INCREASING PROVIDER PARTICIPATION IN MEDICARE, MEDICAID, AND THE MARKET PLACE:

IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE

Substance Abuse and Mental Health Services Administration

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National Academies of Science Engineering and Medicine Consensus Study Committee

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Outline

1. Scoping the Issue –Provider Participation in Medicare and Medicaid
2. Charge to the Committee
3. Review of Current CMS Behavioral Health Initiatives
4. Discussion

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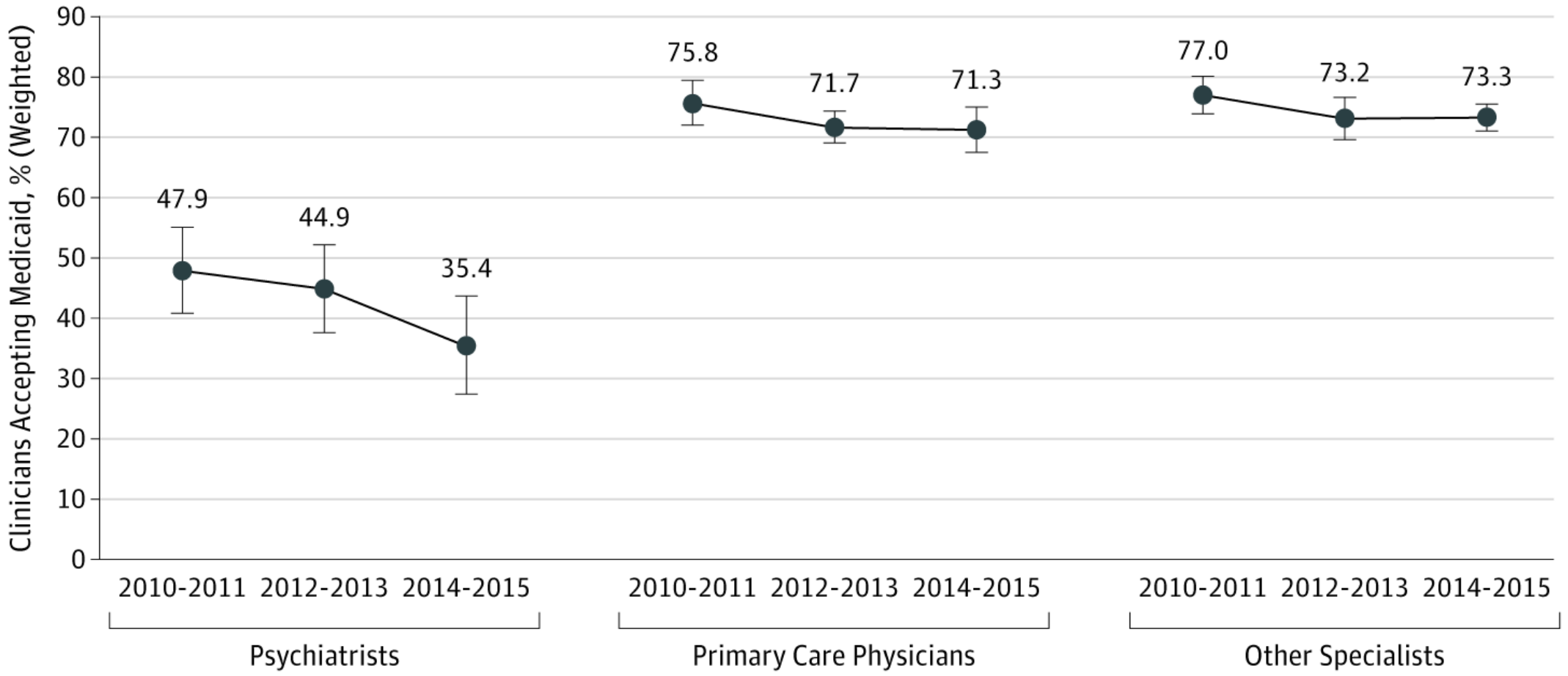
Low rates of participation in Medicaid



Data Source: National Ambulatory Medical Care Survey (NAMCS)

Wen H, Wilk AS, Druss BG, Cummings JR. Medicaid Acceptance by Psychiatrists Before and After Medicaid Expansion. *JAMA Psychiatry.* 2019;76(9):981–983. doi:10.1001/jamapsychiatry.2019.0958

