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: 811 5062 8256  Passcode: 869158

3. Session Evaluation /  Take Our Evaluation Survey (CE credit for live attendance only)

4. Webinar will be posted on NBCC website a few days following the webinar.

Medicare 101 Video  Medicare 201 Video  Medicare 301 Video  Medicare 401 Video  Medicare 501 Video

5. Q&A: Please add your questions in the Q&A box at any time during the meeting.
**Medicare Mental Health Workforce Coalition Members**

<table>
<thead>
<tr>
<th>American Association for Marriage and Family Therapy</th>
<th>National Association for Rural Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Counseling Association</td>
<td>National Association of Community Health Centers</td>
</tr>
<tr>
<td>American Mental Health Counselors Association</td>
<td>National Association of County Behavioral Health and Developmental Disability Directors</td>
</tr>
<tr>
<td>Association for Behavioral Health and Wellness</td>
<td>National Board for Certified Counselors</td>
</tr>
<tr>
<td>California Association of Marriage and Family Therapists</td>
<td>National Council for Mental Wellbeing</td>
</tr>
<tr>
<td>Centerstone</td>
<td>National Council on Aging</td>
</tr>
<tr>
<td>Center for Medicare Advocacy</td>
<td>Network of Jewish Human Service Agencies</td>
</tr>
<tr>
<td>Michael J. Fox Foundation for Parkinson’s Research</td>
<td>The Jewish Federations of North America</td>
</tr>
</tbody>
</table>
Learning Objectives

After this webinar, attendees will be able to:

Briefly describe the 2024 Medicare Physician Fee Schedule final rule, which is the main federal policy instrument that provides guidance to Medicare health care and mental health providers on enrollment and payment policies.

Identify key differences between the proposed 2024 rule and the final rule, as well as implications for counselors, MFTs, and other stakeholders affected by the rule.

Learn how to enroll in the Medicare program and identify several resources CMS has in place to accommodate providers.

Identify next steps in the implementation of Medicare Part B coverage of MFTs and counselors and platforms with further guidance to facilitate enrollment in the Medicare program.
Jeanne L. Vance is a shareholder in the Corporate Group of Weintraub Tobin, where she focuses her practice on business and regulatory health care law. She has been an attorney for 29 years, with experience in business and regulatory health care law with a focus on Medicare and Medicaid provider enrollment, licensing and certification, mergers and acquisitions, contract drafting and negotiation, and health law. At Weintraub Tobin, Vance provides outside counsel regulatory support to implement large-scale corporate reorganizations, name and branding changes, and change of control transactions for California-based health care providers. She is the Chair of the American Health Law Association’s Regulation, Accreditation and Payment Practice Group.
Alisha Sanders serves as the director for the Division of Enrollment Policy and Operations within the Provider Enrollment and Oversight Group in the Center for Program Integrity at the Centers for Medicare and Medicaid Services (CMS). She is responsible for developing enrollment policies and procedures across the Medicare program and working with the Medicare Administrative Contractors and other stakeholders on provider enrollment and program integrity–related issues. Sanders has over 20 years’ experience in Medicare provider enrollment.
Gina Aughenbaugh, MSW, serves as a business function lead with the Provider Enrollment and Oversight Group in the Center for Program Integrity at the Centers for Medicare & Medicaid Services (CMS). She is responsible for providing operations and policy guidance related to Medicare provider enrollment. She works with multiple Medicare Administrative Contractors including Noridian Healthcare Solutions, First Coast Service Options Inc., and Novitas Solutions Inc. She also works with the National Site Visit Contractors, Deloitte SVS West PMO and Palmetto GBA. Prior to joining CMS in 2019, she was a social worker and has over 10 years of experience in the medical field. Aughenbaugh holds a bachelor of arts with a focus in community and mental health and a minor in counseling and a master of social work, both from the University at Buffalo.
2024 Medicare Physician Fee Schedule

Centers for Medicare & Medicaid Services

Proposed Rule in the Federal Register on August 7, 2023 (see 88 Fed. Reg. 52262)

Comments submitted by the public, including the Medicare Mental Health Care Coalition

Final Medicare Physician Fee Schedule on display November 2, 2023, to be effective January 1, 2024.
Medicare Payment to Begin for Services
Starting Jan. 1

- **Marriage and family therapists and mental health counselors** to be eligible for payment effective January 1, 2024.

