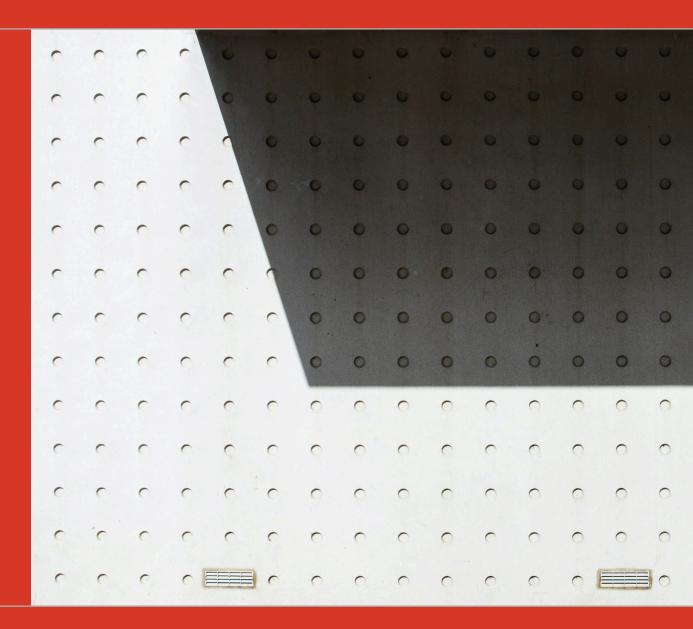
Medicare Caregiver Supports

Deep Dive on Caregiving Policies, Programs, and Financing

June 5, 2025

ATI Advisory

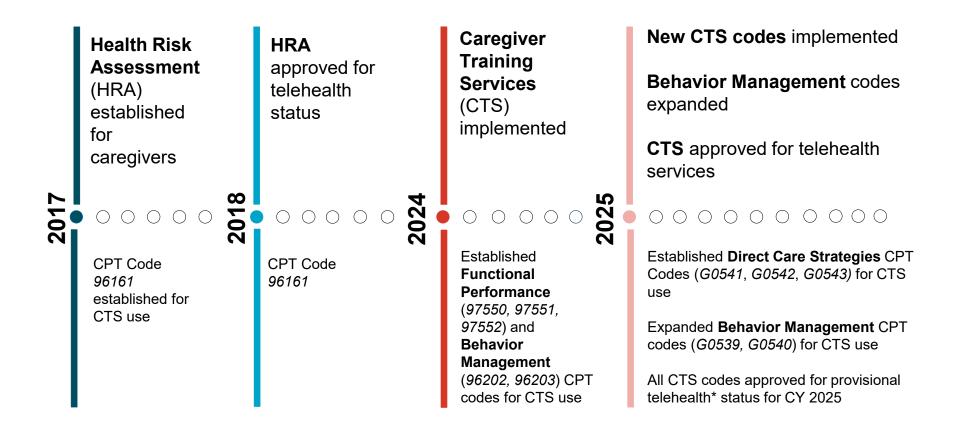


OVER THE LAST HALF DECADE+, WE SEE PROMISING SHIFTS IN MEDICARE POLICY TO SUPPORT CAREGIVERS

Medicare Fee-For-Service Code Expansion	Medicare Innovation Supports	Medicare Advantage Benefits
		→ Support for caregivers
Corosivor boolth rick	→ Caregiver assessments	 In home support services
→ Caregiver health risk assessments (HRAs)	 Caregiver education and support 	ightarrow Adult day services
\rightarrow Caregiver training		ightarrow Transportation
services (CTS)	ightarrow Respite payments	ightarrow Meals and nutrition
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MEDICARE FFS HAS EXPANDED CODES FOR CAREGIVERS IN RESPONSE TO CONTINUED NEED FOR CAREGIVER ASSESSMENT AND TRAINING



As CMS has expanded codes available for caregiver training, they have also developed new codes to support health-related social needs and advanced primary care services. These codes reflect an overall shift to allowing services to be provided in a more flexible and responsive manner.