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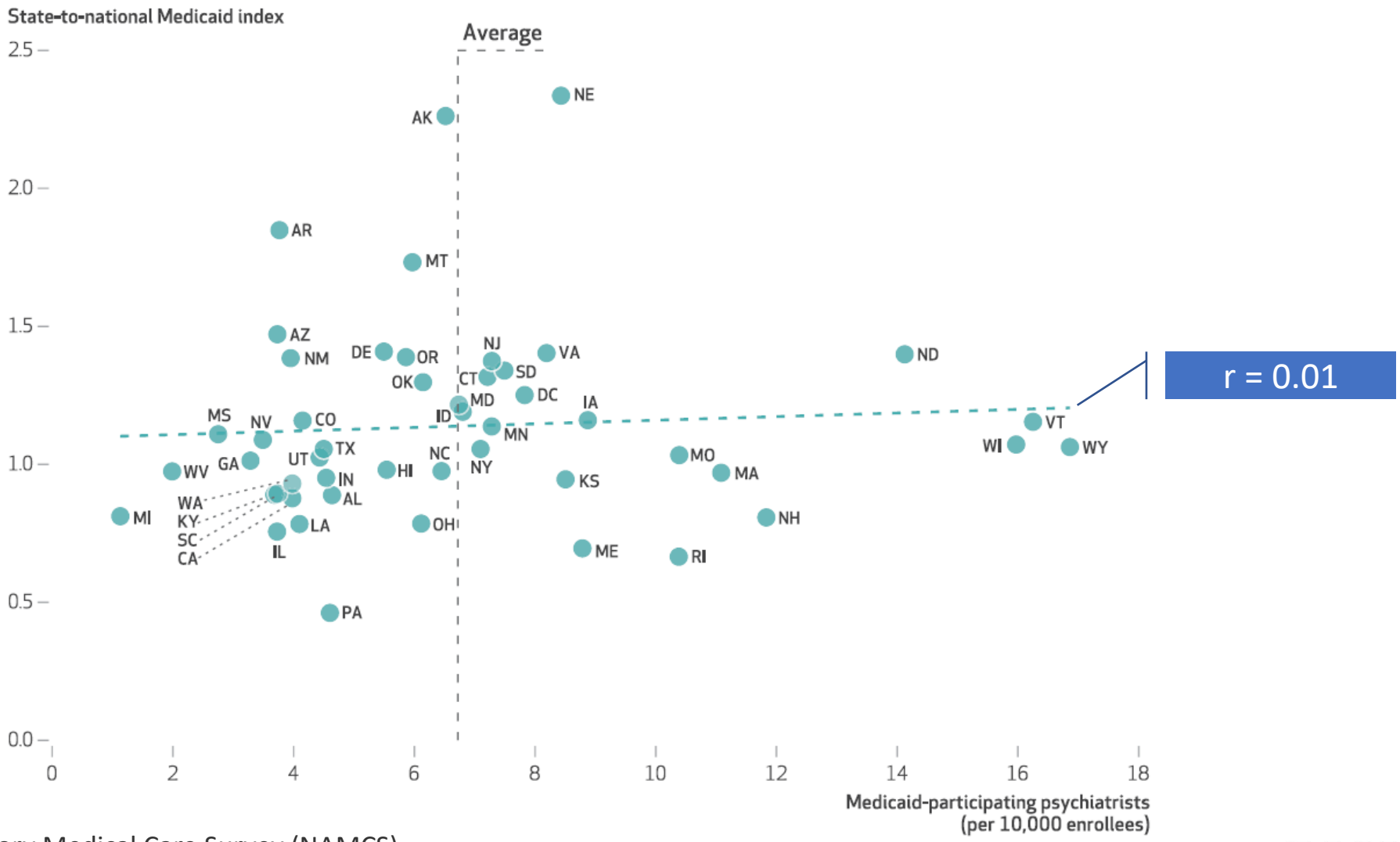
Medicaid Reimbursement and Psychiatrist Participation in Medicaid



Data Source: National Ambulatory Medical Care Survey (NAMCS)

Zhu JM, Renfro S, Watson K, Deshmukh A, McConnell KJ. Medicaid Reimbursement For Psychiatric Services: Comparisons Across States And With Medicare. Health Aff (Millwood). 2023 Apr;42(4):556-565. doi: 10.1377/hlthaff.2022.00805. PMID: 37011308; PMCID: PMC10125036.

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Low rates of participation in Medicare

Table 1. Number of Psychiatrists and PMHNPs Who Billed or Prescribed for 11 or More Medicare Beneficiaries per Year From 2013 to 2019

Year	No. in NPPES file	No. (%)		
		Billed traditional Medicare for professional services	Part D prescriber	Billed Medicare for professional services or was a Part D prescriber
Psychiatrists				
2013	51 166	22 213 (43.4)	28 972 (56.6)	31 057 (60.7)
2014	52 370	22 324 (42.6)	29 430 (56.2)	31 492 (60.1)
2015	53 393	22 286 (41.7)	29 552 (55.3)	31 669 (59.3)
2016	54 570	22 374 (41.0)	29 523 (54.1)	31 814 (58.3)
2017	55 432	22 189 (40.0)	29 153 (52.6)	31 607 (57.0)
2018	57 131	22 278 (39.0)	29 358 (51.4)	31 944 (55.9)
2019	58 814	22 419 (38.1)	29 711 (50.5)	32 420 (55.1)
Change 2013-2019, %	14.9	0.9 (-12.2)	2.6 (-10.8)	4.4 (-9.2)
PMHNPs				
2013	7132	3179 (44.6)	4121 (57.8)	4455 (62.5)
2014	8123	3677 (45.3)	4775 (58.8)	5122 (63.1)
2015	9134	4232 (46.3)	5501 (60.2)	5844 (64.0)
2016	10 423	4842 (46.5)	6176 (59.3)	6605 (63.4)
2017	11 711	5488 (46.9)	7110 (60.7)	7539 (64.4)
2018	13 842	6397 (46.2)	8385 (60.6)	8863 (64.0)
2019	16 698	7505 (44.9)	9917 (59.4)	10 522 (63.0)
Change 2013-2019, %	134.1	136.1 (0.8)	140.6 (2.8)	136.2 (0.9)

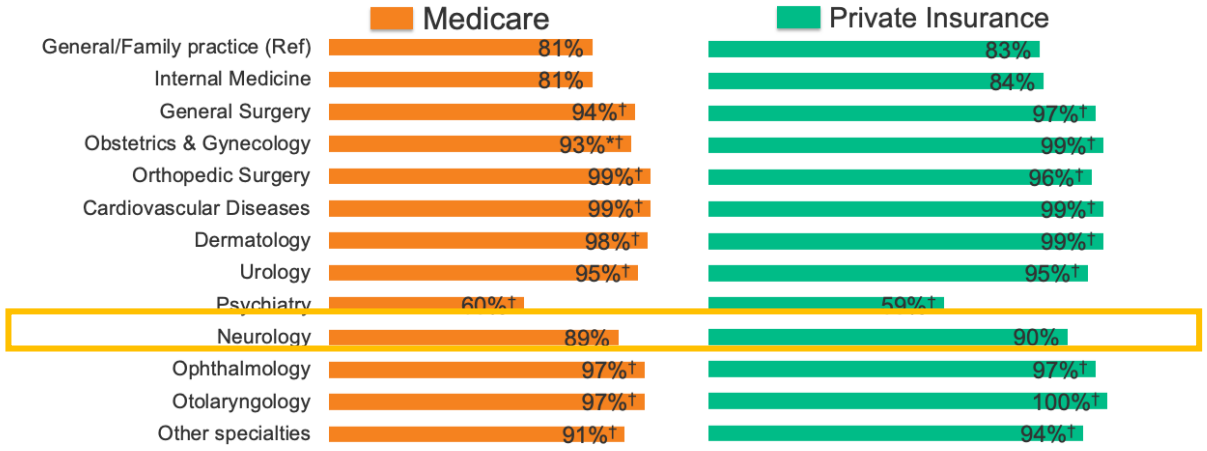
Abbreviations: NPPES, National Plan & Provider Enumeration System, PMHNP, psychiatric mental health nurse practitioner.

