



New Medicare Advantage Plan Engagement Opportunities for Counselors and MFTs

April 18, 2024

Sponsored by the Medicare Mental Health Workforce Coalition

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Meeting Details

1

Closed Captioning is enabled and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968 Webinar ID: 848 6095 2288 Passcode: 227754

3

Session Evaluation / [Take Our Evaluation Survey](#) ➡ (CE credit for live attendance only)

4

Webinar will be posted on NBCC website a few days following the webinar.

5

Q&A: Please add your questions in the Q&A box at any time during the meeting.

Previous Webinars

- **March 21:**
The Process of Working With Older Adults in Psychotherapy
- **March 20:**
Older Adult Mental Health 101
- **MMHWC Webinar:**
The Role of Medicare Administrative Contractors: Enrollment to Payment



Previous Webinars

- **Medicare 101:**
[An Introduction to the Medicare Program and Coverage of Counselors and MFTs](#)
- **Medicare 201:**
[The Implementation of Medicare Part B Coverage of Counselors and MFTs](#)
- **Medicare 301:**
[Navigating the Medicare Provider Enrollment Process and Physician Fee Schedule](#)
- **Medicare 401:**
[Assessing the Essential Features of the 2024 Medicare Physician Fee Schedule Rule and Implications for Counselors and MFTs](#)
- **Medicare 501:**
[New Engagement Opportunities for Community Behavioral Health Centers With Counselors and MFTs Under Medicare](#)
- **Medicare 601:**
[The Enrollment Process for Counselors and MFTs](#)



Medicare Mental Health Workforce Coalition Members

American Association for Marriage and Family Therapy

American Counseling Association

American Mental Health Counselors Association

Association for Behavioral Health and Wellness

California Association of Marriage and Family Therapists

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National Association for Rural Mental Health

National Association of Community Health Centers

National Association of County Behavioral Health and Developmental Disability Directors

National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

Network of Jewish Human Service Agencies

The Jewish Federations of North America

Learning Objectives

After this webinar, attendees will be able to:

Identify the roles that MA plans play.

Identify mental health benefits that Medicare beneficiaries receive through these service systems and how providers in these settings currently receive reimbursement.

Describe how practitioners enroll in MA insurance panels and networks and the benefits of doing so.

Identify processes for individual counselors and MFTs to interface with MA plans.

Identify next steps in the implementation of Medicare Part B coverage of MFTs and counselors and roles practitioners can play in addressing the needs of older adults served by MA plans.





Mary Beth Donahue

Mary Beth Donahue was named President and CEO of Better Medicare Alliance in 2021, bringing nearly three decades of experience in management, health care policy, and patient advocacy to the role. Donahue began her career working in state government in her native Massachusetts and ascended to a role as Chief of Staff at the U.S. Department of Health and Human Services under Secretary Donna E. Shalala during the Clinton administration.

She served as Executive Director of Kidney Care Partners, a coalition of patient advocates, dialysis professionals, care providers, researchers, and manufacturers dedicated to improving quality of care for individuals living with kidney disease. A leader in patient advocacy and health equity, Donahue additionally serves on the Board of Directors for the Alliance for a Healthier Generation.



Ryan Sorrell

Ryan Sorrell is Regional Vice President for Carelon Behavioral Health West Region. He has 25 years of health care experience, beginning his career as a behavioral health counselor before moving into operations management and provider informatics with a large group practice in Austin, Texas. Sorrell developed a business intelligence unit supporting network initiatives at Human Behavioral Health, where he moved into the Regional Director of Contracting role, overseeing 26 states.

In addition to focusing on strategic vision and network oversight, Sorrell worked for Christus Health Networks, adding responsibility for system accountable care organization (ACO) and clinically integrated network (CIN) value-based relationships. Most recently, he served as the Vice President of Network Management for Community Health Choice, in Houston.

New Medicare Advantage Plan Engagement Opportunities for Counselors and MFTs

NBCC and the Medicare Mental
Health Workforce Coalition

Mary Beth Donahue

President & CEO

BETTER MEDICARE

ALLIANCE

What Is the Better Medicare Alliance?

