Congressional request: Medicare clinician and outpatient behavioral health services

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MEDPAC

Congressional request from Chairman of the Committee on Ways and Means, January 2022

- Update the Commission's prior analysis on trends and issues in inpatient psychiatric care (September 2022 presentation)
- Describe use of outpatient behavioral health services including tele-behavioral health (today)
- Describe use of behavioral health services by Medicare Advantage enrollees (today)

- Informational chapter in the June 2023 report to the Congress

Medicare covers a range of behavioral health services

Type of service	Medicare FFS coverage
Screening Evaluation Counseling/psychotherapy Behavioral and physical health integration Early intervention for non-dependent substance use Opioid treatment program	Part B (deductible and coinsurance for most services)
Partial hospitalization	Part B (deductible and coinsurance for most services)
Psychiatric hospitalization	Part A (deductible and copay); Part B for clinician services (deductible and coinsurance)
Prescription medications	Part B (deductible and coinsurance); Part D (Part D cost sharing)

MEDPAC Note: FFS (fee for service).

Identifying Part B behavioral health services in claims data

- Part B behavioral health services identified using FFS carrier and outpatient claims based on criteria:
  - *Diagnoses:* mental health or SUD-related conditions; or
  - *Services:* e.g., psychotherapy, partial hospitalization; or
  - *Place of service:* e.g., CMHCs, psychiatric treatment facilities
- Includes Part B behavioral health services from hospital outpatient departments, RHCs, FQHCs, CAHs, and SNFs

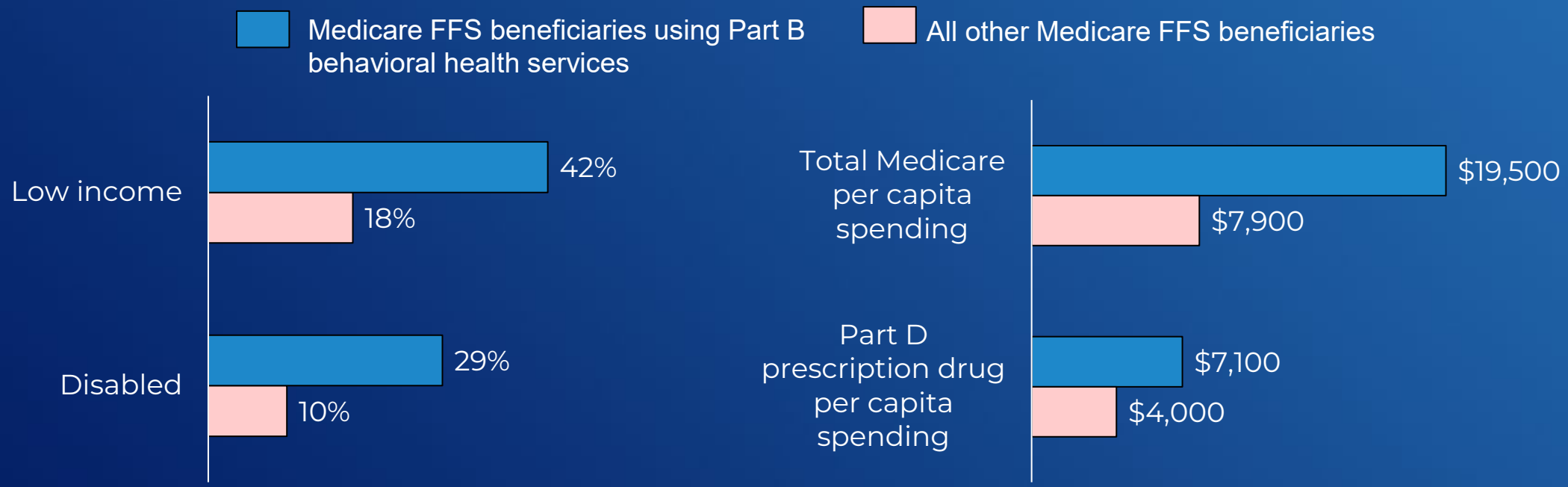
Note: FFS (fee for service), SUD (substance use disorder), CMHCs (community mental health centers), RHCs (rural health clinics), FQHCs (federally qualified health centers), CAHs (critical access hospitals), SNFs (skilled nursing facilities).