Oh S, McDowell A, Benson NM, Cook BL, Fung V. Trends in Participation in Medicare Among Psychiatrists and Psychiatric Mental Health Nurse Practitioners, 2013-2019. JAMA Netw Open. 2022;5(7):e2224368. doi:10.1001/jamanetworkopen.2022.24368

Low rates of BH provider participation in Medicare

Figure 2

In Most Specialties, The Shares of Physicians Accepting New Patients With Medicare and Private Insurance Are Similar



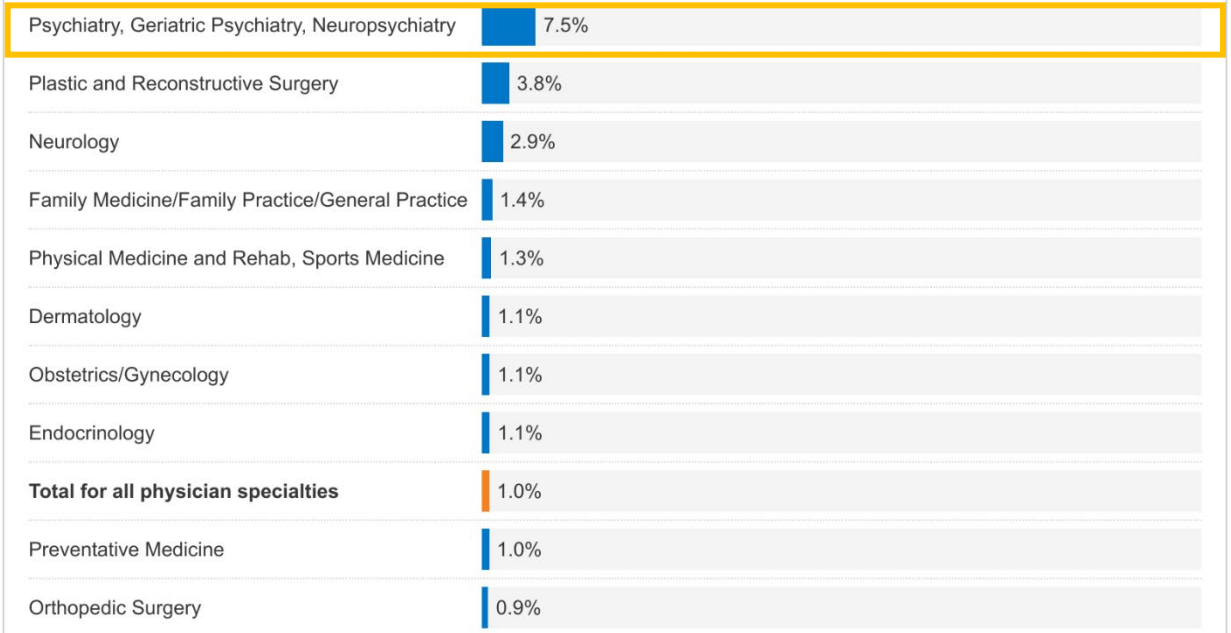
NOTE: *Statistically significant difference at the 95% confidence level from private insurance. †Statistically significant difference at the 95% confidence level from general/family practice physicians accepting patients in the same insurance group. Data excludes physicians in adolescent medicine and all pediatric specialties. 2018 data not included in pooled 2017 & 2019 data due to sample size limitations.

SOURCE: KFF analysis of 2017 & 2019 data from the National Electronic Health Records Survey (NEHRS).

KFF

Figure 5

Very Few (1.0%) Physicians Have Formally Opted-Out of the Medicare Program in 2022, With the Share Varying by Specialty and Highest for Psychiatrists



NOTE: Analysis excludes pediatricians. Physician counts include active allopathic and osteopathic medicine physicians.

SOURCE: KFF analysis of Centers for Medicare & Medicaid Services Opt-Out Affidavits (March 2022) and Physician counts from Redi-Data, Inc, January 2022, using American Medical Association (AMA) Physician Masterfile

KFF

Kaiser Family Foundation 2022.Most Office-Based Physicians Accept New Patients, Including Patients With Medicare and Private Insurance.
https://www.kff.org/medicare/issue-brief/most-office-based-physicians-accept-new-patients-including-patients-with-medicare-and-private-insurance/

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Psychologist Participation in Medicare and Medicaid

INSURANCE ACCEPTED BY HEALTH SERVICE PSYCHOLOGISTS, 2021

Payment Source - Which of the following payment sources do you accept? Please select all that apply.	***N* = 775**
Private insurance	66%
Medicare	46%
Medicaid	31%
Self-pay	81%
VA	13%
Tricare	25%
Other	10%
Total	100%
Self-pay as the only payment source	
Percentage of psychologists only accepting self-pay as payment source	16%

Note: Questions for insurance accepted for the 2015 Survey of Psychology Health Service Providers were in a different format than the question used in the 2021 Survey of Health Service Psychologists. As such, data from the 2015 survey were not comparable and not presented in this table. Respondents may select more than one payment category.
Source: APA, 2021 Survey of Health Service Psychologists.

