Substance Misuse in Older Adults:

Trends, Challenges, and Solutions for Improved Care

July 10, 2025 noon—1 pm EDT

Sponsored by the Medicare Mental Health Workforce Coalition and the E4 Center

Meeting Details

1. **Closed Captioning** is enabled, and attendees can turn CC on or off as they desire.
2. **Interpreter Phone Number: 305-224-1968 Webinar ID: 864 7722 0281 Passcode: 281337**
3. **Session Evaluation / Take our survey at the end of the webinar.** (CE credit for live attendance only)
4. Webinar will be posted on the NBCC website a few days following the webinar.
5. **Q&A:** Please add your questions in the Q&A box at any time during the meeting.

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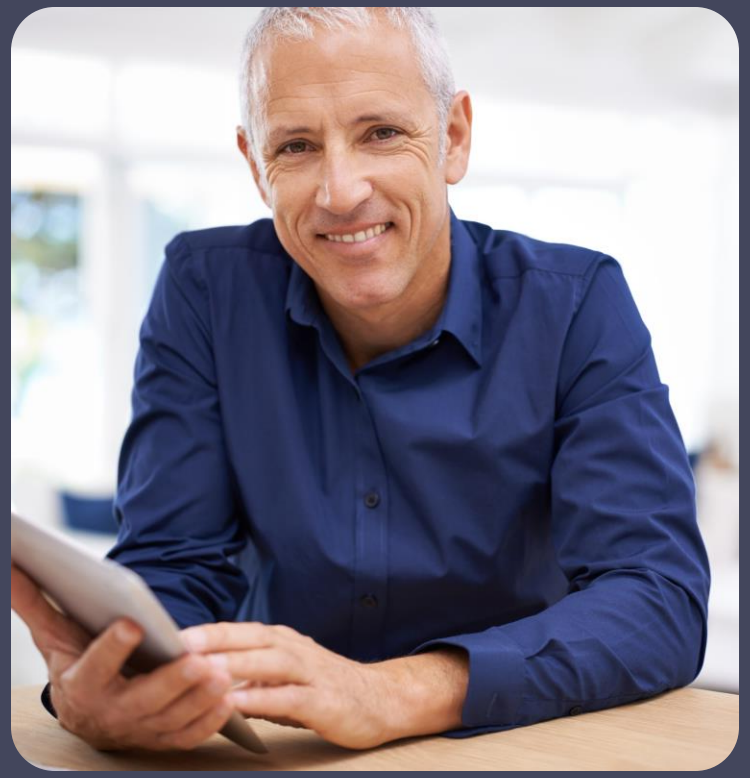

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- National Association of Social Workers
- National Board for Certified Counselors
- National Council for Mental Wellbeing
- National Council on Aging
- Network of Jewish Human Service Agencies
- The Jewish Federations of North America

Learning Objectives

After this webinar, attendees will be able to:

1. **describe** current trends and risk factors driving substance misuse among older adults, including the impact of social and health-related challenges.
2. **recognize** the unique risks and complications of substance use in older adults, particularly in the context of mental health and cognitive decline.
3. **apply** validated screening tools to identify alcohol and drug misuse in older populations and guide early intervention.
4. **implement** evidence-based motivational strategies and brief interventions tailored to the needs of older adults in clinical settings.

One hour of continuing education credit is available for attendance of the live event.

Frederic C. Blow

Frederic C. Blow, PhD, is Professor of Psychiatry at the University of Michigan Medical School—where he holds the Rachel Upjohn Research Professorship—and Director of its Addiction Center. He also works as part of the scientific leadership team at the E4 Center of Excellence for Behavioral Health Disparities in Aging at Rush University Medical Center. Dr. Blow serves as the inaugural National Huss/Hazelden Endowed Research Chair on Substance Abuse in Older Adults at the Butler Center for Research, Hazelden Foundation (Center City, Minnesota), and as a prolific scholar with over 400 publications (articles, chapters, and books), Dr. Blow is a nationally recognized expert in mental health and substance abuse services research and policy. His work spans lifespan-focused prevention, alcohol screening and diagnosis in older adults, co-occurring mental and substance use disorders, brief interventions in health care settings, suicide risk factors, and implementation of evidence-based practices. He chaired SAMHSA's national consensus panel for the original 1998 TIP #26 (*Treatment of Substance Use Disorder in Older Adults*) and led its comprehensive 2020 revision.

William F. Northey

William F. Northey, Jr., PhD, is a Licensed Marriage and Family Therapist in Bellefonte, Delaware, with almost 40 years of clinical experience working with children and families. He received both his master's and doctoral degrees in marriage and family therapy and is a leading expert on Strategic Family Therapy. As the Clinical Director of the Bellefonte Center for Children and Families, Dr. Northey is dedicated to helping families that get "stuck," whether that is because of issues navigating developmental stages and transitions, like adolescence or divorce, or dealing with the impact that substance misuse and other compulsive behaviors have on families. As the CEO of Q3 Analytics and Consulting, he provides staff and program development, program evaluation and enhancement consultation, and has written over 60 RFP responses, securing over $50M in grants and contracts. Dr. Northey has traveled the globe training clinicians in working with families facing substance use disorders and resolving high-conflict and child custody issues. He has over 50 publications and serves on editorial boards of the Journal of Marital and Family Therapy and the Journal of Family Therapy. He regularly presents at conferences around the world on substance use disorders and conflictual families post-divorce and has served on the AAMFT's Ethics and Judicial Committees.

