



Medicare Mental Health  
Workforce Coalition

# Medicare 101: An Introduction to the Medicare Program and Coverage of Counselors and MFTs

Sponsored by the Medicare Mental Health Workforce Coalition

Hosted by the National Board for Certified Counselors

---

**April 21, 2023**

Copyright © 2023. National Board for Certified Counselors, Inc. (NBCC). All rights reserved. The contents of this document are the copyrighted property of the NBCC, and may not be copied, reproduced, sold, or otherwise transmitted in any form, by any means, without the prior express, written permission of NBCC.





# 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

Centerstone

Center for Medicare Advocacy

Michael J. Fox Foundation for Parkinson's Research

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

Today, we will hear from experts on the key components of the Medicare program, including:

mental health benefits that beneficiaries receive.

how the Centers for Medicare & Medicaid Services (CMS) will implement Part B coverage of MFTs and counselors.

key components of the Mental Health Access Improvement Act that are now law and will go into effect in 2024.

implications for practitioners.





# Meredith Freed, MPP



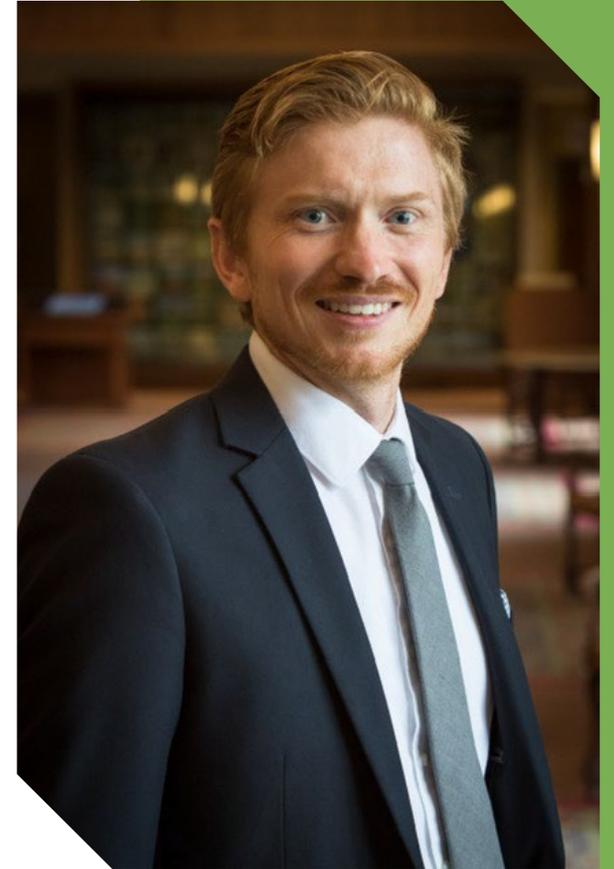
**Meredith Freed, MPP**, is a senior policy analyst with the Kaiser Family Foundation's (KFF) Program on Medicare Policy. She performs research and analysis on a broad range of issues related to Medicare and the population it serves, including behavioral health care, Medicare spending and financing, Medicare Advantage, prescription drug costs, and oral health. She has authored several reports on Medicare behavioral health care policy issues and implications for providers and beneficiaries.

**Prior to joining KFF**, she was a senior research assistant at the Duke University-Margolis Center for Health Policy, where she worked on a wide variety of projects related to FDA regulation. Freed holds a Master of Public Policy degree from Georgetown University's McCourt School of Public Policy and a Bachelor of Arts degree from the University of Pennsylvania.

# Matthew Fullen, PhD, LPCC

**Matthew Fullen** is an associate professor at Virginia Tech, where he teaches in the counselor education program. Dr. Fullen's research, teaching, and advocacy focus on the mental health needs of older adults, with an emphasis on addressing gaps in Medicare mental health policy and developing programs to enhance resilience and wellness and prevent suicide among older adults. Dr. Fullen is the counseling profession's most active scholar on aging and mental health, with 34 peer-reviewed publications and over 80 peer-reviewed conference presentations.

Dr. Fullen has **received research grant funding from both public and private entities**, including the United States Department of Health & Human Services and The Mather Institute, to develop programs that support older adults' mental health. In recognition of his research and professional leadership related to Medicare advocacy, he has received the **American Counseling Association's top Research Award** (2021), as well as the **Carl D. Perkins Government Relations Award** (2020).



# An Overview of Medicare and Coverage of Mental Health and Substance Use Disorder Services

Meredith Freed, MPP  
Senior Policy Analyst, Program on Medicare Policy

April 21, 2023  
*Medicare Mental Health Workforce Coalition*

**KFF**



## About KFF

KFF is a nonprofit, non-grantmaking organization focusing on national health issues and the U.S. role in global health policy.

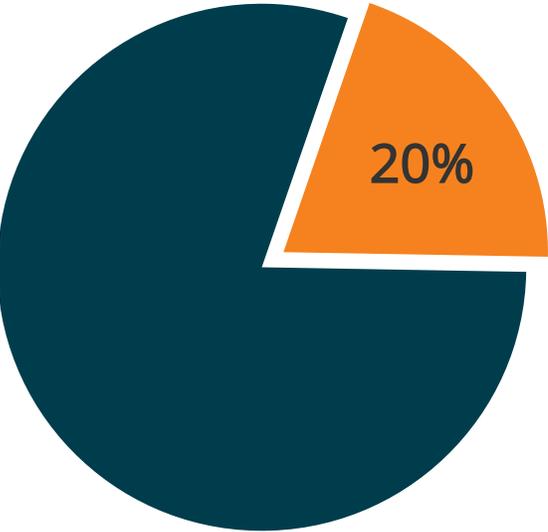
KFF serves as a nonpartisan source of facts, analysis, and journalism for policymakers, the media, the health policy community, and the public.

KFF is headquartered in San Francisco, with a Washington, D.C., office.

KFF is not associated with Kaiser Permanente.