American Psychological Association. (2022). 2021 Survey of Health Service Psychologists: Technical report. https://www.apa.org/workforce/ publications/health-service-psychologists-survey/full-technical-report.pdf

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SAMHSA Strategic Plan

Mission

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Vision

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

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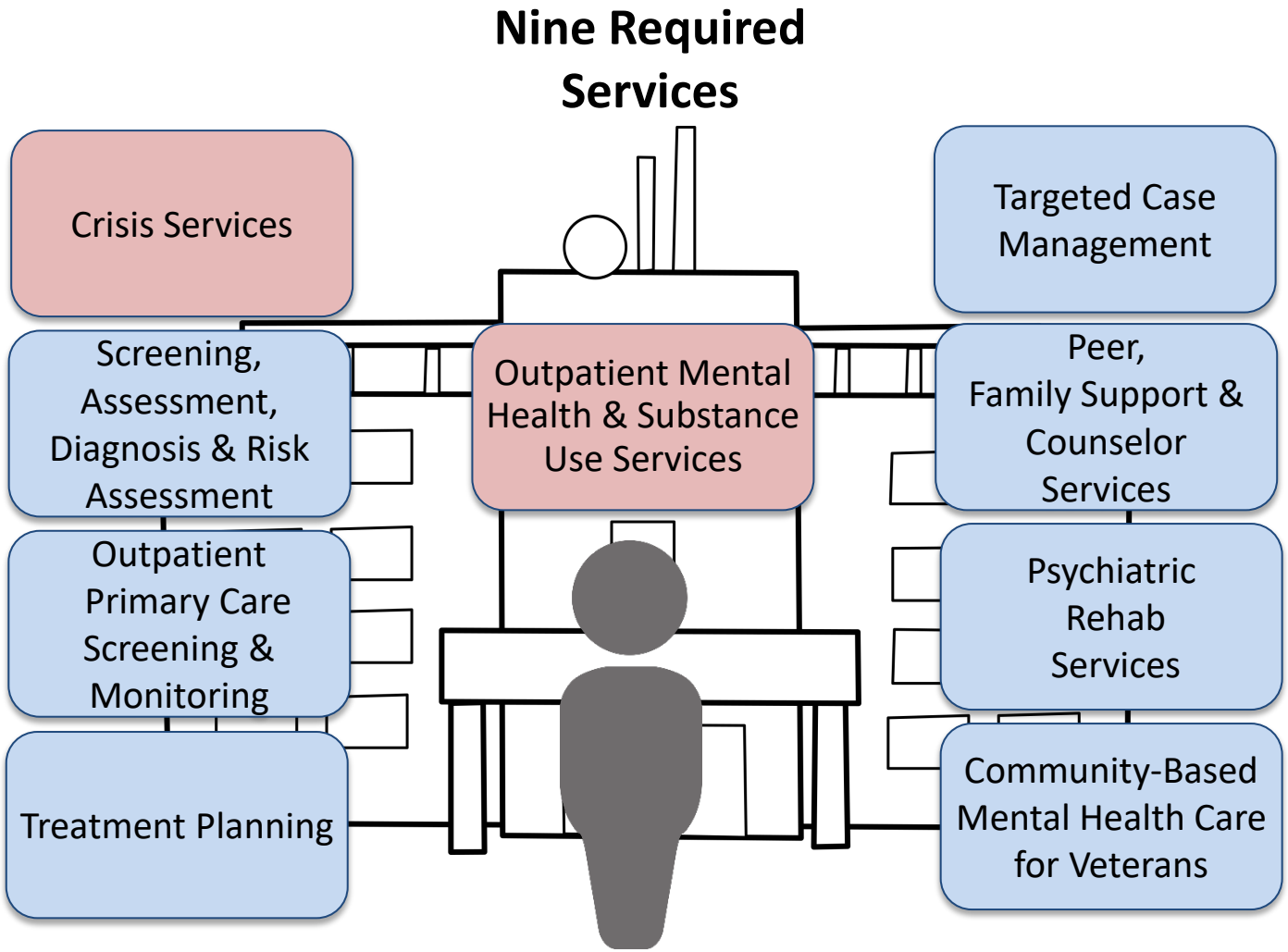
Certified Community Behavioral Health Clinics (CCBHC)

There are currently over 500 CCBHCs across 46 states, two territories, and the District of Columbia

FILE - In this Oct. 31, 1963 file photo, President John F. Kennedy signs a bill authorizing $329 million for mental health programs at the White House in Washington. *Bill Allen, AP*

1. **Staffing:**
2. **Availability and Accessibility of Services:**
3. **Care Coordination:**
4. **Scope of Services:**
5. **Quality and Other Reporting:**
6. **Organizational Authority and Governance:**



The current criteria are available at:
https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

