



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

MEMORANDUM

DATE: December 2, 2010

TO: All Medicare Advantage Organizations, Cost Based Contractors, PACE Organizations, and Demonstration Plans

FROM: Danielle Moon, J.D., M.P.A.
Director

SUBJECT: Coverage of the Annual Wellness Visit beginning Contract Year 2011

On November 2, 2010, CMS issued the Contract year (CY) 2011 Medicare Physician Fee Schedule (MPFS) final rule with comment period, which implements provisions in the Affordable Care Act that provide Medicare coverage for personalized prevention plan services (i.e., an annual wellness visit) beginning January 1, 2011. This visit augments the benefit of the Initial Preventive Physical Examination (IPPE or “Welcome to Medicare Exam”) with an annual visit that allows the physician and beneficiary to develop a personalized prevention plan that considers not only the age-appropriate preventive services generally available to Medicare beneficiaries, but additional services that may be appropriate because of the patient’s individual health status.

All Medicare Advantage and cost contract plans are required to cover this new Medicare covered benefit effective January 1, 2011. Both the IPPE and the new annual wellness visit are covered at zero cost sharing in original Medicare in 2011. As described in a May 10, 2010 HPMS memo, we strongly encouraged Medicare Advantage and cost contract plans to furnish all Medicare covered preventive services, including the IPPE and annual wellness visit, to their enrollees in 2011 at zero cost sharing. In addition, in our CY 2012 proposed rule published in the *Federal Register* on November 22, 2010 (75 FR 71212), we proposed to require all Medicare Advantage and cost contract plans to furnish these and other Medicare covered preventive services to enrollees at zero cost sharing to parallel the coverage under original Medicare.

The CY 2011 MPFS final rule with comment period was published in the Nov. 29, 2010 issue of the *Federal Register* (75 FR 73170). Section VI.Q (75 FR 73399 through 73412) includes extensive discussion of the final requirements for coverage of the first annual wellness visit and subsequent visits, as well as payment under Medicare Part B. The CFR provisions are located at 75 FR 73613-73615.

Thank you for your attention to this issue.