Philip Clarke

Philip Clarke, PhD, LCMHC, is an Associate Teaching Professor in the Department of Counseling at Wake Forest University where he has been a faculty member for 12 years. Dr. Clarke has been a Licensed Clinical Mental Health Counselor since 2006 and has worked in addiction treatment settings and a hospital-based program that provided counseling for individuals diagnosed with neurocognitive disorders and their families. He has co-developed and researched a wellness coaching program for older adults and conducted scholarship on counseling and support groups for family caregivers of individuals with neurocognitive disorders. Dr. Clarke has co-authored publications on predictors of relapse among clients participating in substance use disorder treatment, and he recently co-authored a book titled *Wellness-Based Addictions Counseling: Facilitating Holistic Recovery*.

Disclosure

Dr. Blow receives research grant funding from the US National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, and Department of Veterans Affairs. He is the Huss Family/Hazelden Betty Ford Foundation National Research Chair on Older Adult Research and is the Co-Scientific Director of the SAMHSA E4 Center at Rush University, for which he receives compensation. He has no other conflicts of interest to disclose.

Presentation Overview

- Substance Misuse in Older Adults: Extent of the Problem and Unique Issues
- Best Practices for Screening and Identification
- Brief Motivational and Other Intervention Strategies

The New York Times Nov. 30, 2022

Deaths From Substance Abuse Rose Sharply Among Older Americans in 2020

healthline October 4, 2020

More Americans Are Binge Drinking During Pandemic: How to Cope Without Alcohol

The Telegraph

By Charles Hymas, HOME AFFAIRS EDITOR
18 November 2020 • 6:00am

A fifth of over 50s put health at risk by binge drinking at least once a week in lockdown, study reveals

News > Medscape Medical News

COVID-19 Shutdown Fuels Sharp Rise in Alcohol Use

Megan Brooks
September 29, 2020

73 million ‘Baby Boomers’ Born from 1946–1964, Now Aged 61–79

FOR IMMEDIATE RELEASE: THURSDAY, JUNE 25, 2020

United States Census Bureau

65 and Older Population Grows Rapidly as Baby Boomers Age

- Since 2010, rapid increase in the size of the 65+ population, growing by over 1/3
- No other age group saw such a rapid increase
- Enormous pressure on retirement systems, health care facilities, and other services
- Major implications for gambling/drug and alcohol prevention and treatment

Source: U.S. Census Bureau. (2020, June 25). Newsroom: Press Release.

Substance Use/Misuse in Older Adults: How Bad Is the Problem?

U.S. Past Year Use/Misuse in 2020

#1 – Alcohol
#2 – Tobacco/Vape
#3 – Cannabis/Marijuana
#4 – Opioids

Age Category	Alcohol Use (binge or heavy)	Tobacco product or nicotine vaping	Marijuana	Opioids (misuse)	Tranquilizer or sedative (misuse)	CNS Stimulants (misuse)	Meth	Cocaine	Stimulants (misuse)
50 or Older	22.0	18.6	10.3	2.6	1.3	1.4	0.7	0.6	0.5
50–54	31.1	28.0	14.0	2.9	1.6	3.2	1.0	1.1	1.5
55–59	28.1	23.6	13.3	3.2	2.2	2.2	1.1	0.7	0.5
60–64	30.4	22.2	15.0	3.3	1.7	1.1	0.5	0.6	0.4
65 or Older	**13.2**	**11.8**	**6.0**	**2.0**	**0.8**	**0.6**	**0.5**	**0.3**	**0.1**

CNS stimulants = cocaine, methamphetamine, and prescription stimulant misuse
Stimulants = Amphetamine or Methylphenidate Products, anorectic (weight-loss) stimulants, provigil, any other prescription stimulants

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and Quarters 1 and 4, 2020. Table 1.19B.

U.S. Percent with Substance Use Disorder (SUD) in the Past Year

Age Category	Illicit Drugs 2020	Alcohol 2020	Illicit Drugs or Alcohol 2020
50 or Older	2.9	7.1	9.3
50–54	4.7	9.1	12.1
55–59	5	8.4	12.4
60–64	2.9	9.1	11.4
65 or Older	1.5	5.1	6.3

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and Quarters 1 and 4, 2020. Table 5.2B.

SUDs and Older Adults

In 2020, nearly 3.5 million adults aged 65 and older were living with a substance use disorder (SUD).

Percentage of Older Adults Receiving SUD Treatment in the Past Year

Age Category	Illicit Drugs 2019	Illicit Drugs 2020	Alcohol 2019	Alcohol 2020	Both Illicit Drugs and Alcohol 2019	Both Illicit Drugs and Alcohol 2020	Illicit Drugs or Alcohol 2019	Illicit Drugs or Alcohol 2020
50 or Older	0.4	0.5	0.7	0.5	0.2	0.2	1	1.1
50–54	0.6	1	1	1	0.4	0.6	1.5	1.4
55–59	0.7	1.4	1.2	0.4	0.4	0	1.6	2.1
60–64	0.4	0.5	0.9	0.6	0.2	0.2	1.2	1.3
65 or Older	0.1	0	0.3	0.4	0.1	0	0.5	0.4

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and Quarters 1 and 4, 2020. Table 5.2B.

Issues Unique to Older Adults with Substance Use Problems

- Age-related changes in absorption and metabolism
- Interactions of medical conditions, cognitive impairment, functional impairment, and MH/SU conditions
- Frequent use of multiple medications both for chronic medical conditions and MH/SU conditions
- Goals of care play larger role in health care decisions
- Loss and grief are common

An 'Invisible Population'

Older adults' substance misuse can stay "hidden" when providers:

- believe problems are only young people concerns.
- have negative thoughts and attitudes about aging (ageism).
- feel that they don't have enough time to do screening/assessment or lack knowledge about screening and assessment.