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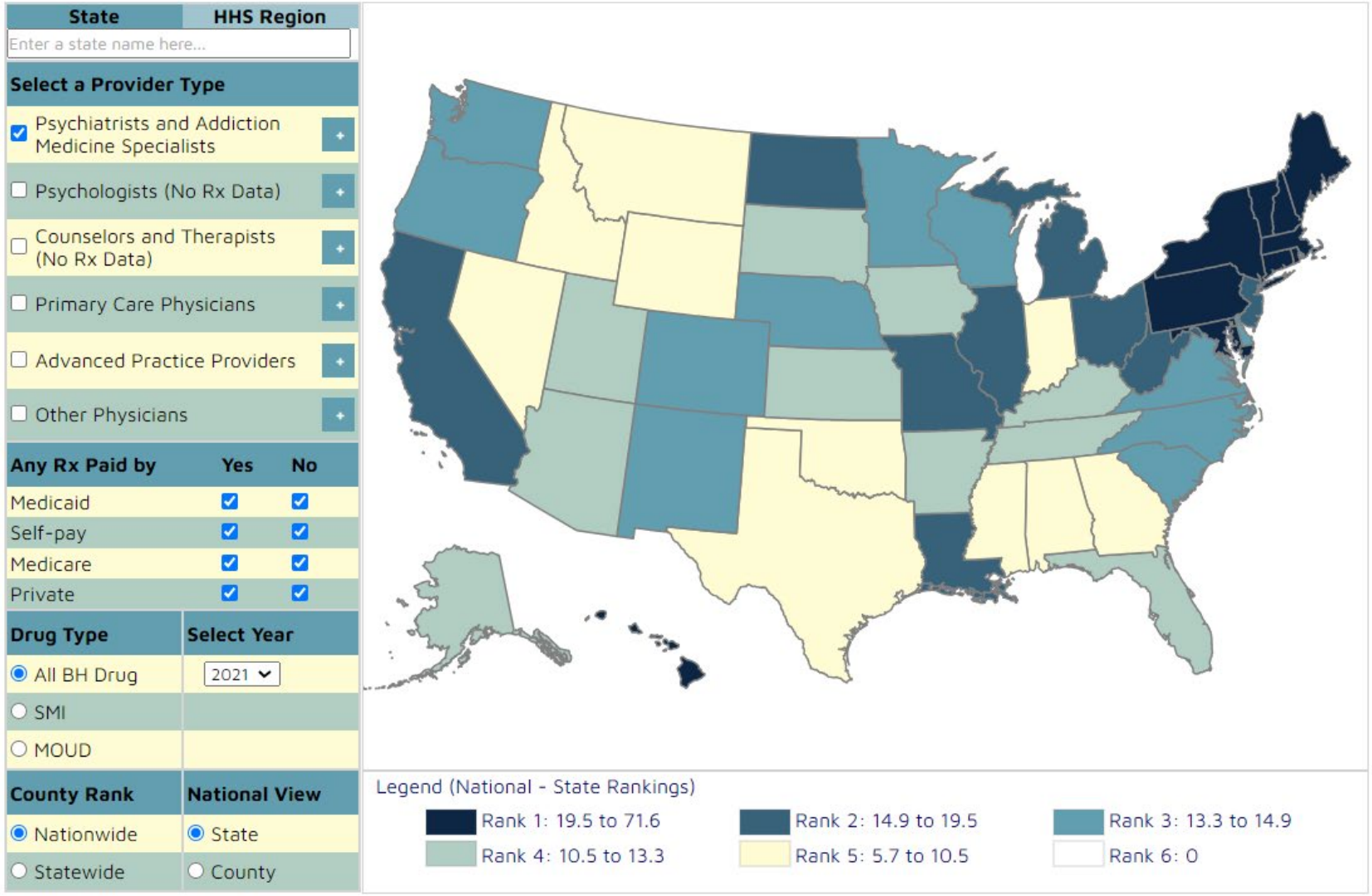
SAMHSA Funded Workforce Tracker

Behavioral Health Workforce Tracker



Fitzhugh Mullan Institute for Health Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

https://www.gwhwi.org/behavioralhealth-workforce-tracker-v20.html

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Committee Charge

The Committee will propose strategies to increase participation of the behavioral health workforce in Medicare, Medicaid and the Marketplace, to ensure adequate capacity and access to care amid increased demand for behavioral health care beneficiaries

Additional Providers to Consider

- Much of the data is focused on psychiatrist participation in Medicaid or Medicare – partly due to availability of data
  - Important to look away from the lamp post
- Behavioral Health Workforce participation:
  - Psychologist
  - Advanced practice nurse practitioners
  - Social workers
  - Peer support specialists
  - New provider types proposed in Medicare PFS:
    - Mental Health Counselor
    - Marriage and Family Therapists

Explore factors that influence BH provider participation

- Current **perceptions and/or experiences** among behavioral health care professionals and especially trainees about the challenges that might impede participation
- Current administrative processes and policies that produce **perceived or experienced burden**
  - And, how these might be clarified, simplified, or streamlined
- Explore **necessary infrastructure requirements** to effectively participate
  - E.g. electronic health records, participation in third-party billing systems, capacity to contract with managed care or others, data collection and reporting.

Solutions-Focused Recommendations

- Identify barriers;
- Potential facilitators, and;
- Innovative strategies
  - Short-term under existing statutory authorities
  - Long-term, which may require new authorities

To encourage behavioral health practitioners to work with Medicare and Medicaid beneficiaries, including those with complex needs, and thereby increasing meaningful access to mental health and substance use disorder treatment.

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CMS Behavioral Health Strategic Actions

Shari M Ling, MD, ***Deputy Chief Medical Officer, CMS***
Doug Jacobs, MD, ***Chief Transformation Officer, CM, CMS***