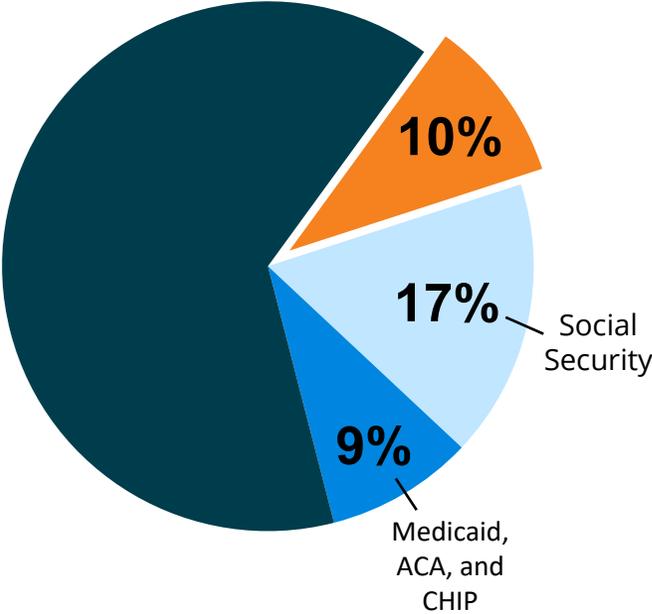
# Medicare Overview

Medicare Beneficiaries:  
20% of U.S. Population



*Total Beneficiaries, 2021:  
65 million*

Medicare: 10% of the  
Federal Budget



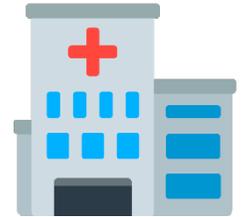
*Net Federal Medicare  
Outlays, 2021: \$689 billion*

- Medicare serves **65 million** people ages 65 and older and younger adults with long-term disabilities.
- It is a social insurance program, with defined benefits, financed by payroll taxes, premiums, and general revenues.
- In 2021, Medicare accounted for:
  - **21%** of total national health spending
  - **26%** of hospital spending
  - **26%** of physician and clinical spending
  - **32%** of retail prescription drug sales
- A majority of U.S. adults (**81%**) view the Medicare program favorably.

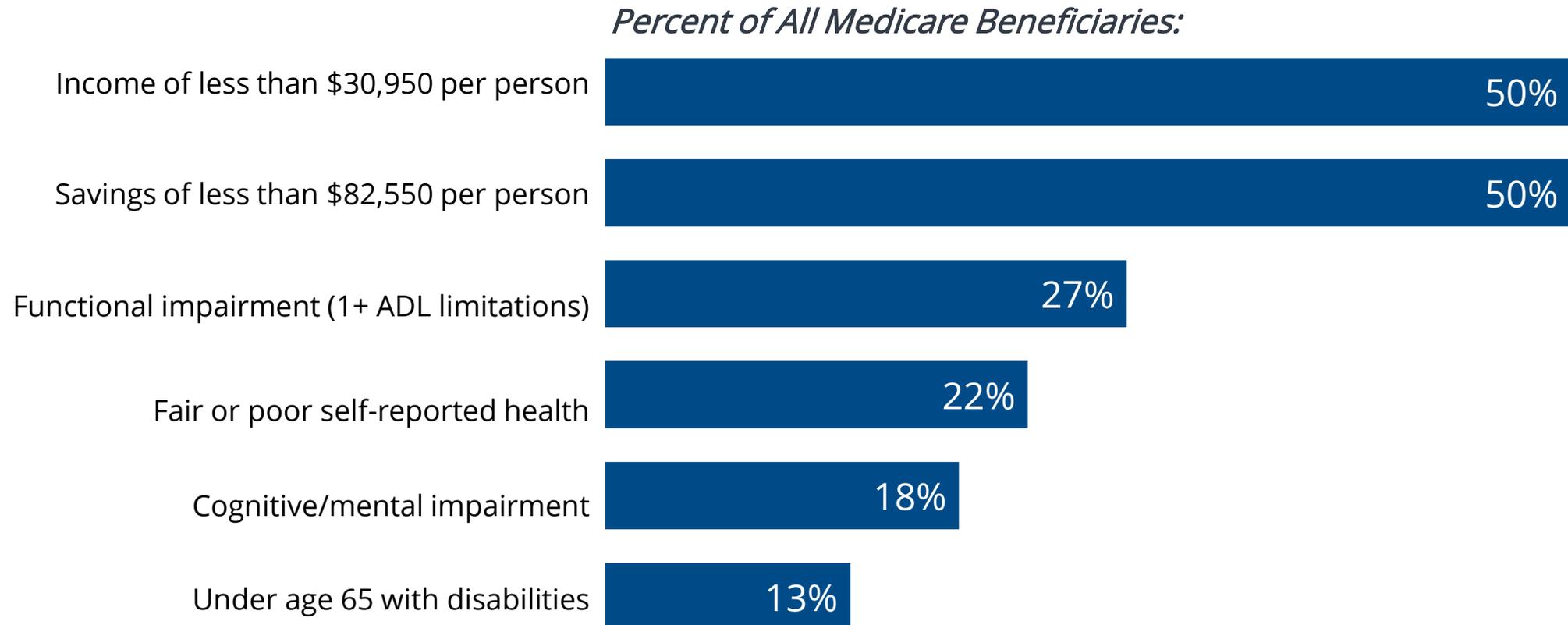
SOURCE: KFF, "What to Know about Medicare Spending and Financing," January 2023; KFF Health Tracking Poll (March 14-23, 2023).

# What Benefits Are Covered by Medicare?

- [Part A](#) covers inpatient hospital care, skilled nursing facility care, hospice care, and some home health services.
  - Part A deductible: \$1,600 per benefit period in 2023
  - Inpatient copay: No copay up to 60 days; \$400/day for 61–90 inpatient days; \$800/day after 90 days
  - SNF: No copay for up to 20 days; \$200/day for days 21–100
- [Part B](#) covers physician services, outpatient hospital care, preventive services, some home health, diagnostic procedures, and durable medical equipment (e.g., wheelchairs).
  - The standard Part B premium is \$164.90 per month in 2023
  - Deductible of \$226 in 2023 and 20% coinsurance on many services
- [Part C](#) (Medicare Advantage) provides Medicare-covered benefits (Parts A and B and often Part D) through private plans that contract with Medicare, such as HMOs and PPOs.
- [Part D](#) covers prescription drugs provided by private plans that contract with Medicare, including stand-alone prescription drug plans and Medicare Advantage plans.
  - The average premium is an estimated \$33/month in 2023, not weighted by enrollment

