

STRENGTHENING MEDICARE



Modernize Medicare to empower beneficiary choices and unleash private sector innovation to improve care.

- We must protect the Medicare program to make it sustainable for future generations.
- CMS is modernizing Medicare, with new technology in order to provide more choices, information and make care more affordable for Medicare beneficiaries.
- We are welcoming a new generation of seniors, 10,000 per day, to Medicare and empowering them with tools and features to meet modern consumer expectations and new types of benefits from private Medicare plans
- By focusing on results, we will improve care management for patients with chronic care needs, and supporting providers caring for complex patients.

Our actions are strengthening Medicare for generations to come

- CMS added new tools that empower consumers to shop for their healthcare needs including the Coverage Wizard 2.0, Out of Pocket Cost Calculator, Medicare Cost Estimator, and updated the Medicare Plan Finder.
- In the Medicare Advantage program, we have given plans flexibility to offer more choices to beneficiaries and eliminated burdensome requirements. Starting in 2020, plans will be able to offer supplemental benefits for the chronically ill that are not primarily health-related. This builds on changes we made for 2019 to permit plans greater flexibility in meeting the uniformity requirement for benefits. Plans can tailor these new supplemental benefits to the chronically ill individual, assessing what is needed and provide custom services to the patient. Most importantly, beneficiaries have the power to shop for a plan that has provided the most value for their personal needs.
- We have revised policies under the Medicare Shared Savings Program for Accountable Care Organizations (ACOs) to improve beneficiary engagement with their healthcare and make ACOs more accountable for providing high quality, cost effective healthcare that focuses on results.
- Issued 2019 rule to advance site-neutral payments across the physician office, Ambulatory Surgical Center, and hospital outpatient department settings. For example, we reduced the payment for certain clinic visits provided in hospital outpatient departments to an amount that's comparable to a doctor's office visit — this reduces beneficiary copayments and unnecessary increases in Medicare spending. These policies are projected to save beneficiaries \$150 million in lower copayments for clinic visits at certain sites.
- We are reducing burden for clinicians by simplifying documentation for office visits — streamlining the system of evaluation and management (E&M) codes and reducing requirements for documentation giving clinicians more time to spend with their patients, which has saved 4.7 million burden hours for the year.

- We are unleashing innovations and modernizing our policies to support technology. For the first time, Medicare is paying for virtual check-ins, meaning, patients can connect with doctors by phone or video chat, similar to how telehealth works. We enhanced payment available for new life-saving treatments to promote more innovation and ensure patient access.
- We strengthened our payment approach and improved accuracy of the wage index for hospitals that will provide relief especially for low wage index rural hospitals.