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

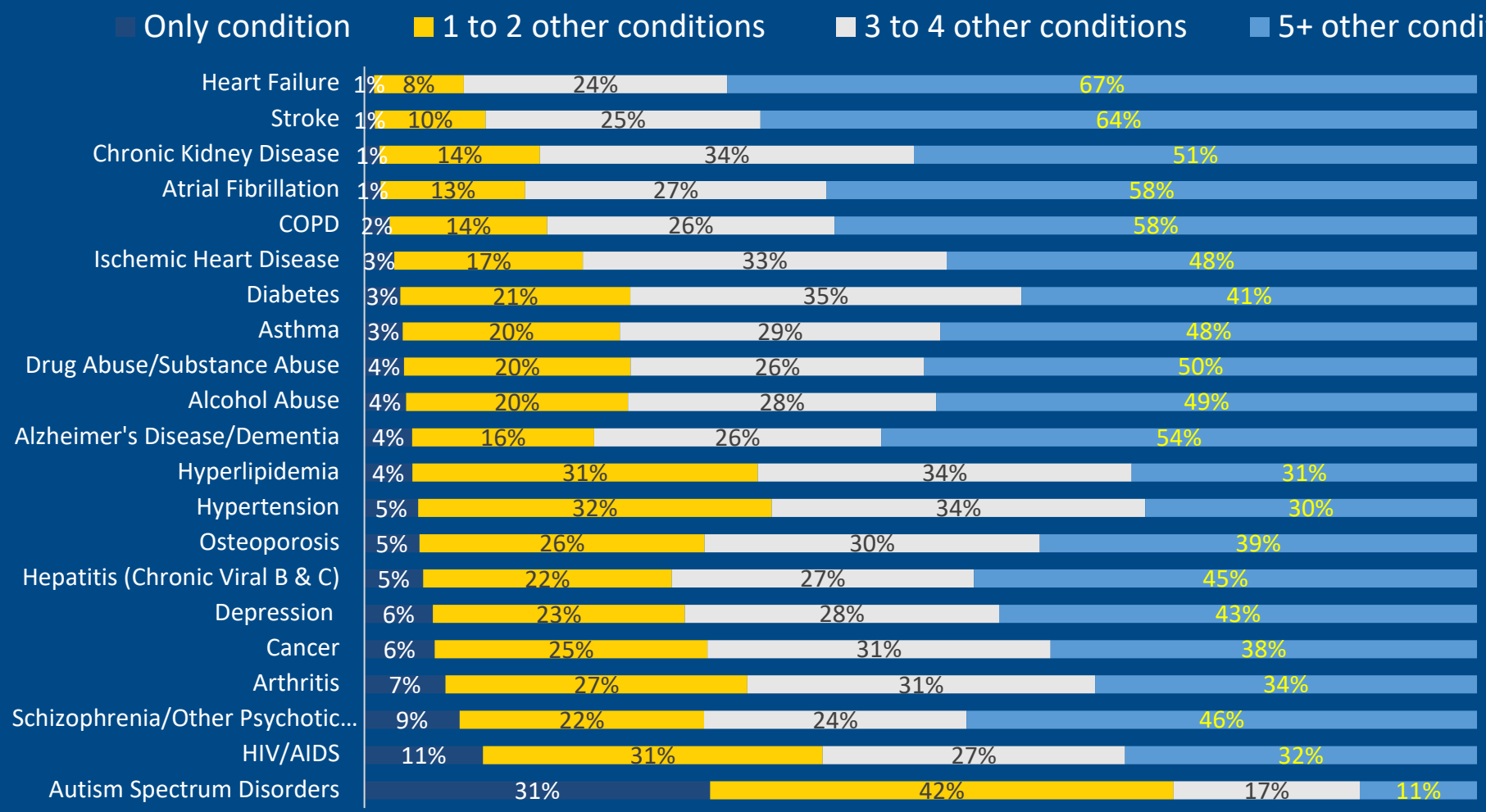
Size and Scope of CMS Responsibilities

- CMS is the largest purchaser of health care in the world (~$1.2 trillion in 2015)
- CMS programs provide health care coverage to roughly 130 million people, or 1 of every 3 Americans
- Medicare and Medicaid pay about one-third of national health expenditures
- CMS processes ~4 million claims, and pays out over $1.5 billion in benefit payments per day

Snapshot of CMS and Behavioral Health

- Medicaid and CHIP are the largest national payers for behavioral health services, paying for more than a **quarter** of the country's behavioral health services
- About **one in five** people over age 65 live with a mental health condition such as depression, anxiety, dementia, schizophrenia, and bipolar disorder.
- About **8 percent** of people with Medicare younger than 65 and **2 percent** of those 65 and older have a substance use disorder

Percentage of Medicare FFS (Fee-For-Service) Beneficiaries with the 21 Selected Chronic Conditions: 2018



Source: CMS Chronic Conditions Chartbook 2018

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CENTERS FOR MEDICARE & MEDICAID SERVICES

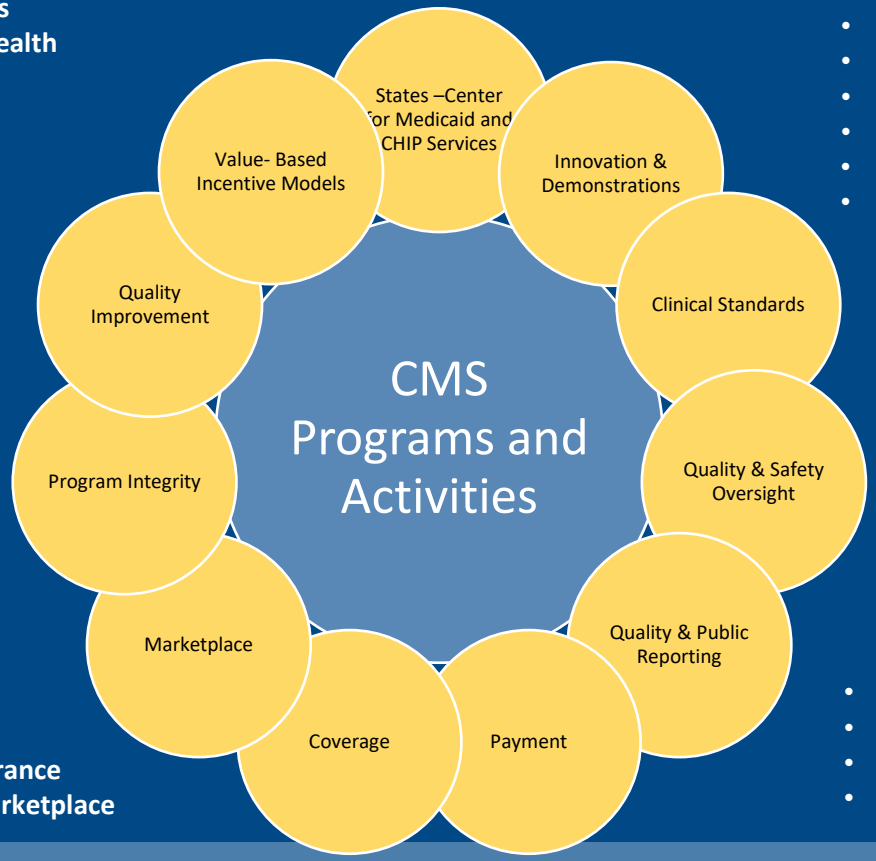
Overall CMS Programs & Activities

- Advanced Alternative payment models
- ACOs, PCMH, Bundles
- Multi-payer State agreements
- Prevention and Population Health
- Rapid Cycle Evaluation

- CMCS 1115 Waivers and demonstrations
- CMMI model tests
- Innovation Accelerator Program

- Hospital Inpatient including IRFs
- Hospital Outpatient
- In-patient psychiatric hospitals
- Cancer hospitals
- Nursing homes
- Home Health Agencies
- Long-term Care Acute Hospitals
- In-patient rehabilitation facilities
- Hospices