Medicare FFS beneficiaries receiving Part B behavioral health services, 2021

- 4.9 million beneficiaries received Part B behavioral health services
  - 16 percent of all FFS beneficiaries (stable over time)
- $4.8 billion in total spending on these services
  - Includes both in-person and tele-behavioral health services
- $981 spending per beneficiary receiving services
  - Increase of 11% compared to prior year, related to increase in payment rates for E&M visits

Note: FFS (fee for service), E&M (evaluation and management). Total spending represents all Part B behavioral health payments made to the provider, including beneficiary cost sharing. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

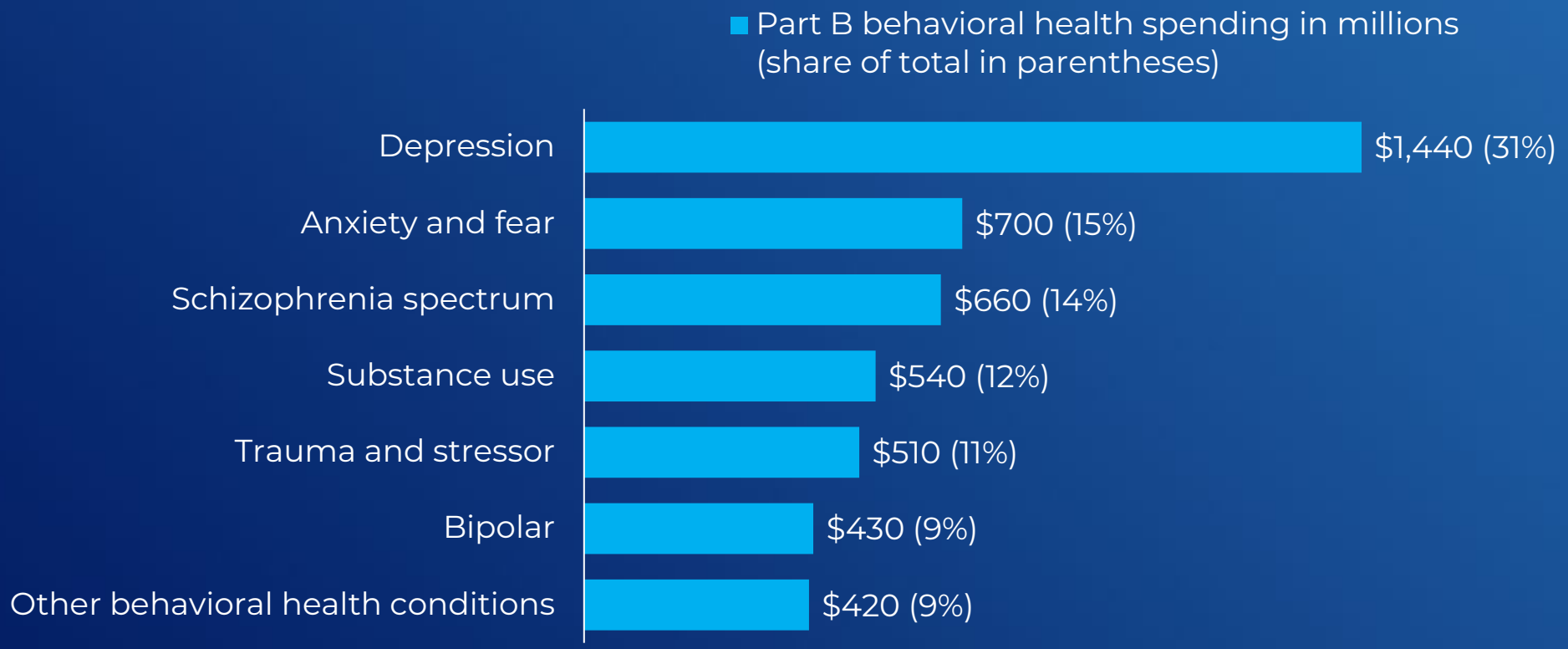
Beneficiaries receiving Part B behavioral health services are more vulnerable and costly, 2021



- Beneficiaries receiving Part B behavioral health services were more likely to be female, younger, and have higher risk scores compared to other FFS beneficiaries.