- **MFT/MHC** must possess master’s or doctoral degree and meet qualifications for licensure.

- After licensure, performed either 2 years or 3,000 hours of post-degree clinical experience.

- **MFT/MHC is licensed**

- **Services covered** only if MD would have been paid for the service.

- **Will include** addiction counselors if they meet these requirements.

- **See** 42 CFR 410.53-54
Background on the Medicare Physician Fee Schedule
Rate of Payment

MFTs/MHCs to be paid the lesser of:

80% of the actual charge

OR

75% of the amount paid to clinical psychologists under the Medicare Physician Fee Schedule
Rate of Payment

Example:

60 Minute Psychotherapy Service 90837

How to Use the PFS Look-Up Tool:

## Rate of Payment

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Modifier</th>
<th>Short Description</th>
<th>Proc Stat</th>
<th>Mac Locality</th>
<th>Non-Facility Price</th>
<th>Facility Price</th>
<th>Non-Facility Limiting Charge</th>
<th>Facility Limiting Charge</th>
<th>Conv Fact</th>
<th>NA Flag for Tran</th>
<th>Non-FAC PE RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td>90837</td>
<td></td>
<td>Psytx w pt 60 minutes</td>
<td>A</td>
<td>0111205</td>
<td>$166.82</td>
<td>$142.61</td>
<td>$162.25</td>
<td>$155.80</td>
<td>33.8872</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90837</td>
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<td>$185.34</td>
<td>$158.22</td>
<td>33.8872</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rate of Payment

**MD/psychologist rate here for non-facility price** = $166.82  
**MFT/MHC rate** is 75% of the psychologist rate = $125.16

The new Medicare law requires that MFTs and MHCs ONLY provide services on an “assignment-related basis” which means practitioners may only be paid directly by Medicare as a participating provider, or collect from a beneficiary under a private contract after having opted out of the Medicare program.
Physician Fee Schedule Formula

Review of Basic Formula under MPFS for Professional Services Payment

\[
\text{Payment} = (\text{Work RVU} \times \text{Work GPCI}) + (\text{PE RVU} \times \text{PE GPCI}) + (\text{MP RVU} \times \text{MP GPCI}) \times \text{CF}
\]
Relative Value Units (RVU)

Work RVU—shows the Medicare PFS service’s relative time and intensity.

Practice Expense RVU—shows the costs of supporting a practice (office rent, staff costs, etc.).

Malpractice RVU—shows the cost of malpractice insurance.
Geographic Practice Cost Indices (GPCI)

Each RVU is adjusted to account for geographic variations in the cost of practicing medicine in different parts of the country.

Conversion Factor:
Expressed in dollars. There is a formula for updating the conversion factor each year in the Social Security Act.
To be reimbursable under Medicare, each of the following must be permitted under the Social Security Act for the Medicare program:

a) The specific service is reimbursable.

b) The method of delivery is reimbursable.

c) The person has been approved to be a Medicare provider (enrollment).

See 42 C.F.R. 424.505.
Practitioner Choices for Now for the Provision of Outpatient Services Under Part B Medicare

1. Provide Services Under Traditional Fee-For-Service Medicare (Medicare Physician Fee Schedule)

2. Provide Services to Patients Who Are Enrolled Through Medicare Advantage Plans
2024 Medicare Physician Fee Schedule
Ancillary Services to Enhance Professional Services Also Payable

MFTs and MHCs may order diagnostic tests if the tests relate to the services for which they are providing professional services. Those diagnostic tests would then be paid for by Medicare, assuming the test is a Medicare-approved test.

42 C.F.R. 410.32
Health Behavior Assessment and Intervention Services; Behavioral Health Integration

Billable when performed by MFTs/MHCs in 2024.

HBAI: psychological assessment and treatment when the primary diagnosis is a medical condition

Provided to individuals or groups

Psychological conditions contribute to a physical health condition

BHI services (codes G0323 and 99484) have been re-weighted to permit increased reimbursement for 2023.
MFTs/MHCs Added to Eligible Staff of Rural Health Clinics & Federally Qualified Health Centers

- Conditions of coverage have been updated for both
- **FQHC**: MFT/MHC services through the *Prospective Payment System* (not billed by the MFT/MHC)
- **RHC**: MFT/MHC services paid through the *All-Inclusive Rate* (not billed by the MFT/MHC)
- Same policies/supervision as for LCSWs, psychologists
- Same basic eligibility requirements as for Part B suppliers
Hospice Interdisciplinary Groups May Include MFTs/MHCs

Hospices must establish IDGs to evaluate and work with the patient and their family to establish a plan of care.