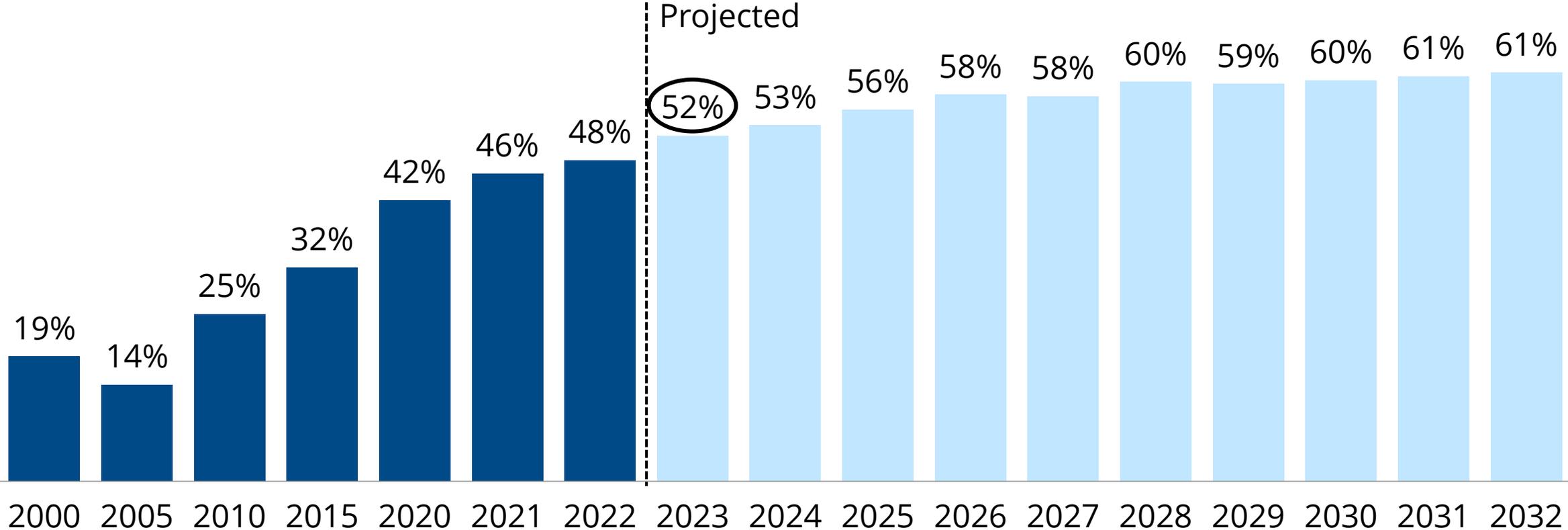


# Some on Medicare Enjoy Good Health, But Many Have Significant Health Impairments and Limited Financial Resources



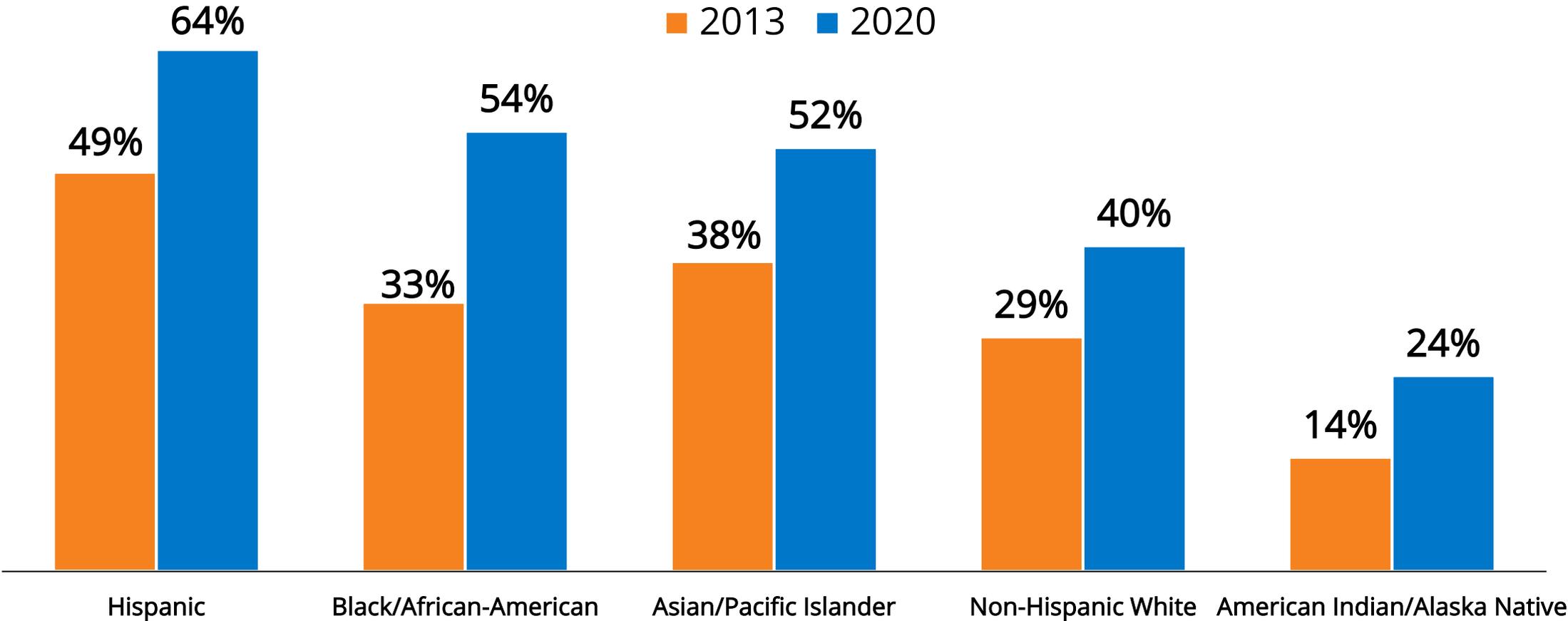
SOURCE: KFF analysis of DYNASIM data, 2021; KFF analysis of CMS Medicare Current Beneficiary Survey, 2020 Survey File.

# Half of Eligible Medicare Beneficiaries Are Projected to Be Enrolled in Medicare Advantage Plans This Year



SOURCE: KFF, "Medicare Advantage in 2022: Enrollment Update and Key Trends," August 2022.