Note: FFS (fee for service). Beneficiaries were indicated as low income if they were dual eligible or were eligible for the Part D low-income subsidy in the year. Total Medicare spending per capita represents all Medicare Part A and B spending. Part D gross spending is shown only for those FFS beneficiaries enrolled in Part D. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Depression treatment accounts for the largest share of Part B behavioral health spending, 2021



Note: Spending represents all Part B behavioral health payments made to the provider, including beneficiary cost sharing. Diagnoses were grouped using the Healthcare Cost and Utilization Project (HCUP) Clinical Classifications Software Redefined (CCSR) categories for the mental, behavioral, and neurodevelopmental body system. Excluded from this figure are behavioral health services for which there was not an associated behavioral health diagnosis code (approximately $95 million). Components may not sum to 100% due to rounding. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Most behavioral health volume and spending was for psychotherapy and E&M visits (physician fee schedule only), 2021

	Aggregate spending (billions)	Percent of PFS behavioral health spending	Number of unique FFS beneficiaries (millions)	Volume of services (millions)	Average volume per beneficiary using service
Psychotherapy	$1.5	38%	1.2	14.8	11.9
E&M visit for behavioral health condition	$1.3	33%	3.1	13.3	4.2
Other PFS behavioral health services	$1.1	29%	2.3	15.1	6.6
Total	$3.8	100%	4.5	43.1	9.6

Note: E&M (evaluation and management), FFS (fee for service), PFS (physician fee schedule). Volume is measured in number of services. Part B behavioral health services from the outpatient claims are excluded from this table. Components may not sum to total due to rounding. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

