



Free Preventive Services for People in Medicare

5.5 Million Americans on Medicare Have Used Preventive Benefits

Introduction

On March 23, 2010, President Obama signed the Affordable Care Act into law. The new law provides important new benefits for the more than 47 million people with Medicare – seniors and people with disabilities. One of the major goals of the Affordable Care Act is to help people stay healthy by giving them the tools they need to take charge of their own health, fostering a culture of prevention that encourages patients to partner with their physicians and other caregivers so they can pursue as healthy and active a life as possible.

This new emphasis on prevention is centered on the fact that we know that we can reduce many of the highest cost chronic diseases, such as diabetes, heart disease, chronic obstructive pulmonary disease, stroke, hip fracture and several cancers. This is especially critical in the Medicare population, where the average beneficiary with a chronic condition sees three primary care physicians and six or seven specialists.

A recent CMS study showed that roughly 70 percent of Medicare beneficiaries had at least one chronic condition in 2008. As many as 38 percent had between two and four chronic conditions, and 7 percent had five or more. Patients with multiple chronic conditions are 60 percent more likely to be hospitalized than a typical beneficiary with a single chronic condition, and 30 percent more likely to require home health services, with an average of 76 percent more office visits a year per patient.

Beginning January 1, 2011, the Affordable Care Act eliminated Part B coinsurance and deductibles for recommended preventive services, including many cancer screenings and key immunizations. The law also added an important new service — an Annual Wellness Visit with the doctor of their choice— at no cost to beneficiaries.

As of June 10, 2011, approximately 5.5 million people with traditional Medicare used one or more of the preventive benefits including, most prominently, mammograms, bone density screenings, and screenings for prostate cancer. This is 16 percent - almost one in six - of the more than 33 million Americans who had traditional Medicare in June 2011. CMS developed a special program to monitor the use of preventive services using near-real time data and is committed to educating more Americans about these new benefits and the importance of prevention.

Removing Costs for Preventive Services

The Affordable Care Act eliminated Part B coinsurance and deductibles for the majority of preventive screenings and services. This will help seniors and their doctors prevent disease and

identify and treat illness early, when prognosis is best. To date, over 5.5 million Americans have utilized some of the free preventive services provided by traditional Medicare.

Preventive services now provided with no out of pocket costs by Medicare, along with their 2011 utilization rates between January 1 and June 10 are:

Previously subject to both the Part B deductible and coinsurance/copayment:

- Bone Mass Measurement (1,549,056)*
- Hepatitis B (HBV) Vaccine (193,383)*
- Tobacco Cessation Counseling¹ (20,730) *
- Medical Nutrition Therapy (*data not available*)

Previously exempt from the Part B deductible, but subject to coinsurance/copayment:

- Pap Tests (that require physician interpretation) (508,238) *
- Pelvic Examination (535,098)*
- Screening Mammography (2,326,088)*
- Most screening procedures for colorectal cancer.² (472,075)*
- Ultrasound Screening for Abdominal Aortic Aneurysm (*data not available*)

Previously exempt from both the Part B deductible and coinsurance/copayment:

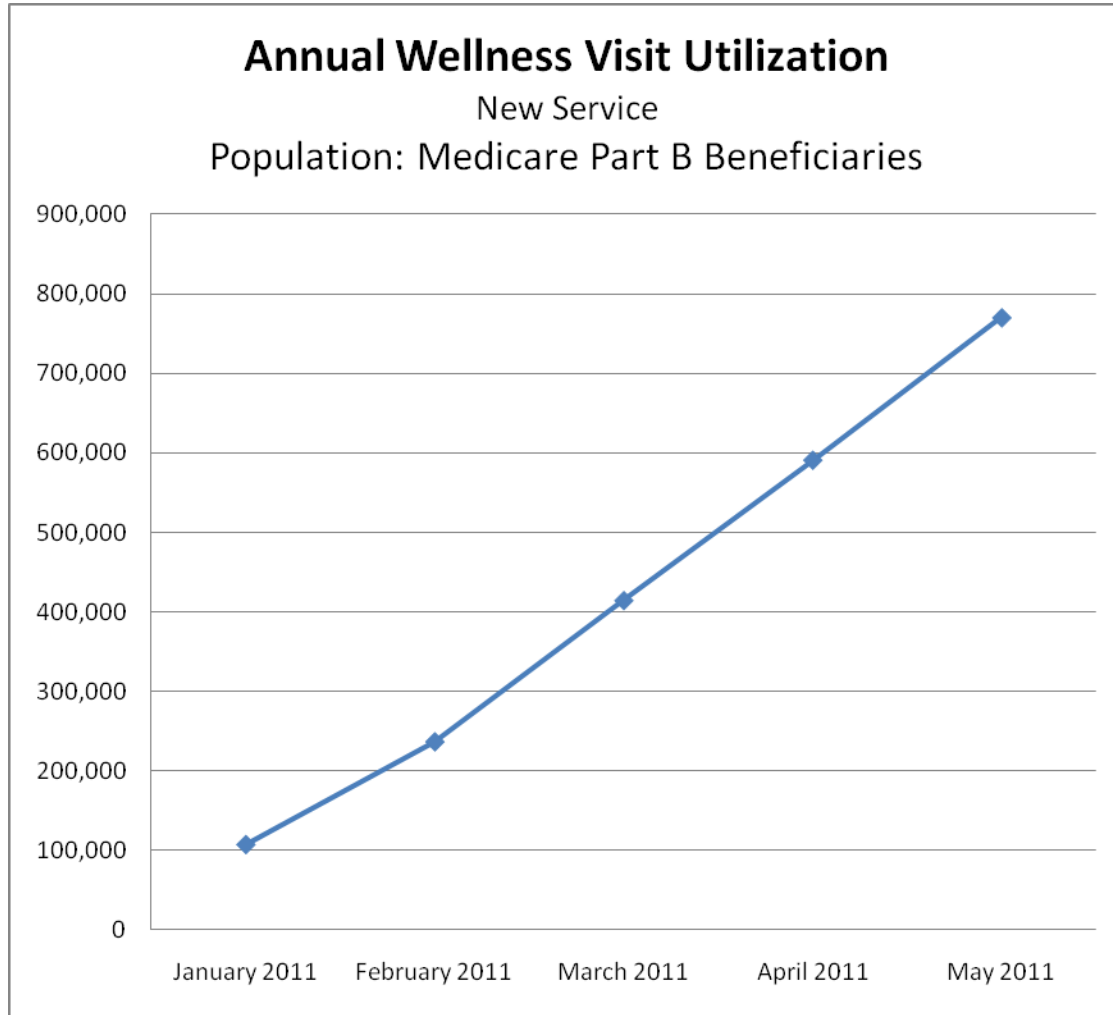
- Pap Tests (that do not require physician interpretation) (582,870) *
- Fecal Occult Blood Test for colorectal cancer screening (466,657)*
- Prostate-specific Antigen (PSA) Test (1,137,131)*
- Diabetes Screening Test (*data not available*)
- Cardiovascular Disease Screening Test (*data not available*)
- Seasonal Influenza Virus Vaccine (*data not available*)
- Pneumococcal Vaccine (*data not available*)
- Human Immunodeficiency Virus (HIV) Screening (*data not available*)

* Cumulative 2011 count of fee-for-service claims for beneficiaries using preventive service received as of June 10, 2011

¹ Preventive Service established through a National Coverage Determination

² The fecal occult blood test was always free, and the Part B coinsurance/copayment continues to apply to barium enemas, as well as to a screening colonoscopy if an abnormality is found and treated during the procedure. Total utilization for colorectal cancer screening was 928,520 from January through June 10, 2011.

Annual Wellness Visit and Welcome to Medicare Exam



Utilization of the Annual Wellness Visit through May 2011

In 2011, Medicare began covering an Annual Wellness Visit at no cost to Medicare beneficiaries. As part of that visit, beneficiaries and their physicians can review the patient's health and develop a personalized wellness plan. Over 780,000 beneficiaries received an Annual Wellness Visit between January 1 and June 10.

This Annual Wellness Visit complements the "Welcome to Medicare Exam" — that is available to Medicare beneficiaries within the first 12 months of enrolling in Medicare Part B. The Affordable Care Act also ensured that the Welcome to Medicare Exam, which had been subject to 20 percent coinsurance, is free for beneficiaries after January 1, 2011.

More seniors have used the Welcome to Medicare Exam this year. 66,302 beneficiaries had taken advantage of the benefit by the end of May 2011, compared to 52,654 beneficiaries at the same point in 2010 – a 26 percent increase.

Health Care Disparities and Preventive Services

Low-income Americans, members of racial and ethnic minorities, people with disabilities, and other underserved populations often face limited access to health care and experience poorer health outcomes across their lifespan. Older Americans in these underserved populations are also less likely to get the preventive care they need to stay healthy.

Improving utilization of the Medicare-covered benefits could significantly reduce health care disparities in this country.

