United States Government Accountability Office

Report to Congressional Committees

May 2020

MEDICARE

CMS Should Provide Beneficiaries More Information about Substance Use Disorder Coverage

GAO-20-408

GAO Highlights

Highlights of GAO-20-408, a report to congressional committees

May 2020

MEDICARE

CMS Should Provide Beneficiaries More Information about Substance Use Disorder Coverage

Why GAO Did This Study

Behavioral health disorders often go untreated, potentially leading to negative health consequences. Behavioral health disorders include substance use or mental health disorders. Medicare provides coverage for behavioral health services. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act enacted in 2018 included a provision for GAO to examine Medicare behavioral health services and how beneficiaries are informed of coverage and treatment options.

This report (1) describes the utilization of behavioral health services by Medicare beneficiaries and the types of providers furnishing these services, and (2) examines how CMS provides information to beneficiaries about their coverage for behavioral health services. To describe service utilization and provider types, GAO analyzed 2018 Medicare claims data, the most recent data available. To examine how CMS shares information with beneficiaries, GAO reviewed CMS requirements for providing coverage information to beneficiaries, reviewed CMS publications, and interviewed CMS officials.

What GAO Recommends

CMS should include explicit information on the services covered by Medicare for beneficiaries with substance use disorder in its *Medicare & You* publication. HHS reviewed a draft of this report and concurred with the recommendation.

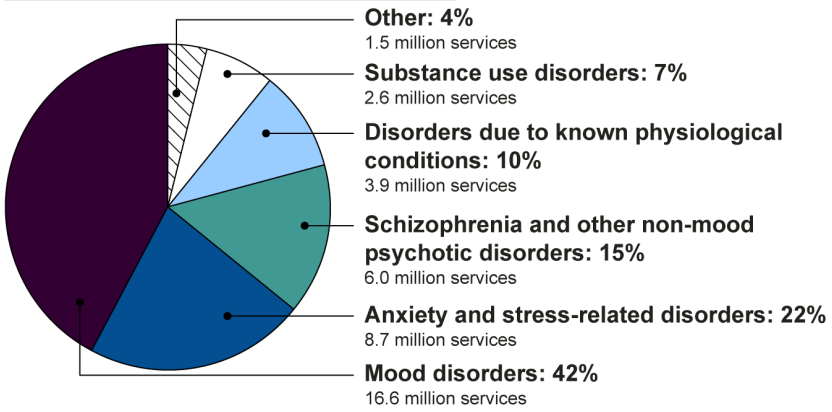
View GAO-20-408. For more information, contact James C. Cosgrove at (202) 512-7114 or cosgrovej@gao.gov.

What GAO Found

GAO's analysis of Medicare claims data shows that in 2018 almost 5 million beneficiaries used behavioral health services—services for mental and substance use disorders. This represented about 14 percent of the more than 36 million fee-for-service (traditional) Medicare beneficiaries and reflects about $3.3 billion in spending. Additionally, about 96 percent of all behavioral health services accessed by Medicare beneficiaries in 2018, the latest data available, were for a primary diagnosis in one of five behavioral health disorder categories. (See figure.) Mood disorders, such as depression and bipolar disorders, accounted for 42 percent of services. SUD services accounted for about 7 percent of all services accessed by beneficiaries. Further, two-thirds of behavioral health services were provided by psychiatrists, licensed clinical social workers, and psychologists in 2018.

Number of Behavioral Health Services Accessed by Medicare Beneficiaries, by Diagnosis Group, 2018

Count of services (39.3 million services total)



Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO-20-408

The Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services' (HHS) agency that administers Medicare, uses various approaches to disseminate information to Medicare beneficiaries about coverage for behavioral health services. As part of these efforts, CMS mails out *Medicare & You*—the most widely disseminated source of information on Medicare benefits—to all Medicare beneficiaries every year. GAO reviewed the fall 2019 and January 2020 editions of *Medicare & You.* While the January 2020 edition describes a new coverage benefit for beneficiaries with opioid use disorders, neither edition includes an explicit and broader description of the covered services available for substance use disorders. Both HHS and CMS have stated that addressing substance use disorders is a top priority. Given that coverage for substance use disorders is not explicitly outlined in Medicare's most widely disseminated communication, Medicare beneficiaries may be unaware of this coverage and may not seek needed treatment as a result.

Contents

Tables

Figures

Abbreviations

CMS	Centers for Medicare & Medicaid Services
HCPCS	Healthcare Common Procedural Coding System
HHS	Department of Health and Human Services
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision
LCSW	licensed clinical social worker
MA	Medicare Advantage
OUD	opioid use disorder
SUD	substance use disorder
SUPPORT Act	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
441 G St. N.W.
Washington, DC 20548

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Congressional Committees

In 2017, an estimated 56.8 million adults had a behavioral health disorder—that is, a substance use or mental health disorder.[1] When these disorders go untreated, the individual may suffer potential consequences such as worsening health, reduced educational attainment, loss of employment, and involvement with the justice system.

Treatment for behavioral health disorders can help individuals reduce or stop substance use, manage their symptoms, and improve their quality of life. Behavioral health services include an array of options, ranging from less to more intensive, and may include prevention services, screening and assessment, outpatient treatment, inpatient treatment, and emergency services for mental health and substance use conditions. Prescription drugs may also be included as part of treatment.

Medicare covers services for the treatment of behavioral health disorders under Medicare Parts A and B, or Original Medicare, and under Medicare Advantage (MA), Medicare's private plan alternative.[2] The Centers for Medicare & Medicaid Services (CMS), within the Department of Health and Human Services (HHS), administers Medicare and provides information to beneficiaries about the behavioral health services covered by Medicare. Annually, CMS must send information to all Medicare beneficiaries about available benefits, and MA plans must send

[1]These data from Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health for 2017 were the most recent data available at the time of our review. When reporting these data, we define adults with untreated substance use conditions as those who did not receive treatment for substance use at a specialty facility, and we define those with untreated mental health conditions as those who did not receive mental health services.

[2]Beneficiaries have two main options for their Medicare health coverage: Original Medicare, a fee-for-service program, or Medicare Advantage (MA), the private plan alternative. Part A covers inpatient behavioral health care, and Part B covers services such as outpatient services, including psychotherapy. MA plans are generally required to cover all Part A and B benefits and may offer supplemental benefits to their enrolled beneficiaries. Prescription drug coverage is also available through Medicare's prescription drug benefit, Medicare Part D, which may be offered by MA plans.

information regarding benefits and available providers, among other information, to their enrollees.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) included several provisions to expand access to behavioral health services under Medicare.[3] These include providing coverage for opioid treatment programs for beneficiaries with opioid use disorder (OUD), as well as expanding access to telehealth services for the treatment of substance use disorders (SUD) or co-occurring mental health disorder.[4] The SUPPORT Act also included a provision for GAO to examine Medicare behavioral health services and how beneficiaries are informed of available coverage and treatment options. In this report we

1. describe the utilization of behavioral health services by Medicare beneficiaries, and the types of providers furnishing these services; and
2. examine how CMS provides information to beneficiaries about Medicare's coverage for behavioral health services.

To describe the utilization of behavioral health services by Medicare beneficiaries and the providers furnishing these services, we analyzed the 2018 Medicare Part B claims file, the latest data available at the time of our analysis.[5] We focused only on claims for Medicare beneficiaries in fee-for-service Medicare because similar reliable information was not available for beneficiaries enrolled in MA.[6] From the 2018 Part B data, we isolated the behavioral health services provided in 2018 and analyzed

[3]Pub. L. No. 115-271, tit. 2, 132 Stat. 389, 3924-3931 (2018).

[4]OUD is one type of SUD. Other common SUDs include alcohol use disorder, cannabis use disorder, and cocaine use disorder. Individuals with co-occurring conditions are those having both a SUD and mental illness. According to the Substance Abuse and Mental Health Services Administration, SUD occurs when the recurrent use of alcohol or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Telehealth refers to the delivery of clinical services, such as psychotherapy or the evaluation and management of conditions, remotely via two-way video telecommunications technology.

