

Important Medicare Changes in the New Year—How ACA Impacts People with Medicare in 2011

Happy New Year!

There are many important changes under the Patient Protection and Affordable Care Act of 2010 (ACA) that improve access and services for people with Medicare. Many of these changes will take place in 2011 – some even began as early as January 1. Below is a list of some of the changes beneficiaries will experience this year:

Access to a new Physician Compare Website

A new CMS Healthcare Provider Directory is now available through the Physician Compare Website. This consumer-friendly site is designed to help beneficiaries and their families locate and compare health professionals in communities across the country. You can find the following information on the site:

- Contact and address information for physicians' offices;
- Physicians' medical specialties
- Where they completed their degree as well as residency or other clinical training;
- His or her gender
- Which languages a physician speaks; and
- Whether or not a physician participates in the Medicare program.

CMS will continue to expand and improve Physician Compare with more information about quality of care and patient experience that can help consumers learn more about the care provided by Medicare-participating physicians. To learn more about the Physician Compare Website, please visit: www.medicare.gov/find-a-doctor.

Improvements to Medicare Preventive Benefits

Annual Wellness Visit: Beginning January 1, 2011, people with Medicare have access to a new 'Annual Wellness Visit' where they can receive a comprehensive health risk assessment and develop a personalized prevention plan.

Improved cost-sharing for Medicare preventive services: Also, as of January 1, the ACA also eliminates cost-sharing for Medicare-covered preventive services that are recommended (rated A or B) by the U.S. Preventive Services Task Force. The services which now have no cost-sharing (if a doctor accepts assignment under Medicare, meaning he or she accepts what Medicare pays for a service as payment in full) include:

- Abdominal aortic aneurysm screening
- Bone mass measurement
- Breast cancer screening/mammograms

- Cardiovascular screening tests (although you generally will have to pay 20% of the Medicare-approved amount for the doctor's visit)
- Certain types of colorectal cancer screenings (i.e., flexible sigmoidoscopy and colonoscopy)
- Diabetes screening tests (although you generally will have to pay 20% of the Medicare-approved amount for the doctor's visit)
- Flu shots
- Hepatitis B shots
- HIV screening tests (although you generally will have to pay 20% of the Medicare-approved amount for the doctor's visit)
- Medical nutrition therapy services (for those with diabetes or kidney disease, or who have had a kidney transplant in the last 36 months and whose doctor refers them for these services)
- Pap tests and pelvic exams
- Physical exams – both the “Welcome to Medicare” visit and the annual “wellness visit”
- Pneumococcal shot
- Prostate cancer screening
- Smoking cessation counseling

Smoking cessation counseling: More people are now eligible for the smoking cessation counseling benefit under Medicare. Now all beneficiaries who smoke can take advantage of as many as eight smoking cessation counseling sessions.

To learn more about Medicare-covered preventive benefits, go to:
<http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx>

Improvements to the Medicare Advantage Program

Medicare Advantage disenrollment period: People enrolled in private Medicare Advantage plans now have a 45-day window (from January 1 to February 14 of each year) in which they may return to Original Medicare (Parts A and B) and also enroll in a stand-alone Part D prescription drug plan if they wish.

Special Needs Plans: The new law also extends the Medicare Advantage Special Needs Program for an additional three years. Special Needs Plans (SNPs) are allowed to target enrollment to people with one or more types of special needs including 1) individuals living in an institution 2) individuals dually eligible for Medicare and Medicaid; and/or 3) individuals with severe or disabling chronic conditions.

Improvements to Medicare Part D

Savings in the Coverage Gap: Beginning in 2011, people with Medicare will benefit from reduced cost-sharing for prescriptions they purchase while in the

coverage gap (also known as the “doughnut hole”) -- a 50 percent savings on covered brand-name prescriptions and seven percent discount on generic drugs. Medicare will continue to reduce beneficiary cost-sharing and phase out the Part D coverage gap until 2020. For more information (including what will count toward a person’s True Out-of-Pocket, or TrOOP costs), visit <http://www.medicare.gov/Publications/Pubs/pdf/11493.pdf>.

Changes to the Annual Enrollment Period: In addition, thanks to the ACA, the annual open enrollment period in which people with Medicare may compare and enroll in Medicare Part D plans has been rescheduled and extended . Starting this year, the Annual Enrollment Period will begin October 15th and continue until December 7th.

Improvements to the Low-Income Subsidy

Reassignment: Through changes to the Medicare Advantage program, the ACA makes it easier for those receiving the Extra Help/Low-Income Subsidy (LIS) to stay in the same plan from one year to the next. The law improves the determination formula for plans to remain a \$0 premium benchmark LIS plan (plans that offer basic Medicare Part D coverage with rates low enough to allow Medicare to cover 100% of a beneficiary’s premium). This will reduce the number of people reassigned to new prescription drug plans each year and increase the number of LIS benchmark plan options available to beneficiaries. In addition, those who must still be automatically reassigned to a new plan will now receive more detailed information from CMS regarding their new plan so that they can make a more informed and timely decision about their new plan.

There are many additional resources discussing the impact of ACA for Medicare beneficiaries. For more information about these changes, please visit: <http://www.healthcare.gov/center/reports/affordablecareact.html>.