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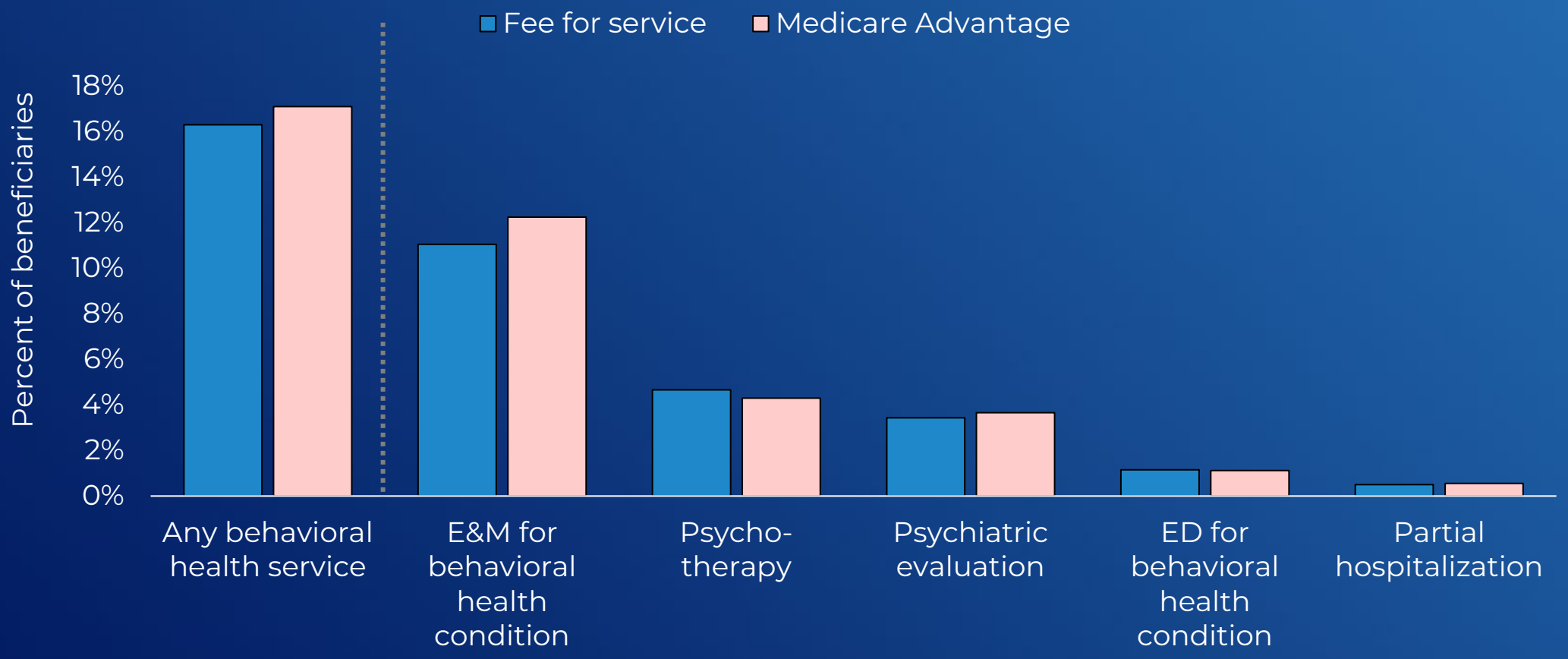
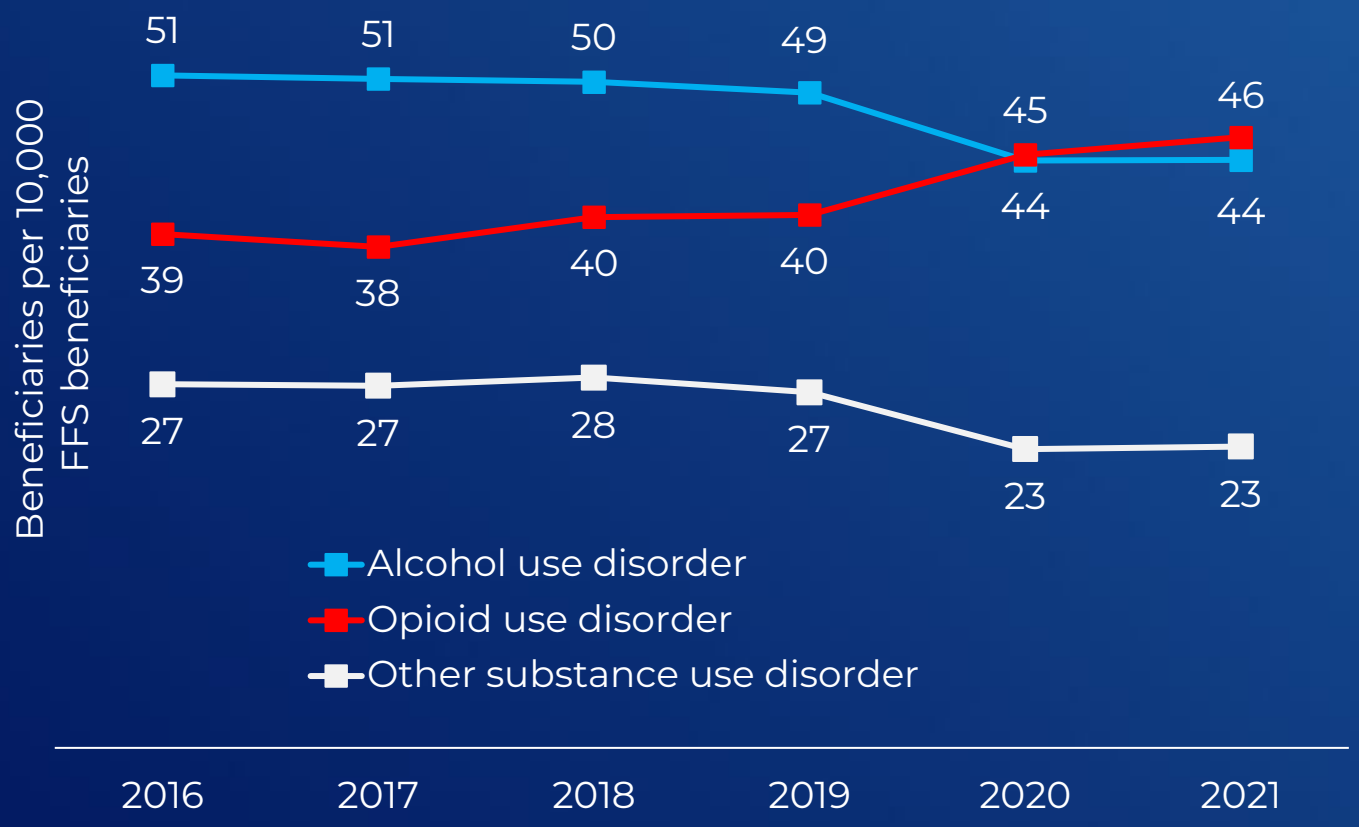
Similar use of behavioral health services among FFS and MA beneficiaries, 2019



Note: FFS (fee for service), MA (Medicare Advantage), E&M (evaluation and management), ED (emergency department). Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims and MA encounter data from CMS.

