
Claim Data	YOY	85: Congestive Heart Failure	I130 : Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease; or unspecified chronic kidney disease	1/4/2023	<input type="checkbox"/> Assessment/Plan noted in attached progress note <input type="checkbox"/> Disagree <input type="checkbox"/> Condition Resolved

Family - required element	
Did you review/update the patient's family history in the attached progress note?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social	
Did you review/update the patient's social history in the attached progress note? (Examples include Alcohol intake, Details of drug use/abuse, Smoking Status, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT PROVIDERS/SUPPLIERS

Did you review/update the patient's current provider/suppliers in the attached progress note? Yes No

Provider/Supplier (name) - required element	

CURRENT BEHAVIORAL RISKS

Opioid Prescription Review - when applicable	
<p> OUD is a complex issue that can occur at any time in one's life and presents differently for everyone. If you suspect that your patient may be at risk of struggling with OUD, use the Prescription Opioid Misuse Index (POMI). *Two "yes" answers indicate a positive screen and a possible diagnosis of OUD. </p>	
Do you ever use more of your medication, that is, take a higher dose, than is prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever use your medication more often, that is, shorten the time between doses, than is prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever need early refills for your pain medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever feel high or get a buzz after using your pain medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever take your pain medication because you are upset, using the medication to relieve or cope with problems other than pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever gone to multiple physicians, including emergency room doctors, seeking more of your pain medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Potential substance use disorders (SUDs) Screening - when applicable	
How often do you use Tobacco?	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3 or more times a week
How often do you have an alcoholic drink?	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3 or more times a week
How often do you use illegal drugs?	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3 or more times a week
How often do you use prescription medications recreationally, including using more than prescribed?	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 times a week <input type="checkbox"/> 3 or more times a week

Health Status	
In general, how would you rate your health?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
How often do you forget to take your medicine?	<input type="checkbox"/> Almost daily <input type="checkbox"/> 2-4 times a week <input type="checkbox"/> 1 time a week <input type="checkbox"/> rarely/never
Do you have difficulty managing your medications?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Have difficulty <input type="checkbox"/> Not able to do this activity unassisted

FUNCTIONAL STATUS ASSESSMENT

ADLs	
<input type="checkbox"/> Independent of all ADL's	
Feeding:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Fully Dependent
Bathing:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Fully Dependent
Dressing:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Fully Dependent
Transferring:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Fully Dependent
Toileting:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Fully Dependent
Walking:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Fully Dependent

PREVENTIVE SCREENING

PHQ-2
 Little interest or pleasure in doing things: Not at all Several Days More than half the days Nearly every day
 Feeling down, depressed, or hopeless: Not at all Several Days More than half the days Nearly every day
 If PHQ-2 is positive, complete PHQ-9. Document test and findings in progress note as well as associated treatment plan, if applicable.

STARS/QUALITY/OTHER PREVENTIVE SCREENING

STARS/Quality measures - required element

Exclusion	<input type="checkbox"/> Frailty & Advanced Illness	
Preventive Screenings & Vaccinations		
Breast Cancer Screening	<input type="checkbox"/> Mammogram	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Exclusions	<input type="checkbox"/> Bilateral Mastectomy	
	<input type="checkbox"/> Unilateral Mastectomy	
Colon Cancer Screening (Select Test Type)	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> CT - Colonography <input type="checkbox"/> Cologuard (Fit-DNA) <input type="checkbox"/> Fit Kit/FOBT	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Exclusions	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Total Colectomy
Test	Enter Results	Dates of Service
HbA1c	Result:	
Retinal Exam	<input type="checkbox"/> Not completed	<input type="checkbox"/> Completed <input type="checkbox"/> Positive Retinopathy <input type="checkbox"/> Negative Retinopathy Performed by: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist

NOTE: USPSTF recommends against PSA-based screening for men aged 70 years or older.¹

Other Preventive Screenings recommended for the patient (i.e., Lipid disorder screening in men, bone density tests for women 65 or older, etc.)

Screening	Completed	Result	Date Done	Provider/Facility
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

ASSESSMENT/PLAN

Assessment and Plan documented in attached progress note Yes No
 *All health conditions should include a diagnosis, status, and treatment plan.

I hereby acknowledge that, to the best of my knowledge, all data on this form is accurate and will become part of the patient's medical record.

Provider Signature: _____ Credential: _____ Date: _____

Print Name: _____

Advanced Care Planning

Discussion documented in the medical record. Legal document present in the medical record.

Cognitive Assessment

Cognitive Assessment performed as noted in the progress note. Yes No Overall impairment noted: (i.e., Mini-Cog) Yes No

Fall Risk Assessment

Vision Impairment: Yes No
 Mobility Impairment (amputation, paralysis, etc.): Yes No
 Household hazards (stairs, poor lighting, etc.): Yes No
 Conditions that affect coordination (i.e., Parkinson's): Yes No
 Recommended anti-slippery socks: Yes No

Hearing Assessment

No Impairment Mild Impairment Profound Impairment Total Impairment

Incontinence Assessment

Any urinary incontinence? Yes No Any fecal incontinence? Yes No

Nutritional Assessment

Eats fruit & vegetables every day? Yes No Concerned about weight? Yes No
 Has difficulty chewing or swallowing? Yes No Unplanned weight loss in the past 3-6 months? Yes
 No If 'Yes', <5% 5-10% >10%

Pain Assessment

Type of pain: Acute Chronic Pain Scale: No pain Mild Moderate Severe Worst Possible
 Medication Improvement: 0% 25% 50% 75% 100%

Physical Activity Assessment

How often do you perform physical activity? (exercise) Never Seldom 1-2 days 3-4 days >5 days

Safety Assessment

Do you feel safe in your living environment? Yes No
 Has someone hit or physically hurt you in the past 12 months? Yes No

Sexual Health Assessment

Are you sexually active? Yes No

Form Submissions

- Completed AWW Forms and accompanying progress notes for 2023 dates of service must be submitted no later than March 1, 2024, to be eligible for payment.