As of 2024, the IDG must include:

A social worker, a marriage and family therapist, or a mental health counselor, depending on the needs and preferences of the patient.

(see 42 C.F.R. sec 418.56)
Telehealth Services by MFTs/MHC Permitted

Mobile crises codes can be billed for services delivered in any location.
Provider Enrollment for MFTs/MHCs

Submit an application one of two ways:

1. Complete paper form CMS 855I (available at cms.hhs.gov) and send it to your Medicare Administrative Contractor.

2. Complete an electronic application via the Provider Enrollment, Chain, and Ownership System (pecos.cms.hhs.gov).

If you will practice in a group, the group will complete forms CMS 855B and 855R.
Default Screening Level is “limited.” This means that unless the practitioner is personally elevated to a moderate- or high-risk screening level, it is not automatic that there will be a site visit or fingerprint-based background check. However, practitioners should always be prepared for site visits, which can occur at any time.

Enrollment applications may be submitted now. Applications will not be effective until January 1, 2024.
How to reach out to Medicare Advantage plans to contract with them to provide services to their enrollees:

- Identify Medicare Advantage plans that serve your area.
- Search websites on “provider contracting.”

One search I did for Alignment Health Plan:
Advocacy in Action  
Medicare Mental Health Coalition  
Comments to Proposed MPFS and Results

<table>
<thead>
<tr>
<th>Comment to Proposed Rule</th>
<th>Outcome in Final Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues Regarding Clinically Supervised Training:</td>
<td></td>
</tr>
<tr>
<td>1. Asked for flexibility in meeting the requirement of 2 years/3,000 hours of post-degree clinically supervised training, as some practitioners may not meet this standard.</td>
<td>If state licensure requires that 2 years or 3,000 hours has been achieved, there is no need to independently establish meeting the clinical supervision requirement.</td>
</tr>
<tr>
<td>2. Asked for flexibility in documenting this experience.</td>
<td>Clinical supervision that happens post-licensure does count for Medicare.</td>
</tr>
<tr>
<td>The ability to privately contract with Medicare beneficiaries for practitioners who opt out of Medicare was not clear.</td>
<td>This was added into the final rule.</td>
</tr>
<tr>
<td>Asked to include MFT/MHC recruitment into exceptions to the Medicare physician referral law to allow for funding recruitment of mental health practitioners.</td>
<td>Not included in the final rule.</td>
</tr>
<tr>
<td>Comment to Proposed Rule</td>
<td>Outcome in Final Rule</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Asked to have MFTs/MHCs named in regulation that allows practitioners to supervise services and supplies performed “incident to” the services of the clinician.</td>
<td>This was added into the final rule.</td>
</tr>
<tr>
<td>Medicare Advantage (MA): Allow minimum network adequacy standards for the provision of mental health practitioner services to be satisfied by using MFTs and MHCs.</td>
<td>CMS included them in a different way. A MA plan may instead receive bonus compensation if they make certain behavioral health services available to enrollees, which includes MFTs and MHCs.</td>
</tr>
<tr>
<td>Supportive comments on many of the proposed rules.</td>
<td>Rules adopted largely as proposed.</td>
</tr>
</tbody>
</table>
Provider Enrollment
Medicare Mental Health Workforce Coalition

November 17, 2023

Presented by
Gina Aughenbaugh
Health Insurance Specialist
Division of Enrollment Policy & Operations
Provider Enrollment & Oversight Group
Centers for Medicare & Medicaid Services
Overview

- Provider Enrollment Overview
- PECOS Walkthrough
- Q&A Session
How Enrollment Works
How Enrollment Works

1. **SUBMISSION**
   - **855 Form**
     - **30 days**

2. **INTAKE**
   - **MAC Mail Room**
   - **Manual Data Entry**

3. **PROCESSING, SCREENING, AND VERIFICATION**
   - **PECOS**

4. **PRE-SCREENING**
   - **Signed and Dated**
   - **App Fee (or Waiver)**
   - **Supporting Docs**
   - **All Data Elements**