"He's 83 years old and has been drinking his whole life. He's never going to change, so why bother?"

Issues Unique to Older Adults with Substance Use Problems

- Symptoms of substance use disorder in older adults are often overlooked and often attributed to dementia/cognitive decline.
- Problems with cognition may make it harder for some older adults to remember how to take prescription medication appropriately or keep track of their alcohol consumption.
- Ageist and stigmatizing beliefs often prevent older adults from getting care.

What's the Harm in a Few Drinks?

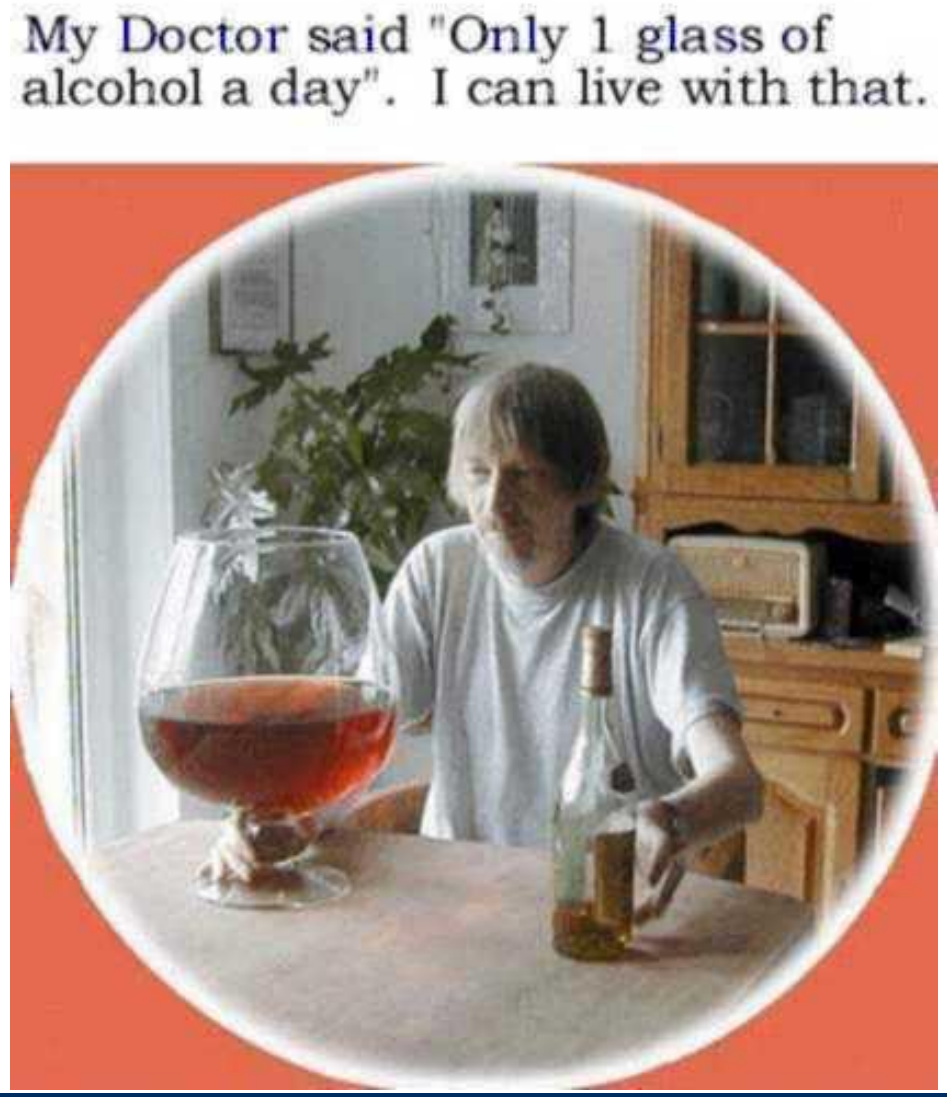
Epidemiologic data suggests moderate drinking can be beneficial for:

- heart disease
- possibly preventing neurocognitive disorders
- low/moderate daily alcohol use most beneficial
- social aspects

Potential confounds

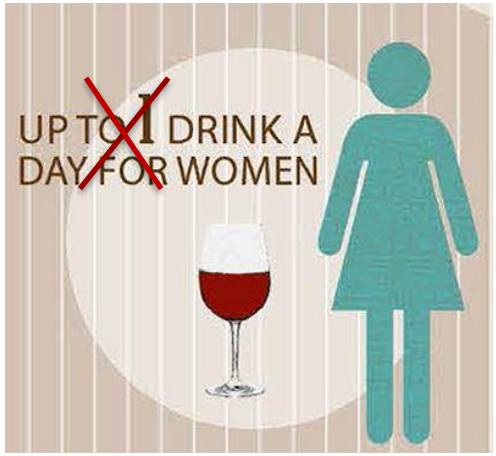
- Sample selection (fit elders with healthy lifestyles)
- Surrogate for something else (nutrition, exercise)
- No clinical trials data

What Is a Drink?




WHAT IS CONSIDERED A "DRINK"?
U.S. STANDARD DRINK SIZES
12 OUNCES
OF 5% ABV
BEER
8 OUNCES
OF 7% ABV
MALT LIQUOR
5 OUNCES
OF 12% ABV
WINE
1.5 OUNCES
OF 40% ABV
(80-PROOF)
DISTILLED SPIRITS
OR LIQUOR
(Examples: gin, rum, vodka, whiskey)

Different Recommended Drinking Limits for Older Adults



Older Men: No more than 1 drink per day
Older Women: Less than 1 drink per day

Centers for Disease Control and Prevention. (2006). *About Moderate Alcohol Use*.

