

“Understanding Your Medicare Mental Health Benefits”

Though the Medicare program as we currently know it may be altered significantly in the coming years, currently the “traditional Medicare” program allows for coverage of mental health services through a Medicare-approved practitioner who has “accepted assignment” with Medicare.

The traditional Medicare program includes Medicare Part A, or hospital/in-patient/short-term skilled nursing facility coverage, which usually requires an annual deductible and co-insurance; and Medicare Part B, or out-patient services (this includes physician services, mental health services and all therapy services). Part B typically requires an additional monthly premium as well as 20% out-of-pocket expenses for the Medicare recipient. For mental health services, however, Medicare Part B is currently covering 55% of the total cost. Therefore, the Medicare recipient is responsible for 45% of the remaining cost unless they have secondary insurance coverage which picks up what Medicare does not pay (most do). It is important to be familiar with what type of Medicare plan you have since there are so many different types of plans. Traditional Medicare allows recipients to use any provider(s) who “accepts assignment” with Medicare, whereas managed care Medicare programs (also known as Medicare Part C or MA) are HMO, PPO, or PFFS plans that require recipients to use a more limited network of providers for treatment and services. Essentially, MA plans manage a Medicare recipient’s Medicare benefits for an additional premium and provide supplemental services that are not provided through traditional Medicare. One of the benefits included in most MA plans is a prescription drug benefit; those with traditional Medicare plans can obtain drug coverage for an extra cost with Medicare Part D.

As the Obama administration and Congress work towards a plan that will cut costs while still maintaining healthcare services through Medicare, it seems that there may be a push towards having more Medicare recipients enrolled in private insurance company plans (specifically, more managed care MA plans) rather than traditional Medicare plans which are managed by CMS (the Centers for Medicare and Medicaid Services) and the U.S. Department of Health & Human Services. The risk involved with such a push is that private insurance companies who administer the Medicare Advantage plans are motivated by profit and tend to limit Medicare benefits without prior approval and enforce strict adherence to in-network providers. Without sufficient

services, like the mental health benefit that is provided through traditional Medicare, recipients may be at risk of going into crisis or requiring hospitalization.

If you have questions about the type of Medicare plan you have or what services are covered by your plan, Whole Senior Care may be able to help. Just ask!