Scheduler Outreach Call

Scheduler: Hello Mr./Mrs./Ms. ______________, I am ____________ from Dr. ______________’s office. We are contacting all our Medicare Advantage Plan patients to schedule your Annual Routine Physical.

First, I would like to share with you a little bit about the Annual Routine Physical and how important it is for you to see your physician at least once a year.

As an Anthem Medicare Advantage Plan member, you are allowed a comprehensive Annual Routine Physical. This physical examination will help your doctor identify any health risks you may have, and allow us to work with you to develop a plan to address your health care needs. Our goal is to help you reach your goals in getting or staying healthy. Your Anthem Medicare Advantage Plan pays 100% of the cost for this exam with no out-of-pocket expense to you.

At this visit, if we need to address other medical concerns (like a sore knee or other medical conditions), we want you to know you may have a deductible or copay.

What would be a good day to get your Annual Routine Physical scheduled for you?

To prepare for this visit, please bring all medications, vitamins (including inhalers and injectable), supplements and topical creams you are taking so we can update your records. When you arrive your doctor may ask that you complete a ‘Health Risk Assessment’ form to assist us in developing a personalize prevention plan for you to stay healthy.
Scheduler: Hello, this is ____________ from Dr. _____________'s office. We are contacting all our Medicare Advantage Plan patients to schedule your Annual Routine Physical. Please call our office at ###-###-#### so we can assist you in scheduling this very important visit with your physician.

Note: Practice to define how many calls will be made before sending the Annual Routine Physical reminder letter to the patient.
Incoming Call
Patient Call to Office

**Caller:** I am calling to schedule a physical with my doctor. (The patient may be returning your call or responding to the letter sent by provider office.)

**Scheduler:** Are you calling to schedule an Annual Routine Physical that is covered by your Medicare Advantage Plan?

**Note:** Determine if the patient is eligible for this Annual Routine Physical. (12 months from previous ‘routine physical exam’ or the ‘Welcome to Medicare’ visit.) **If the patient expresses concern about their eligibility for this benefit, you may want to call their customer service number to confirm or have the member call prior to making the appointment.

The Annual Routine Physical examination provides coverage for a physical examination that is a comprehensive, multi-system exam which is based on the patient’s age, gender and identified risk factors. This visit is not a problem oriented visit and does not involve a chief complaint or present illness. It includes a system review and interval past, family and social history of pertinent risk factors.

- If the member is not eligible for the Annual Routine Physical, the member has another option Annual Wellness Visit (AWV) for a wellness exam.
  - The AWV includes a Health Risk Assessment and other assessments allowing the provider and member to update their records, define a screening schedule, address risk factors and provide personalized health advice to the beneficiary – such as health education, counseling services or programs
  - **Note:** The AWV cannot take place within 12 months of the ‘Welcome to Medicare’ preventive visit or the previous annual wellness visit.
  - **It is not required to have a “Welcome to Medicare” visit to be covered for an annual wellness visits after you’ve had Part B for 12 months.

**Caller:** I understand and would like to schedule an Annual Physical Visit with my physician

**Scheduler:** The visit is scheduled. For the visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive we may ask you to complete a ‘Health Risk Assessment’ form to assist us in developing a personalize prevention plan for you to stay healthy. **Office may elect to send an HRA form to the member to complete prior to the visit.**
Scheduler: Outreach Call
Missed Appointment

Scheduler: Hello Mr/Mrs/Ms______________, I am ____________ from Dr. _____________’s office. I see you missed your Annual Routine Physical appointment. I am calling to help you reschedule your appointment. Dr. _____________ feels this type of visit is very important to identifying any health risks you may have and allow us to work with you to develop a plan to address your health care needs.

What would be a good day to get this rescheduled for you?

To prepare for this visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive, we will ask that you complete a ‘Health Risk Assessment’ form to assist us in developing a personalize prevention plan for you to stay healthy.
Caller: I am calling to get an appointment to see my doctor for my back pain; it is starting to bother me again.

Scheduler: I can help you with that. Mr./Mrs./Ms. ___________________.

Scheduler to determine if the patient has had their annual routine physical exam. If not, take this opportunity to see if one can be scheduled after the patient is seen for their current condition.

I see that you are also due for your Annual Routine Physical. I would like to get this scheduled too. As an Anthem Medicare Advantage Plan member, you are allowed to have a comprehensive Annual Routine Physical. This physical examination will help your doctor in identifying any health risks you may have and allow us to work with you to develop a plan to address your health care needs. Our goal is to help you reach your goals in getting and staying healthy. Your Anthem Medicare Advantage Plan pays 100% of the cost for this exam with no out-of-pocket expense to you.

Let me see if I can get you scheduled today for your back pain, and then we can find a day that works for your Annual Routine Physical?

Caller: OK.

Scheduler: To prepare for this visit, please bring all medications (including inhalers and injectable), vitamins, supplements and topical creams you are taking so we can update your records. When you arrive, we will ask that you complete a ‘Health Risk Assessment’ form to assist us in developing a personalize prevention plan for you to stay healthy.

Note: Office may elect to send an HRA form to the member to complete prior to the visit.