Older Adults and Binge Drinking

Drinking 4 or more drinks during a single occasion (drinking day) for men or 3 or more drinks during a single occasion for women.

Centers for Disease Control and Prevention. (2006). *About Moderate Alcohol Use*.

Older adults are more vulnerable to adverse alcohol effects

Age-related changes in alcohol absorption and metabolism

- Higher blood alcohol content and more impairment from a given dose

Alcohol + Medication = Dangerous Interactions

- Older adults have more comorbidities and take more medications; complex interactions with multiple medications for chronic conditions, including mental health conditions

More prone to falls, injuries, confusion from alcohol

- Functional and cognitive impairment worsen with alcohol and medication

Alcohol Use Risks

1 or more drinks per day

- Gastritis, ulcers, liver and pancreas problems

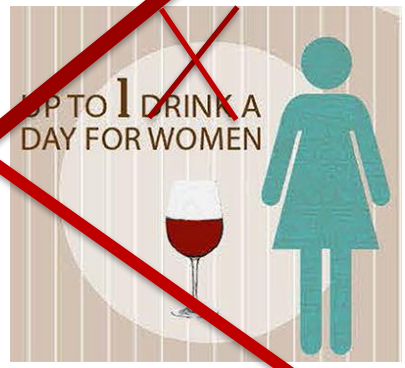
2 or more drinks per day

- Depression, gout, GERD, breast cancer, insomnia, memory problems, falls

3 or more drinks per day

- Hypertension, stroke, diabetes, gastrointestinal diseases, cancer of many varieties

Different Recommended Drinking Limits for Older Adults



Older Men: No more than 1 drink per day

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Centers for Disease Control and Prevention. (2006). *About Moderate Alcohol Use*.

JAMA

Original Investigation | Substance Use and Addiction

March 31, 2023

Association Between Daily Alcohol Intake and Risk of All-Cause Mortality

A Systematic Review and Meta-analyses

Jinhui Zhao, PhD[1]; Tim Stockwell, PhD[1]; Tim Naimi, MD[1]; et al

» Author Affiliations | Article Information

JAMA Netw Open. 2023;6(3):e236185. doi:10.1001/jamanetworkopen.2023.6185

Findings. 107 cohort studies, 4.8 million participants. There was a significantly increased risk of all-cause mortality among female drinkers who drank 25 or more grams per day (1.8 drinks) and among male drinkers who drank 45 or more grams per day (3.2 drinks).

Conclusions and Relevance. In this updated systematic review and meta-analysis, daily low or moderate alcohol intake was not significantly associated with all-cause mortality risk, while increased risk was evident at higher consumption levels, starting at lower levels for women than men.

Co-Occurring Mental Health Disorders

- Older adults are **three times as likely** to develop a mental disorder with a lifetime diagnosis of alcohol abuse.
- Common “dual diagnoses” include:
  - major depressive disorder
  - anxiety
  - PTSD

In 2019, approximately **1.7M** Americans 50 and older were living with an SUD & a **MENTAL DISORDER.**

Source: 2019 NSDUH

Alcohol Misuse and Cognitive Impairment

- Alcohol misuse can increase the risk of dementia because drinking too much alcohol can damage the brain.

- Older adults may be more likely than younger adults to experience harm to the brain and body caused by heavy drinking due to metabolic changes that occur with aging.

No amount of alcohol will be safe for older clients, even light to moderate drinking, especially for those who take certain medications, have certain health conditions, or engage in certain activities. (See TIP Chapter 4)

Risk Factors for Suicide in Older Adults

- Psychiatric illness (particularly depression, major depression)
  - Present in 71%–97% of suicides
- **Substance use disorders**
- **Gambling disorders**
- Physical Health and Functional Impairment

as the number of an individual's acute and chronic conditions increases, so does their cumulative risk

- Chronic pain
- Cognitive deficits in later life
- **Stressful life events (family discord, losses)**
- **Low social connectedness or isolation**
- Personality inflexibility, rigid coping
- Access to lethal means

Older Adults, Substance Misuse, & Suicide Risk

Highest rates of completed suicides:

older White males who are depressed, drinking heavily, and who have recently lost their partner

****People with alcohol use disorder should be screened for psychiatric symptoms and for suicidality****


Benefits
Risks

Older Adults and Cannabis Use

Cannabis Use in the United States

- On the rise, as a result of increased legalization and availability
- Rapid changes from smoking to very potent edibles and vaping
- Used to treat pain and to promote relaxation
- Past year use in adults aged 50 to 64 *more than tripled* from 2.9% to 9.0%
- Rates of use are expected to continue rising
- Use for medical reasons is becoming more common

Risks of Cannabis Use

- The effects of cannabis when combined with specific prescription drugs **is not known**.

- Use is associated with:
  - increased injury
  - short-term memory deficits
  - anxiety
  - depression
  - impaired cognition
  - impaired learning
  - motor coordination

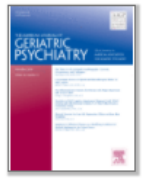
- Smoking marijuana carries many of the same cardiovascular health hazards as smoking tobacco.