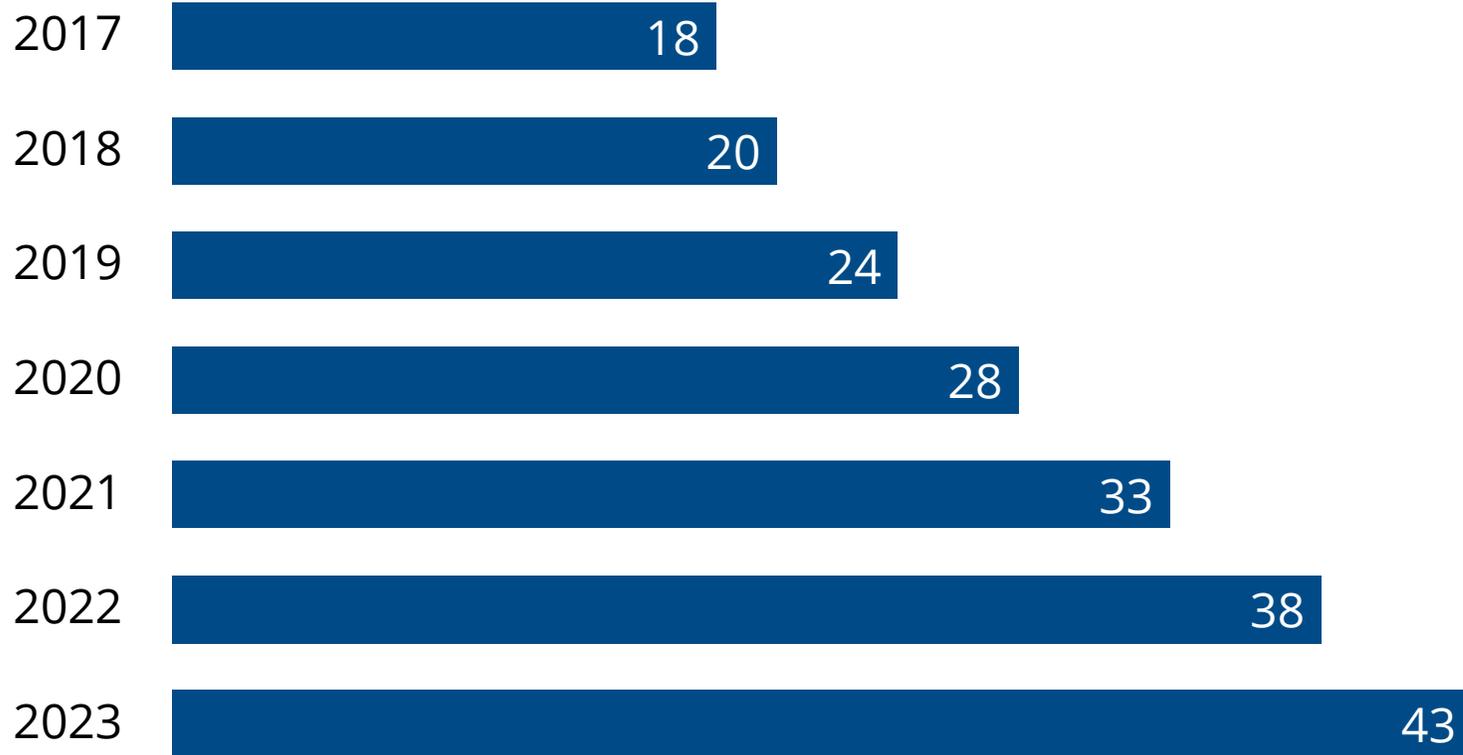
# More Than Half of Black, Hispanic, and Asian/Pacific Islander Medicare Beneficiaries Were Enrolled in Medicare Advantage in 2020



SOURCE: CMS Program Statistics, Total Medicare and Medicare Advantage Enrollment data