[5]Specifically, we used the Physician Carrier Claims File for 2018, the most recently available data at the time of analysis. Our analysis includes only beneficiaries enrolled in fee-for-service Medicare.

[6]Medicare Payment Advisory Commission, *Report to the Congress: Medicare and the health care delivery system*, Chapter 7: Ensuring the accuracy and completeness of Medicare Advantage encounter data (Washington, D.C.: MedPAC, 2019).

these behavioral health services as a share of total Part B services and expenditures. We also analyzed the behavioral health services by diagnosis, type of service, provider type, and beneficiary demographic. We conducted our analysis at the service level: a single service or multiple services may be delivered during a single visit to a provider. For example, a beneficiary may receive a general consultation and psychotherapy during one visit, and the provider would bill both services to Medicare for that visit. We selected the behavioral health services included in our analysis based on the service codes (which describe the type of service provided) and diagnosis codes (which describe the primary condition related to the service) associated with each claim.[7] Our analysis focused on services delivered by health care providers that can diagnose, treat, or otherwise care for an individual, and excluded behavioral health-related services provided by other types of providers, such as services performed by lab facilities.[8] For all service codes other than psychiatry, services were only included if the beneficiary's primary diagnosis was a behavioral health condition.[9] We defined behavioral health conditions as those in the Mental and Behavioral Disorders range

[7]The service codes included as behavioral health codes were identified by reviewing the service code descriptions, coding guides produced by provider associations, behavioral health service codes provided by CMS, and preliminary analysis of service codes historically billed for behavioral health diagnoses. The service codes were reviewed by a clinician to ensure service codes were appropriately included or excluded from our analysis.

[8]In this report, we group providers who billed for behavioral health services into the following categories: psychiatrists; psychologists (clinical psychologists and independently billing psychologists); licensed clinical social workers (LCSW); primary care physicians (general practice, internal medicine, family practice, geriatric medicine, and pediatric medicine); other physicians (any specialty other than primary care or psychiatry); advanced practice providers (nurse practitioners, physician assistants, and certified nurse specialists); and other providers (any provider not included in one of the other categories but who billed for any of the behavioral health services in our analysis).

[9]We used Healthcare Common Procedural Coding System (HCPCS) service codes. The HCPCS is used by Medicare and other payers to identify services and procedures in claims submissions. The psychiatry codes fall within Level I of the HCPCS, which is the Current Procedural Terminology codes, a coding system for medical services and procedures furnished by physicians and other health care professionals maintained by the American Medical Association.

of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10).[10]

To assess the reliability of the behavioral health services claims data, we obtained information from knowledgeable CMS officials regarding the accuracy of the information, and we performed checks to identify missing or incorrect data.[11] Based on these steps, we determined that the data were sufficiently reliable for the purposes of our reporting objective.

To examine how CMS provides information to beneficiaries about Medicare's coverage of behavioral health services, we reviewed CMS's requirements for providing coverage information to beneficiaries. We also obtained statistics from CMS officials about the usage of the publications, online content, and telephone support tools used to provide coverage information to Medicare beneficiaries. In addition, we interviewed CMS officials, advocates for Medicare beneficiaries and behavioral health issues, and provider associations.[12] To understand the information made available to beneficiaries in MA plans, we interviewed officials with the five largest MA plans that cover about two-thirds of all MA enrollees.[13] To assess the information made available to Medicare beneficiaries on coverage for behavioral health services, we compared CMS's Medicare publications, and their descriptions of behavioral health benefits, to HHS's and CMS's current strategic priorities related to treatment for SUDs.

[10]The ICD-10 provides a standard coding convention for health diagnoses and is maintained by the World Health Organization. The HHS modified version (ICD-10-Clinical Modification) has been adopted for diagnosis coding in the United States.

[11]The services billed by providers in the "other providers" category may have included some potentially miscoded claims, possibly resulting from incorrect coding or administrative errors. For example, these claims included services provided to patients whose primary diagnosis was behavioral health by speech language pathologists, physical therapists, and occupational therapists. We retained these claims because they met the criteria for inclusion in our analysis and represent less than one percent of the claims we analyzed.

[12]The advocates for seniors and mental health issues were AARP, National Alliance on Mental Illness, Mental Health America, and National Council on Behavioral Health. We interviewed officials with the American Psychiatric Association, American Psychological Association, American Psychiatric Nurse Association, National Association of Social Workers, and American Society of Addiction Medicine.

[13]To identify the information made available to beneficiaries in MA plans, we interviewed officials with Humana, Kaiser Foundation Health Plan, UnitedHealth Group, Anthem, and CVS/Aetna.

We conducted this performance audit from May 2019 to May 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Medicare beneficiaries with behavioral health conditions have a diverse range of conditions, of different severity, requiring different types of care. Beneficiaries with mild behavioral health conditions—such as mild depression—may require less complex care than beneficiaries with serious behavioral health conditions—such as schizophrenia—or with multiple interacting behavioral or physical health conditions. Subpopulations of Medicare beneficiaries also may face different behavioral health challenges. For example, dual-eligible beneficiaries—individuals eligible for both Medicare and Medicaid—are three times more likely to have been diagnosed with a major psychiatric disorder than non-dual beneficiaries.[14]

Medicare Services and Providers

Medicare covers services for the diagnosis and treatment of behavioral health conditions, which includes the inpatient care covered by Part A and the physician services and outpatient care covered by Part B.[15] Key behavioral health services in Medicare Part B include

- visits with a physician or other covered provider,
- partial hospitalization program services,
- telehealth services,
- annual depression screening,
- alcohol misuse screening and counseling,
- psychotherapy,

[14]Congressional Budget Office, *Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spending, and Evolving Policies* (Washington, D.C.: 2013).

Medicaid is the state-federal program that covers health care costs for low-income or medically needy individuals.

[15]For most Part B services, including for behavioral health services, beneficiaries are responsible for 20 percent coinsurance after the deductible is met.

- screening, brief intervention, and referral to treatment services, and
- behavioral health integration services.[16]

Dual-eligible beneficiaries may be able to access additional behavioral health services through Medicaid that are not available through Medicare.

Medicare covers behavioral health services delivered by a range of providers, including psychiatrists and physicians, clinical psychologists, licensed clinical social workers (LCSW), nurse practitioners, physician assistants, and clinical nurse specialists.[17]

In order to bill for services provided to Medicare beneficiaries, providers must enroll with CMS. Providers who do not want to enroll in the Medicare program may "opt out" of Medicare. Behavioral health providers have among the highest opt-out rates, with over 7,000 psychiatrists, psychologists, and LCSWs opting out of Medicare, representing nearly one-third of all providers who opted out of Medicare in 2017.[18] Beneficiaries may still see these providers but must enter into a private contract with them. Medicare will not pay for any services furnished by providers who have opted out, so in these cases, beneficiaries must pay

[16]The Partial Hospitalization Program service is intensive outpatient mental health day treatment.

Medicare covers telehealth for services like office visits, psychotherapy, and consultations. Telehealth has historically been restricted to specific geographic areas and programmatic conditions. The SUPPORT Act amended the law to expand the originating site requirements for telehealth services treating SUDs and co-occurring mental health disorders effective July 1, 2019, including adding an individuals' home as an allowed originating site for SUD telehealth services. Pub. L. No. 115-271 § 2001(a)(3), 132 Stat. 3894, 3924–25 (amending 42 U.S.C. § 1395m(m)(7)).

Medicare covers one alcohol misuse screening per year. If a beneficiary is determined to misuse alcohol, but does not meet the medical criteria for alcohol dependency, Medicare covers up to four brief face-to-face counseling sessions per year in a primary care setting.

