

Millions access free Medicare services

The preventive care program sees an increase in use after the health system reform law waives certain out-of-pocket costs.

By CHARLES FIEGL, amednews staff. *Posted June 30, 2011.*

Washington -- Nearly one in six patients with traditional Medicare coverage has received preventive care without having to contribute a co-payment or pay a deductible in 2011, according to the Centers for Medicare & Medicaid Services.

Starting Jan. 1, CMS began waiving out-of-pocket fees for certain preventive services, such as bone-mass measurements, hepatitis B vaccine and tobacco-cessation counseling. Obama administration officials said they believe more patients will seek and receive preventive care because cost barriers to the services have been removed. The program hopefully will save money in the long run by preventing serious illness, they said.

Medicare has covered free preventive services for more than 5.5 million patients so far, CMS Administrator Donald M. Berwick, MD, told reporters at Dept. of Health and Human Services headquarters on June 20. CMS has seen an increase in utilization of certain individual services. For instance, the Welcome to Medicare visit, an initial screening for new beneficiaries, was received by 66,302 patients between Jan. 1 and May 31, up from 52,654 visits during the same period in 2010. Also, 780,000 annual wellness visits, a new preventive service offered by the program starting this year, have been provided.

Dr. Berwick said his agency has determined that out-of-pocket costs deter patients from obtaining needed preventive care. The health system reform law authorized CMS to eliminate patient cost-sharing for most preventive services covered by the Medicare program.

"So we're not just lecturing people here about declining prevention, saying that these services can save your life," Dr. Berwick said. "We're cutting cost-sharing, providing these services for free, and we're making it possible so anyone can have those preventive services."

Not everyone agrees that more preventive care will lead to lower Medicare costs. Michael Cannon, a policy analyst with the libertarian Cato Institute, referred to a 2008 *New England Journal of Medicine* report citing research showing that preventing illness does not always save money. The article argues for a targeted approach to covering preventive measures.

"For example, drugs used to treat high cholesterol yield much greater value for the money if the targeted population is at high risk for coronary heart disease, and the efficiency of cancer screening can depend heavily on both the frequency of the screening and the level of cancer risk in the screened population," the report states.

Not all preventive services covered by Medicare are free to beneficiaries. The health reform law states only services rated highly by the U.S. Preventive Services

Task Force can be covered with no cost-sharing. The Welcome to Medicare and annual wellness visits are not graded by the task force, but federal statute requires the Medicare program to waive the deductible and co-pay amount for those services.

The agency hopes to create more awareness about its new preventive service coverage policy. Physicians and other health care professionals will receive a letter from CMS detailing the free preventive benefits, Dr. Berwick said.

The American Medical Association supported waiving out-of-pocket costs for patients through health reform. Early detection of chronic conditions can improve the quality of life for patients, the Association has said.

"The AMA is pleased that many patients are taking advantage of the preventive care services offered at no cost to them now through Medicare," said Cecil B. Wilson, MD, AMA immediate past president. "An increased focus on prevention and wellness allows physicians to see patients earlier and help them live healthier lives."

The AMA has developed a brochure to help doctors determine coverage guidelines for Medicare services. It is available for download on the AMA's website