For example, according to the Centers for Disease Control and Prevention (CDC), African Americans and Hispanics have significantly lower influenza and pneumococcal immunization rates compared to the rest of the population.

People of color experience higher rates of many chronic conditions (such as heart disease and diabetes), as well as higher death rates from many of these conditions compared to the general population.

High blood pressure is much more common among blacks than whites (42 percent vs. 29 percent), and rates of blood pressure control are lowest among Mexican-Americans (31.8 percent) and highest among whites (46.5 percent).

Outreach to People with Medicare

The data in this report shows that while the Affordable Care Act is making a difference, we can do more for Americans enrolled in Medicare.

To raise awareness in the Medicare population of the importance of prevention, CMS has launched a public outreach campaign in communities across the country. This effort is part of the National Prevention and Health Promotion Strategy, a comprehensive effort which includes businesses, educators, health care institutions, government, communities and individual Americans, to help increase the number of Americans who are healthy at every stage of life.

The acceleration of Annual Wellness Visits now covered at no charge provides an opportunity to initiate an ongoing conversation between more patients and their doctors on how to prevent disease and disability. Because doctors, nurses, pharmacists, and other health professionals are the most trusted sources of health information, CMS has reached out to all participating health care professionals with a letter. The letter informed them about improvements in Medicare benefits, including preventive services coverage, as a result of the Affordable Care Act.

User-friendly information about prevention is also available for people with Medicare and their families and friends at <http://Medicare.gov/sharethehealth> and in Spanish at <http://es.Medicare.gov/sharethehealth>. At that site, Medicare beneficiaries can track their health

care, including their use of preventive services. Medicare’s dedicated caregivers’ website, “Ask Medicare” www.Medicare.gov/caregivers now has a prevention section especially for caregivers.

Medicare’s Share the News, Share the Health campaign will run throughout the summer, with online ads and community events all over the country starting in July. HHS has released a nationwide public service announcement educating beneficiaries about the new preventive services available free of charge. As part of these outreach efforts, CMS has issued a “Dear Doctor” letter to providers, calling on them to discuss preventive care with their patients.

A list of the Medicare-covered preventive services, including information about eligibility, frequency, and whether there is beneficiary cost sharing is attached as an Appendix.

MEDICARE'S COVERED PREVENTIVE SERVICES – 2011

Service	Who is Eligible	How Frequently	Beneficiary's Costs
Initial Preventive Physical Examination (IPPE) or "Welcome to Medicare Exam"	Enrollees in Part B within first 12 months of enrollment	Once in a lifetime benefit per beneficiary	<ul style="list-style-type: none"> • Prior to 01/01/2011 – No deductible; but copayment/coinsurance apply • As of 01/01/2011 - None <p><u>Note:</u> Deductible and coinsurance/copayment apply to an optional electrocardiogram received in connection with a Welcome to Medicare Exam.</p>
Annual Wellness Visit (AWV) – New benefit in 2011	Enrollees in Part B after first 12 months of enrollment who have not received an IPPE or AWV within the past 12 months	Annually	None
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	Part B enrollees with certain risk factors for abdominal aortic aneurysm	Once in a lifetime based on referral resulting from a Welcome to Medicare Exam	<ul style="list-style-type: none"> • Prior to 01/01/2011 – No deductible; but copayment/coinsurance apply • As of 01/01/2011 - None
Cardiovascular Disease Screenings	All Part B enrollees	Every 5 years	None
Diabetes Screening Tests	Part B enrollees with certain risk factors for diabetes or diagnosed with pre-diabetes	<ul style="list-style-type: none"> • 2 per year for beneficiaries diagnosed with pre-diabetes • 1 per year if previously tested, but not diagnosed with pre-diabetes, or if never tested 	None
Diabetes Self-Management Training (DSMT)	Part B enrollees diagnosed with diabetes	<ul style="list-style-type: none"> • First year: Up to 10 hours of initial training • Subsequent years: Up to 2 hours of follow-up training annually 	Deductible and coinsurance/copayment
Medical Nutrition Therapy (MNT)	Certain Part B enrollees diagnosed with diabetes, renal disease, or who have had a kidney transplant within the last three years	<ul style="list-style-type: none"> • First year: 3 hours of one-on-one counseling • Subsequent years: 2 hours 	<ul style="list-style-type: none"> • Prior to 01/01/2011 – Both deductible and copayment/coinsurance • As of 01/01/2011 – None
Screening Pap Test	Female Part B enrollees	<ul style="list-style-type: none"> • Annually if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years • Every 24 months for all other women 	<ul style="list-style-type: none"> • Prior to 01/01/2011: None for tests not requiring physician interpretation. For tests requiring physician interpretation, no deductible but copayment/coinsurance apply. • As of 01/01/2011 - None

