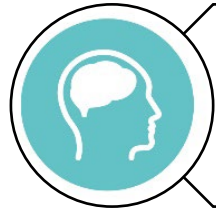


NASEM BH Presentation

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CMS Behavioral Health Strategy Goals



Coverage and Access to care



Quality of Care



Equity and Engagement



Data analytics for Action and Impact

Behavioral Health Changes in Traditional Medicare (2023)

- 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 Traditional Medicare (2024)

- New coding and payment when practitioners train caregivers to support patients with certain diseases or illnesses (e.g., dementia).
- Payment separately for Community Health Integration, Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation services to account for resources when clinicians involve certain types of health care support staff such as community health workers, care navigators, and peer support specialists.
- Implementing statute and creating new covered benefit category for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs). Allowing addiction counselors or drug and alcohol counselors who meet the applicable requirements to be an MHC to enroll in Medicare.
- New covered benefit category for Intensive Outpatient Program (IOP) services in Hospital outpatient, FQHCs, RHCs, CMHCs.
- Psychotherapy for crisis outside of clinical settings
- Allowing Health Behavior Assessment and Intervention (HBAI) services to be billed by social workers, MFTs, MHCs.
- Increase in valuation of timed behavioral health services, implementing over a four year period.

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
- For 2025 proposed new “outpatient behavioral health provider” as a specialty type for which we set network adequacy standards.