Title III. Improving the Quality and Efficiency of Health Care

The Act will protect and preserve Medicare as a commitment to America's seniors. It will save thousands of dollars in drug costs for Medicare beneficiaries by closing the coverage gap called the “donut hole.” Doctors, nurses and hospitals will be incentivized to improve care and reduce unnecessary errors that harm patients. And beneficiaries in rural America will benefit as the Act enhances access to health care services in underserved areas.

The Act takes important steps to make sure that we can keep the commitment of Medicare for the next generation of seniors by ending massive overpayments to insurance companies that cost American taxpayers tens of billions of dollars per year. As the numbers of Americans without insurance falls, the Act saves taxpayer dollars by keeping people healthier before they join the program and reducing Medicare’s need to pay to hospitals to care for the uninsured. And to make sure that the quality of care for seniors drives all of our decisions, a group of doctors and health care experts, not Members of Congress, will be tasked with coming up with their best ideas to improve quality and reduce costs for Medicare beneficiaries.

Medicare is a sacred trust with America’s seniors, and this Act preserves it.

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Closing the “Donut Hole” for the Medicare Prescription Drug Plan

In 2010 seniors who reach the “donut hole” will receive $250 to reduce the cost of their drug purchases. Over 8 million seniors hit this gap in Medicare coverage, and for those who do not have other coverage, average drug costs are $340 per month, or $4,080 per year. Seniors who hit the gap in drug coverage are often chronically ill and many are forced to go without the prescription drugs they need.

Each year, the Act will gradually close the coverage gap so that it is entirely closed for America's seniors by 2020. This will save seniors on Medicare thousands of dollars.

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Guaranteeing Benefits for Seniors by Ending Overpayments to Insurance Companies

The financial health of Medicare will improve and guaranteed benefits will be preserved by ending the 14% average overpayment to private insurance companies under the Medicare Advantage (MA) program.

Insurance companies will be required to offer Medicare Advantage plans at reasonable rates so that seniors are guaranteed the best benefits at the best price for all Medicare beneficiaries. They will be rewarded if enrollee satisfaction and quality of care are high. And MA plans will also be prohibited from charging seniors more than they would pay for services delivered under the traditional Medicare program.

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Reducing Medicare Payments for Care Provided to the Uninsured

Today, Medicare pays certain hospitals extra to help offset the cost of care for Americans without insurance. As the number of uninsured Americans is reduced by this Act, Medicare can reduce those payments and improve the financial health of the program. This strengthens the Medicare program and helps Medicare beneficiaries.

Continue to Protecting Medicare Benefits
Title III. Improving the Quality and Efficiency of Health Care

Protecting Medicare Benefits

The Act will make sure that doctors and health care experts, not members of Congress, have the primary responsibility of finding ways to protect Medicare benefits for America’s seniors.

It creates an independent group of doctors and health care experts tasked with presenting their best ideas to improve the quality of Medicare and reduce costs for Medicare beneficiaries. To make sure that America’s seniors on Medicare are protected, all ideas that ration care, raise taxes or beneficiary premiums, or change Medicare benefit, eligibility, or cost-sharing standards will be banned.
Protecting Medicare Benefits

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