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AS OF CY 2025, A RANGE OF CODES NOW EXIST TO SUPPORT CAREGIVERS ACROSS AREAS OF EVALUATION / ASSESSMENT, TRAINING, AND CONDITION MANAGEMENT

Patient Present			Caregiver(s) Only			
	Physicians, NPPs ¹ , QHPs ²			Physicians, NPPs ¹		
E	Evaluation and Management		Health Risk Assessment	Caregiver Training Services		
Ex. odes 9202 9203 9204 9205	Evaluation and Management Caregiver counseling and education when it is directly related to the patient's care and/or essential to the patient's treatment plan	96161	Health Risk Assessment Administration of a standardized health risk assessment tool to assess a caregiver's stress, well-being, or other issues that could impact the patient's care	96202 96203 G0539 G0540	Behavior Management Caregiver training in behavior management/modification 2025 Reimbursement Rate Range (RVU x CF) \$3.88 (96203) – \$32.35 (G0539)	
9212 9213 9214 9215				97550 97551 97552	Functional Performance Caregiver training in ADLs, transfers, mobility, communication, and problem solving	
					\$7.44 (97552) – \$32.25 (97550)	
	2025 Reimbursement Rate Range (RVU x CF) \$22.64 (99212) – \$113.21 (99205)		2025 Reimbursement Rate Range (RVU x CF) \$2.91	G0541 G0542 G0543	Direct Care Strategies Caregiver training in care strategies and techniques (e.g., prevent decubitus ulcer formation, wound care, and infection control) \$7.44 (G0543)- \$32.25 (G0541)	

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¹NPPs include nurse practitioners, clinical nurse specialists, certified nurse-midwives, physician assistants, clinical psychologists, clinical social workers, marriage and family therapists, mental health counselors, physical therapists, occupational therapists, and speech-language pathologists. ²A QHP is an individual who is qualified by education, training, licensure/regulation, and facility privileging who performs a professional service within his/her scope of practice and independently reports that professional service. QHPs are distinct from clinical staff. The clinical staff is comprised of employees who work under the supervision of a physician or other QHP to perform, or assist in the performance of, a specified professional service as allowed by law, regulation, and facility policy; but who do not individually report that professional service (payer-specific policies may also affect who may report specific services). Clinical staff includes medical assistants, licensed practical nurses, and registered nurses. Sources: 2021 PFS Final Rule, 2025 PFS Final Rule

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THE CENTER FOR MEDICARE AND MEDICAID INNOVATION (CMMI) HAS SIGNALED INTEREST IN FURTHER SUPPORT OF CAREGIVERS

CMMI's existing portfolio includes the GUIDE Model, in which caregivers play a central role.

GUIDING AN IMPROVED DEMENTIA EXPERIENCE (GUIDE) MODEL

Launched in 2024, a core goal of the GUIDE Model is to reduce strain on unpaid caregivers of people with dementia through caregiver assessment and supports, including the caregiver as part of the patient's care team, and providing inhome respite services up to \$2,500 per year depending on patient need.

GUIDE Participants administer a caregiver support program, including caregiver skills training, dementia diagnosis information, support group services, and ad hoc one-on-one support calls.

CMMI's new strategy indicates interest in supporting and enabling caregivers.

CMS INNOVATION CENTER STRATEGY TO MAKE AMERICA HEALTHY AGAIN

The CMS Innovation Center has described a strategy to embed preventive care in all model designs. In this strategy, CMMI describes their model tests may include "payments to caregivers to better support those experiencing cognitive or functional decline." It states, "people want evidence-based programs, information and choices that empower them to attain the care they need in their communities....Regardless, the choice should be one that people (and the caregivers who support them) are empowered to make as consumers."

SINCE 2019 AND 2020, PLANS HAVE BEEN ABLE TO OFFER CERTAIN SUPPORTS TO CAREGIVERS AS SUPPLEMENTAL BENEFITS

Select Supplemental Benefits	2024	2025	Percentage points change
Non-Medical Transportation	13%	17%	† 5pp
In-Home Support Services	15%	10%	↓ 5pp
Extended Meals	6%	6%	⇔ 0pp
Support for Caregivers	9%	6%	↓ 3pp
Adult Day Health Services	2%	1%	↓ 1pp

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Sources: ATI Advisory analysis of CMS PBP files (2024-2025), excludes Employer Group Health Plans (EGHPs), Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMPs), Part B-only plans, and PACE. A plan is the combination of contract ID, plan ID, and segment ID. Total MA plans are 5,786 in 2024 and 5,687 in 2025. Total values remove duplicates to count the total number of plans offering the benefit through any authority. PY2024 numbers may not match prior analyses due to new analysis of VBID benefits.



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