

Clinical Innovation and New Technology: Medicare Perspective

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The Centers for Medicare and Medicaid Services (CMS) administers medical benefits for patients in the Medicare program (elderly, disabled, and those with End Stage Renal Disease). In recent years the role of CMS has changed from a passive third party payer of claims to an active leader in promoting the goal of improved health care for its 43 million beneficiaries. Recognizing the importance of new medical technology in achieving this goal, CMS has recently implemented the following changes to support more greater access to innovative technology for its beneficiaries: (1) Council on Technology and Innovation to coordinate the activities of coverage, coding, and payment processes related to new technologies and procedures, (2) increased transparency in the clinical coding process for medical products, (3) more timely and open process for coverage determinations, (4) expanded access to participation in clinical trials, and (5) introduction of a new innovative process (Coverage with Evidence Development) to facilitate expeditious coverage of leading edge technologies in the context of protocol-specified prospective data collection programs.