Better Medicare Alliance is the **leading research and advocacy organization supporting Medicare Advantage.**

We are a community of 200+ diverse Ally organizations from across the health care spectrum with over 1 million grassroots beneficiary advocates nationwide.

Together, we work to create a healthier future by growing and strengthening Medicare Advantage.

Our Allies in Support of Medicare Advantage

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A sampling of the 200+ diverse organizations we partner with to preserve and strengthen Medicare Advantage:



What Is Medicare Advantage?

Medicare Advantage is the managed care, public-private partnership option available to individuals eligible for Medicare.

Medicare Advantage (Part C) includes coverage of both Medicare Parts A and B services.

Most Medicare Advantage plans include Part D prescription drug coverage.

Many plans also include supplemental benefits not covered by FFS Medicare.

Pathways to Receive Medicare Benefits

Medicare Advantage

Coverage for Part A (inpatient) and Part B (outpatient) services, may include extra supplemental benefits (e.g., dental, food & nutrition, expanded behavioral and mental health services)

Plans may not provide identical access to providers in FFS Medicare

Cost sharing may be above or below FFS Medicare, but must be actuarially equivalent

Annual out-of-pocket limit for beneficiaries

FFS Medicare

Coverage for Parts A and B services

Beneficiaries may see any provider who accepts Medicare

No annual out-of-pocket limit for beneficiaries

Medigap (supplemental) policies are available to reduce beneficiary out-of-pocket costs

Medicare Coverage of Behavioral Health Services

Benefit	FFS Medicare	Medicare Advantage
Psychotherapy and family counseling (if related to treatment)	X	X
Psychiatric evaluation, diagnostic tests	X	X
Medication management	X	X
Annual depression screening and wellness visit	X	X
Partial hospitalizations and hospitalizations	X	X
For OUD: medication, counseling, drug testing, and individual and group therapy	X	X
For alcohol misuse: annual screening with up to four brief counseling sessions	X	X
Telehealth for beneficiaries in rural areas	X	X
Telehealth (public health emergency waivers allow FFS Medicare to reimburse more virtual care)	Temporary ^{1,2}	X
Behavioral health care from Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs)	X	X
Transportation to or from behavioral health care services		X
Activity therapy		X
Additional preventative care		X
Peer supports/support groups		X
Digital solutions		X
Non-medical supports such as housing, food, and caregiver respite		X

¹ During the COVID-19 Public Health Emergency (PHE), waivers allowed FFS Medicare to reimburse more services for all beneficiaries (i.e., even those in urban areas) rendered remotely. For more on telehealth flexibilities, see the ATI Advisory and BMA report: [Telehealth During a Time of Crisis: Medicare Experiences Amid COVID-19](#).

² The Consolidated Appropriations Act (CAA) of 2023, the CMS CY 2024 Physician Fee Schedule (PFS) final rule, and CMS CY 2024 Hospital Outpatient Prospective Payment System (OPPS) final rule extended certain telehealth policies from the CAA of 2022. CMS will continue to make payments under the PFS for services included on the Medicare Telehealth Services list furnished via an audio-only telecommunications system and will continue payment under the OPPS for remote behavioral health services provided by clinical staff of hospital outpatient departments through December 31, 2024.

