

Livingston HealthCare would like to help you maximize your Medicare Part B wellness benefits. Medicare Part B's wellness program has one initial "Welcome to Medicare" visit in the first 12 months of your enrollment. After your initial visit, you will have one "Annual Wellness" visit every 12 months. Both types of visits are to review your medical and social history and to update your personalized wellness plan.

Medicare Wellness Visits are for:

- Discussions with your healthcare team about your medical history, risk of certain diseases, the current state of your health, and your plan for staying well.
- Your provider to refer you for any appropriate screenings or services outside of the appointment.
- Your provider to discuss end-of-life planning and to make a personalized care plan if you choose.
- Your healthcare team to complete screening questionnaires on your functional status, memory, depression, and home safety.
- To provide you a written personalized wellness plan based on these assessments, including the wellness tests and future visits your provider recommends.

Medicare Wellness Visits are NOT:

- To discuss medical problems. If you would like to talk about medical concerns, please schedule another appointment.
- To follow up on chronic conditions or refill medications.
- A yearly physical-prevention exam, and will not include the provider listening to your heart and lungs or checking other parts of your body.
- Routine screenings or blood tests. If your provider orders labs or diagnostic tests, coinsurance and Medicare Part B deductible would apply.

Who pays?

- Medicare will pay for the Welcome to Medicare visit and the Annual Wellness Visit so you will not have an out-of-pocket expense.
- You might have a coinsurance amount for some screening services and follow-up visits.
- If you receive tests or services during the same visit that aren't covered under these wellness benefits, coinsurance and Part B deductible may apply.
- If you discuss active medical problems, then coinsurance and Part B deductible may apply.
- A physical exam would be 100% patient responsible because Medicare does not cover them.

Things to bring to your Medicare Wellness Visit:

- A list of the members on your healthcare team, including any other physicians.
- The names of your home health agency, and medical equipment supply companies (ex. oxygen supplier).
- The names and locations of the pharmacies you use.
- Your completed Medicare Wellness Checkup survey (enclosed).

Types of Visits and Medicare Coverage

Welcome to Medicare Visit	This is a review of medical and social health history and wellness services. Covered only once within the first 12 months of the first Part B enrollment.	Patient pays nothing
Annual Wellness Visit (AWV)	Visit to develop or update a Personal Wellness Plan and perform a health risk assessment. Other services may be performed free of cost, based on your gender and history. Covered once every 12 months.	Patient pays nothing
Routine Physical Exam not covered for Medicare Beneficiaries	Exam performed without relationship to treatment of specific illness, symptom, complaint, or injury. Usually includes non-problem-focused assessment of lungs, ears, and possibly other parts of your body. Not Covered by Medicare, prohibited by statute; however, the initial Welcome to Medicare and the Annual Wellness or other Medicare benefits cover some elements of a routine physical.	Patient Pays 100% out-of-pocket
Problem Focused Exam	Exam performed in relation to treatment or diagnose a specific illness symptom, complaint, or injury.	Deductible and Coinsurance apply

You can find out more at [Medicare.gov/Coverage/yearly-wellness-visits](https://www.Medicare.gov/Coverage/yearly-wellness-visits)
We look forward to working with you to create a plan to help you stay well.

Thank you,
Your Livingston HealthCare Team
We're here for you.