Medicare may pay a health care provider to help manage conditions such as depression or anxiety if the provider offers the Psychiatric Collaborative Care Model—a set of integrated behavioral health services that includes care management support.

[17]Certified nurse-midwives and independently practicing psychologists are also authorized and eligible to provide behavioral health services under the Medicare program. Medicare does not cover services delivered by licensed professional counselors and marriage and family therapists.

[18]Medicare Payment Advisory Commission, *Report to the Congress: Medicare and the health care delivery system*, Chapter 4: Physician and other health professional services (Washington, D.C.: MedPAC, 2018).

the provider's entire charge out of pocket. According to researchers, psychiatrists have low participation rates across all forms of insurance, including Medicare, which may be explained, in part, by the reimbursement rates for time intensive treatments, low supply and high demand for psychiatry services, and high administrative burdens for solo practitioners to participate in insurance programs.[19]

Provision of Information to Medicare Beneficiaries

CMS is required by law to provide information annually to Medicare beneficiaries about their coverage, including benefits and limitations on payment.[20] Various factors affect how beneficiaries receive and process information about behavioral health conditions and their coverage options for behavioral health services. According to HHS, low health literacy is a key barrier that impacts individuals' ability to comprehend health-related information.[21] Moreover, researchers have found that low health literacy is associated with poor physical and mental health.[22] More specific challenges facing individuals with behavioral health conditions include the stigma surrounding behavioral health conditions that may discourage individuals from seeking help or treatment. According to advocates for Medicare beneficiaries and individuals with behavioral health conditions, some individuals may have caregivers or other support for finding information and engaging in decision-making about their behavioral health care.

Medicare Advantage Plans

According to CMS, one-third (36 percent) of Medicare beneficiaries in 2019 were enrolled in MA plans, which CMS pays on a monthly capitated basis to deliver all covered services needed by an enrollee. MA plans contract with provider networks to deliver care to Medicare beneficiaries

[19]T. F. Bishop, et al., "Acceptance of insurance by psychiatrists and the implications for access to mental health care," *JAMA Psychiatry*, vol. 71, no. 2 (2014): pp. 176–181.

[20]42 U.S.C. §1395b–2. Notice of Medicare benefits; Medicare, and Medigap information.

[21]U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *National Action Plan to Improve Health Literacy* (Washington, D.C.: 2010).

[22]S. MacLeod, et al., "The impact of inadequate health literacy on patient satisfaction, healthcare utilization, and expenditures among older adults," *Geriatric Nursing*, vol. 38 (2017): pp. 334–341.

and must meet CMS's network adequacy standards.[23] MA plans may employ care management and utilization management strategies. Care management may include case managers or care coordinators who work with enrollees and providers to manage the care of complex or high-risk enrollees, including those with behavioral health conditions. According to the MA plan officials we interviewed, prior authorization—a utilization management strategy—may be employed for high-cost treatments. Officials from all five MA plans told us that they may have difficultly recruiting behavioral health providers to participate in their network. One study found access to psychiatrists to be more limited than any other physician specialty in MA plan networks, with 23 percent of psychiatrists in a county included in network on average, compared to 46 percent of physicians in a county across all physician specialties in 2015.[24]

[23]42 C.F.R. § 422.112(a) (2019).These standards require that MA plans have enough providers in their networks to ensure that enrollees can access care within specific travel time and distance maximums. The agency's quantitative standards take into account differences in utilization across provider types and patterns of care in urban and rural areas.

For additional information on CMS oversight of MA network adequacy, see GAO, *Medicare Advantage: Actions Needed to Enhance CMS Oversight of Provider Network Adequacy,* GAO-15-710 (Washington, D.C.: Aug. 31, 2015).

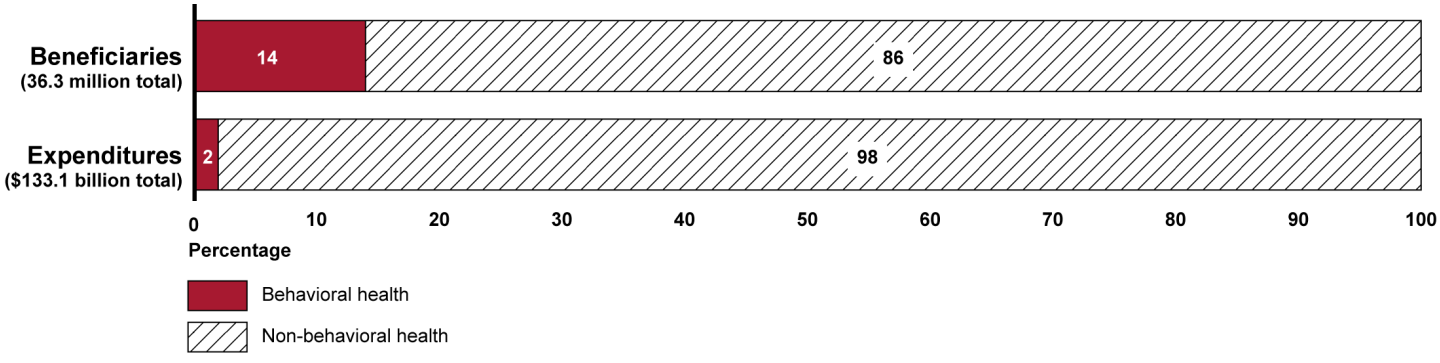
[24]Gretchen Jacobson, Matthew Rae, Tricia Neuman, Kendal Orgera, and Cristina Boccuti, *Medicare Advantage: How robust are plans' physician networks*? (Kaiser Family Foundation, Oct. 5, 2017), accessed [Feb. 7, 2020], https://www.kff.org/report-section/medicare-advantage-how-robust-are-plans-physician-networks-report/.

Nearly One in Seven Medicare Beneficiaries Used Behavioral Health Services in 2018; Most Services Were Provided by Psychiatrists, Social Workers, and Psychologists

Fourteen Percent of Medicare Beneficiaries Used Behavioral Health Services in 2018, Totaling More than $3 Billion in Spending

Our analysis of Medicare claims data shows that in 2018 approximately 5 million beneficiaries used behavioral health services through Medicare Part B. This represented about 14 percent of the more than 36 million fee-for-service (traditional) Medicare beneficiaries, and CMS paid providers about $3.3 billion for approximately 39.3 million behavioral health services in 2018.[25] (See fig. 1.)

Figure 1: Percentage of Beneficiaries Using at Least One Behavioral Health Service and Behavioral Health Expenditures, as a Share of Total Medicare Part B, 2018



Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO-20-408

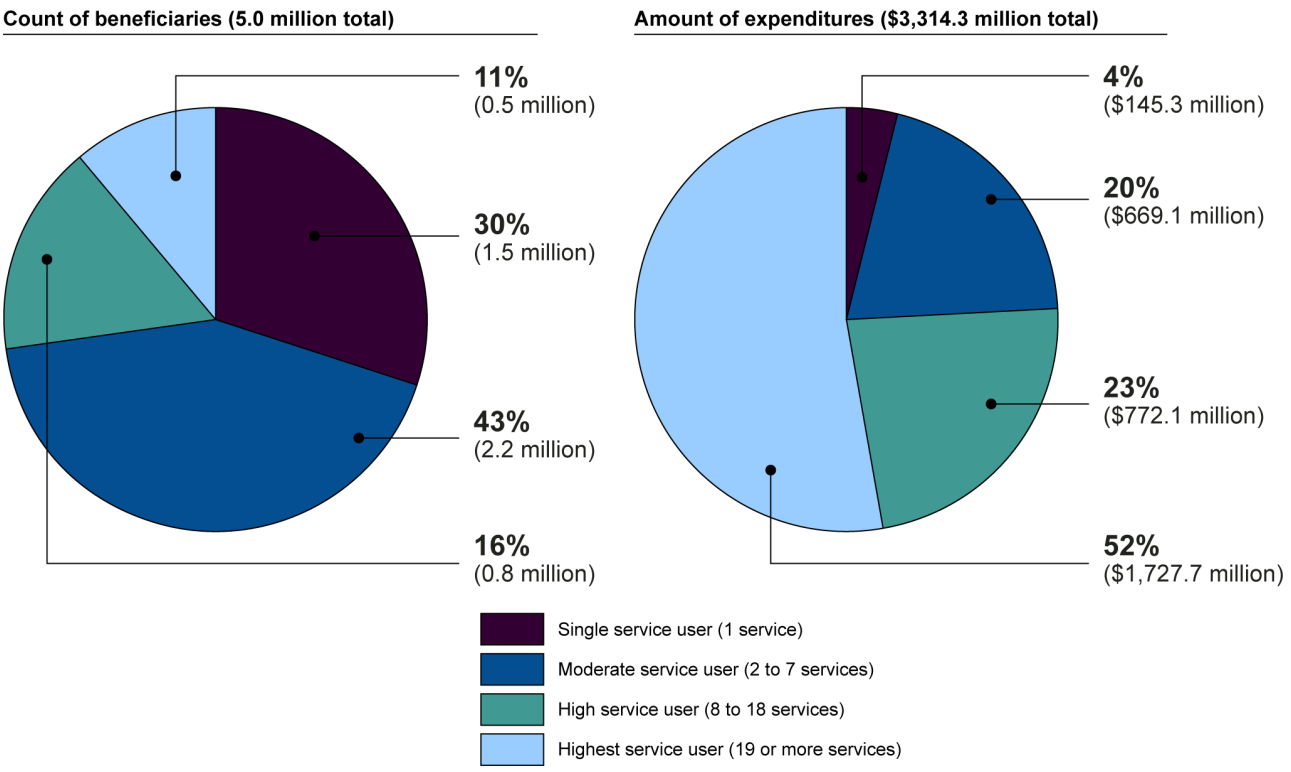
Note: Analysis includes only beneficiaries with fee-for-service Medicare.

[25]Total spending on fee-for-service Medicare Part B was approximately $133 billion in 2018.

Our analysis of claims data also shows that among Medicare beneficiaries who used behavioral health services in 2018, utilization of the services varied significantly. (See fig. 2.)

- The average number of services used by Medicare beneficiaries who used behavioral health services in 2018 was eight, while the median was three.
- Nearly half of all such beneficiaries used between two and seven behavioral health services during the year.
- Nearly one-third (30 percent) of beneficiaries using behavioral health services used one behavioral health service during the year.
- The 11 percent of beneficiaries who were the highest behavioral health service users used 19 or more behavioral health services (the 90th percentile) during 2018, and accounted for about half of all Medicare expenditures on behavioral health services.

Figure 2: Medicare Behavioral Health Users and Expenditures by Beneficiary Utilization Level, 2018



Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO-20-408

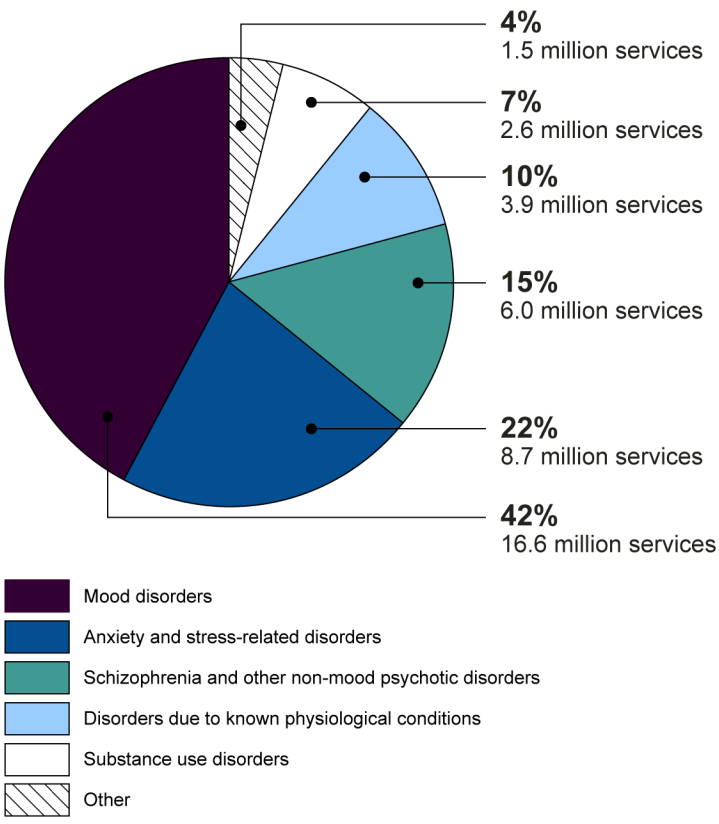
Note: Analysis includes only beneficiaries with fee-for-service Medicare. Numbers may not sum to totals due to rounding.

Our analysis also found that the services beneficiaries received largely fell into two broad categories in 2018: general patient consultations (53 percent of services) and psychiatry services, including psychotherapy (43 percent of services). Other services, such as central nervous system assessments and drugs administered by providers, accounted for about 5 percent of services.[26]

[26]"General patient consultations for primary behavioral health diagnoses" refers to evaluation and management services that were billed with a primary behavioral health diagnosis. This would include, for example, a general consultation with a psychiatrist or primary care physician. "Psychiatry services" refers to the range of services that includes psychotherapy and other psychiatry-specific services. Although our analysis is focused on the service level, these services require varying resources; the most common evaluation and management code was a 15-minute visit, while the most common psychotherapy code was a 60-minute visit. Numbers may not add to 100 percent due to rounding.

Beneficiaries receiving behavioral health care were largely diagnosed with a condition in at least one of five diagnostic behavioral health conditions categories, each of which contain multiple specific diagnoses. In 2018, 96 percent of all behavioral health services were for a primary diagnosis within one of these five categories. For example, the mood disorder category, which includes diagnoses such as depression and bipolar disorder, accounted for 42 percent of services provided.[27] (See fig. 3.)

Figure 3: Behavioral Health Diagnoses Associated with Medicare Behavioral Health Services, 2018



Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO-20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare.

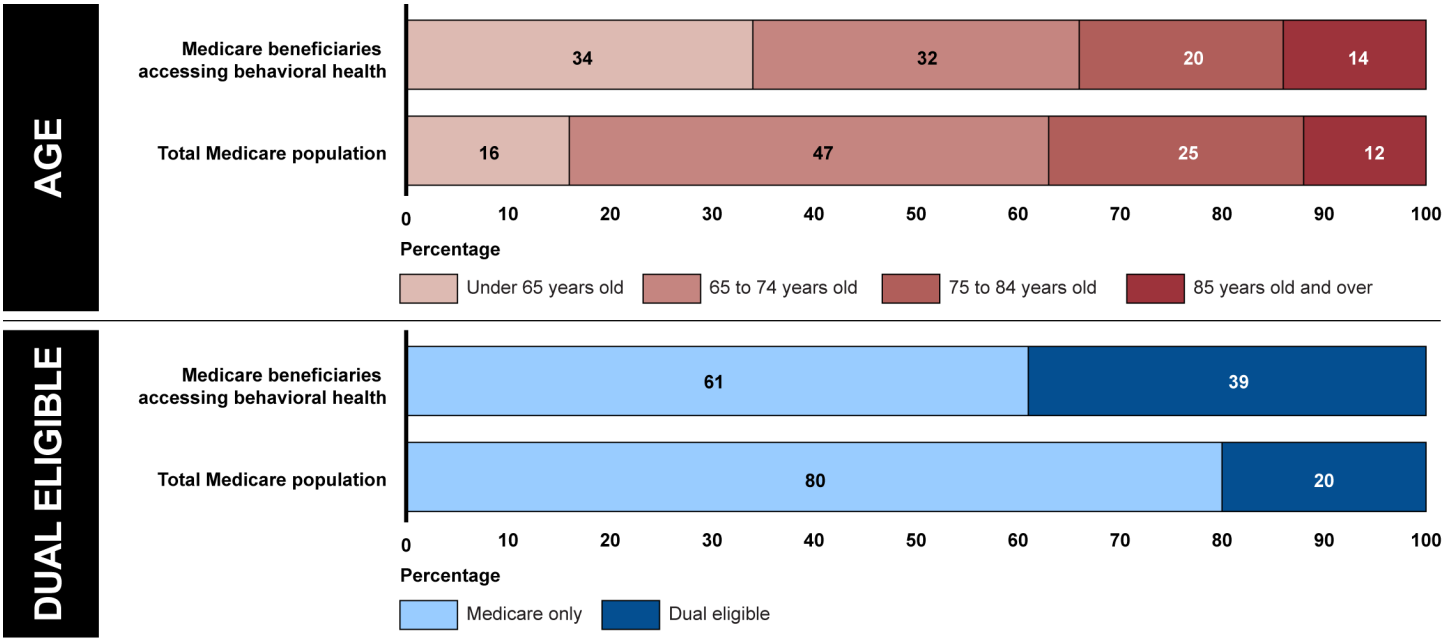
[27]According to officials from three MA plan officials we interviewed, depression/mood disorders, schizophrenia, bipolar disorder, and SUDs are the most common behavioral health diagnoses for MA enrollees.

