**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Provider,

Lakeland Care recommends regular and timely utilization of preventative health services to maximize the health, safety, and independence of our members. The recommended health promotion and disease prevention services are outlined on this guide as a tool for you to assist the member in scheduling and attending these appointments.

**Annual Wellness Visit**

An important starting point for preventative health services is the Annual Wellness Visit for those with Medicare. The Annual Wellness Visit (AWV) serves to develop a personalized prevention plan to help prevent disease and disability, based on a person’s current health and risk factors. The yearly AWV visit is different from a Physical Exam. An annual Physical appointment or “Health Check” should be scheduled separately, and for those without Medicare.

* Medicare covers AWV at 100%.
* May be required for Medicare Advantage Plans, though not required by standard Medicare.
* Schedule the appointment for an “Annual Wellness Visit” or “Medicare Annual Wellness Visit”.
* Appointments for follow-ups, medication checks or acute concerns should be made separately.
* The healthcare provider will focus the visit on the AWV health screening guidelines and if another issue takes precedence at the appointment, the AWV may need to be rescheduled for a different date.

**Other Preventative Health Services**

In addition to the Annual Wellness Visit, there are several important medical and health screenings that are used to check for diseases and health conditions before there are any signs or symptoms when they may be easier to treat. See opposite page for additional possible screenings and vaccinations.

**Colorectal Cancer Screening:**

* Initial screening begins at age 50 and continues until age 75.
* For members **ages 76 through 85**, the screening should be based on member’s overall health and prior screening history, per the health care provider’s recommendation.

**Mammogram:**

* Typically, annual screening between ages 45-74. Screening earlier than age 45 per health care provider’s recommendation.
* Women **75 years or older** and members of any age with a family history of breast cancer should consult their healthcare provider for screening recommendations.

**Dental Exam:**

* Cleaning and exam every 6 months. Once per year if member has dentures.
* Members with chronic conditions such as diabetes or conditions/medications that cause dry mouth may need more frequent screening and intervention.

**Vision Exam:**

* Members without risk factors should get a complete eye exam every 1-2 years or when concerns arise.
* For members who are diabetic, **annual** eye exams are an important preventative care practice for early detection and treatment of diabetic retinopathy and other eye diseases that could lead to irreversible vision loss.

***Please use this tool as a guide and for record keeping***

**Annual Wellness Visit**

Healthcare Provider / Clinic: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Colorectal Cancer Screen**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mammogram**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID Vaccine**

Dose 1: \_\_\_\_\_\_\_\_ Dose 2: \_\_\_\_\_\_\_\_\_\_\_

Booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seasonal Influenza Vaccine:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pneumococcal Vaccine:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shingles Vaccine:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tetanus/Diphtheria/Pertussis Vaccine:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vision Exam**

Location / Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dental Exam**

Location / Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other screenings that may be recommended by the member’s healthcare provider:**

Lung Cancer Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cholesterol Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Pressure Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Osteoporosis Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prostate Cancer Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pap/Pelvic Exam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_