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Becoming a Medicare Provider

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The Mental Health Access Improvement Act closed the mental health coverage gap in federal law that has excluded licensed professional counselors (LPCs) and marriage and family therapists (LMFTs) from billing and receiving reimbursement under Medicare.

Effective January 1, 2024, the legislation allows LPCs and LMFTs to bill Medicare directly for mental health diagnosis and treatment services in most settings, except inpatient hospital.

The bill, passed into law in December 2022, was led in the Senate by **Sens. John Barrasso (R-WY)** and **Debbie Stabenow (D-MI)** and in the House by **Reps. Mike Thompson (D-CA)** and **John Katko (R-NY)**.

How Did We Get Here?

Growing support from within Congress, CMS, and the Administration related to mental health investment

> Use of research/data to raise awareness about the "Medicare mental health coverage gap" and the role of counseling profession to meet the need

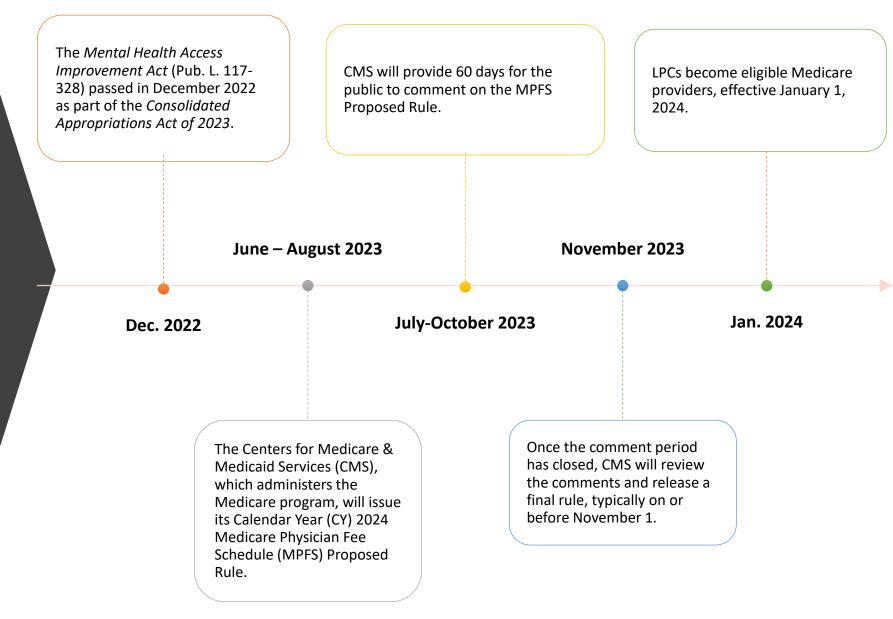
> > Amplification of counselor and client perspectives to strengthen advocacy efforts

> > > Persistence from ACA, the Medicare Mental Health Workforce Coalition, and grassroots advocates like YOU + Advocacy expertise from Arnold & Porter = SUCCESS!

What's at Stake Going Forward?

- Access to mental health care for older adults & people with disabilities who rely on Medicare
- Expanded employment, new treatment contexts, and new client markets
- Counselors are now "at the table" when it comes to shaping the future of Medicare's mental health program

Timeline for Becoming an Eligible Medicare Provider



Background on Medicare

The Medicare program was signed into law in 1965 to provide health coverage and increased financial security for individuals aged 65 or over.

"Traditional" or "Original" Medicare consists of two parts: hospital insurance (HI), also known as Part A, and supplementary medical insurance (SMI), also known as Part B.

- Part A/Hospital Insurance (HI): Generally covers certain inpatient care in a hospital, skilled nursing facility care, hospice care, and home health care.
- Part B/Supplementary Medical Insurance (SMI): Generally covers physician and designated non-physician practitioner (NPP) services, outpatient hospital services, certain home health services, durable medical equipment, and certain other medical and health services not covered by Medicare Part A.
- LPCs and MFTs will be eligible to enroll as non-physician practitioners under Part B in 2024 ("suppliers").

Key Facts about Medicare beneficiaries

How many individuals are enrolled in Medicare?

As of September 2022, over 65 million people were enrolled in Medicare. Over 35 million individuals are enrolled in traditional Medicare, and over 30 million are enrolled in Medicare Advantage plans.