Medicare claims data for 2018 show that some Medicare beneficiaries used behavioral health services to obtain treatment for SUDs. Seven percent of the behavioral health services in 2018 were for SUDs. Moreover, Medicare beneficiaries with SUDs represented 11 percent of beneficiaries using behavioral health services. On average, Medicare beneficiaries with SUDs used five behavioral health services in 2018, which is less than the number of behavioral health services used on average by all beneficiaries with a behavioral health diagnosis.

Overall, beneficiaries under age 65 and dual-eligible beneficiaries were disproportionately represented among users of behavioral health services compared to the Medicare population.[28] (See fig. 4.) In 2018, while beneficiaries under age 65 constituted 16 percent of all Medicare beneficiaries, they represented 34 percent of the Medicare beneficiaries who used behavioral health services and accounted for 42 percent of all behavioral health services paid for by Medicare that year. Similarly, while dual-eligible beneficiaries, many of whom are under age 65, constituted 20 percent of all Medicare beneficiaries, they represented 39 percent of the Medicare beneficiaries who used behavioral health services in 2018 and accounted for 45 percent of all behavioral health services paid for by Medicare. Finally, women constituted about 55 percent of all Medicare beneficiaries in 2018 and represented 62 percent of the beneficiaries who used behavioral health services that year.

[28]According to MA plan officials we interviewed, dually eligible beneficiaries were also the highest users of behavioral health services in their plans, followed by older Medicare beneficiaries.

Figure 4: Demographic Characteristics of Medicare Beneficiaries Who Used Behavioral Health Services Compared to Overall Medicare Population, 2018



Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO-20-408

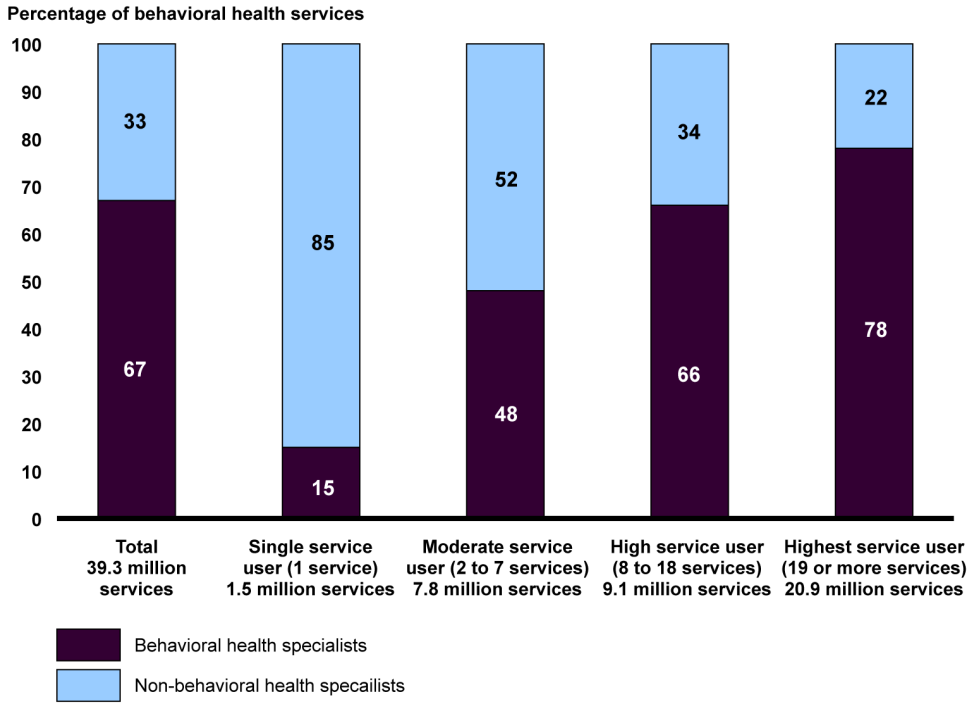
Note: Analysis includes only beneficiaries with fee-for-service Medicare. Dual-eligible beneficiaries are eligible for both Medicare and Medicaid.

Two-Thirds of Behavioral Health Services Were Provided by Psychiatrists, Licensed Clinical Social Workers, and Psychologists in 2018

Our analysis of Medicare Part B claims shows that in 2018 two-thirds of behavioral health services (67 percent) were delivered to Medicare beneficiaries by behavioral health specialists: psychiatrists, psychologists, and licensed clinical social workers (LCSW). (See fig. 5.) Psychiatrists provided the most behavioral health services (31 percent), followed by LCSWs (19 percent), and psychologists (17 percent). A range of other providers delivered the remaining one-third of behavioral health services, including advanced practice providers (16 percent), primary care physicians (11 percent), other physicians (5 percent), and other providers (1 percent).[29]

[29]Primary care providers include physicians specializing in general practice, internal medicine, geriatrics, and pediatrics. Advanced practice providers include physician assistants, nurse practitioners, and certified nurse specialists. Other physicians include physicians with any specialty other than primary care specialties or psychiatry. Other providers include any non-physician provider not included in one of the other categories but who billed for any of the behavioral health services in our analysis.

Figure 5: Share of Behavioral Health Services Provided by a Behavioral Health Specialist, by Medicare Beneficiary Utilization Level, 2018



Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO-20-408

Note: Analysis includes only fee-for-service Medicare beneficiaries. Behavioral health specialists include psychiatrists, psychologists, and licensed clinical social workers. Non-behavioral health specialists include primary care physicians and other physicians, advanced practice providers, and other providers.

As figure 5 shows, beneficiaries who were relatively high users of behavioral health services received a greater share of services from behavioral health specialists compared to all Medicare beneficiaries who used behavioral health services. Approximately three-quarters of services (78 percent) provided to the highest service users (those in the 90th percentile with 19 or more services per year) were delivered by behavioral health specialists: psychiatrists (31 percent), LCSWs (25 percent), and psychologists (22 percent). However, this pattern did not hold for Medicare beneficiaries with SUDs. Our analysis showed that beneficiaries with SUDs received 20 percent of their behavioral health services from a behavioral health specialist, and the other 80 percent of services were delivered by providers who did not specialize in behavioral health.

See appendix I for additional information on Medicare behavioral health utilization.

