

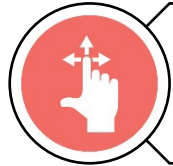
# NASEM Workshop BH Presentation

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# CMS Behavioral Health Strategy Goals



Strengthen Equity & Quality in Behavioral Health Care



Improve Access to Substance Use Disorder Prevention, Treatment and Recovery Services



Ensure Effective Pain Treatment and Management



Improve Access to and Quality of Mental Health Care and Services



Utilize Data to Inform Effective Actions and Measure Impact on Behavioral Health

# Behavioral Health Changes in Traditional Medicare

- Added an exception to the direct supervision requirement under our “incident to” regulation to allow behavioral health services to be provided under the general supervision of a physician or non-physician practitioner (NPP), rather than under direct supervision.
- Created a new General Behavioral Health Integration (BHI) code describing a service personally performed by CPs or clinical social workers to account for monthly care integration
- New chronic pain management services treatment codes: bundle of services furnished during a month as a starting point for holistic chronic pain care: diagnosis, assessment and monitoring, facilitation of necessary behavioral health treatment, medication management, counseling, ongoing coordination.
- Several policies to strengthen the Medicare Shared Savings Program
- Opioid Treatment Programs (OTPs) may bill Medicare for treatment in mobile units, such as vans
- Increased payment rates to OTPs for counseling services as part of methadone treatment
- Extending permanently telebehavioral health via audiovisual and audio-only technology

# Behavioral Health Changes in Medicare Advantage

- Added clinical psychologists and licensed clinical social workers as specialty types for which we set network standards
- Amended the general access to services standards to include explicitly behavioral health services
- Codified standards for appointment wait times for primary care and behavioral health services
- Clarified that emergency behavioral health services must not be subject to prior authorization
- Required that MA organizations notify enrollees when the enrollee's behavioral health or primary care provider(s) are dropped midyear from networks
- Required MA organizations to establish care coordination programs, including coordination of community, social, and behavioral health services

# Consolidated Appropriations Act, 2023

- Intensive Outpatient Services
- Marriage and Family Therapists, Mental Health Counselors
- Crisis care outside the clinic
- Many other BH provisions