Medicare Advantage's Changing Population



Over 32 million
beneficiaries in MA



51% of all Medicare
beneficiaries choose MA



52.7% of beneficiaries live
on less than \$25,000
annually

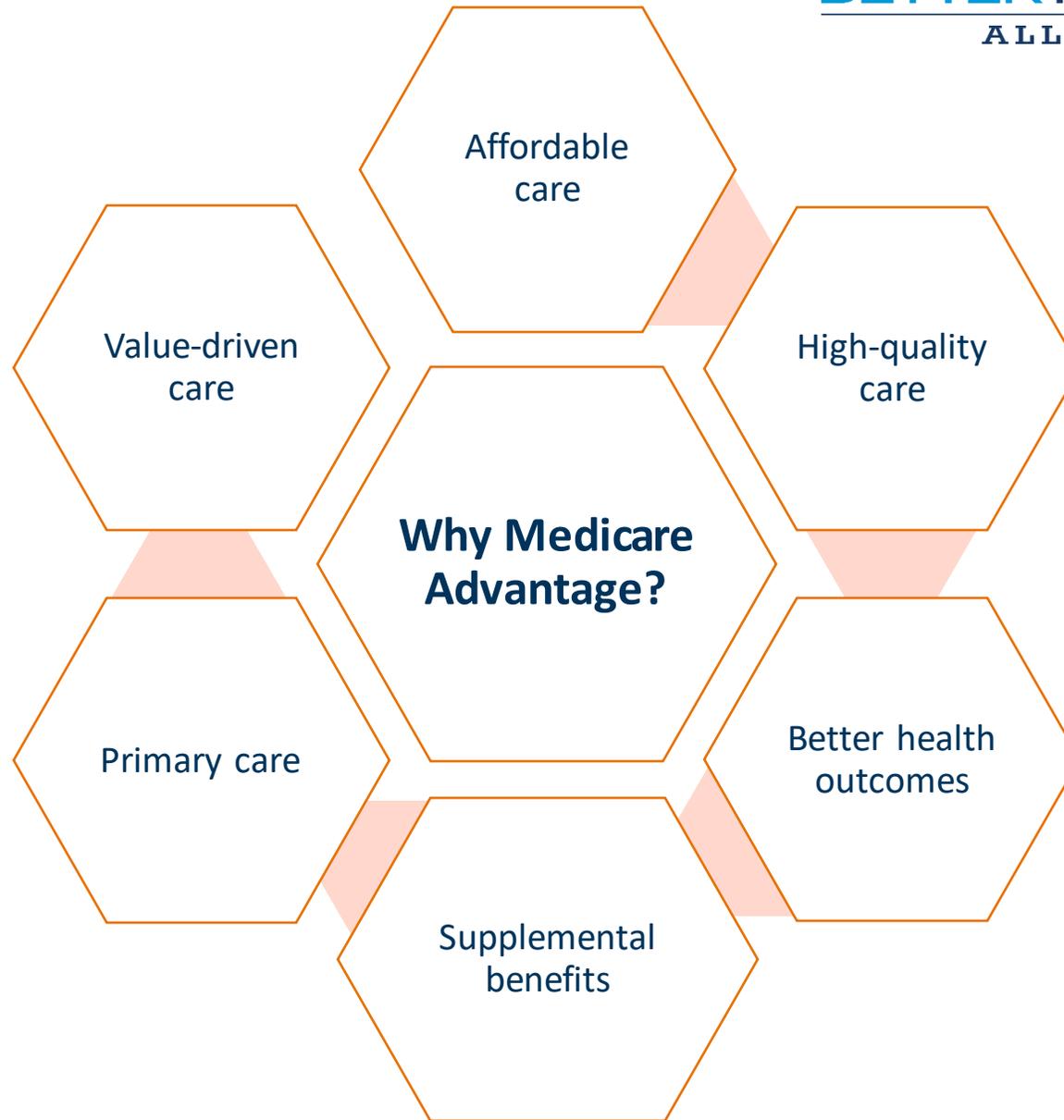


MA enrollees are **19%**
more likely than FFS
enrollees to live in socially
vulnerable counties



27% of MA enrollees are
Black, Latino, or Asian
compared to 17% of FFS
enrollees

The Value of Medicare Advantage



Supplemental Benefits in Medicare Advantage

- Commonly offered supplemental benefits
 - Dental, vision, hearing, fitness/wellness, and telehealth
- Common behavioral health–focused supplemental benefits (additional or enhanced Medicare benefits and services)
 - Additional inpatient hospital psychiatric services
 - Reduced cost sharing for those with a specific condition or disorder like mood disorders or opioid use disorder
- Non-medical supplemental benefits
 - Housing
 - Food and produce
 - Caregiver support and respite

BMA's Recent Policy Solutions

Acknowledging the current Medicare Advantage environment and in collaboration with our Allies, BMA identified 7 areas of focus and built out policy recommendations aimed at strengthening Medicare Advantage via program improvements that maintain and modernize the affordable, equitable, and high-quality care over 32 million beneficiaries rely on each day.

