

Senator King - Medicare Wellness and Prevention Policy Proposals

Background

Healthcare spending continues to grow as the costs of care increase, our population ages, and chronic disease impacts more of our seniors. Every [19 minutes](#), an older adult dies from a fall, and the nation spends [\\$50 billion](#) a year treating older adults for the effects of these falls; Medicare and Medicaid pay for 75 percent of these costs. Approximately [80 percent of older adults](#) have at least one chronic disease, and 77 percent have at least two. Chronic diseases account for [75 percent of](#) the [\\$3.5 trillion](#) the nation spends on health care, while only 1 percent is spent on public efforts to improve overall health.

Improving prevention efforts in the Medicare population could help reduce federal expenditures by better managing chronic disease, avoiding costly hospitalizations, and improving health outcomes and well-being of beneficiaries.

Medicare covers a Medicare Initial Preventive Physical Examination and Annual Wellness Visits thereafter, free of cost-sharing. Unfortunately, utilization of the Wellness Visit is low with only [16 percent of eligible](#) Medicare beneficiaries taking advantage of the benefit in 2014. Additionally, recent [media reports](#) highlighted the out-of-pocket costs that seniors have encountered when they mistakenly schedule a physical rather than the free Annual Wellness Visit.

Legislative Proposals

1. Maximize the prevention opportunities in the Medicare Annual Wellness Visit and increase utilization of the benefit by:
 - a. Adding a Balance Test to the battery of screenings to identify the risk of falls;
 - b. Incorporating screening for social determinants of health, such as transportation, mobility, housing, food security, and social support network, in the Annual Wellness Visit criteria;
 - c. Adding a bonus payment or increased reimbursement for providers who incorporate the social determinant screening in an Annual Wellness Visit;
 - d. Directing CMS to conduct an outreach campaign to educate Medicare beneficiaries on the value of the Annual Wellness Visit, cost-sharing obligations for the visit, and increase utilization.

(Note for reference, the statute outlining covered screenings for both benefits can be found [here](#).)
2. Create a new Medicare Part B benefit to cover a home visit by a qualified provider – not connected to post-acute care – every two years to provide an assessment of the beneficiary’s home environment, identify health risks, and refer for interventions or home modifications to improve physical activity, fall prevention, and nutrition.

Please submit any feedback, suggestions or questions for these two legislative proposals to Prevention_King@king.senate.gov by **Friday, November 15**.