February 2021 Virtual Medicare Minute:
Medicare Coverage of Behavioral Health Care Services

Questions and Answers

Question: Is it true that many behavioral health specialists do not accept assignment?
Answer: Psychiatrists are more likely than any other type of provider to opt out of Medicare. For this reason, it is particularly important to ask any provider if they take your Medicare insurance before you begin to receive services. Remember, if you see an opt-out provider, they must have you sign a private contract. The contract states that your doctor does not take Medicare and you must pay the full cost of the service yourself. Medicare will not reimburse you if you see an opt-out provider. If your provider does not have you sign a contract, you are not responsible for the cost of care.

Question: Are copays being waived for COVID-19? I know they were for quite some time, but do we know if this will continue until COVID-19 seizes?
Answer: During COVID-19, Medicare has given Medicare Advantage plans the flexibility to make optional changes to their cost-sharing and coverage. These optional changes include reducing/waiving cost-sharing for telehealth services. In addition, during COVID-19, a provider can choose not to charge a beneficiary for services that they provided and waive the standard Medicare cost-sharing. Given that these changes are optional and not guaranteed, make sure to speak with your provider and/or Medicare Advantage plan about costs and billing.

Question: Does Medicare cover virtual behavioral health services?
Answer: During the public health emergency, Medicare has extended its coverage of telehealth services to include hospital and doctors' office visits, mental health counseling, preventive health screenings, and other visits via telehealth for all beneficiaries and in settings that include the beneficiary's home. These telehealth services typically must be using a 2-way, real-time, audio and video connection, but CMS has added telehealth services that can be audio only, including behavioral health.

Question: Can you confirm how Medicare and Medicaid coordinate on behavioral health services?
Answer: Medicare will pay primary for behavioral health services and Medicaid may pay secondary. The following Medicare Interactive page has more information about how Medicare and Medicaid work together: https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/medicare-and-medicaid/how-medicaid-works-with-medicare.

Question: How does cost-sharing work if the insurance is fully integrated Medicaid Advantage Plus plan?
Answer: As as long as you are getting services from a provider in your Medicaid Advantage Plus plan's network, you should not have any remaining cost-sharing because your Medicare and Medicaid will work together to cover the cost of your services at in-network providers. You can refer to the factsheet linked here for more information about MAP: https://www.medicareinteractive.org/pdf/MAP-consumer-factsheet.pdf

Question: How likely is Medicare's coverage of telephone only behavioral health services to continue beyond the pandemic? How do we best advocate for this for those without access to needed video streaming technology?
Answer: We don't know yet how or if Medicare will extend its coverage of telephone only behavioral health services once the COVID-19 public health emergency ends. In terms of policy advocacy, we recommend that you contact your locally and federally elected officials.

Question: Do you people on the MSP QMB qualify for the MAP Plus ?
Answer: In order to enroll in Medicare Advantage Plus, someone must have Medicare, be eligible for Medicaid, need long-term care services in their home, and live in a county that offers MAP programs. So, someone with QMB may or may not also qualify for a MAP plan depending on their circumstances. You can refer to the factsheet linked here for more information about MAP: https://www.medicareinteractive.org/pdf/MAP-consumer-factsheet.pdf

Question: How is needing 120 days of LTC assessed?
Answer: To learn if you meet the requirement of needed long-term care services and supports for more than 120 days, contact the Conflict-Free Evaluation and Enrollment Center (CFEEC) at 855-222-8350. CFEEC will send a nurse to your home to perform a conflict-free evaluation. The nurse will assess your long-term care needs and tell you by the end of your evaluation if you are eligible for Managed Long-Term Care. If you have further questions about LTC, please call our helpline (1-800-333-4114) and we can connect you with one of our staff members who is a part of the Independent Consumer Advocacy network (ICAN). ICAN specializes in helping New Yorkers access Long-Term care through Medicaid. For more information about Managed Long-Term Care, you can also review the following Medicare Interactive page: https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/medicare-and-medicaid/managed-long-term-care-mltc