7 Areas of Policy Focus

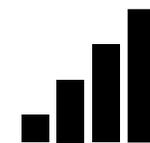
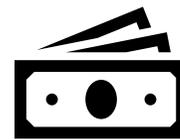
- Health Equity
- Supplemental Benefits
- In-Home Health Risk Assessments
- Mental & Behavioral Health
- Provider Directories
- Utilization Management
- Marketing

Policy Solution Goals

- Advance health equity through better data collection and a diverse and culturally competent workforce
- Enhance supplemental benefit data collection and evaluation
- Strengthen the value of in-home health risk assessments
- Increase access to mental and behavioral health
- Improve provider directory accuracy
- Modernize and streamline utilization management and prior authorization
- Establish marketing guidance that supports beneficiaries in making informed choices

The Future of Medicare Advantage

- Meet current and future beneficiaries' physical, social, and emotional needs
- Support beneficiaries and their increased need and use of services
- Promote value-based care and care delivery innovations that deliver better outcomes and high-quality care
- Ensure Medicare Advantage remains an affordable health care option for seniors and people with disabilities
- Leverage flexibilities and innovations in Medicare Advantage to support beneficiaries, particularly low-income and minority beneficiaries



Connect with Better Medicare Alliance

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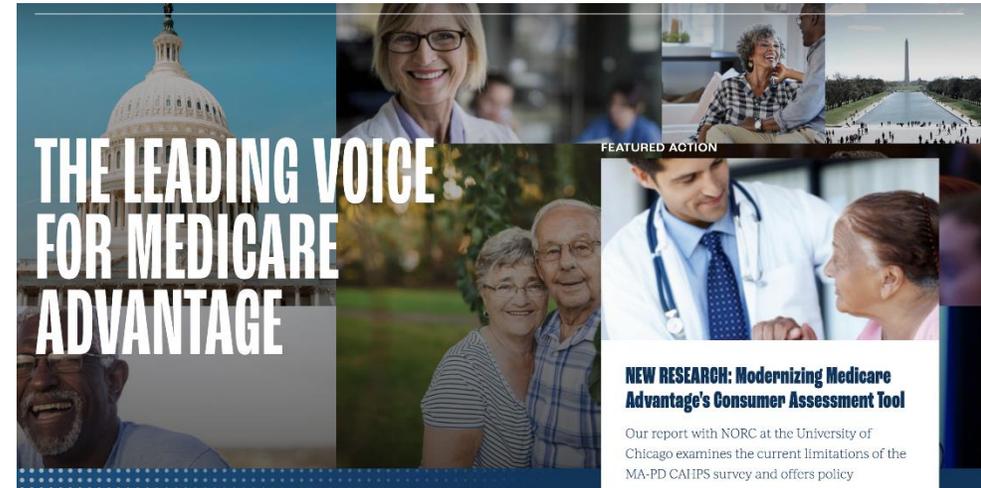
[/company/Better-Medicare-Alliance](#)



[@BMAlliance](#)



bettermedicarealliance.org



Visit our website and sign up for our Policy Alerts to stay up to date on the latest Medicare Advantage rules, guidance, and legislation.

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Thank you!

Medicare Advantage Plan Counselors and MFTs

“Evolving the provider relationship, Providing an exceptional experience, Increasing our value”

Carelon - Join Our Network



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Join our network



What We Offer ▾ Who We Are ▾ Perspectives Contact Us

Be part of a best-in-class network of providers

We strive to provide our members access to the country's best and most accessible behavioral health providers. We'd love to include you.

There are five steps to joining our network. Please review each section to learn more about these steps and what to expect after you apply.