# The Average Medicare Beneficiary Has Access to 43 Medicare Advantage Plans

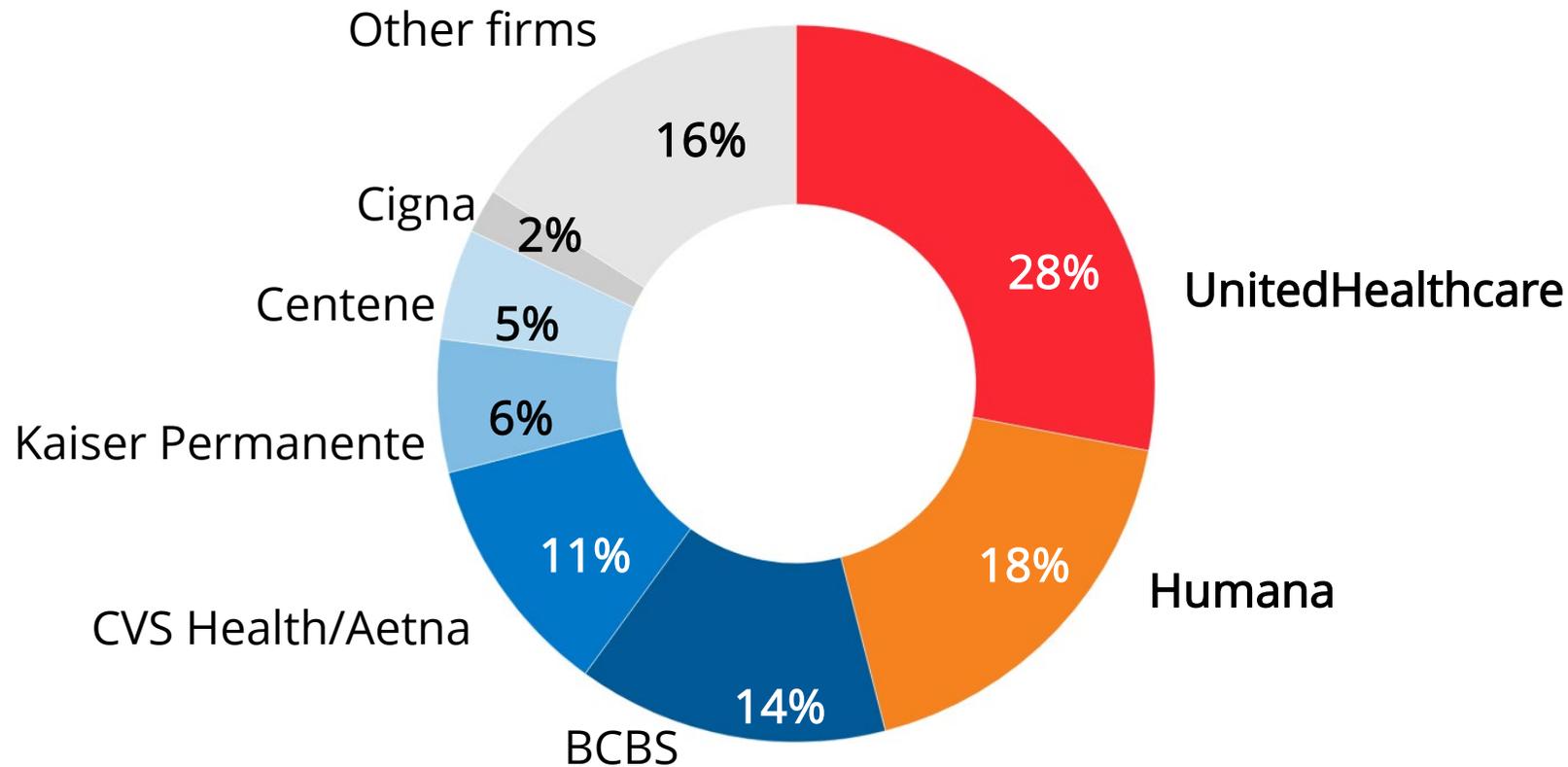
*Number of Medicare Advantage plans:*



SOURCE: KFF, "Medicare Advantage 2023 Spotlight: First Look," November 2022.

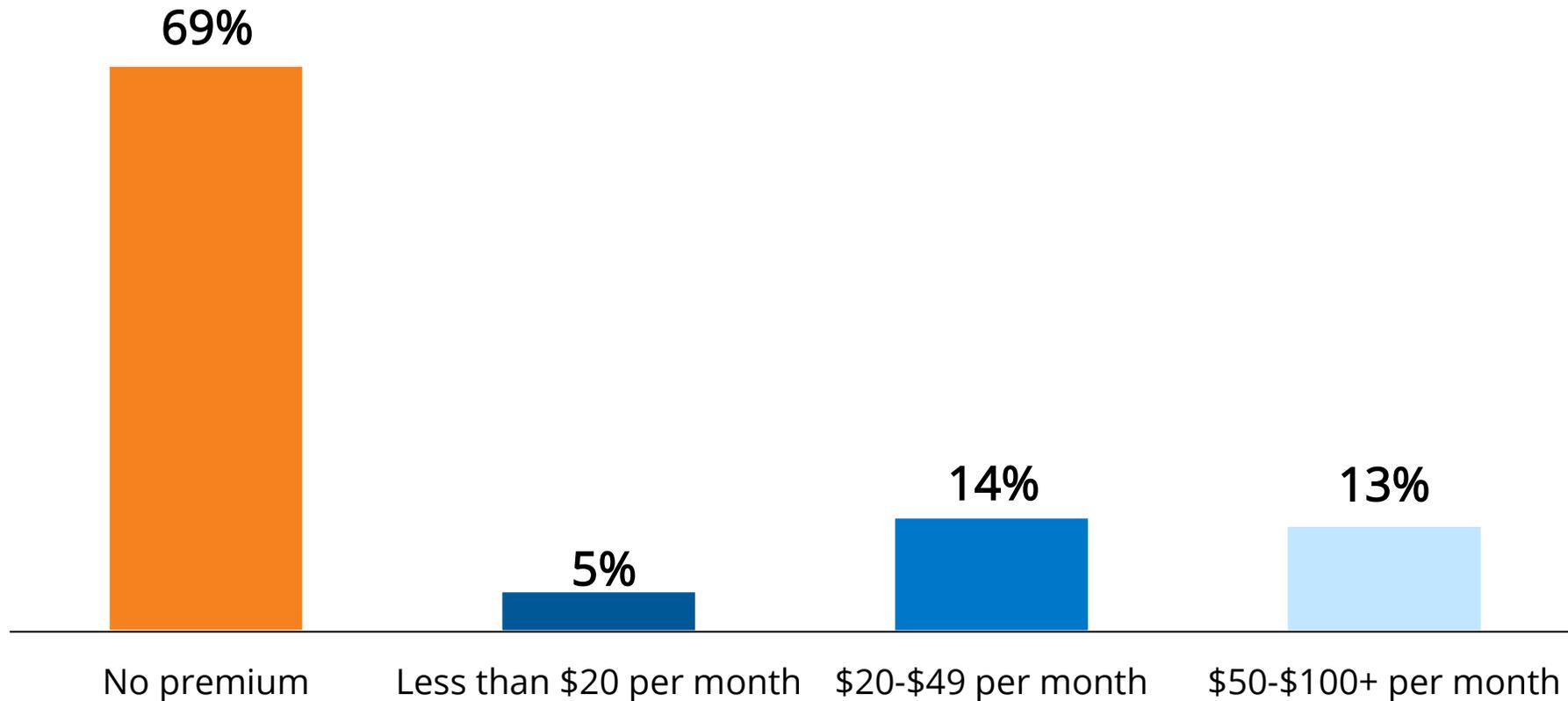
# UnitedHealthcare and Humana Dominate the Medicare Advantage Market

Medicare Advantage Enrollment by Insurer, 2022



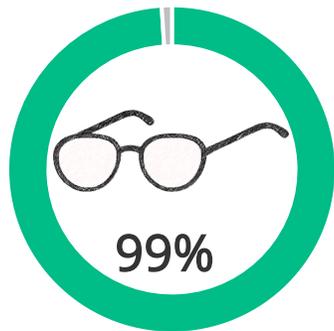
SOURCE: KFF, Medicare Advantage in 2022: Enrollment Update and Key Trends," August 2022.

# Most Medicare Advantage Enrollees (69%) Are in Plans With No Supplemental Premium (Other Than the Part B Premium)



SOURCE: KFF, "Medicare Advantage in 2022: Premiums, Out-of-Pocket Limits, Cost Sharing, Supplemental Benefits, Prior Authorization, and Star Ratings," August 2022.