CMS Uses Various Approaches to Provide Coverage Information to Beneficiaries, but Annual Mailing Does Not Include Explicit Information on SUD Treatment Coverage

CMS Uses Various Communication Approaches to Provide Information to Medicare Beneficiaries on Coverage for Behavioral Health Services

According to CMS officials, the agency's overall strategy for providing information to beneficiaries about coverage of behavioral health services involves a variety of communication and outreach approaches. For example, CMS disseminates information to beneficiaries through written and online publications, Medicare.gov, scripted answers to questions through 1-800-MEDICARE, and social media.[30]

CMS is required by law to provide information to beneficiaries about coverage under Medicare.[31] CMS annually mails out the *Medicare & You* handbook to all beneficiaries, and according to CMS officials, it mailed the

[30]For example, according to officials, CMS coordinates postings on social media platforms like Facebook and Twitter about specific Medicare-covered services during World Mental Health day.

[31]See 42 U.S.C. §1395b–2. Notice of Medicare benefits; Medicare, and Medigap information. CMS is required to provide a clear, simple explanation of the benefits available under Medicare and the major categories of health care for which benefits are not available.

handbook to 42.6 million households in 2018.[32] The information provided in the publication includes descriptions of benefits and services, a summary of cost sharing, and the types of providers Medicare covers. According to CMS officials, Medicare.gov also includes information about covered benefits and a provider directory, although some may not be accepting new Medicare patients. According to CMS officials, the most comprehensive source of information on coverage for behavioral health services is contained in the publication *Medicare & Your Mental Health Benefits,* which is also available at Medicare.gov.

We obtained statistics from CMS officials on the frequency with which Medicare beneficiaries requested copies of *Medicare & You* or the agency's other publications or accessed the agency's web-based tools to obtain information on Medicare coverage, including coverage for behavioral health services. The most frequently accessed in 2018 were *Medicare & You*, Medicare.gov, and the "What's Covered?" smartphone application. (See table 1.) These sources of information cover Medicare more broadly and provide information about Medicare benefits in general, rather than those dealing specifically with behavioral health.

[32]According to CMS officials, *Medicare & You* is mailed to all newly eligible Medicare beneficiaries along with the full Medicare population each year. *Medicare & You* contains information about what is new, health plans, prescription drug plans, and rights and protections to help people with Medicare review their coverage options and prepare to enroll in a new plan if they choose. The publication is available in both English and Spanish. CMS sends households with more than one Medicare beneficiary one *Medicare & You* handbook. An online version of *Medicare & You* can also be accessed at Medicare.gov. Accessed August 5, 2019.

Table 1: CMS Usage Statistics on Agency's Consumer Education and Engagement Publications and Tools, 2018

Source of information	Content	No. ordered online, via telephone, and via mail	No. of online views
Publications			
Medicare & You	Overview of all Medicare-covered benefits, providers, and cost sharing	681,818[a]	1,470,030
Medicare & Your Mental Health Benefits	Detailed description of Medicare-covered mental health benefits, providers, and cost sharing	12,822	1,970
Medicare & Your Mental Health Benefits: Getting Started	Summary of benefits, providers, and cost sharing for behavioral health	3,230	1,001
A Roadmap to Behavioral Health	Guide for using mental health and substance use disorder services	36,087	175
Your Medicare Benefits	Description of items and services covered by Medicare Parts A and B, how and when you can get these benefits, and their costs	98,802	17,901
Web-based tools			**Use of web tools**
"What's Covered?" smartphone application	Cost, coverage, and eligibility details for items and services covered by Medicare Parts A and B	n/a	599,555[b]
Medicare.gov	Views of web pages that provide information about Medicare services related to mental health and other behavioral health topics	n/a	313,391[c]
Physician Compare	National directory of Medicare providers that includes their location, gender, medical specialty, board certification, and hospital affiliation	n/a	190,862[d]
Telephone		**Behavioral health-related calls**	
1-800-MEDICARE Helpline	Telephone helpline to obtain information on Medicare	2,093	

Legend: n/a = not applicable.

Source: GAO presentation of Centers for Medicare & Medicaid Services (CMS) information. | GAO 20-408

[a]In addition to the number of *Medicare & You* publications ordered, CMS statistics show the agency mailed 42.6 million copies of *Medicare & You* to households with Medicare beneficiaries in 2018.

[b]The "What's Covered?" app was launched in 2019. Data are for calendar year 2019.

[c]These data are for pages related to behavioral health coverage.

[d]These data are for searches related to behavioral health professionals or conditions. The most often searched behavioral health professionals were psychiatry, clinical psychologist, pain management, and licensed clinical social workers.

Like CMS, MA plans use different approaches to provide information to the beneficiaries enrolled in MA plans, including publications, phone calls, and websites. According to officials from the five MA plans in our review,

MA plans use multiple modes of communication to meet the preferences of their enrolled populations. MA plans are required to provide information to each enrollee at the time of enrollment and annually thereafter; for example, MA plans must share information about providers reasonably available to enrollees.[33] MA plans are also required to provide marketing materials to CMS for review to ensure the adequacy and accuracy of the information in the materials.[34] Two of the MA plans in our review offer digital health tools to their enrollees. One plan offers a tool that allows enrollees to communicate with case managers, and another plan provides enrollees access to test results, the ability to refill prescriptions and schedule appointments, as well as resources for patient education.

According to CMS officials, the agency also uses other strategies for providing information to beneficiaries about coverage of behavioral health benefits. CMS officials stated that it partners with stakeholders to assist beneficiaries and caregivers seeking help with behavioral health conditions. For example, CMS officials described webinars and workshops it conducts to educate partners and stakeholders who educate and counsel Medicare beneficiaries. According to agency officials, the webinars cover a range of topics related to Medicare benefits and coverage, including behavioral health. The officials also told us that CMS partners with state health insurance programs to provide information about Medicare, including information to help Medicare beneficiaries understand their coverage. CMS officials also stated that the agency conducts public awareness and outreach campaigns to provide information to beneficiaries.[35]

[33]42 C.F.R. § 422.111 (2019). The minimum number and types of providers in MA provider networks are determined by CMS network adequacy standards. See https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/MA_Network_Adequacy_Criteria_Guidance_Document_1-10-17.pdf. Accessed February 24, 2020.

[34]42 C.F.R. §§ 422.2262 and 422.2264 (2019).

[35]For example, according to officials, CMS conducted outreach to educate Part D plan sponsors, prescribers, beneficiaries, and other stakeholders about opioid safety policies. This effort included training and coordinated outreach across the country with industry and providers, and it included outreach and support for beneficiaries.

CMS's Annual Mailing to Beneficiaries Does Not Include Explicit Information on Medicare Coverage for SUD Treatment

Medicare & You—the most widely disseminated source of information on Medicare benefits and coverage—does not provide explicit information about coverage of services for beneficiaries with SUDs, although HHS and CMS have identified addressing SUDs as a top priority. We reviewed the fall 2019 edition of the *Medicare & You* publication and found that, while it does provide information on Medicare coverage for behavioral health services, it does not contain an explicit description of the services that may be covered for treatment of SUDs. CMS officials noted that printing the almost 43 million hard copies of the fall 2019 edition of *Medicare & You* started in July 2019, several months before the rule implementing expanded OUD coverage under Medicare was finalized.[36] In December 2019, CMS officials updated the 2020 edition of *Medicare & You* to include information on the expanded OUD treatment authorized by the SUPPORT Act, which were finalized in November 2019, and became effective in January 2020. According to CMS officials, as of December 2019, this updated version was available on Medicare.gov, and CMS officials told us it will be sent to all individuals who become eligible for Medicare throughout calendar year 2020. We reviewed the updated 2020 web version of *Medicare & You* and found that a reference to opioid treatment was included; however, explicit information about Medicare's coverage for other SUDs was not added.[37]

Although information on Medicare's coverage for treating OUD is important, OUD represents only a subset of the SUDs for which Medicare beneficiaries may need treatment. Further, several of the advocates we interviewed noted that Medicare beneficiaries would benefit from clearer and more specific information about SUD coverage. According to data from SAMSHA, about one in 10 SUD cases is related to an OUD, while the rest are related to non-opioid substances.[38]

We asked CMS officials why the additions to *Medicare & You* relate only to OUDs, and they explained that it is the only distinct Medicare benefit

[36]Calendar Year 2020 Revisions to Payment Policies Under the Physician Fee Schedule, 84 Fed. Reg. 62,568, 62,627–30 (Nov. 15, 2019) (to be codified at 42 C.F.R. pts. 403–98).