Form Requirements

Elise Depew – RA
Education



All Risk Adjustment & Quality Gaps must be addressed.



If a suspected condition is not present, that condition should be noted as “disconfirmed” on the form.



Referrals for tests to address a Quality gap, such as mammograms, should be noted in the progress note and would be considered “addressed”.



All AWP forms must be signed by a clinician.

Form Requirements

Elise Depew – RA
Education



On a very limited basis, BND/CHP may allow providers to submit their own AWW form and an accompanying progress note.

Please contact your Provider Service Representative if you would like your form to be reviewed/approved for this program.

If you used your own form in the past, it will need to be reviewed/approved for this year's program.

Form Requirements

Elise Depew – RA
Education



All AWW forms must be submitted with a copy of a progress note.

- Required fields in an AWW are noted in the “AWW Reference Guide”



Providers are also expected to submit an electronic encounter for the visit using one of the following HCPCS codes: G0438, G0439, G0468.

Annual Wellness Visit (AWV) Reference Guide

<input checked="" type="checkbox"/>	AWV Elements	Notes	Level of Necessity
<input type="checkbox"/>	Review and update Health Risk Assessment	Patient self-reported information <ul style="list-style-type: none"> • Demographic data • Health status self-assessment - • Psychosocial risks • Behavioral risks • Activities of daily living (ADLs) 	Best Practice
<input type="checkbox"/>	Update patient's medical and family history	Update and document: <ul style="list-style-type: none"> • Medical events of parents, siblings, children • Past medical and surgical history • Use of, or exposure to, medications and supplements- med list review / reconcile present 	Required
<input type="checkbox"/>	Update current providers and suppliers list	Include current patient providers and suppliers that regularly provide medical care including any behavior health providers	Required
<input type="checkbox"/>	Measure	<ul style="list-style-type: none"> • Weight • Blood pressure • Other routine measurements deemed appropriate per medical history 	Required
<input type="checkbox"/>	Detect any cognitive impairment patient may have	Access cognitive function by direct observation or family / caregivers. <ul style="list-style-type: none"> • Brief cognitive test - • Health disparities or chronic conditions that contribute to increased cognitive impairment risk 	Best Practice
<input type="checkbox"/>	Update patient's written screening schedule	Base written screening schedule on the: <ul style="list-style-type: none"> • United States Preventive Services Task Force and Advisory Committee on Immunization Practices (ACIP) recommendations • Patient's HRA, health status and screening history, and age-appropriate preventive services we cover 	Required
<input type="checkbox"/>	Update patient's list of risk factors and conditions where you recommend interventions or report current treatment	Include: <ul style="list-style-type: none"> • Mental health conditions, including depression, substance use disorder(s), and cognitive impairment • Risk factors or identified conditions • Treatment options and associated risks and benefits 	Best Practice



Payment Details

Incentive Payments



Payments will be made quarterly, within about 45 days of the quarter end. For example, Q2 2023 payments for AWV forms received by June 30, 2023, will be paid in mid-August.



AWV forms that are properly completed and have an accompanying progress note for the date of service for the visit will be eligible for payment.

Incentive Rewards will be as follows:

Access to AWV form and AWV form submission	Base Rate	Bonus if submitted by 8/1/23	Bonus for SNP members	Potential Total
Using Cozeva	\$175	\$25	\$25	\$225
Non-Cozeva	\$125	\$25	\$25	\$175



Next Steps

Next Steps

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Operations



Decide which option you want to use to participate in the AWE program.



If you're interested in learning more about Cozeva, or moving forward with Cozeva, please contact your Provider Service Representative and let them know.



If you do not want to use Cozeva, and this is your first year participating in the program, please contact your Provider Service Representative to let them know how you would like to receive the PDF (or printed) AWW forms.



If you participated in the AWE program last year (BND providers only), the forms will be distributed the same way as last year.

For any additional questions, please contact your Provider Service Representative.

BND:
provider_services@
universalcare.com

CHP: providerupdate@
centralhealthplan.com

Advantages of Using Cozeva



You will be able to track your incentives earned in the Cozeva application.



Data in Cozeva is updated weekly to note newly identified gaps as well as gaps that have been closed.



Incentive program pays out higher amounts per form, for those providers using Cozeva.

Upcoming Cozeva Training

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Operations



Cozeva Overview



AWV Form Process & Workflow



Supplemental Data



Quality & Risk Review



Batch & Bulk Print

4/12/2023 @ 11 am PST

Join via link:

<https://cozeva.zoom.us/j/82756110828>

Cozeva training recordings will be posted to [Healthcare Provider Home | Brand New Day HMO \(bndhmo.com\)](#) for on demand access!



Questions?

Thank you!



Visit our HCC Training page for more resources!

[Healthcare Provider Home | Brand New Day HMO \(bndhmo.com\)](#)