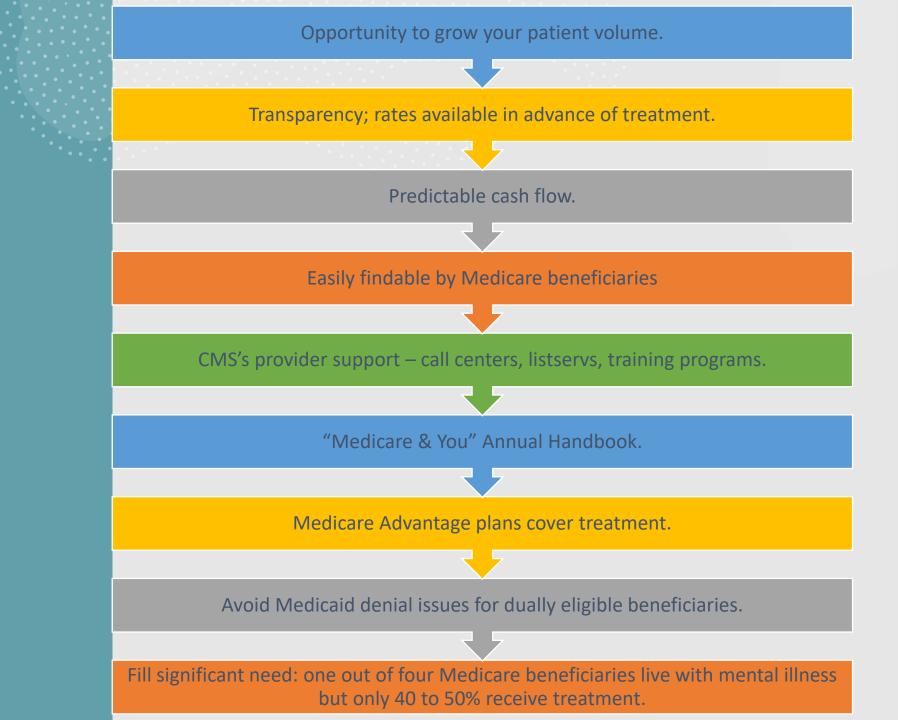
Who is eligible for Medicare?

65 years or older or entitled to monthly Social Security or Railroad Retirement Board benefits based on disability after receiving disability benefits for 24 months.

What is the current premium for Medicare Part B?

CMS sets the annual Medicare Part B premium, deductible, and coinsurance rates according to the Social Security Act's requirements.

In 2023, the standard monthly premium for Medicare Part B enrollees is \$164.90 per month. The deductible for all Medicare Part B beneficiaries is \$226 in 2023.



Medicare Provider/Supplier Enrollment – How you'll start

A pre-requisite for providers enrolling under Medicare is having a National Provider Identifier (NPI) number. If you do not already have an NPI number, we recommend you apply for one in the next few months at CMS's National Plan and Provider Enumeration System (NPPES) website https://nppes.cms.hhs.gov/#/.

The agency uses an online enrollment system called the Medicare Provider Enrollment, Chain, and Ownership System (PECOS). You will need to provide information such as your professional license information, practice location(s), and electronic funds transfer documentation so that Medicare payments can go directly into your designated bank account.

https://www.cms.gov/medicare/provider-enrollment-andcertification/become-a-medicare-provider-or-supplier

Assignment of Claims

"Assignment of claims" means health care professionals participating in Medicare (1) submit claims directly to Medicare on behalf of the beneficiary/client; (2) accept the Medicareapproved amount as full payment; and (3) charge the beneficiary only the Medicare deductible and coinsurance amount.

Beneficiaries seeing providers who accept assignment generally pay 20% of the Medicareapproved amount for the service, called coinsurance, after they have met their annual deductible. Medicare Supplement (or "Medi-Gap") plans typically cover the 20% coinsurance.

Resources

American Counseling Association

- Informational webinars
- Member updates and notices
- Member support and opportunities for engagement

CMS' provider support programs include:

- Open Door Forums
- Medicare Learning Network
- Guide to Enrollment for Providers & Suppliers
- Partnerships with national provider/supplier associations, including ACA.

Enrollment in Medicare:

- Medicare Provider Enrollment, Chain, and Ownership System (PECOS).
- Practitioner enrollment checklist here.

Find a Medicare practitioner near you:

<u>CMS's Care Compare</u>

Medicare Administrative Contractor contacts (A/B MACs)

- Background
- MAC Jurisdiction map
- Dedicated provider call centers and web portals.
- Provider outreach and education advisory groups.
- Self-paced tutorials, recorded trainings, and educational forums.

We did it!



Questions?