Growth in the treatment of SUDs among FFS beneficiaries driven by opioid use disorders



New opioid treatment program (OTP) benefit in 2020

- Medication assisted treatment, counseling, therapy
- Low, but growing use: ~40,000 beneficiaries in 2021, up 27% from prior year
- Total spending on OTP services was $252 million in 2021

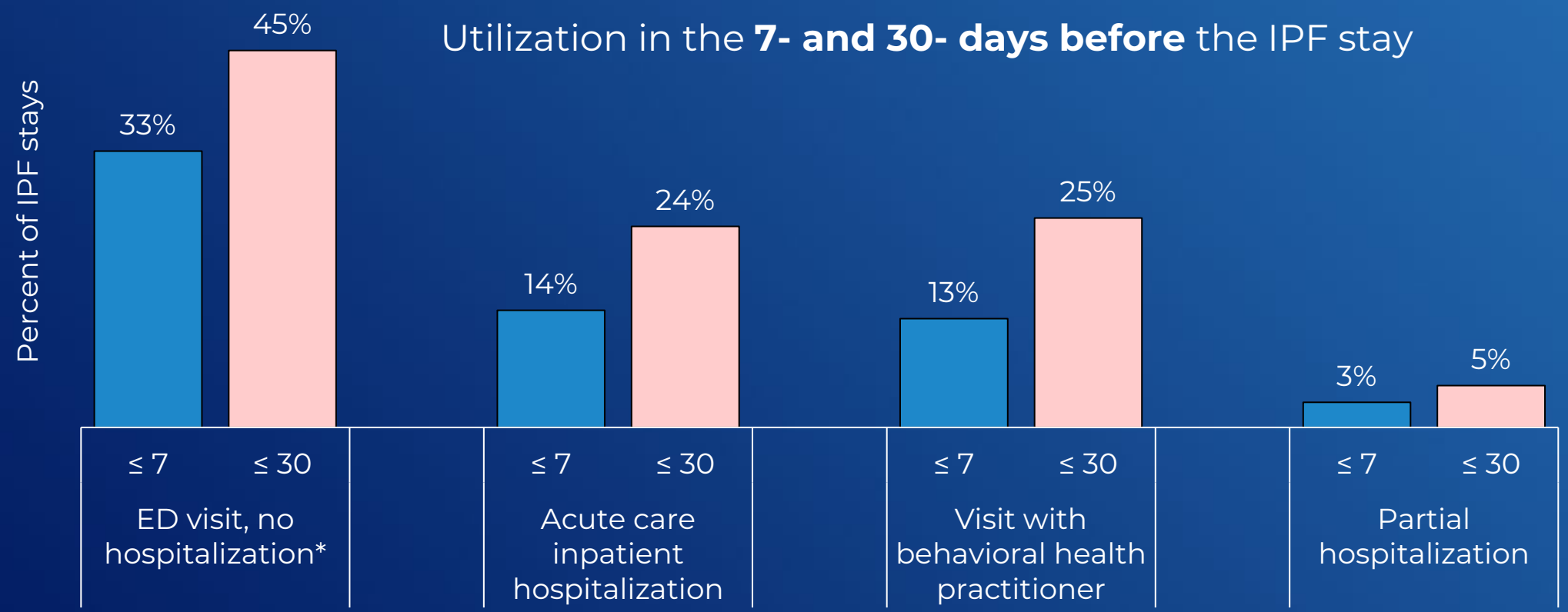
Note: SUDs (substance use disorders), FFS (fee for service), OTP (opioid treatment program). Other SUDs include cannabis-, sedative-, stimulant-, hallucinogen-, inhalant-, and other substance-related disorders and exclude tobacco-related disorders. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Health care utilization prior to and following a psychiatric hospitalization

- Inpatient psychiatric facility (IPF) stays for Medicare FFS beneficiaries with admissions and discharges in 2018
- Examined health care utilization before and after the IPF stay
  - Emergency department visits without inpatient hospital admission
  - Acute care inpatient hospital stays
  - Any visit to a behavioral health practitioner (psychiatrists, psychologists, licensed clinical social workers, and addiction medicine)
  - Partial hospitalizations

