

Medicare's Preventive Care Benefit: What It Means for You

For more than 40 years, Medicare has provided seniors and people with disabilities with health coverage. Until recently, however, Medicare concentrated on treating beneficiaries' conditions and diseases when they were already affected rather than emphasizing preventive care to keep people healthy in the first place.

When the Affordable Care Act was passed, this changed. As of January 2011, most preventive services are free. This means that you can get many important preventive services, such as screenings for diabetes, high cholesterol, and cancer, as well as vaccinations, at no cost. To help you take advantage of the preventive care benefit, the health care law also added a free annual wellness visit. You are encouraged to use the wellness visit to develop a personalized prevention plan with your doctor. These benefits mark a major milestone in Medicare's efforts to keep beneficiaries healthy, rather than just paying for treatment when they are sick. (To learn more about the free annual wellness visit, see *Medicare's Annual Wellness Visit: What It Means for You*, available online at <http://familiesusa2.org/assets/pdfs/health-reform/Consumer-Guide-Medicare-Wellness-Visit.pdf>.)

The Affordable Care Act Improves Medicare by Emphasizing Prevention and Wellness

Older adults and people with disabilities often do not get the preventive and wellness care they need to stay healthy and lead productive lives. In 2008, about 17 percent of women over the age of 65 reported not receiving a mammogram in the past two years, even though studies show that this screening reduces breast cancer deaths. In addition, even though people over the age of 65 represent the majority of new cases of colorectal cancer, more than one-third have not received a colorectal cancer screening.¹ Medicare's new emphasis on preventive services and wellness care not only saves money for beneficiaries by eliminating copayments, co-insurance, and deductibles, but it can also save lives. For some people, out-of-pocket costs for a mammogram or colonoscopy were too much, so they never received these screenings.* The health care law removed this barrier, providing preventive care and an annual wellness visit to plan this care for free, putting the power in the hands of beneficiaries to get the screenings they need.

The wellness visit and preventive services benefit are just two of the many important improvements to Medicare that are in the health care law. Over the next several years, Medicare will launch many new initiatives to improve communication and coordination among beneficiaries, doctors, and other health care providers—giving beneficiaries more control and lower-cost, higher-quality care.

* Department of Health and Human Services, *Enhancing Use of Clinical Preventive Services among Older Adults: Closing the Gap* (Washington: Department of Health and Human Services, 2011), available online at www.cdc.gov/aging.

What are preventive services?

Preventive services include screenings, vaccinations, and counseling services. In other words, services like blood tests to check your cholesterol, your annual flu shot, or an appointment to talk to your doctor or other health care provider about how to stop smoking. These services can prevent you from getting sick or help you determine if you are at risk for certain conditions so you can take necessary steps to prevent them.

How does the preventive benefit work?

Medicare now covers the full cost of many preventive services, but which health care provider you see may determine whether you have to pay for the services out of pocket.

If you see a health care provider who accepts Medicare assignment, meaning that he or she accepts Medicare's payment as payment in full, you will not have any out-of-pocket expenses for these preventive services. However, if you see a health care provider who does not accept Medicare assignment—which means he or she accepts Medicare but not as payment in full—or if your provider does not accept Medicare at all, you may have to pay for the preventive services.

This benefit is available to all people who are enrolled in original Medicare. The Centers for Medicare and Medicaid Services (CMS), the agency that runs the Medicare program, also requires Medicare Advantage plans to cover preventive services provided by an in-network provider for free.

Which preventive services are free?

Medicare will cover the entire cost of preventive services that the United States Preventive Services Task Force recommends with a grade of A or B, the highest ratings the task force provides. The task force uses scientific research to determine which preventive services are safe and effective and who they work for best. See the table, "Preventive Services that Medicare Covers at No Cost to Beneficiaries," on page 5 for more information about what is covered at no cost.



For more information about the task force, go to www.uspreventiveservicestaskforce.org.

Which preventive services are not free?

Because the task force has not issued recommendations for all preventive services, there are some preventive services that you may have to pay for. Medicare will continue to cover them, but you may have to pay the deductible and/or co-insurance (or have this portion paid by supplemental insurance like Medigap or Medicaid if you have it). These include glaucoma screenings, diabetes self-management training, prostate cancer screening by digital rectal

examination, and colorectal screening by barium enema. As the task force issues more recommendations, Medicare will determine whether to add the service to the list of fully covered preventive services. This means that, in time, more preventive services could be covered by Medicare at no cost to you. For example, in 2012, Medicare added coverage of new preventive services, including obesity screening and counseling.

What else is not covered by this benefit?