- Step 1: Complete the Request to join
- Step 2: Submit a signed contract
- Step 3: Credentialing process
- Step 4: Final notice of acceptance
- Step 5: Connect with our team

<https://www.carelonbehavioralhealth.com/providers/join-our-network>



End-to-End Process and Steps to Participating with a Medicare Advantage Plan

1

Eligibility and Enrollment

MFTs and MHCs must be eligible to participate in Medicare.

As of January 1, 2024, they can bill Medicare independently for services related to the diagnosis and treatment of mental illnesses under Medicare Part B.

Be sure you have not opted out of Medicare and are not on the CMS excluded or precluded provider lists.

2

Network Participation

To contract with a Medicare Advantage Plan, MFTs and MHCs need to be part of the plan network.

Each Medicare Advantage Plan can have different network requirements and participation processes, so be sure to inquire on the process.

3

Credentialing & Contracting

Credentialing: MFTs and MHCs must undergo a credentialing process. Process includes verifying qualifications, licenses, and other credentials.

Contracting; Negotiation of terms, reimbursement and services to be provided.

Some plans may have specific requirements for behavioral health providers, which may require you to demonstrate your expertise and experience.

4

Billing & Reimbursement

Once contracted, you will be able to bill the Medicare Advantage Plan directly for covered services to the plan beneficiaries.

Reimbursement rates may vary based on the plan and services rendered. Medicare Part B pays MFTs and MHCs at 75% of what clinical psychologists receive under the Medicare Physician Fee Schedule.

5

Compliance & Documentation

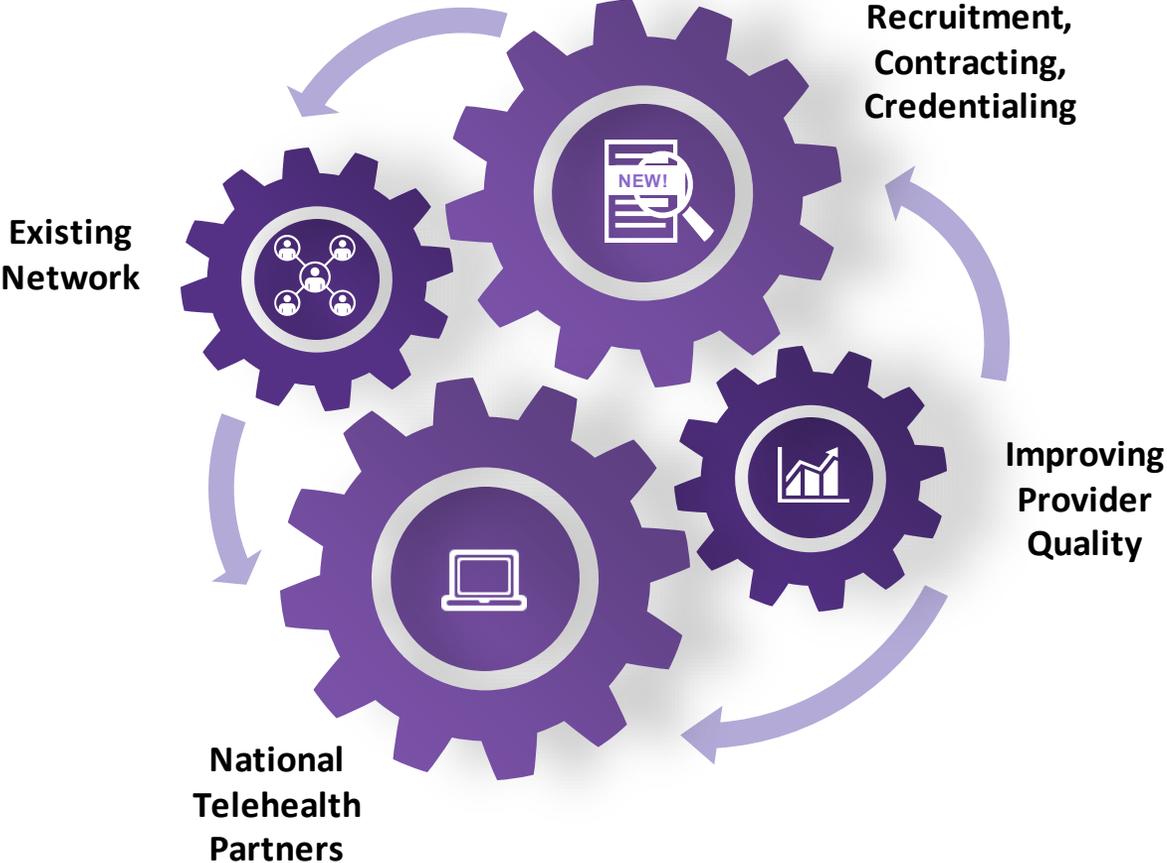
Comply with all plan requirements, including documentation, reporting, and quality measures.