# Almost All Medicare Advantage Enrollees Are in Plans That Offer Supplemental Benefits



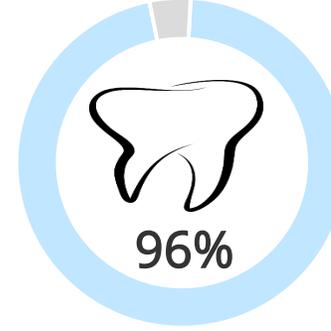
Vision



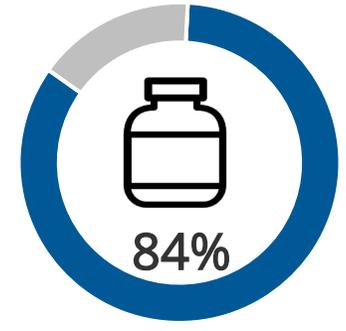
Hearing



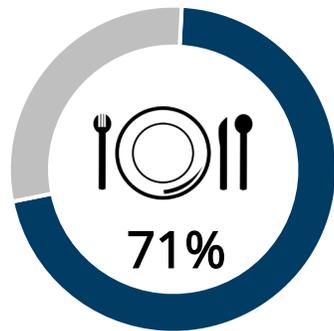
Fitness



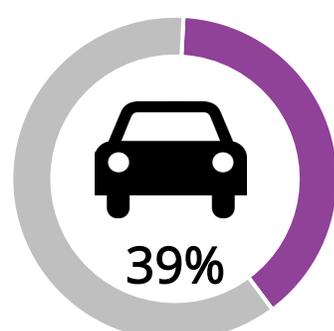
Dental



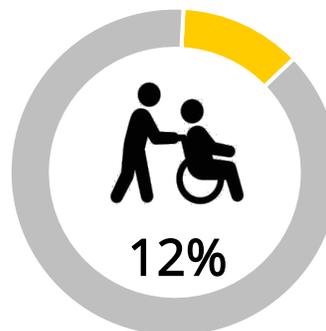
Over the Counter



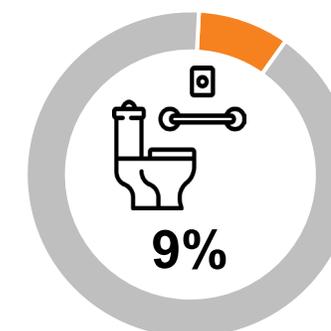
Meal Benefit



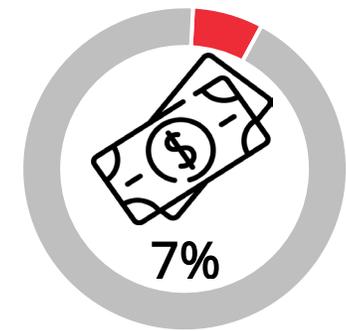
Transportation



In-Home Support



Bathroom Safety



Part B Rebate

SOURCE: KFF, "Extra Benefits Offered by Medicare Advantage Firms Vary," November 2022.

# Medicare Advantage: Tradeoffs for Beneficiaries

## Potential Advantages

- Lower premiums than supplements to traditional Medicare (Medigap + Part D)
- Out-of-pocket limits for benefits covered under Medicare Parts A and B (unlike traditional Medicare)
- Extra benefits such as hearing and dental
- Simplicity: only one plan needed
- Potential for better-coordinated care
- Greater likelihood of receiving preventive services and having a usual source of care

## Potential Disadvantages

- Narrower networks of physicians and hospitals
- More utilization review than traditional Medicare, like prior authorization of high-cost services
- Potential for higher out-of-pocket costs for certain services
- No ability to select a separate drug plan
- Limited ability to switch back to traditional Medicare and purchase Medigap for people with pre-existing conditions, creating somewhat of a lock-in

# Medicare Pays 6% More for Medicare Advantage Enrollees Than for Similar Beneficiaries in Traditional Medicare

*Medicare Advantage payments as a percentage above traditional Medicare spending:*



NOTE: MedPAC estimate takes into account coding intensity as of 2007. SOURCE: MedPAC presentation, "The Medicare Advantage program: Status Report," January 12, 2023.

# Medicare Coverage of Mental Health and Substance Use Disorder Services

Medicare Service	Medicare Beneficiary Cost Sharing
<b>Part A Services</b>	
Inpatient hospitalizations at psychiatric or general hospital - Lifetime limit of 190 days in psychiatric hospital	Part A deductible (\$1,600 in 2023) per benefit period; daily copays for extended stays.
<b>Part B Services</b>	
Individual/group psychotherapy, family counseling, psychiatric evaluation, medication management, Part B drugs, telehealth	Part B deductible (\$226 in 2023) and 20% coinsurance apply.
Yearly Depression Screening	No cost sharing if provider accepts assignment.
“Welcome to Medicare” Visit	No cost sharing if provider accepts assignment (covered in first 12 months).
Annual “Wellness” Visit	No cost sharing if provider accepts assignment.
Partial Hospitalization	After meeting deductible, beneficiaries pay coinsurance for each day of partial hospitalization services they receive.
Opioid Use Disorder Treatment	No cost sharing if received from provider enrolled in Medicare. However, deductible still applies for supplies or medications received through provider.
Alcohol Misuse Screening	No cost sharing if provider accepts assignment.
Tobacco Cessation Counseling	No cost sharing if provider accepts assignment.

SOURCE: KFF, “FAQs on Mental Health and Substance Use Disorder Coverage in Medicare,” January 2023.

# Medicare Telehealth Coverage of Mental Health and Substance Use Disorder Services

- Before COVID-19 pandemic, telehealth services were available only to Medicare beneficiaries in rural areas originating from a health care setting, such as a clinic or doctor's office.
  - These rules did not apply to individuals diagnosed with a substance use disorder for the purposes of treatment of such disorder or co-occurring mental health disorder (as of July 1, 2019).
  - These geographic and originating site limitations do not apply to Medicare Advantage plans (as of 2020).
- Medicare has since permanently removed these restrictions for telehealth mental health services and also covers audio-only visits for mental health and substance use disorder services, subject to limitations.
- Though Medicare does impose some in-person requirements in tandem with coverage of these telehealth mental health services, these requirements have been delayed as part of the Consolidated Appropriations Act (CAA), 2023, until Jan. 1, 2025.
- Expanded coverage of non-mental health services will expire Dec. 31, 2024, as part of CAA.