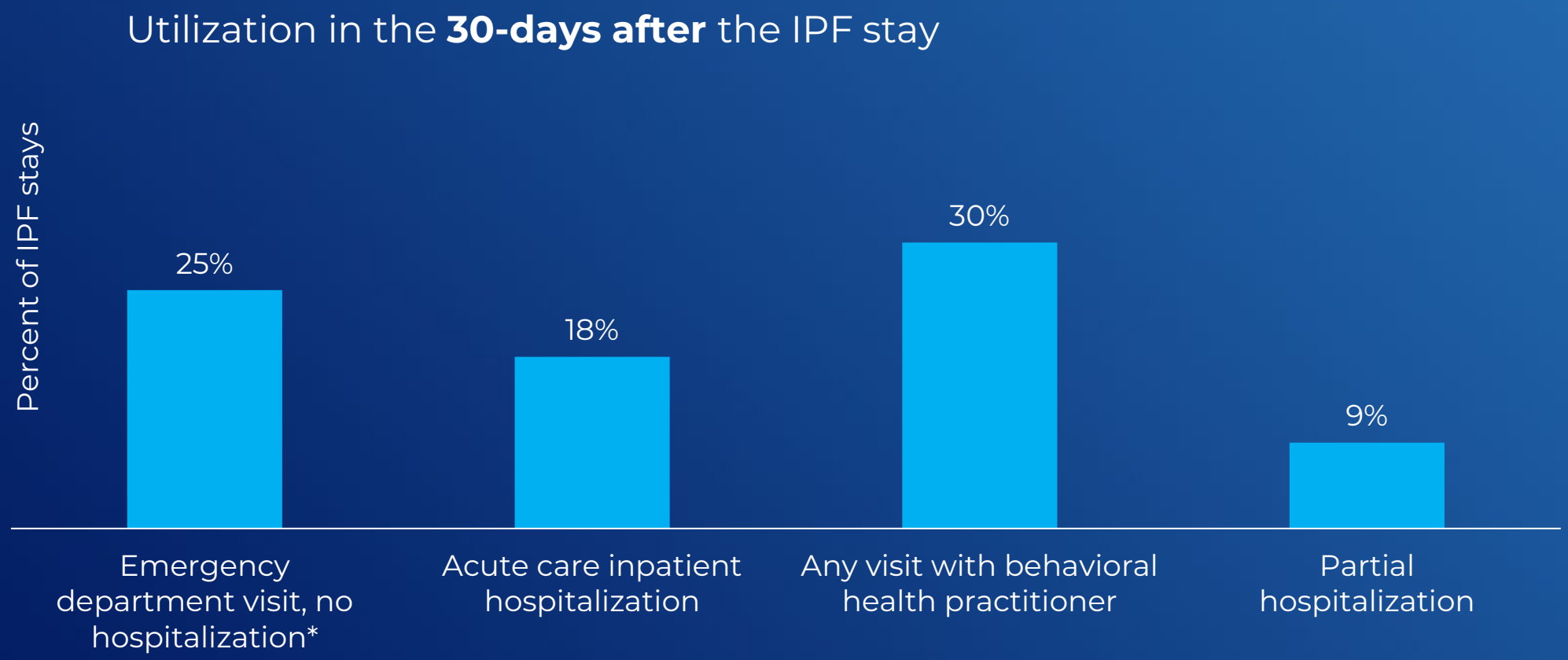
Note: FFS (fee for service), IPF (inpatient psychiatric facility),

