

**Have you done any “welcome to Medicare” visits?
If so, how do you handle scheduling, lab work, testing and billing?
(i.e. How do you make them flow?)**

1. It is cookie. Figure out what the ingredients are (what they actually pay for i.e. EKG, cholesterol etc...) and you can get a bite. I've not been overly impressed with the incentive.
2. I use the worksheet from Medicare both as a reminder of what they pay for and for documentation. Mark each thing required during the visit and put orders in the EMR. The referral scheduler then schedules the labs, mammogram, EKG, etc. The worksheet is scanned to the EMR as added documentation and has the appropriate bill visit code. I have only done 3 or 4 but it seems to work ok; we get paid and the patient has not gotten any unexpected bill that Medicare denied. I ordered the welcome to Medicare DVD and we play it occasionally in the waiting room as a reminder to the patients that this benefit is available. They also have a DVD for the provider explaining how the benefit works.
3. If you treat the visit as a sports physical visit, it is not too bad. Just make sure that the basics are checked but don't address any problems you can't actually do in a reasonable amount of time. However, most people who come in have some type of problem and they want that addressed (can't blame them because most of them have not had a physical or well child check in 61 years or so). The flow pattern depends on the type of Welcome to Medicare visit that the patient had in mind and what testing you do. My experience is that their idea of a Welcome to Medicare physical is NOT the same as a doctor's version of a WTM physical; and people don't understand that Medicare only pays for a small amount of blood work and that is very infrequently (FSBS every 12 months unless..., PSA every 12 month, Lipids every 5 years). If you go to the following website, it describes Medicare's view of WTM physicals: BP/Ht/Wt/vision/immunization evaluation/medical history and EKG. You can also talk about preventative services needed. We have had a couple of different patients schedule a WTM physical these were a few examples: The patient has been chronically sick for years and needs 53 things taken care of at this visit since they are already here; the patient has never been sick a day in their life but thought they'd come in and get everything tested because Medicare said they would pay....and now why are they not paying for this and why do I have to sign an ABN?; the patient thinks that he is fine (his wife made him come to the appointment) but he has a heart rate of 160 and has chest pain and SOB that has been going on for 2 weeks but I thought I'd wait until my welcome physical to get the problems checked. The biggest obstacle we have is not knowing what is expected and paid for as part of the physical. The patients have the same problem. They don't understand what is and what is not covered on the physical. (But this is a good introduction to Medicare as they don't understand what Medicare covers later either. Has anyone developed a program/spreadsheet describing what is covered? You can pull it up in pieces on the following website but you have to sort through it: www.medicare.gov/health/physicalexam.asp.
4. We have done a few. AAFP has a great template for doing these. It really simplifies things.