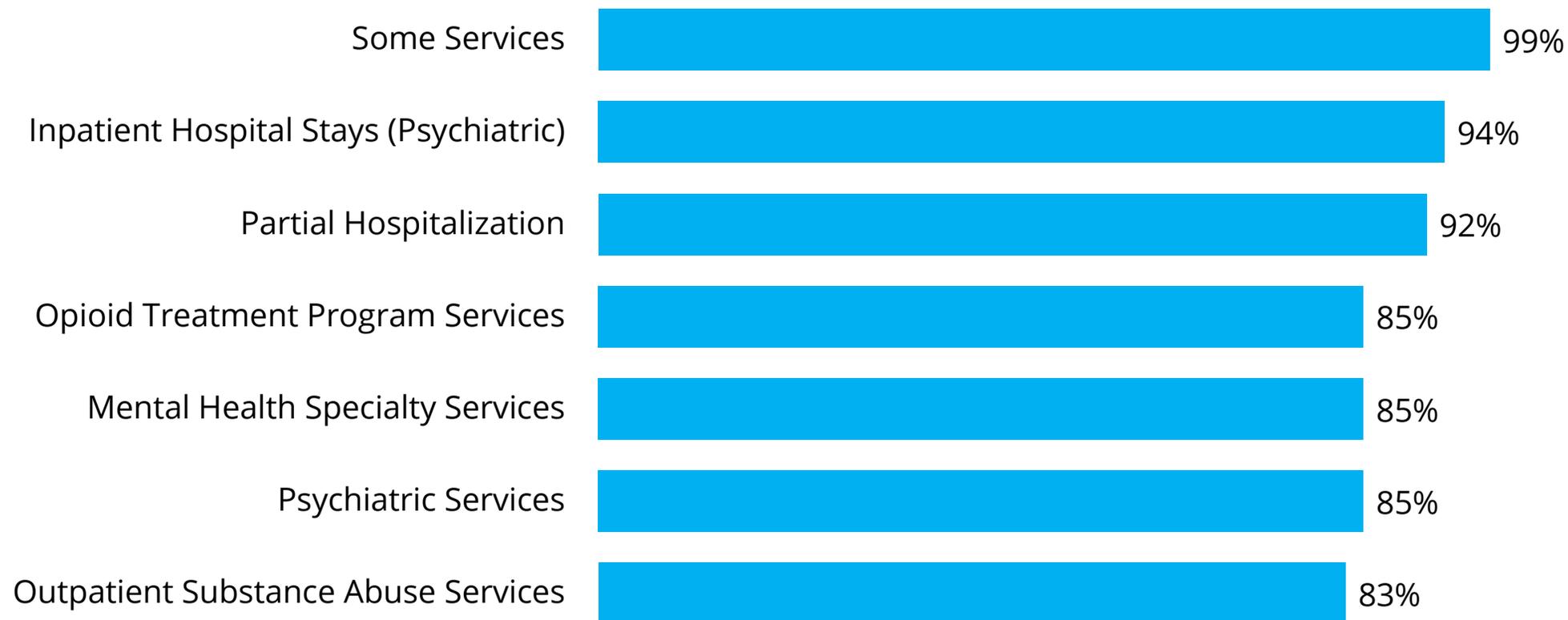
SOURCE: KFF, "FAQs on Mental Health and Substance Use Disorder Coverage in Medicare," January 2023.

# Coverage of Mental Health and Substance Use Disorder Services in Medicare Advantage

- Medicare Advantage plans are required to cover all Medicare Part A and B services that traditional Medicare covers but have flexibility to modify cost sharing for most A and B services.
- Most plans also include Part D, which covers outpatient drugs needed for these services.
- Plans may provide supplemental benefits specifically for these services that are not covered by traditional Medicare.
- Medicare Advantage plans can require provider referrals and impose prior authorization for these services.
- Enrollees in Medicare Advantage plans are limited to receiving care from providers in their network or must pay more to see out-of-network providers (in most cases).

SOURCE: KFF, "FAQs on Mental Health and Substance Use Disorder Coverage in Medicare," January 2023.

# Most Medicare Advantage Enrollees Are Required to Receive Prior Authorization for Mental Health and Substance Use Disorder Services



SOURCE: KFF, "FAQs on Mental Health and Substance Use Disorder Coverage in Medicare," January 2023.

# Policy Changes and Proposals to Improve Access to Mental Health and Substance Use Disorder Services in Medicare

## Recent Policy Changes Due to Consolidated Appropriations Act, 2023 — Beginning in 2024

- Partial hospitalization
  - Clarified for individuals who need these services for a minimum of 20 hours per week.
  - Medicare will cover intensive outpatient services—the same as partial hospitalization—but only for those who need these services for a minimum of 9 hours per week.
- Medicare will directly reimburse marriage and family therapists and licensed professional counselors for the provision of mental health services.

## Recent Proposals

- Apply Mental Health Parity and Addiction Equity Act to Medicare (federal parity laws do not apply to Medicare).
- Eliminate the 190-day lifetime limit on inpatient psychiatric hospital stays.
- Cover three behavioral health visits without cost sharing.

SOURCE: KFF, “FAQs on Mental Health and Substance Use Disorder Coverage in Medicare,” January 2023.

A photograph of an elderly couple embracing outdoors. The woman, on the left, has short, styled grey hair and is wearing a bright yellow cable-knit sweater. She is smiling broadly, looking towards the man. The man, on the right, is bald with a grey goatee and is wearing a light blue denim shirt. He is also smiling broadly, looking at the woman. His arms are around her shoulders. The background is a soft-focus, sunlit outdoor setting with warm yellow and orange tones.

# Thank you!



Medicare Mental Health  
Workforce Coalition

# Modernizing Medicare: The Role of Counselors and Marriage & Family Therapists

**Matthew Fullen**, Ph.D., LPCC (OH)

Associate Professor, Virginia Tech

---





# Older Adult Mental Health in the U.S.

1

In general, older adults have high rates of life satisfaction (George, 2010).

2

Like any age group, older adults may experience mental health distress, either for the first time or as a recurring condition.

3

Roughly 1 in 5 older adults is experiencing anxiety, depression, substance use, insomnia, or another mental health disorder (Gerlach, 2021).

4

Some data suggests this has worsened since the pandemic (Gerlach, 2021).

5

Suicide rates among older adults are higher than national average, with white males 85+ having one of the highest per capita rates (Drapeau & McIntosh, 2021).