5. **DIRECT INPUT**
   - **Online**
     - **15 days**

6. **FINALIZATION AND CLAIMS UPDATE**
   - **Update Claim System**
     - **MAC Updates**
     - **Claim System (1-2 days)**
     - **Provider not approved until claims updated**

---

**Medicare Providers & Suppliers w/NPI**

**CMS | Medicare Mental Health Workforce Coalition | November 2023**
Mental Health Counselors & Marriage and Family Therapists

- Effective January 1, 2024
- Requirements:
  - Master’s or doctoral degree qualifies for license
  - Licensed and/or certified by state in which services are furnished
  - 2 years or 3,000 hours of clinical supervision
  - Meets other requirements set by the Secretary
- MFTs/MHCs can begin submitting applications now
- FAQs posted at https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos
PECOS Walkthrough
PECOS Homepage

- Existing users can log in to PECOS using their current credentials
- New users will need to Register for a user account
System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details
- There are no notifications at this time.

Manage Medicare and Account Information

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT
- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER
- View All Applications requiring revalidation
- Start or continue revalidation application
Create a New Application

My Associates

Initial Enrollment

Create an application for initial enrollment ONLY if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

IMPORTANT:
If you are responding to a request for revalidation, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (e.g. LLC, PC) using PECOS
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button ONLY if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION
MFTs and MHCs should select the “Individual Physician or Non-Physician Practitioner” option

If you are enrolling a group, select “Clinics/Group Practices”
### Application Questionnaire

**Applicant Description**

Please read through all the descriptions and then choose the one that best matches your situation.

1. **I am applying as:**
   - **Solo Owner of a PA, PC or PLLC**
     - You are the only owner of a business, set up as a corporation, through which you give healthcare services.
     - Your business is legally separate from your personal assets.
   - **Self-Employed/Sole Proprietor**
     - You give all your healthcare services from a facility that you own, lease, or rent.
     - You are the only owner of a business that gives healthcare services.
     - You and your business are legally one and the same. You are personally responsible for any of the business financial obligations.
     - You report the business's income and losses on your personal tax return.
   - **Group Member Only**
     - You give all your healthcare services as an employee of a group practice or clinic.
     - You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
   - **Group Member and is Self-Employed**
     - You give some healthcare services as an employee of a group practice or clinic.
     - You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
     - You also give some healthcare services from a facility that you own, lease or rent.
     - The income you make through self-employment is part of your personal assets.
   - **Disregarded Entity**
     - You are the only owner of a business, set up as a corporation, through which you give healthcare services.
     - You and your business are considered legally one and the same.

### Select the option that best matches your scenario
Application Questionnaire

Applicant Identification Information

First Name: Performance
Last Name: Testing1
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 01/01/XXXX
Application Questionnaire

My Application Progress 0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

State/Territory Where Healthcare Services Rendered

Please select a single state/territory where the applicant renders healthcare services.

* State/Territory
   MARYLAND

PREVIOUS PAGE NEXT PAGE
Application Questionnaire

Primary Medicare Services Rendered

Note: A separate application is required for each primary healthcare service rendered.

Please select the primary Medicare Services rendered by the applicant.

Part B Physician Specialties

Select Physician Specialty

Part B Non-physician Specialties

Select Non-Physician Specialty

- Anesthesiology Assistant
- Certified Clinical Nurse Specialist (CNS)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Mass Immunization Roster Biller
- Mental Health Counselor
- Nurse Practitioner
- Occupational Therapist in Private Practice
- Physical Therapist in Private Practice
- Physician Assistant
- Psychologist Billing Independently
- Qualified Audiologist
- Qualified Speech Language Pathologist
- Registered Dietitian or Nutrition Professional
- undefined Non-physician Type (Specify)
Application Questionnaire

My Application Progress: 0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Entity Receiving Benefits Enrollment Status

To avoid delays in processing this application, please ensure an enrollment application for the Entity Receiving Benefits has been submitted or will be submitted. The Entity Receiving Benefits must also be enrolled in the Medicare program.

Would you like to continue?
- Yes
- No

PREVIOUS PAGE  NEXT PAGE
Confirm Submission Reason

Confirm the reason for the application is correct before starting the application

### Confirm Reason for Application

- **Medicare Part B Enrollment**

Based on your responses, the following reason for application was identified:

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time using their social security number (SSN). A reassignment of all benefits exists with this application.