Though Medicare will be covering more of your expenses, it is still possible that any visit to your health care provider may end up costing you some money out of pocket. For example, a colon cancer screening can become a diagnostic test in which the doctor, having detected an abnormality, must take samples. Under Medicare rules, you will not owe a deductible for the test, but you may owe a co-insurance payment. Also, while you do not have to pay out of pocket for certain preventive services, you may have to pay for the office visit with your health care provider. If you receive other services during the same visit, you may have to pay for those services. In addition, if you need to have screenings more often than is recommended, you may have to pay for the more frequent screenings. Finally, you may have to pay for the preventive services if you receive them in an ambulatory surgical center or in a hospital's outpatient department rather than a doctor's office.

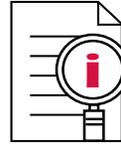
How will I know what is covered and what isn't when I go to the doctor?

You may want to ask questions when you make your appointment to receive preventive services. Below are some questions that will help you prepare for your appointment and let you know if and how much you will have to pay out of pocket.

- Does my health care provider accept Medicare assignment?
- Is the preventive service covered by Medicare?
- Will I have to pay anything out of pocket for the service?
- Will I have to pay out of pocket for the office visit when I get the preventive service?
- Will I receive the preventive service in a setting (such as a hospital outpatient department) where I will be required to pay out of pocket for the service? If yes, can I receive the same service in a different setting where I will not be charged?
- Will I receive other services during my visit that I will have to pay for?

How can I prepare for a preventive care appointment?

Medicare provides a checklist that you can use with your health care provider to determine which screenings you have already had, which ones you need, and when you will need them. You can complete this form with your provider at any time, but a good time to do so would be during your Welcome to Medicare exam or during your annual wellness visit.



For help with organizing your preventive screenings, see the Medicare preventive service screening checklist, available online at <http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-checklist.aspx>.

What do I do if I think I was inappropriately charged for a service?

If you think you were charged for a preventive service and should not have been, contact your health care provider first. The preventive services benefit may still be somewhat new to providers, and they might have made a simple mistake due to their lack of knowledge about the benefit. If you are unable to resolve the problem by contacting your health care provider, contact your local State Health Insurance Assistance Program (SHIP) and a counselor will help you. You can also contact 1-800-Medicare for help.

Conclusion

Medicare's improved preventive benefits might seem like a small thing, but they will help you take control of your health care. If you take full advantage of preventive services, it may mean the difference between sickness and health, and in some cases, between life and death. Of course, if you do get sick, Medicare will cover your doctor and hospital bills the same as it always has.



Helpful Resources

Medicare has a number of helpful publications to provide you with more information. They are available online at www.Medicare.gov.

Key publications include the following:

Your Guide to Medicare's Preventive Services, available online at <http://www.medicare.gov/publications/pubs/pdf/10110.pdf>.

Medicare's Preventive Services, available online at <http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx>.

The *Medicare and You* handbook, available online at <http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf>.

Preventive Services that Medicare Covers at No Cost to Beneficiaries, as of February 2012

Preventive Services	What's Covered	Who's Covered
Cardiovascular Screenings	Tests for cholesterol, lipid, and triglyceride levels	All people with Medicare
Breast Cancer Screenings	Breast exams, mammograms, and digital technology	Women with Medicare aged 40 and older
Cervical and Vaginal Cancer Screenings	Pap tests and pelvic exams	All women with Medicare
Colorectal Cancer Screenings	Fecal occult blood test, flexible sigmoidoscopy, screening colonoscopy	All people with Medicare aged 50 and older
Prostate Cancer Screenings	Prostate specific antigen (PSA) test	All men with Medicare aged 50 and older
Vaccinations	Flu shot, pneumococcal (pneumonia) shot, Hepatitis B shot	Flu and pneumonia shots: all people with Medicare; Hepatitis B shot: people with Medicare who are at medium or high risk
Osteoporosis Screening	Bone density measurement	People with Medicare who are at risk for osteoporosis and who have estrogen deficiency, vertebral abnormalities, or hyperparathyroidism; or who are receiving steroid treatments or taking an osteoporosis drug
Diabetes Screening	Fasting blood glucose test	People with Medicare who are at risk for diabetes
Medical Nutrition Therapy	3 hours of one-on-one counseling services for the 1 st year and 2 hours each year after that	People with Medicare who have diabetes or renal disease, or who have had a kidney transplant within the last 3 years
Tobacco Use Cessation Counseling	Up to 8 face-to-face visits during a 1-year period	People with Medicare who use tobacco but have not been diagnosed with an illness caused by tobacco use
HIV Screening	HIV test	Pregnant women with Medicare and beneficiaries who are at increased risk
Abdominal Aortic Aneurysm Screening	Ultrasound	People with Medicare who have received a referral from their provider during their Welcome to Medicare exam and who are at risk
Alcohol Misuse Counseling	Screening and up to 4 face-to-face counseling sessions per year	All people with Medicare who are not alcohol dependent
Depression Screening	One screening per year	All people with Medicare
Obesity Screening and Counseling	Screening and face-to-face counseling sessions	All people with Medicare with a BMI of 30 or more

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