- Quality Improvement Organizations
- Hospital Innovation & Improvement Networks



- CLIA
- Target surveys
- Quality Assurance Performance Improvement

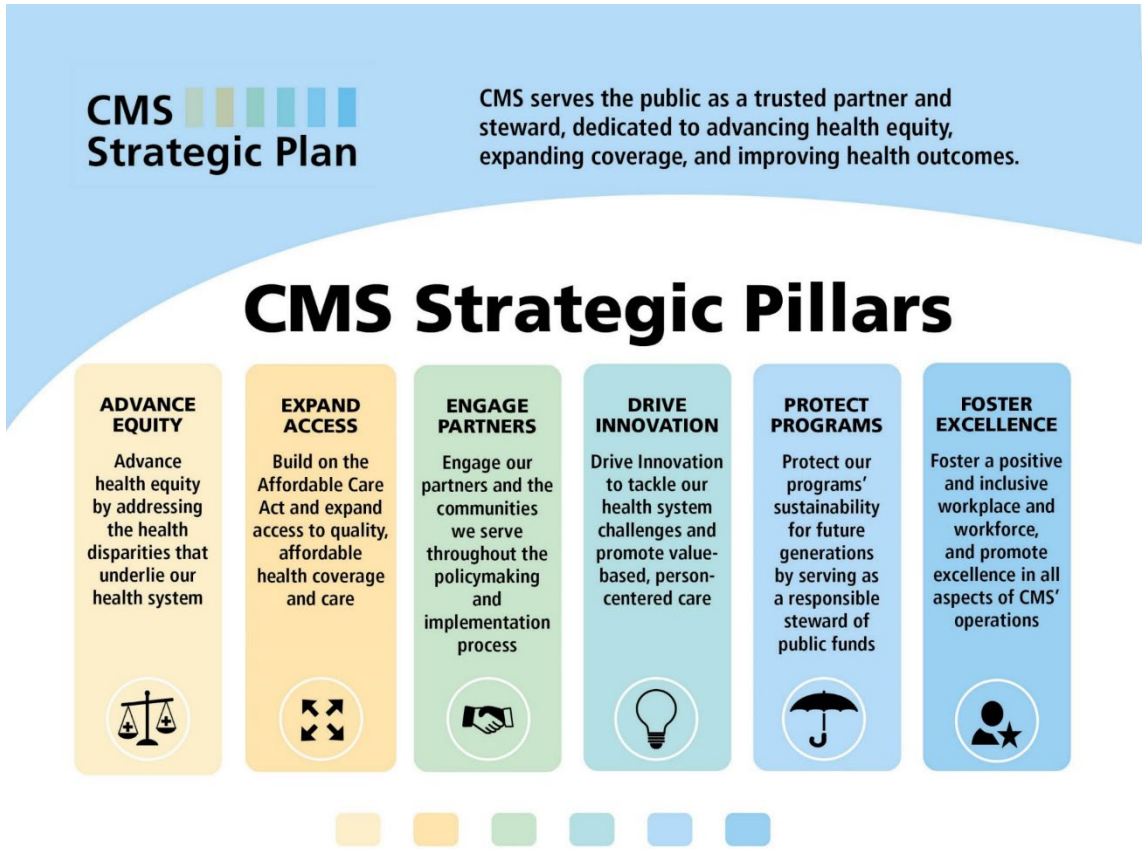
- Provider Enrollment
- Fraud, Waste & Abuse Prevention & Detection
- Medical Review
- Audits and Investigations

- Hospitals, Home Health Agencies, Hospices, ESRD facilities, Marketplace, Plans

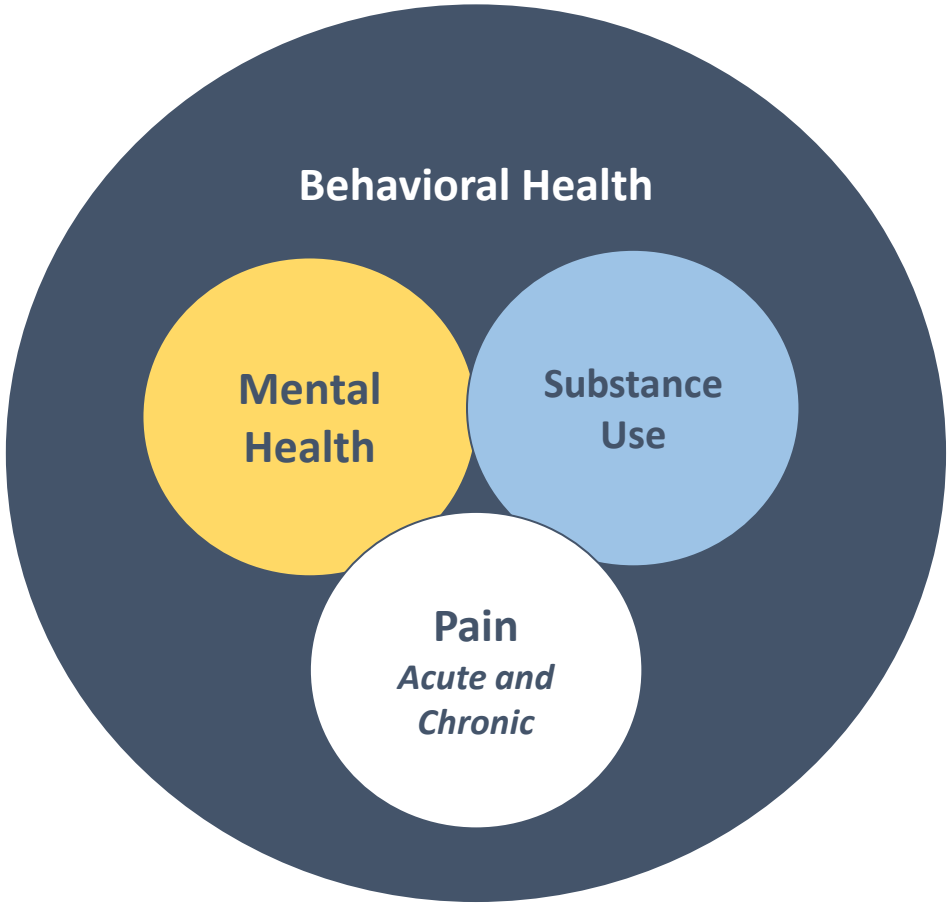
Center for Consumer Information and Insurance Oversight (CCIIO); Marketplace