The application is for:

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number (SSN)</th>
<th>Practitioner Specialty</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance</td>
<td>XXX-XX-XXXX</td>
<td>MENTAL HEALTH COUNSELOR</td>
<td>MARYLAND</td>
</tr>
</tbody>
</table>

Clicking on the 'Start Application' button will create a Medicare application using the above information. Please note: After you click 'Start Application', a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:
- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing
- The practitioner must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor
Completing the Application

- Complete all topics listed
- The “Begin Submission” button will not be enabled until all topics are complete
Personal Identifying Information
The entity receiving reassigned benefits must be enrolled in Medicare.
Mailing Address

- Must be an address where Medicare can contact you directly
License, Certification, and DEA Information

**Topic Summary**
- The topic requests information about licenses, certifications, and Drug Enforcement Agency (DEA) registration.

**Active License Information**
- You have indicated that the applicant has a state license, certification, or DEA registration. Please click the "Add Information" button or change the answer to the question above.

**Active Certification Information**
- You have indicated that the applicant has a state license, certification, or DEA registration. Please click the "Add Information" button or change the answer to the question above.

**DEA Registration Information**
- You have indicated that the applicant has a state license, certification, or DEA registration. Please click the "Add Information" button or change the answer to the question above.
Final Adverse Legal Actions
Contact Person

- Used for questions that may arise during application processing
- Can be the individual provider or a designee
## Enrollment Submission

**Note:** Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

**BEGIN SUBMISSION**

---

### Enrollment Submission Details

- **Enrollment ID:** [ID Number]
- **Enrollment Type:** [Type of Enrollment]
- **Individual Provider MF:** [MF Information]
- **Web Tracking ID:** [Tracking ID]
- **Paid ID:** [Payment Information]

### Reason for Application

- **Practice Area:** [Area of Practice]
- **Practice Setting:** [Setting of Practice]

### Reports

- **Report Details:** [Report Information]

### Topics

- **Topics:** [List of Topics]

---

### Enrollment Submission Process

- **Application Status:** [Status of Application]
- **Next Steps:** [Next Steps for Application]

---

### Error/Warning Check

**Errors for this Enrollment:**

- **No Errors were found for this enrollment application.**

**Warnings for this Enrollment:**

- **Warnings:** [List of Warnings]

---

### Error/Warning Check Details

- **Error/Warning ID:** [Error/Warning ID]
- **Description:** [Description of Error/Warning]

---

### Application Details

- **Application Name:** [Name of Application]
- **Application Description:** [Description of Application]

---

### Contact Information

- **Contact Person:** [Name of Contact Person]
- **Contact Information:** [Contact Information]

---

### Additional Information

- **Required Supporting Documentation:** [List of Required Documentation]
- **Additional Notes:** [Additional Notes]

---

### Certification

- **Certification Information:** [Certification Information]

---

### Approval

- **Approval Status:** [Status of Approval]
- **Approval Date:** [Date of Approval]

---

### Other

- **Other Information:** [Additional Information]

---

**CMS | Medicare Mental Health Workforce Coalition | November 2023**
Signatures

- An Authorized Official (AO) or Delegated Official (DO) of the group is required to sign
- An email is sent to the AO or DO requesting their signature
Applications can be signed electronically or a signature document uploaded
**Signatures**

*Do you accept the Terms and Conditions?*

- Yes, I have read and agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.
Submission Confirmation

Submission Complete

You have successfully submitted your application.

Remember:

- If you elected to electronically submit an application, we will be sent an electron receipt notification at the email address you provided on your application.
- If you elected to submit the signature for any Authorized Signature for this application, you must electronically sign the signature page of this application and must sign the electronic signature page of this application.
- If you elected to submit an application without an Authorized Signature, you must electronically sign the signature page of this application.

You are responsible for notifying the Medicare Constant as soon as possible if you change your name or address.

Mail all remaining supporting documentation to your Medicare Constant within 10 days of submitting the electronic portion of your application.

Use the My Enrollments page to view the status of your application.

Print this page for your records. Note: You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.

When submitting an application with Electronic Funds Transfer (EFT) information, please review a validated check of information on file before submitting.

Make sure to check "Electronic Enrollee Reminders" to ensure your status is updated.

You will receive an email from the address about your application status.