# Medicare Mental Health Law Is **Changing!**

**The Mental Health Access Improvement Act allows mental health counselors and marriage and family therapists to:**

- diagnose and treat older adults and people with disabilities who are covered by the Medicare program for their mental health care needs.
- diagnose and treat people with substance use disorders (SUDs) who are covered by the Medicare program for their behavioral health care needs.
- serve individuals who rely on Medicare plus another form of health insurance (e.g., dual-eligible beneficiaries, veterans).
- receive payment under the Medicare Part B program for providing covered mental health services to Medicare beneficiaries **beginning Jan. 1, 2024.**

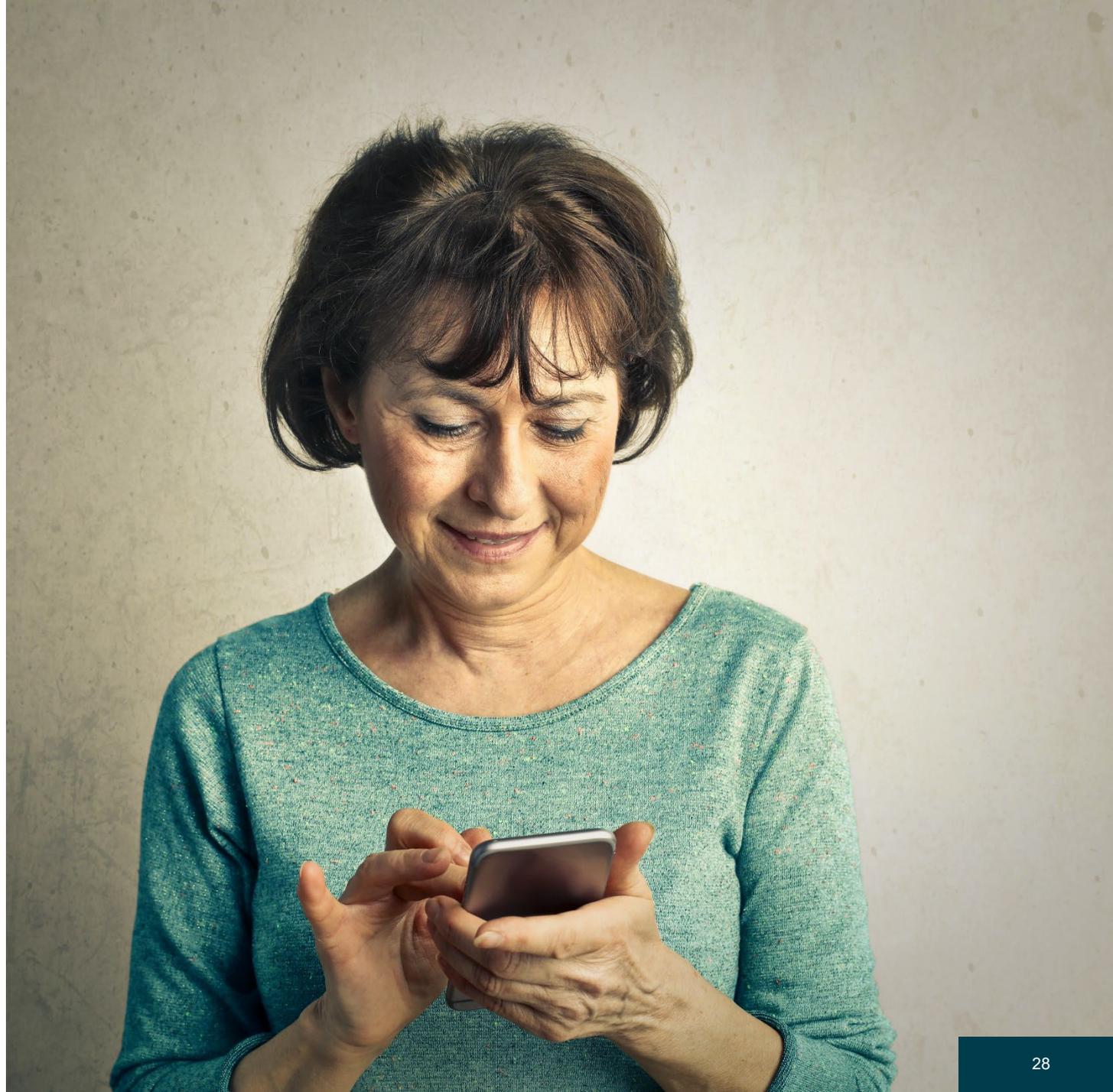




# Broad Integration Into Various Treatment Settings

**Mental health counselors and MFTs will be eligible Medicare Part B providers in:**

- Agency and private practice settings
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Medicare hospice interdisciplinary teams
- Medicare Integrated Behavioral Health and Primary Care Programs
- Medicare Innovative Delivery and Payment Programs
- Telehealth services, as these continue to be adjusted by CMS



# Additional Details

## Rates

- **Services** will be reimbursed at 80% of the lesser of the actual charge for the services, or 75% of the amount determined for payment of a psychologist.
- Commensurate with rate received by **licensed clinical social workers**.
- Rates determined annually with release of **Physician Fee Schedule (PFS)**.



# ■ ■ Additional Details

## Implications for Professionals

- Improved provider pool for underserved clients
- New population of clients to serve
- Enhanced continuity of care
- Parity among mental health professionals
- Expanded professional opportunities for counselors and MFTs

## Key Next Steps

- PFS proposal released in July; public comment period
- Detailed information regarding provider enrollment expected in late Fall 2023



# 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>

## 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>

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

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

## How to Enroll in the Medicare Program

### 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

## Medicare Administrative Contractors (MACs)

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

## Medicare Physician Fee Schedule

- <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>
- <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule>

## Medicare CPT Billing Codes for Mental Health

Please see the **Medicare Mental Health Booklet** (page 20–22) for complete details.

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

## Example of Current Mental Health Provider Guidance on Codes: Psychotherapy Codes for Psychologists

<https://www.apaservices.org/practice/reimbursement/health-codes/psychotherapy>

**Social workers use similar Medicare codes as psychologists and can be found on the link below:**

<https://www.socialworkers.org/includes/newIncludes/homepage/PRA-NL-27117.CPT-Codes-PP.pdf>

## Medicare Reimbursement Rates

<https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=2&CT=0&H1=96100&H2=96140&M=5>

## Medicare Telehealth Services

- <https://www.congress.gov/bill/117th-congress/house-bill/2617>
- <https://oig.hhs.gov/oei/reports/OEI-02-20-00520.asp>



## 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](#)



# Questions and Answers!

■ Thank you  
■ for attending!

Please join us for  
**Medicare 201**

The Implementation of  
Medicare Part B Coverage  
of Counselors and Marriage  
and Family Therapists

**May 5 from 4–5 pm EDT**