Cannabis, Dementia, and Alzheimer's Disease

ELSEVIER

The American Journal of Geriatric Psychiatry

Volume 24, Issue 11, November 2016, Pages 1000-1003



Agitation in Alzheimer Disease as a Qualifying Condition for Medical Marijuana in the United States

Donovan T. Maust M.D., M.S. [a, b, c], Erin E. Bonar Ph.D. [a, b], Mark A. Ilgen Ph.D. [a, b, c], Frederic C. Blow Ph.D. [a, b, c], Helen C. Kales M.D. [a, b, c]

Research Article

Cannabis Use among Persons with Dementia and Their Caregivers: Lighting up an Emerging Issue for Clinical Gerontologists

Brian Kaskie, PhD, Julie Bobitt, PhD, Joseph Herrera, MSW, Divya Bhagianadh, MA, Freddi Segal-Gidan, PhD, Ken Brummel-Smith, MD & ...show all

Received 04 May 2020, Accepted 14 Nov 2020, Published online: 29 Nov 2020

Acute Cannabis Intoxication

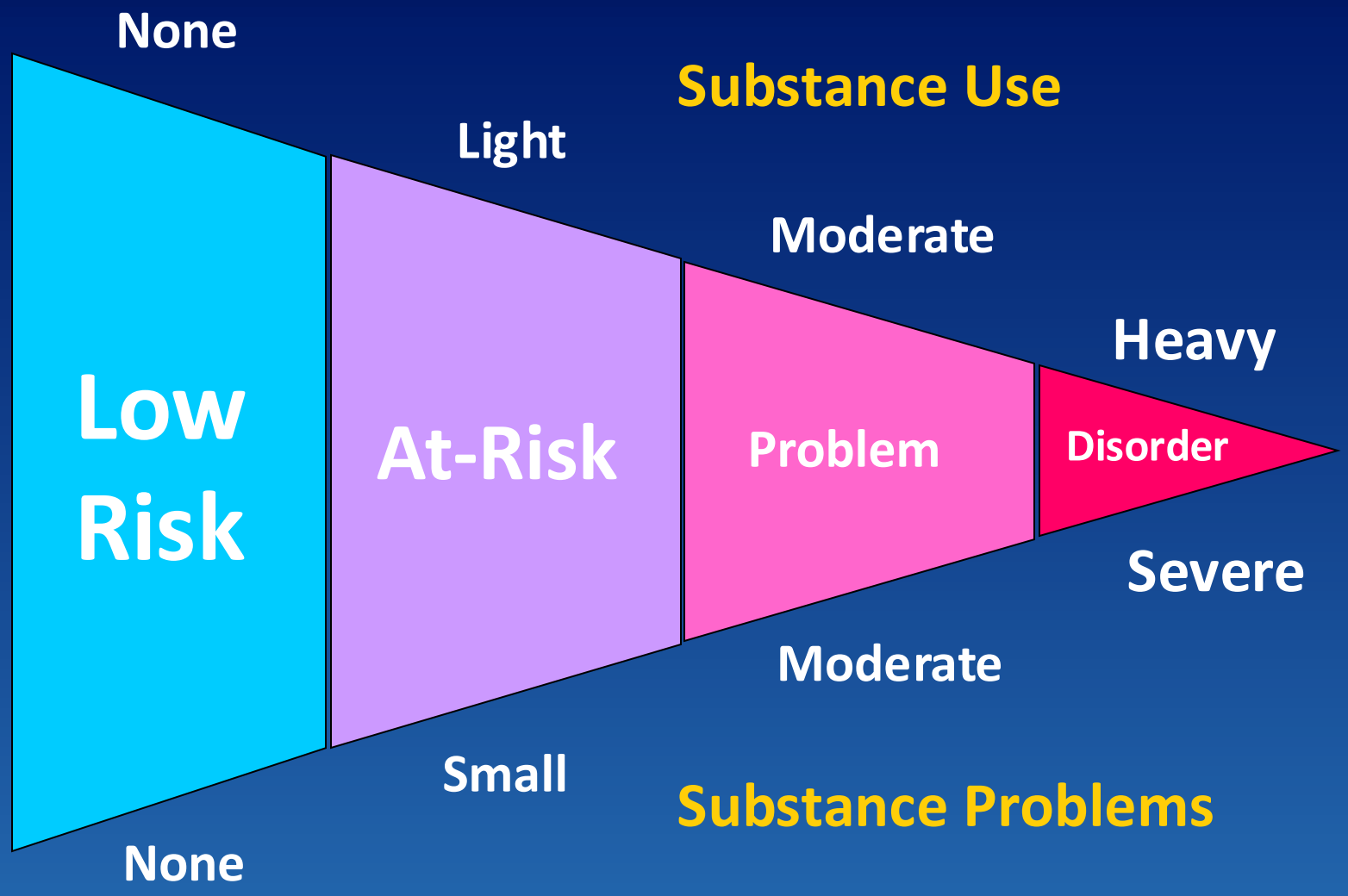
- Psychosis, confusion, panic attacks
- Infection
- Dry mouth / increased appetite
- Nystagmus
- Ataxia
- Slurred speech

- Behavior problems (dysphoria or agitation)
- Tachycardia
- Increased blood pressure, especially in the elderly, orthostatic hypotension
- Increased respiratory rate
- Conjunctival infection

Wang, G. S. (2019). Cannabis (marijuana): Acute Intoxication. Available at: https://www.uptodate.com/contents/cannabis-marijuana-acute-intoxication

Identifying, Screening, and Assessing Alcohol & Drug Misuse, and Gambling Problems in Older Adults

Relationship Between Substance Use and Problems



ALL Providers Have a Responsibility

- Primary care providers, general internists, family medicine practitioners, trained pharmacists, advanced practice registered nurses, and physician assistants
- Mental health service and SUD treatment providers (e.g., psychiatrists, psychologists, social workers, psychiatric nurses, and addiction counselors)
- Geriatricians, geriatric nurses, geriatric psychiatrists, geropsychologists, and gerontological social workers
- Direct care workers who provide in-home support services
- Peer recovery support service providers, informal and formal caregivers, supports within the faith community, social service providers

Screening & Assessment Recommendations

- Every person over age 60 should be screened for *alcohol and other drug misuse* as part of regular physical examination, at least annually.
- Systematic review of all medications
- Screen or rescreen if certain physical symptoms are present or life events (traffic accidents, ADL issues).
- Major life transitions (menopause, retirement, caretaker, empty nest)
- Ask direct questions about concerns. Preface question with link to medical conditions or health concerns.
- Do not use stigmatizing terms (alcoholic, addict, etc.).
- Each practice setting should have a plan in place for patients who screen positive.

