

Dear Health Care Professional,

June 20, 2011

You play a vital role in our health care system, and your patients turn to you for information about the health system, including the Affordable Care Act – the health reform law. We want to ensure you have the information you need. And, we want to make you aware of the opportunities in the new law to help health care providers like you and to help your patients.

Opportunities for Physicians

Today, more than one year after the Affordable Care Act was enacted, we have made important improvements in Medicare to provide better care, lower costs, and improve the health of our beneficiaries. Under the law, we improved Medicare's physician payments to support primary care and to ensure we have an adequate supply of physicians in rural and frontier areas of the country. In partnership with States, we are working to better coordinate care for the 9 million Americans enrolled in both Medicare and Medicaid. We are investing in electronic health records and accelerating standards to reduce unnecessary paperwork and administrative costs. And, new screening tools that help us catch fraud before it starts will lessen the burden on providers who follow the rules.

Health reform also increases the focus on the quality of care. We recently launched the Partnership for Patients, an initiative that will make an unprecedented investment in support of physicians and other health professionals to reduce injuries and avoid hospital readmissions. The law extends its emphasis on quality to the Medicare Advantage program by providing financial incentives to plans for improving quality of care for their enrollees.

Finally, we continue to work to modify the Sustainable Growth Rate policy to ensure that payments to physicians will not be reduced.

Opportunities for People on Medicare

Beginning on January 1, 2011, the new law provides critical new benefits for people on Medicare, including:

- *Free Annual Wellness Visit:* This new service builds on the benefits of the initial one-time-only preventive physical examination (or "Welcome to Medicare Visit") with an annual visit that allows physicians and patients to develop and update a personalized prevention plan that considers both age-appropriate preventive services available to all Medicare beneficiaries and additional services that may be appropriate to the patient's individual needs. The visit is free for beneficiaries when provided by a Medicare participating health care provider.
- *Free Preventive Services:* Under the new law, people on Medicare may receive many recommended preventive services from Medicare participating health care providers without paying the Medicare Part B deductible and 20 percent coinsurance. For a list of Medicare-covered preventive services, see <http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx>.
- *Lower Cost Prescription Drugs:* The Affordable Care Act phases out the Medicare Part D coverage gap, or "donut hole," for Medicare beneficiaries by 2020. This year, people on Medicare who do not already

receive low-income subsidies will receive approximately a 50% discount on covered brand-name prescription drugs and biologics while they are in the donut hole. Beneficiaries automatically receive these discounts at the point-of-sale without the need to request the discount or fill out any additional forms. In addition to the discounts for brand-name drugs under the Discount Program, beneficiaries are now also receiving greater coverage of generic drugs in the coverage gap. Assistance will increase until the coverage gap is closed by 2020.

Opportunities for Your Other Patients

I also want to update you on a number of important consumer protections that will make it easier for your patients who are not covered by Medicare to obtain care. The law ends some of the worst insurance company abuses to ensure that you and your patients are in control of your health care decisions. Protections that are in effect this year include:

- *Ban on Lifetime Limits and Rescissions:* Health plans are now prohibited from imposing a lifetime dollar limit on covered benefits. Health plans cannot revoke coverage based solely on a mistake on an application, a method some insurers have used to disenroll sick, high-cost enrollees.
- *Choice of Your Own Doctor:* Patients in many health plans can choose the primary care doctor they want from their plan's provider network. They may also see an OB-GYN doctor without a referral. In addition, most health plans may not require prior approval for emergency services or charge more for emergency services obtained out of network.
- *Free Preventive Services:* All new health plans must cover all recommended preventive services without cost sharing. Patients in these plans have access, at no cost, to preventive services such as blood pressure, diabetes and cholesterol tests, cancer screenings, and vaccinations.
- *Access to Coverage for Children:* Millions of young adults under 26 are now eligible to stay on their parents' plan, and children under 19 can no longer be denied coverage due to a pre-existing condition (the same will apply to adults beginning in 2014).
- *Pre-Existing Condition Insurance Plan (PCIP):* For individuals who have been without health insurance coverage for six months due to a pre-existing condition, each State has a PCIP, which allows these uninsured individuals to purchase affordable health coverage. For more information about enrollment in a PCIP, visit: <http://www.healthcare.gov/law/provisions/preexisting/index.html>.

I hope this information will prove helpful to you and your patients. To learn more, I encourage you to visit www.HealthCare.gov. Thank you for your continuing efforts to improve the health and well-being of our nation's citizens.

Sincerely,



Donald M. Berwick, M.D.
Administrator