High rates of ED and acute hospitalization before an IPF stay, 2018



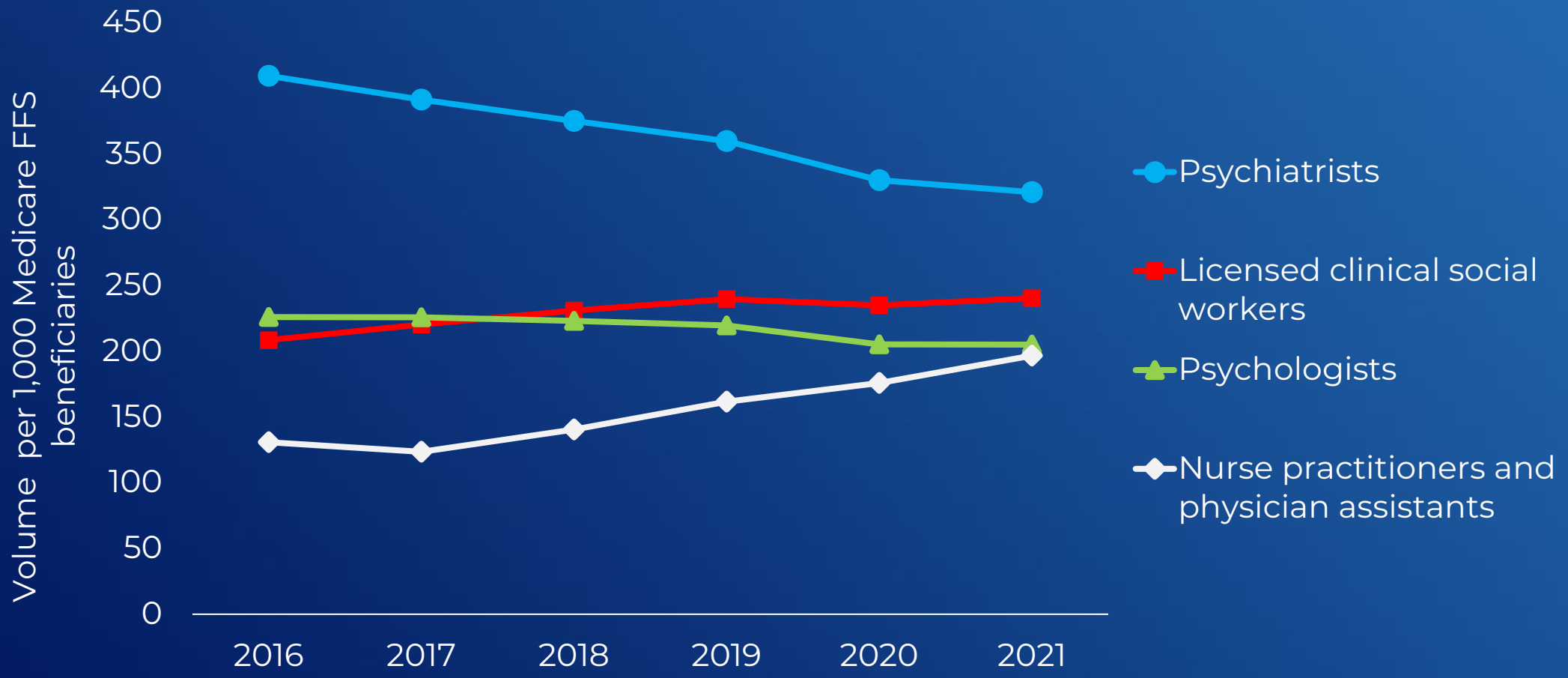
Note: ED (emergency department), IPF (inpatient psychiatric facility), *Includes only ED visits that did not directly result in an inpatient hospitalization, including an IPF admission. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Fewer than a third of IPF stays had a follow-up with behavioral health clinician, 2018



Note: IPF (inpatient psychiatric facility). Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

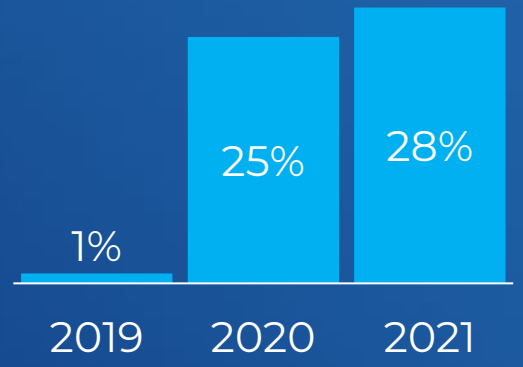
Shift in Part B behavioral health services from psychiatrists to NPs and PAs, 2016-2021



Note: FFS (fee for service), NPs (nurse practitioners), PAs (physician assistants). This figure includes physician fee schedule services only. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Tele-behavioral health grew rapidly in 2020 and continued to grow in 2021

- The telehealth share of total Part B behavioral health spending grew dramatically in 2020

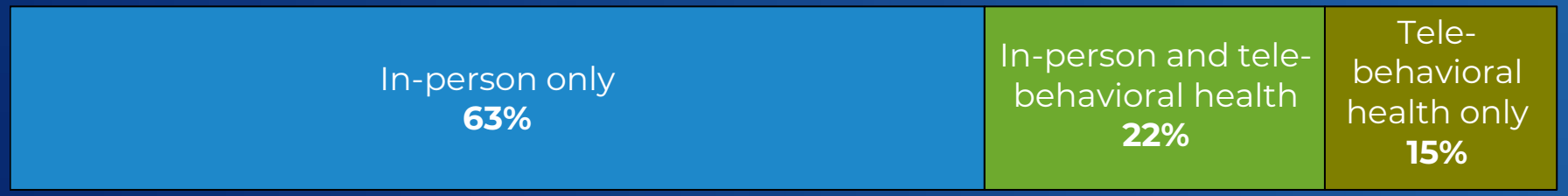


- Tele-behavioral health continued to grow in 2021 even as overall telehealth decreased from its peak in 2020
- Telehealth used to treat depression, anxiety, trauma, and bipolar disorders and less often for schizophrenia and SUDs