Screening for Risky Drinking

- Screening for alcohol misuse can identify patients at increased risk for opioid misuse
  - NIAAA Single-Item Screener can identify at-risk patients:

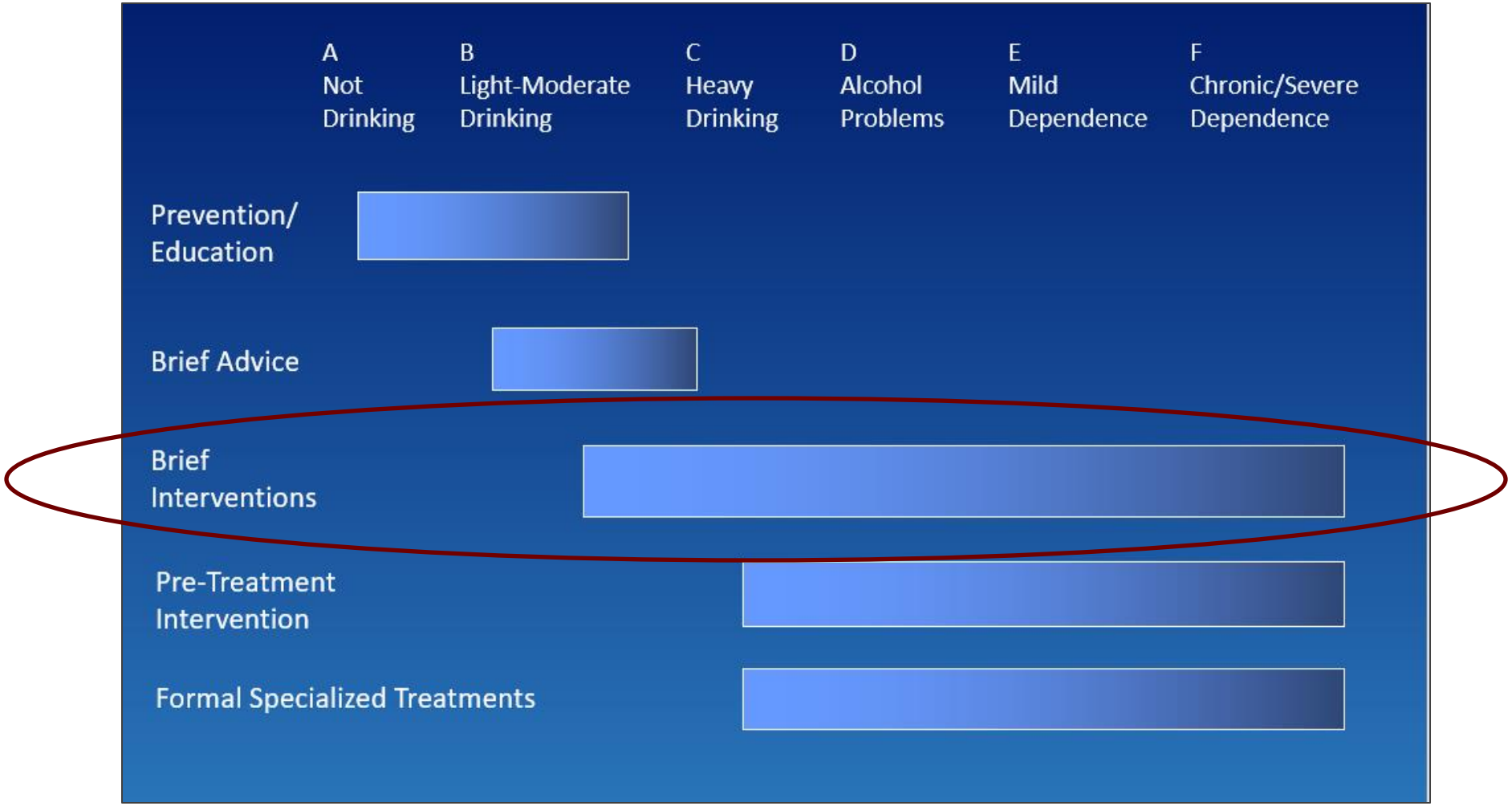
- For patients who screen positive, more detailed screening should follow:
  - Alcohol Consumption, Quantity, frequency, binge drinking
    - AUDIT-C (3 questions)
  - Alcohol Consequences
    - CAGE, AUDIT, MAST, SMAST
    - Elder-specific: MAST-Geriatric Version, SMAST-G

Other Substance Use Screening Tests for Older Adults

- Alcohol Use Identification Test (AUDIT)
- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- Brief Addiction Monitor (BAM)
- CAGE Adapted to Include Drugs (CAGE-AID)
- National Institute on Drug Abuse (NIDA) Quick Screen V1.0
- Cannabis Use Disorder Identification Test, Revised (CUDIT-R)

Source: SAMHSA. (2020). *Treatment Improvement Protocol (TIP) 26: Treating Substance Use Disorder in Older Adults*, p. 45.

