

CMS: New rule proposed for contract year 2015

January 13 2014



(HealthDay)—A proposed rule has been issued that will strengthen protections, improve health care quality, and reduce costs for Medicare beneficiaries with private Medicare Advantage and Part D prescription plans, according to a report from the Centers for Medicare & Medicaid Services (CMS).

The proposed changes will introduce new criteria for identifying drug categories or classes of clinical concern; increase competition in Part D plans; and introduce more meaningful plan choices to ensure that beneficiaries have better access to health plan services with meaningfully different benefits and transparent costs. In addition, payment accuracy would be improved; the Medicare Advantage risk-adjustment data validation audit process would be improved; Part D data sharing would be expanded; and prevention and health improvement incentives would also be expanded. Provisions would also be included to prevent fraud and abuse.

The proposed rule, which was issued on Jan. 6, 2014, and published in the Federal Register on Jan. 10, is open for comments until March 7, 2014. The rule is set to be implemented in contract year 2015, and if established, is expected to save \$1.3 billion over five years from 2015 to 2019.

"CMS welcomes public comments to these proposed program changes; they will be accepted from all stakeholders through the close of business 60 days after the date of display of the proposed rule in the Federal Register," according to a press release from the center.

More information: [More Information](#)

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