



Highmark Inc.

**2023 ENHANCED ANNUAL WELLNESS VISIT (eAWV)  
PROGRAM MANUAL**

January 2023

Applicable to providers participating in Highmark networks in West Virginia and contiguous counties

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# ENHANCED ANNUAL WELLNESS VISIT PROGRAM MANUAL

## Section 1: Overview

The goal of Highmark Inc.'s, including its subsidiaries and affiliates (hereinafter collectively, "**Highmark**"), Enhanced Annual Wellness Visit Program (hereinafter, "**Program**") is to ensure that quality healthcare is provided to Highmark Medicare Advantage (MA) and Affordable Care Act (ACA) members (hereinafter, "**Program Members**") by conducting an eligible wellness visit or a preventative medicine visit on an annual basis. The expectation is that the PCP will reach out to the patient to schedule an Annual Wellness Visit (AWV), Subsequent Annual Wellness Visit (SWV) Initial Preventive Physical examination (IPPE), or a Preventative Medicine Visit (hereinafter, "**Visit**") during the current calendar year. Please note that the Visit is a covered benefit for the Program Member. This Program will encourage participating practices (hereinafter, "**Participants**") to perform Visits for all eligible Program Members.

Each Visit must be precisely documented and accurately coded in the Highmark approved tool (VaticaWell365 Plus) and Visit documentation should be filed in the Program Member's permanent medical record to ensure a complete picture of the Program Member's health for purposes of appropriate treatment and follow-up care. The Participants will have the potential to receive compensation (hereinafter, "**Program Compensation**") for performing the Visit using the Highmark approved tool.

## Section 2: Program Process

The Program will launch on January 1, 2023, and conclude on January 31, 2024, for dates of service occurring between January 1 and December 31, 2023.

1. Participant schedules an appointment with eligible Program Members.
2. When the Program Member presents for the scheduled appointment, the Participant completes the appropriate Visit using the Vatica Well365 Plus tool following the instructions for

completion and submission. The Visit must be documented in the tool while the member is present for the Visit.

3. The Participant ensures the Program Member's documentation in the Diagnosis Tab of the Vatica Well365 Plus tool is updated appropriately with Monitored, Evaluated, Assessed and/or Treated (MEAT) for all of the diagnosis codes addressed during the Visit.
4. The Participant submits a claim with one of the following HCPCS/CPT codes:
  - **G0402\*** - Initial Preventive Physical Examination (IPPE); face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
  - **G0438\*** - Annual Wellness Visit (AWV) initial visit
  - **G0439\*** - Subsequent Annual Wellness Visit (SWV), subsequent visit
  - **99204** – Office Outpatient New 45 Minutes
  - **99205** – Office Outpatient New 60 Minutes
  - **99213** – Office Outpatient Visit 15 Minutes
  - **99214** – Office Outpatient Visit 25 Minutes
  - **99215** – Office Outpatient Visit 45 Minutes
  - **99385** – Initial Preventive Medicine, New Patient 18-39 Yrs.
  - **99386** – Initial Preventative Medicine, New Patient 40-64 Yrs.
  - **99387** – Initial Preventative Medicine, New Patient 65 Yrs. & Older
  - **99395** – Periodic Preventative Medicine, Established Patient 18-39 Yrs.
  - **99396** – Periodic Preventative Medicine, Established Patient 40-64 Yrs.
  - **99397** – Preventative medicine visit, established patient

- Participant also submits all appropriate procedure and diagnosis codes captured during the Visit on the claim.

\*These codes apply to Medicare Advantage **only**.

5. Participant ensures that the assessment performed in the tool is incorporated into the Program Member's permanent medical record within 10 days of the Visit.
6. Highmark will perform a reconciliation of the vendor report showing what Visits were performed against the claims submitted to ensure accuracy.
7. Highmark will render Program Compensation for all completed Visits per the validation rules (See Section 6).
8. Highmark reserves the right to audit the Participants' medical records to ensure compliance with all requirements needed to support this Program. In the event the Participant has not met all Program requirements, including but not limited to, the medical record does not substantiate the level of codes billed, Highmark, in its sole discretion, may require Participant to immediately repay any Program Compensation related to such failure to comply with the Program requirements.