The Spectrum of Interventions for Older Adults



SBIRT

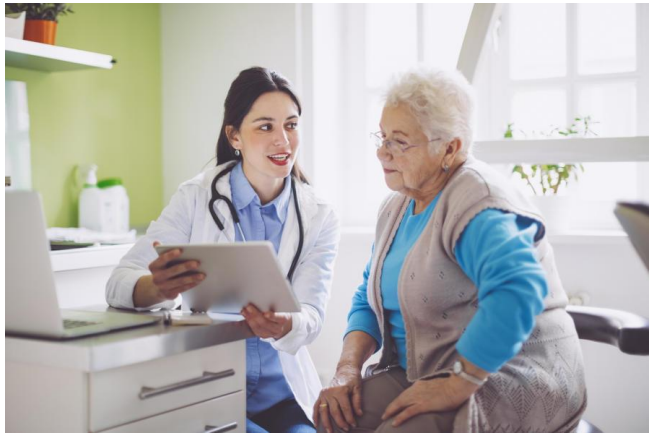
- Screening
- Brief Intervention
- Referral to Treatment

What Exactly Is SBIRT?

- SBIRT—Screening, Brief Intervention, and Referral to Treatment
- Universal screening of patients within medical settings with use of validated screening tools
- If screened positive – brief intervention (guided discussion) with health care provider occurs
- If screening reveals use disorder – referral to specialty substance abuse treatment provider

SBIRT: Health Care Context

- Takes advantage of the "teachable moment"
- Patients aren't seeking treatment, but screening opens door for awareness and education
- Focus on addressing low/moderate risk usage as a preventative approach *before* addiction occurs



SUD Treatment for Older Adults

- Most older adults do not self-refer or seek treatment.
- Education and brief interventions are often enough to help older adults prevent, reduce, or stop drug use and prescription medication misuse.
- Most older adults do not need care from programs or providers that specialize in substance use disorder treatment.

Brief Interventions: Key Components

- Screening
- Feedback
- Motivation to change
- Strategies for change
- Negotiated agreement
- Follow-up (and/or referral), if needed
- Uses a Workbook

Older Adult SUD Treatment Barriers

- Resistance to asking for help
- Disdain of labels (senior, addict, addiction, old)
- Lack of transportation
- No significant others to assist in motivation to seek help
- Providers less likely to refer older adults
- Gaps in substance abuse, aging, and mental health services

Treating SUDs in Older Adults

- Widespread screening for alcohol/drug use and misuse in *all* health care settings is recommended.
- Screening and assessment tools and treatment options should be tailored to older adults.
- Tailor treatment choices based on symptoms and needs, addressing all co-occurring health conditions.
- Use a stepped-care approach to the management of referrals and ongoing coordination of care.
- Age-specific and age-sensitive treatments are recommended.

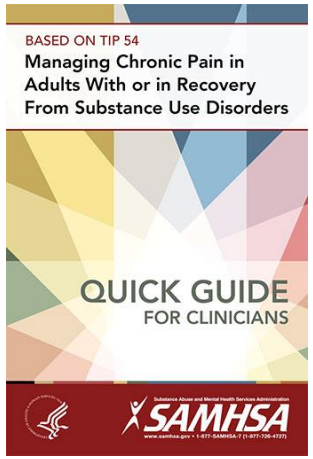
Co-Occurring Substance Use Disorder Treatment Options

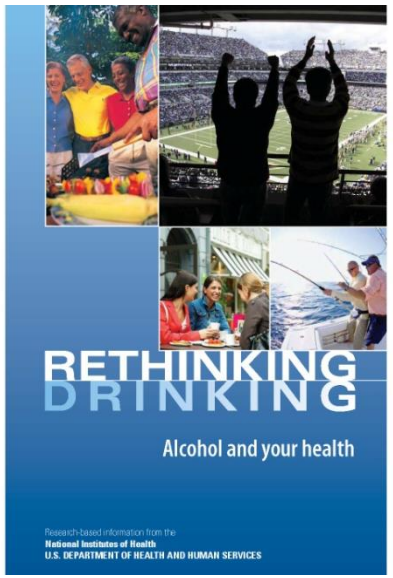
- Self-Help Interventions, mutual aid 12-step approach
  - Alcoholics Anonymous combined with individual psychotherapy
- Cognitive Behavioral Therapy (CBT)
  - Focuses on altering maladaptive thought patterns
- Motivational Interviewing (MI)
  - Substance use disorders involve ambivalence (wanting to stop due to consequences but not wanting to stop due to reward); MI has been shown to help with this ambivalence

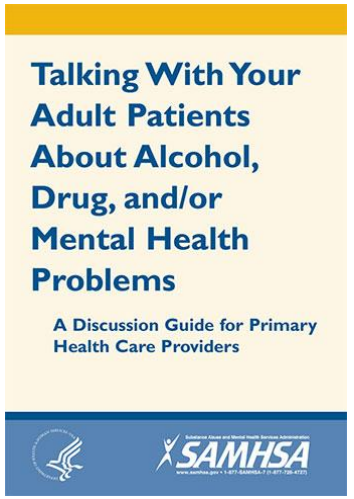
Key Takeaways

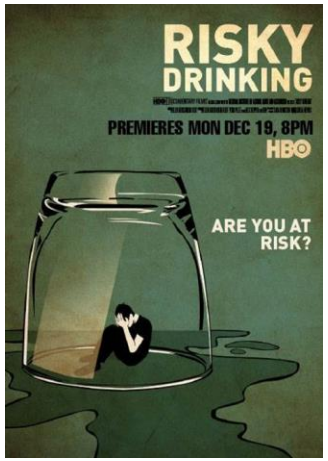
- Rates of substance misuse in older adults vary and are increasing.
- Substance misuse is under recognized and undertreated.
- Older adults are affected by substances differently than younger adults, and smaller amounts of substances can have more of an impact and can be very dangerous for older adults.
- It's never too late to stop addictive behaviors no matter one's age. **Treatment works**, especially when tailored toward older adults and their unique needs.