- Parts A, B, C, D
- VBP hospitals, SNF, HHA, ESRD
- Payment adjustments HAC, hospital RRP
- Physician Quality Payment Program (QPP)

- National & Local decisions
- Mechanisms to support innovation (CED, parallel review, other)


CMS Strategic Plan
CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.
CMS Strategic Pillars
ADVANCE EQUITY
Advance health equity by addressing the health disparities that underlie our health system
EXPAND ACCESS
Build on the Affordable Care Act and expand access to quality, affordable health coverage and care
ENGAGE PARTNERS
Engage our partners and the communities we serve throughout the policymaking and implementation process
DRIVE INNOVATION
Drive Innovation to tackle our health system challenges and promote value-based, person-centered care
PROTECT PROGRAMS
Protect our programs' sustainability for future generations by serving as a responsible steward of public funds
FOSTER EXCELLENCE
Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations

CMS' Definition of Behavioral Health



Behavioral health encompasses a beneficiary's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental disorders and substance use disorders.

"Whole-person care" encompasses the whole of a beneficiary's needs including physical health, behavioral health, long-term services and supports, and health-related social needs.

Action Plan Framework

I. Coverage and Access to Care	II. Quality of Care	III. Equity and Engagement	IV. Data and Analytics
Ensure coverage of and access to BH providers and services across the full continuum of care	Measure quality - including safety and efficiency of care delivery	Create coverage and care pathways that center health equity and engage individuals for integrated, person-centered care	Aggregate and analyze data to identify disparities and drive policy and operational changes

https://www.cms.gov/files/document/cms-behavioral-health-stategy.pdf

I. Coverage and Access to Care

- **Enhancing Access to Telehealth Services**
  - In Medicare, CMS finalized policies related to changes in law that permanently expanded access to telehealth for behavioral health services starting in 2022
- **Promoting School-Based Services**
  - CMS is awarding grants to states and establishing a technical assistance center in coordination with the Department of Education to expand school-based health services
- **Access to Behavioral Health in MA and Marketplace**
  - CMS finalized policies for 2024 to strengthen network adequacy requirements, such as by adding Licensed Clinical Social Workers and Clinical Psychologists as specialty types, reaffirming MA organizations' responsibilities for behavioral health services and codifying wait-time standards, among other policies.
  - CMS' 2024 Notice of Benefit and Payment Parameters final rule expands access to behavioral health in the Marketplace by including two new provider categories with which Marketplace plans must sufficiently contract: substance use disorder treatment centers and mental health facilities.

I. Coverage and Access to Care (cont.)

- **Encouraging Interprofessional Access**
  - Guidance to states on Medicaid and CHIP coverage and direct reimbursement for interprofessional consultations
  - Medicare payment for clinical psychologists and licensed clinical social workers to provide BH integration
  - Proposed changes to allow marriage and family therapists and mental health counselors to enroll in and bill Medicare.
  - In 2023 PFS, finalized Medicare rules that changed the supervision requirements for BH services to general, rather than direct, supervision under “incident-to” billing.
- **Contingency Management**
  - Several approvals under Medicaid Section 1115 authority to authorize coverage of Contingency Management
- **Supporting a Full Continuum of Care**
  - CMS has recently proposed to implement statutory changes to establish Intensive Outpatient Programs in Medicare, and has used Section 1115 Authority to approve intensive outpatient and community-based recovery supports while incentivizing medication-assisted treatment.

I. Coverage and Access to Care (cont)

- **Strengthening Crisis Services**
  - Medicaid planning grants, guidance, and is working with states to make available enhanced federal Medicaid matching funds for community-based mobile crisis intervention services.
  - Proposed increased Medicare payment for crisis services outside of clinical settings starting in 2024
- **Addressing Pain**
  - Finalized new payment codes in Medicare for monthly chronic pain management and treatment services, and separate payments in ambulatory surgical centers for non-opioid pain management drugs starting in 2023.
  - Issued guidance to states describing how to increase coverage of non-opioid pain management treatments
- **Proposed Increased Payment for Psychotherapy**
  - Proposed increased valuation for timed behavioral health services. Propose applying an adjustment to the work RVUs for psychotherapy codes payable under the PFS over a four-year transition.

II. Quality of Care

- **Behavioral Health Care in Nursing Homes**
  - In 2022 HHS announced a funding opportunity between CMS and SAMHSA to establish a program to strengthen the delivery of behavioral health care in nursing homes. CMS also updated guidance to surveyors to help meet the needs of residents with behavioral health needs, and CMS is conducting audits to reduce the use of unnecessary antipsychotics.
- **Building a Universal Foundation**
  - CMS announced plans to create a Universal Foundation of quality measures and focuses providers' attention on meaningful measures across CMS quality programs, including several behavioral health measures.
- **Measuring Quality in Home and Community Based Services (HCBS)**
  - CMS issued guidance on a voluntary HCBS quality measure set to promote consistent quality measurement within and across state Medicaid HCBS programs, including for people with behavioral health needs.

III. Equity and Engagement

- **Integrated Care for Kids Model**
  - Launched in 2020, this child-centered model aims to meet physical and behavioral health needs in children, reduce expenditures, and improve quality of care.
- **Maternal Opioid Misuse (MOM) Model**
  - MOM aims to improve care and reduce costs for pregnant and postpartum women with opioid-use disorders, addressing fragmentation through a state-driven transformation of the delivery system while supporting the coordination of care.
- **Health-Related Social Needs**
  - CMS published guidance on the use of in-lieu-of services and settings in Medicaid Managed Care
  - Proposed new Coding and payment for SDOH risk assessments, community health integration, and principal illness navigation in Medicare
    - While Community Health Workers and Peer Support Specialists have been able to serve as auxiliary personnel to perform covered services incident to the services of a Medicare-enrolled billing physician or practitioner, the services described by the proposed codes are the first that are specifically designed to describe services involving community health workers and peer support specialists.

"CMS Cross Cutting Initiative." Can be accessed from: https://www.cms.gov/files/document/cms-behavioral-health-strategy.pdf

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