Enrollment Tracking Information:

- **Applicant Name:** Performance Testing
- **Tracking ID:** T1115320000000005
- **Reassignment Tracking ID:** T1115320000000000
- **Submitted Date:** MON - NOVEMBER 13 2023 04:02:27 AM EST
- **Submitted By:** Performance Testing
- **Contact Email:** FAHER001@gmail.com

For your records:

- Medicare ID(s): The identified contractors are responsible for cross-checking electronically submitted and mailed materials for the enrollment application. If you have more than one contractor, you will need to submit all certification statements and supporting documentation to each contractor.

- **Address for Submissions:**
  
- **Medicare Contractor(s):**
  
- **Medicare Enrollment Services**
  
- **NOVAM SOLUTIONS INC**
  
- **Home Office**
  
- **PO BOX 1017**
  
- **MECHANICSVILLE, VA 22118-0101**

---

CMS | Medicare Mental Health Workforce Coalition | November 2023
Question & Answer Session
Questions and Answers
Supervision Requirements
Do I need 2 years of supervision prior to enrolling in Medicare?

What documentation should I submit to verify I meet the clinical supervision requirements?
Most licenses require 3,000 hours of supervised clinical experience before you can apply for licensure. So if you have been licensed, shouldn’t that count as documentation that you already completed the supervision requirement?
Questions and Answers

What type of post-degree and/or licensure clinical supervised experience is necessary? Does the clinical supervised experience need to be under a formal supervisor?

What type of review will providers be subject to if they are licensed by states where the 2 years or 3,000 hours of post-degree clinical supervised experience is not part of obtaining licensure?
Will the MACs automatically deny providers who are unable to produce one of these statements?

Will the MACs accept a provider’s attestation as sufficient evidence of having met the post-degree clinical supervised experience requirement?
We are learning that some MACs are accepting enrollment applications but informing practitioners that the applications will not be approved until January 1st if they have been accepted.

There may be some confusion on accepting vs. approval by providers. Has there been any communication between CMS with MACs about their ability to accept applications vs. approving them?
Are MFT and MHC associates, interns, and students eligible to enroll as Medicare-eligible providers?

Can an MFT or MHC bill Medicare if they are under supervision and treating a Medicare beneficiary?
Opt-Out Issues
What does it mean to opt out of Medicare?


If I opt out of Medicare, is that choice final and permanent, or can it be reversed later?

Can a practitioner who has applied and been accepted as a Medicare provider change their mind?
I was told that if providers ‘opt out’ of Medicare, they will no longer be eligible for enrollment as ‘in network’ with the insurance company; in other words, they will be unpaneled. Is this true?

Do providers have to reapply if they are already in a Medicare Advantage network?
When can providers begin submitting the opt out affidavits to the MACs?

Will providers need to submit any additional documentation such as proof of licensure with the affidavits?
Questions and Answers

Reassigning Medicare Benefits
What does it mean to reassign your Medicare benefits?

How do I report a reassignment on the CMS-855I?

I render services in a private practice and as an employee of a group.

How do I report this in PECOS or on the paper CMS-855I?
Can I practice independently as an MFT/MHC but also be an owner of a group?

My group is currently enrolled with a PTAN we use to bill for Licensed Clinical Social Worker (LCSW) services. Do we need a new PTAN to bill for MFT/MHC services as part of the group?
Can I work for a rural health clinic and federally qualified health center and be paid by Medicare?

Are MFT and MHC services excluded from consolidated billing requirements under the skilled nursing facility prospective payment system (SNF PPS)?
Telehealth and Provider Location Issues
Can I perform telehealth services to patients located in another state?


If I am reassigning Medicare benefits to an organization/group, will I and the organization/group need to be enrolled in the same state?

If approved through the enrollment process in one state, would a provider be able to provide services in more than one state?

If a provider relocated to another state next year, how would this process work?
Does CMS require a physical office location or can fully telehealth providers participate in the Medicare program?
Revalidation
What does it mean to revalidate?

How are providers notified when it’s time to revalidate?

- https://data.cms.gov/tools/medicare-revalidation-list

What happens if I don’t revalidate on time?
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

- The Medicare Learning Network:

- Web-based Training:

- Becoming a Medicare Provider (World of Medicare):

- Weekly Email Newsletter for Medicare Providers:
Critical Resources on Medicare Part B
Coverage of Counselors and MFTs continued

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


Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

Medicare Mental Health:

Medicare Beneficiary Handbook:
Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Medicare Administrative Contractors (MACs)
https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac

Medicare Physician Fee Schedule

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)
Thank you for attending!