[37]The Medicare publication focused on behavioral health coverage—*Medicare & Your Mental Health Benefits*—also does not contain explicit language regarding coverage for treatment of SUDs.

[38]Substance Abuse and Mental Health Services Administration, *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*, HHS Publication No. PEP19-5068, NSDUH Series H-54 (Rockville, Md.: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2019).

category for substance abuse treatment. Officials also stated that while there is no category in *Medicare & You* for other SUDs specifically, the publication does note some related benefits, such as for counseling and services for behavioral issues, alcohol misuse screening, and behavioral health integrative services. However, the alcohol misuse screening benefit is specifically for beneficiaries who do not meet the criteria for alcohol dependency and covers brief counseling in a primary care setting. The description of behavioral health does not specify that SUDs are a behavioral health condition.

The absence of information on Medicare's coverage for SUDs in *Medicare & You* is inconsistent with HHS and CMS strategic priorities related to treatment for SUDs. The Department of Health and Human Services' Fiscal Year 2018-2022 Strategic Plan includes among its strategic objectives reducing the impact of SUDs through treatment.[39] Additionally, CMS has made addressing SUDs a top priority and has a stated commitment to treat SUDs, including OUDs.[40] Beneficiaries lacking information on coverage of SUDs may be less likely to seek treatment.

Conclusions

HHS and CMS have made addressing SUDs a priority. However, in its most widely disseminated publication on Medicare coverage and benefits, CMS does not provide explicit information about the program's coverage for SUD treatment services. As a result, beneficiaries with SUDs may not be aware of this coverage and may not seek needed treatment.

Recommendation for Executive Action

We are making the following recommendation to CMS:

The Administrator of CMS should ensure that the *Medicare & You* publication includes explicit information on the services covered by the Medicare program for beneficiaries with a SUD. (Recommendation 1)

[39]HHS's strategic goal 2.3 is to reduce the effect of mental disorders and SUDs through prevention, early intervention, treatment, and recovery support. See https://www.hhs.gov/about/strategic-plan/strategic-goal-2/index.html#obj_2_3. Accessed February 11, 2020.

[40]See Centers for Medicare & Medicaid Services, *Centers for Medicare & Medicaid Services (CMS) Opioid Misuse Strategy 2016* (January 5, 2017), accessed December 15, 2019, https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf

Agency Comments and our Evaluation

We provided a draft of this report to HHS for review. HHS concurred with our recommendation, and provided written comments that are reproduced in app. II, and technical comments, which we have incorporated as appropriate. In its written comments, HHS stated it would explore opportunities to modify the *Medicare & You* handbook to ensure beneficiaries with substance use disorders are aware of the services covered by Medicare. HHS also reiterated some of the situations under which substance use disorder may be covered under Medicare, as well as its communication strategies and tools to ensure that beneficiaries and providers are aware of all of the services available under Medicare.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, the Administrator of CMS, and other interested parties. In addition, the report will be available at no charge on GAO's website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at CosgroveJ@gao.gov. Contact points for our Office of Congressional Relations and Office of Public Affairs can be found on the last page of this report. Other major contributors to this report are listed in appendix III.

James C. Cosgrove
Director, Health Care

Congressional Committees

The Honorable Chuck Grassley
Chairman
The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate

The Honorable Frank Pallone, Jr.
Chairman
The Honorable Greg Walden
Republican Leader
Committee on Energy and Commerce
House of Representatives

The Honorable Richard E. Neal
Chairman
The Honorable Kevin Brady
Republican Leader
Committee on Ways and Means
House of Representatives

Appendix I: Additional Tables on Behavioral Health Utilization among Medicare Beneficiaries, 2018

To produce the tables below describing the utilization of behavioral health services by Medicare beneficiaries and the providers furnishing these services, we analyzed the 2018 Medicare Part B claims file, the most recent data available at the time of analysis. Our analysis only includes Medicare beneficiaries in fee-for-service Medicare because similar reliable information was not available for beneficiaries enrolled in Medicare Advantage.

Table 2: Medicare Beneficiaries Use of Behavioral Health Services, 2018

Service group	Services billed (number in millions)	Percentage of services billed	Beneficiaries (number in millions)[a]	Expenditures (dollars in millions)	Percentage of expenditures
Evaluation and management services	20.7	53	4.4	1,731.5	52
Psychiatry services and procedures	16.7	43	1.5	1,423.7	43
Central nervous system assessments/tests	0.7	2	0.2	56.1	2
Drugs administered by provider	0.4	1	0.0	2.5	0
Other[b]	0.8	2	0.3	100.5	3
Total	**39.3**	**100**	**5.0**	**3,314.3**	**100**

Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO 20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare. Numbers may not sum to totals due to rounding. Service group is based on the Healthcare Common Procedure Coding System (HCPCS) categorization. The HCPCS is used by Medicare and other payers to identify services and procedures in claims submissions.

[a]Beneficiaries may use multiple services within and across service groups throughout the course of the year.

[b]Includes temporary codes for new procedures and professional services, cardiovascular procedures, health and behavior assessment/intervention procedures, neurology and neuromuscular procedures, and physical medicine and rehabilitation evaluations.

Table 3: Medicare Behavioral Health Service Utilization, by Diagnosis Group, 2018

Diagnosis group	Services billed (number in millions)	Percentage of services billed	Beneficiaries (number in millions)[a]	Expenditures (dollars in millions)	Percentage of expenditures
Mood disorders	16.6	42	2.2	1,395.9	42
Anxiety and stress-related disorders	8.7	22	1.8	770.4	23
Schizophrenia and other non-mood psychotic disorders	6.0	15	0.5	443.4	13
Disorders due to known physiological conditions	3.9	10	0.9	338.6	10
Substance use disorders	2.6	7	0.5	242.6	7
Other[b]	1.5	4	0.5	123.3	4
Total	**39.3**	**100**	**5.0**	**3,314.3**	**100**

Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO 20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare. Numbers may not sum to totals due to rounding. Diagnosis group is based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10). The ICD-10 provides a standard coding convention for health diagnoses and is maintained by the World Health Organization.

[a]Beneficiaries may be seen for multiple behavioral health diagnoses throughout the course of the year.

[b]Includes behavioral and emotional disorders with onset usually occurring in childhood and adolescence, disorders of adult personality and behavior, behavioral syndromes associated with physiological disturbances and physical factors, intellectual disabilities, pervasive and specific developmental disorders, unspecified mental disorders, and other diagnoses from other parts of the ICD-10 that were the primary diagnoses for psychotherapy codes.

Table 4: Medicare Behavioral Health Utilization, by Beneficiary Characteristics, 2018

	Services billed (number in millions)	Percentage of services billed	Beneficiaries (number in millions)	Percentage of beneficiaries	Expenditures (dollars in millions)	Percentage of expenditures
Total	**39.3**		**5.0**		**3,314.3**	
Age						
64 and younger	17.0	43	1.7	34	1,390.2	42
65–74	11.8	30	1.6	32	1,025.4	31
75–84	6.5	17	1.0	20	558.9	17
85 and older	4.0	10	0.7	14	339.8	10
Sex						
Male	15.4	39	1.9	38	1,275.2	39
Female	23.9	61	3.1	62	2,039.1	62

	Services billed (number in millions)	Percentage of services billed	Beneficiaries (number in millions)	Percentage of beneficiaries	Expenditures (dollars in millions)	Percentage of expenditures
Metropolitan area						
Rural	32.4	83	3.9	78	2,765.6	83
Urban	6.9	18	1.1	22	548.6	17
Dual eligibility						
Dual eligible	18.9	48	1.9	39	1,505.5	45
Non-dual eligible	20.4	52	3.0	61	1,808.7	55

Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO 20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare. Numbers may not sum to totals due to rounding.