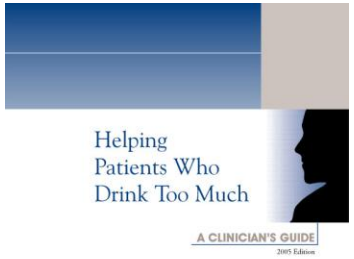
Resources





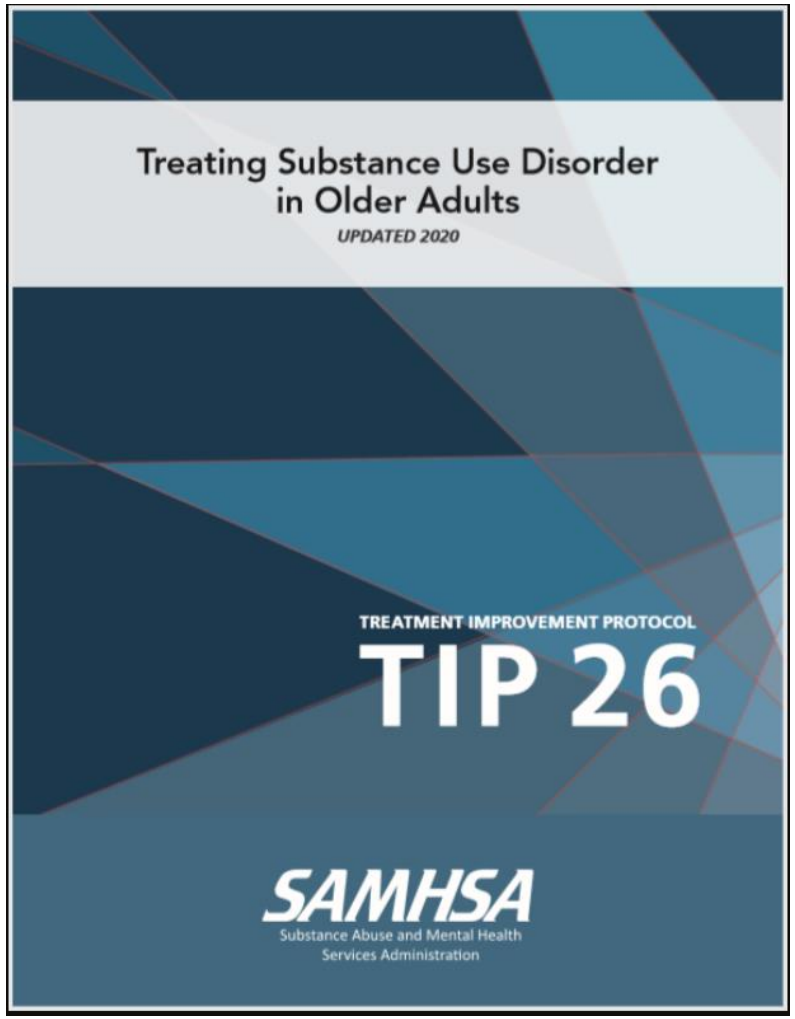






www.niaaa.nih.gov

Updated Treatment Guide for Older Adults



- Available free, download at SAMHSA.gov
- Released by Substance Abuse and Mental Health Services Administration (SAMHSA) in Sept. 2020, completely revised from 1998
- Latest evidence-based guidance on how to identify, manage, and prevent substance misuse in older adults
- For providers (behavioral and health care professionals), stakeholders, individuals, and families

E4 CENTER
Center of Excellence for Behavioral Health Disparities in Aging

Engage, Educate, and Empower for Equity, the E4 Center for Behavioral Health Disparities in Aging

RUSH

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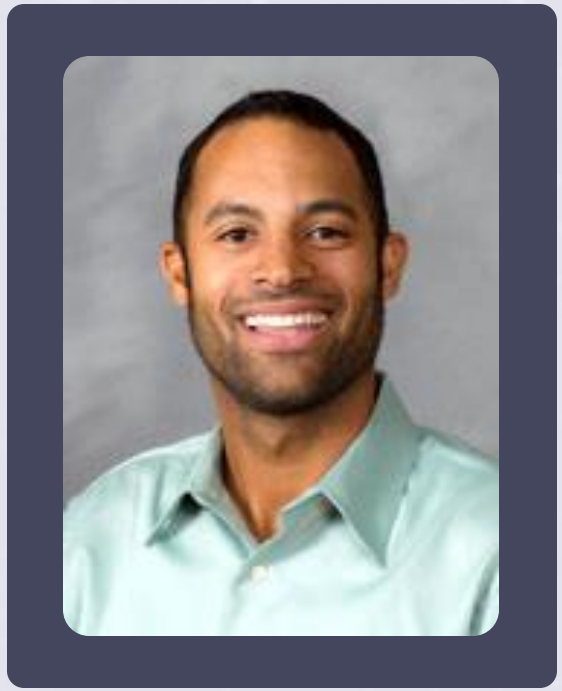
William F. Northey



Philip Clarke

Questions and Answers

Resources

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

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**
  https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**
  https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf
- **The Medicare Learning Network:**
  https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlngeninfo
- **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 cont.

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

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

Medicare Mental Health Benefits for Beneficiaries

Medicare Mental Health:
https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf

Medicare Beneficiary Handbook:
https://www.medicare.gov/medicare-and-you

Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Medicare Administrative Contractors (MACs)

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

Medicare Physician Fee Schedule

https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

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)

Medicare Mental Health Workforce Coalition

Thank you for attending!