Service	Who is Eligible	How Frequently	• Beneficiary's Costs
Screening Pelvic Exam	Female Part B enrollees	<ul style="list-style-type: none"> • Annually if at high-risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years • Every 24 months for all other women 	<ul style="list-style-type: none"> • Prior to 01/01/2011 – No deductible; but copayment/coinsurance apply • As of 01/01/2011 – None
Screening Mammography	Female Part B enrollees aged 35 and older	<ul style="list-style-type: none"> • Aged 35 through 39: One baseline • Aged 40 and older: Annually 	<ul style="list-style-type: none"> • Prior to 01/01/2011 – No deductible; but copayment/coinsurance apply • As of 01/01/2011 - None
Bone Mass Measurements	<p>Female Part B enrollees who are estrogen deficient and at clinical risk for osteoporosis;</p> <p>All Part B enrollees:</p> <ul style="list-style-type: none"> • with vertebral abnormalities • receiving (or expecting to receive) glucocorticoid therapy for more than 3 months • with primary hyperparathyroidism; or • being monitored to assess response to osteoporosis drug therapy. 	<p>Every 24 months</p> <p>More frequently if medically necessary</p>	<ul style="list-style-type: none"> • Prior to 01/01/2011 – Deductible and coinsurance/copayment • As of 01/01/2011 – None
Colorectal Cancer Screening	Part B enrollees age 50 and older	<p>Normal risk:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test (FOBT) every year, • Flexible Sigmoidoscopy every 4 years (or at least 119 months after a screening colonoscopy) • Screening Colonoscopy every 10 years (or at least 47 months after a screening flexible sigmoidoscopy) • Barium Enema (alternative to screening flexible sigmoidoscopy) <p>High risk:</p> <ul style="list-style-type: none"> • FOBT every year, • Flexible Sigmoidoscopy once every 4 years, • Screening Colonoscopy every 2 years (or at least 47 months after a screening flexible sigmoidoscopy) • Barium Enema (alternative to screening colonoscopy) 	<ul style="list-style-type: none"> • Prior to 01/01/2011 -- FOBT – None • All others – No deductible but copayment/coinsurance apply • As of 01/01/2011 – None except deductible and copayment/coinsurance apply to barium enema, and copayment/coinsurance apply to screening colonoscopy where polyps or other abnormalities are found and treated

Service	Who is Eligible	How Frequently	• Beneficiary's Costs
Prostate Cancer Screening	Male Part B enrollees aged 50 and older	Annually	Digital rectal examination – Deductible and copayment/coinsurance Prostate-specific antigen (PSA) test – None
Glaucoma Screening	Part B enrollees: <ul style="list-style-type: none"> • with diabetes mellitus, • family history of glaucoma, • African-Americans aged 50 and older, or • Hispanic-Americans aged 65 and older 	Annually	Deductible and copayment/coinsurance
Seasonal Influenza Virus Vaccine	Part B enrollees	Once per influenza season in the fall or winter; but Medicare may provide additional flu shots if medically necessary	None
Pneumococcal Vaccine	Part B enrollees	Once in a lifetime; but Medicare may provide additional vaccinations based on risk if at least 5 years have passed since receipt of a previous dose	None
Hepatitis B (HBV) Vaccine	Certain Part B enrollees at intermediate or high risk who are not at the time of the vaccine positive for antibodies for hepatitis B	Scheduled dosages required	<ul style="list-style-type: none"> • Prior to 01/01/2011 – Both deductible and copayment/coinsurance apply • As of 01/01/2011 - None
Tobacco cessation counseling	All Part B enrollees who use tobacco when counseled by a Medicare-recognized counselor	2 cessation attempts of up to 4 intermediate or intensive sessions per year	<ul style="list-style-type: none"> • Prior to 01/01/2011 – Both deductible and copayment/coinsurance apply • As of 01/01/2011 - None
Human Immunodeficiency Virus (HIV) Screening	Beneficiaries who are at increased risk for HIV infection or pregnant	Annually for beneficiaries at increased risk; Three times per pregnancy for beneficiaries who are pregnant: <ol style="list-style-type: none"> When pregnancy is determined; During the 3rd trimester; At labor, if ordered by the woman's clinician.	None