Keep accurate records of services provided, diagnosis, and treatment plans



Digital Solutions

Network Overlay Activities:



These tools will support care management engagement and care coordination, provide targeted programs for lower-acuity members, and extend provider treatment.

New, patient-centric digital member experiences include multi-channel engagement (including through the web, chat, phone, and apps).

Members can self-triage and navigate these services. We offer a broad suite of member-focused resources, including self-service tools, educational content, and telehealth services.



Telemental Health Services for Medicare Advantage Plans



Eligibility and Coverage:

- MA plans cover telehealth services, including mental health, but the specifics can vary from plan to plan.
- Providers must be enrolled in Medicare and meet the plan's network requirements.

Telehealth Modalities:

- MA plans generally allow for various telehealth modalities, such as video visits, phone calls, and secure messaging.
- Providers should be familiar with the plan's preferred telehealth platforms and technologies.

Reimbursement and Billing:

- Understand the billing codes and modifiers specific to telehealth and document services accurately to ensure proper reimbursement.

Parity Laws:

- The Mental Health Parity and Addiction Equity Act (MHPAEA) requires equal coverage for mental health services, whether delivered in-person or via telehealth.



Telemental Health Services for Medicare Advantage Plans



State Regulations:

- Providers should be aware of any state-specific requirements related to telemental health.

Technology and Security:

- Ensure secure communication platforms that protect patient privacy and comply with HIPAA regulations.

Clinical Considerations:

- Assess whether telehealth is appropriate for each patient and address any limitations related to remote assessment and treatment.

Continuity of Care:

- Maintain continuity of care for patients transitioning between telehealth and in-person visits.

Quality Measures:

- MA plans may have quality metrics related to telehealth services. Providers should track outcomes and comply with all reporting requirements



How Carelon Is Addressing Mental Health Needs of Older Adults and the Role of MFTs and MHCs



By leveraging the skills and expertise of MFTs and MHCs, we can bridge gaps and enhance the well-being of this vulnerable population.

Identified Areas of Need for Older Adults by Medicare Advantage Plan:

1. Awareness of Growing Needs of Older Adults for Mental Health Services
2. Age-Friendly Approaches
3. Advocacy and Collaboration
4. Training and Workforce Expansion
5. Community-Based Services
6. Collaborative Partnerships





Questions and Answers

Resources



Critical Resources on Medicare Part B Coverage of Counselors and MFTs

Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**
<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>
- **The Medicare Learning Network:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnngeninfo>
- **Web-based Training:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>
- **Becoming a Medicare Provider (World of Medicare):**
<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html>
- **Weekly Email Newsletter for Medicare Providers:**
<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>



Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Role of the Centers for Medicare and Medicaid Services (CMS)

- <https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp>
- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>

Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

<https://www.medicare.gov/Pubs/pdf/10184-Medicare-and-Your-Mental-Health-Benefits.pdf>

Medicare Mental Health:

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

Medicare Beneficiary Handbook:

<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>



Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Medicare Administrative Contractors (MACs)

<https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac>

Medicare Physician Fee Schedule

<https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Key Steps to Becoming a Medicare Provider

1. Register in the [I&A](#) System
2. Get an [NPI](#)
3. Enter information into [PECOS](#)
4. Decide if you want to be a participating provider

[Form CMS-855I: Physicians and non-physician practitioners \(PDF link\)](#)





**Thank you
for attending!**



**Medicare Mental Health
Workforce Coalition**