Notes: SUDs (substance use disorders). Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Differences in beneficiaries using in-person and any tele-behavioral health, 2021

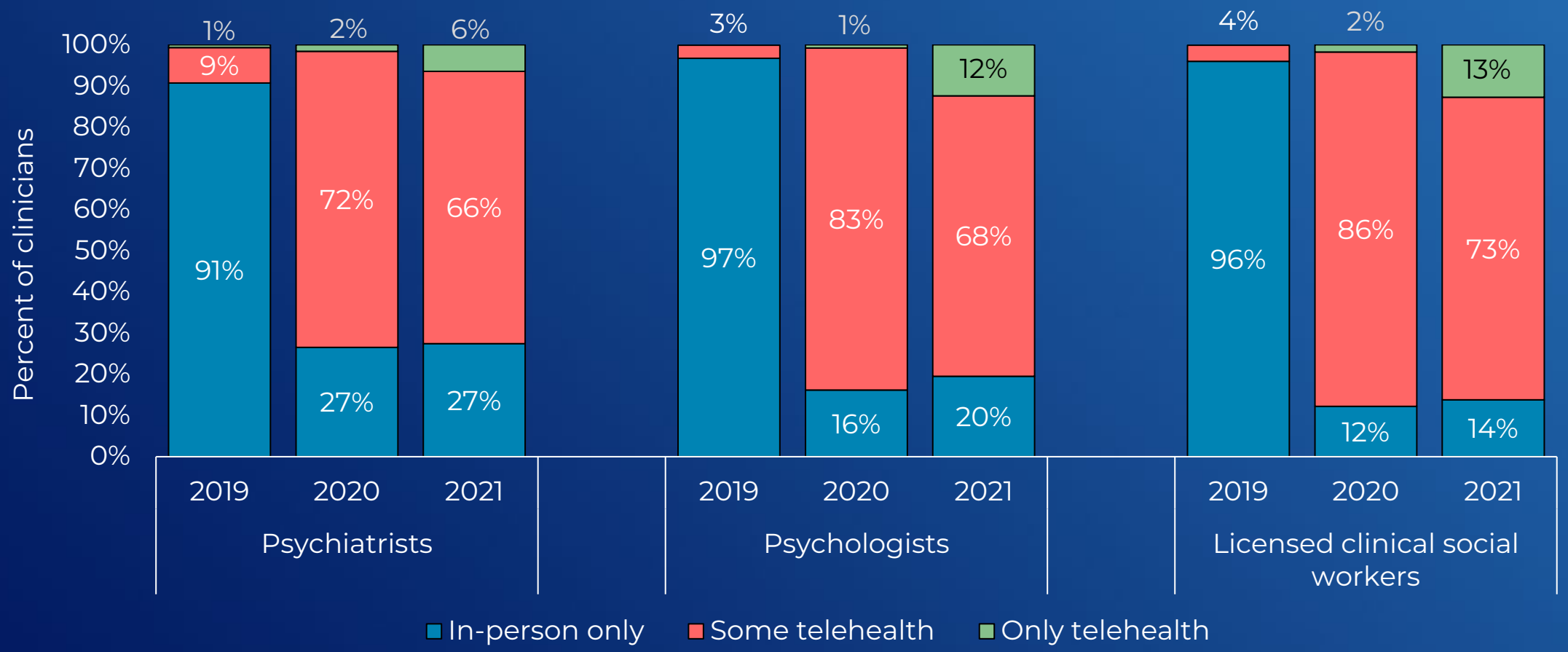
Percent of beneficiaries receiving Part B behavioral services



- Those receiving any tele-behavioral health were more likely to:
  - Be female, younger, low-income, live in a metropolitan area, have a lower HCC risk score
  - Spend less on overall Medicare Part A and B services and more on Part D prescription medications
- Those receiving only tele-behavioral health had the lowest HCC risk scores and Part A and B per capita spending

Notes: HCC (hierarchical condition category). Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Growth in behavioral health clinicians providing only telehealth services in 2021



Notes: Includes behavioral health clinicians who had visits with at least 5 Medicare FFS beneficiaries. Components may not sum to 100% due to rounding. Results are preliminary and subject to change.
Source: MedPAC analysis of FFS claims data from CMS.

Next steps and discussion

- Combine with September 2022 material on inpatient psychiatric facilities
- Chapter in June 2023 report to the Congress

Questions? Feedback?