**Email any Program questions you may have to your Highmark Provider Relations Representative or Clinical Transformation Consultant.**

### **Section 3: Participation**

As a condition of participation, all Participants will have, in effect, all contractual documents as required by Highmark, in its sole discretion including, without limitation, a network participation agreement.

#### **Section 4: eAWV Program Members and Impact**

Highmark and the Participant, as applicable, agree that individuals designated by Highmark as eligible may participate in the Program. Highmark may require other Program criteria, as applicable. Program Members are eligible for one (1) eAWV encounter per calendar year.

Highmark may terminate the Program in its sole discretion at any time and will provide notice to the Providers as to when the run out of completed assessments are processed. Participants will still receive Program Compensation for any completed Visits up until termination of the Program.

#### **Section 5: Data and Reporting**

Participants will be able to view performance reports by logging into the approved tool and searching for the appropriate report within the report functionality. Program Compensation reports will be published on the Quality Blue user interface via NaviNet in conjunction with the Program Compensation payments on a quarterly basis.

**If the Participant changes their Blue Shield ID (BSID) for any reason, it must be reported immediately to Highmark to ensure the Participant receives full Program Compensation. Failure to alert Highmark in any BSID change could result in missed or delayed payments.**

#### **Section 6: Program Compensation**

Participants will receive additional Program Compensation as listed below, for successfully completing the following three requirements, pertaining to **Program Members**:

- Fully complete the Visit via the Vatica Well365 Plus tool as outlined in the training (e.g. using an up-to-date and contracted BSID, using correct Performing Practicing NPI number, etc.)
- Submit a claim reflecting the information gathered during the Visit including the correct HCPCS/CPT (See Section 2), diagnosis codes identified, and an **active, up to date BSID#**.

- Ensure all documentation from each visit is contained in the Program Member's permanent medical record

### **Base Compensation:**

Program Compensation of \$125 per completed Visit will be paid for visits performed between January 1, 2023 and December 31, 2023. Payments will be made quarterly as a separate payment administered to the Participant in the same manner as other Highmark payments are made. The payment schedule is as follows\*:

- In **June 2023** Participants will receive payment for Visits completed between Program launch and March 31, 2023
- In **September 2023**, Participants will receive payment for Visits completed between April 1 and June 30, 2023, in addition to any Visits prior to April 1 that were not captured in the first quarter payment
- In **December 2023**, Participants will receive payment for Visits completed between July 1 and September 30, 2023, in addition to any Visits prior to July 1 that were not captured in the first or second quarter payment
- In **April 2024**, Participants will receive payment for Visits completed between October 1 and December 31, 2023, in addition to any Visits prior to October 1 that were not captured in the first, second, or third quarter payment

If a Participant participates in both the Enhanced Annual Wellness Visit (eAWV) Program and the Unconfirmed Diagnosis Code (UDC) Program, activity in the two programs will be compared before the UDC Program quarterly program compensation payment is made. If the Participant has completed an eAWV Program Visit for a Program Member first and later completes UDC information for the same Program Member within the same Program year, the Participant will only receive Program

Compensation for the eAWV Program Visit, at the appropriate level. For additional information, please refer to the 2023 Unconfirmed Diagnosis Code (UDC) Program Manual.

**Bonus Compensation (Medicare Advantage members only):**

In addition, Participants will be eligible to earn bonus compensation for completing Visits for a significant percentage of their attributed Medicare Advantage population.

- Participants who complete Visits for **60% or more** of the attributed Medicare Advantage population will earn an additional \$25 for each completed and paid eAWV Program Visit performed during the year.
- Participants who complete Visits for **75% or more** of the attributed Medicare Advantage population will earn an additional \$40 for each completed and paid eAWV Program Visit performed during the year.

Bonus compensation will be calculated at the end of the 2023 Program and paid to Participants after the fourth quarter payments are made. Participants of the eAWV Program are eligible for bonus compensation for this Program only and not eligible for bonus compensation under the UDC Program. Attributed membership will be based on the number of Medicare Advantage members attributed to your practice as of April 1, 2023, thus making this number the denominator in the calculation of the bonus.

$$\text{Percentage Completed} = \frac{\text{Number of eAWVs Program Visits Completed and Program Compensation Paid}}{\text{Attributed Medicare Advantage Membership as of April 1, 2023}}$$

\*The payments may be subject to delay depending on volume and operational processing times.