Table 5: Medicare Behavioral Health Utilization, by Provider Specialty Grouping, 2018

Provider specialty grouping	Services billed (number in millions)	Percentage of services billed	Beneficiaries seen (number in millions)[a]	Expenditures (dollars in millions)	Percentage of expenditures
Psychiatrist	12.2	31	1.7	1,004.4	30
Licensed clinical social worker	7.3	19	0.6	544.2	16
Psychologist[b]	6.7	17	0.7	658.1	20
Advanced practice provider[c]	6.3	16	1.5	464.0	14
Primary care physician[d]	4.3	11	1.8	369.6	11
Other physicians[e]	1.9	5	0.8	188.6	6
Other providers[f]	0.5	1	0.2	85.4	3
Total	**39.3**	**100**	**5.0**	**3,314.3**	**100**

Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO 20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare. Numbers may not sum to totals due to rounding.

[a]Beneficiaries may be seen by multiple types of providers throughout the course of the year.

[b]Includes both clinical psychologists and independently billing psychologists.

[c]Includes physician assistants, nurse practitioners, and certified nurse specialists.

[d]Includes physicians specializing in general practice, internal medicine, family practice, geriatric medicine, and pediatric medicine.

[e]Includes any physician with a specialty other than primary care or psychiatry.

[f]Includes any Medicare provider who billed for any of the behavioral health services in our analysis but who is not included in one of the other provider categories above.

Table 6: Medicare Behavioral Health Utilization, by Provider Specialty Grouping and Medicare Beneficiaries with Different Service Utilization Levels, 2018

Service utilization levels	Services billed (number in millions)	Percentage of services delivered by a						
		Psychiatrist	Psychologist[a]	Licensed clinical social worker	Advanced practice provider[b]	Primary care physician[c]	Other physician[d]	Other[e]
Single service user (1 service)	1.5	10	4	2	19	50	14	3
Moderate service user (2 to 7 services)	7.8	32	9	6	23	20	8	2
High service user (8 to 18 services)	9.1	33	16	17	20	9	4	1
Highest service user (19 or more services)	20.9	31	22	25	12	6	4	1
Total	**39.3**	**31**	**17**	**19**	**16**	**11**	**5**	**1**

Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO 20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare. Numbers may not sum to totals due to rounding.

[a]Includes both clinical psychologists and independently billing psychologists.

[b]Includes physician assistants, nurse practitioners, and certified nurse specialists

[c]Includes physicians specializing in general practice, internal medicine, geriatrics, and pediatrics.

[d]Includes physicians with any specialty other than primary care or psychiatry.

[e]Includes any Medicare provider who billed for any of the behavioral health services in our analysis but who is not included in one of the other provider categories above.

Table 7: Summary of Utilization, by Medicare Enrollee Subpopulations, 2018

Subpopulation	Services billed (number in millions)	Percentage of services billed	Beneficiaries (number in millions)[a]	Percentage of beneficiaries	Expenditures (dollars in millions)	Percentage of expenditures
Dual eligible	18.9	48	1.9	39	1505.5	45
Under 65	17.0	43	1.7	34	1390.2	42
Individuals with substance use disorders	2.6	7	0.5	11	242.6	7
Individuals with dementia	3.0	8	0.8	15	260.9	8
Individuals with intellectual disabilities	0.2	1	0.1	1	15.1	1
Total for all behavioral health	**39.3**	**100**	**5.0**	**100**	**3314.3**	**100**

Source: GAO analysis of 2018 Medicare Part B physician claims. | GAO 20-408

Note: Analysis includes only beneficiaries with fee-for-service Medicare.

[a]Beneficiaries may fall within multiple subpopulation categories.

Appendix II: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

April 30, 2020

James C. Cosgrove
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Mr. Cosgrove:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*MEDICARE: CMS Should Provide Beneficiaries More Information about Substance Use Disorder Coverage"* (GAO-20-408).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Sarah C. Arbes -S
Digitally signed by Sarah C. Arbes -S
Date: 2020.04.30 08:44:20 -04'00'

Sarah C. Arbes
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — MEDICARE: CMS SHOULD PROVIDE BENEFICIARIES MORE INFORMATION ABOUT SUBSTANCE USE DISORDER (GAO-20-408)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report. Reducing the impact of mental and substance use disorders through prevention, early intervention, treatment, and recover support is one of HHS' strategic objectives as we protect the health of Americans where they live, learn, work, and play.

While there is a Medicare benefit category for opioid use disorder treatment services furnished by an opioid treatment program, other types of substance abuse treatment services are covered more broadly by Medicare when reasonable and necessary. HHS provides a full range of services for substance use disorders, including inpatient and outpatient treatment options.

HHS uses a robust communication strategy to ensure that beneficiaries, providers, and other stakeholders are aware of all of the services available under Medicare. This strategy includes a variety of resources including print and online publications, websites, mobile applications, a telephonic helpline, social media posts, and webinars. There are many resources intended for Medicare beneficiaries that discuss Medicare broadly, such as *Medicare & You* and *Your Medicare Benefits*. However, HHS has also published several resources specifically to increase awareness of the mental and behavioral health services, which includes substance use disorders, available under Medicare including *Medicare & Your Mental Health Benefits*, *Medicare & Your Mental Health Benefits: Getting Started*, and *A Roadmap to Behavioral Health*. In addition, HHS recently released a fact sheet and updates to Medicare.gov on treatment programs available to help Medicare beneficiaries. This new product, *Opioid Treatment Programs for People with Medicare*, specifically highlights counseling, therapy, and medication-assisted treatment now available.

As mentioned by the GAO, the most widely disseminated resource is the *Medicare & You* handbook. This handbook includes information about many of the services available to Medicare beneficiaries including those services specifically for individuals with substance use disorders such as outpatient mental health care, partial hospitalization program services, inpatient mental health care, behavioral health integration services, opioid use disorder treatment services, and drug management programs, as well as various assessment, screening and care management services. The handbook also states that beneficiaries who have a substance use disorder or a co-occurring mental health disorder could get telehealth services from home. The handbook has information about Medicare's coverage of the yearly wellness visit which includes a health risk assessment, at which time there is also a review of a beneficiary's potential risk factors for depression or other mood disorders, and provides an opportunity to develop or update a personalized plan, including referrals for other care if needed.

HHS appreciates the GAO's insight in this area and provides a response to their recommendation below.

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — MEDICARE: CMS SHOULD PROVIDE BENEFICIARIES MORE INFORMATION ABOUT SUBSTANCE USE DISORDER (GAO-20-408)

Recommendation 1

The Administrator of CMS should ensure that the *Medicare & You* publication includes explicit information on the services covered by the Medicare program for beneficiaries with a substance use disorder.

HHS Response

HHS concurs with GAO's recommendation. HHS will explore opportunities to modify the *Medicare & You* handbook to ensure that beneficiaries with a substance use disorder are aware of the services covered by Medicare that are available to them.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

James C. Cosgrove at (202) 512-7114 or cosgrovej@gao.gov

Acknowledgments

In addition to the contact named above, Lori Achman (Assistant Director), N. Rotimi Adebonojo (Analyst in Charge), Todd Anderson, Sauravi Chakrabarty, Kelly Krinn, Rich Lipinski, Drew Long, Diona Martyn, Vikki Porter, and Caitlin Scoville made key contributions to this report.