

Looking Back at the Status of FY23 Health Policy Provisions

A review of the Medicare & Medicaid provisions related to crisis care included within the Consolidated Appropriations Act of 2023 (P.L. 117-328)

Sec. 4113: Advancing Telehealth Beyond COVID-19:

Section 4113 extends all of the Medicare telehealth flexibilities that were extended in the Consolidated Appropriations Act, 2022.

Set to expire on December 31, 2024.

Sec. 4121: Coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program:

Establishes Medicare coverage for services provided by marriage and family therapists and licensed professional counselors.

Went into effect on January 1, 2024.

Sec. 4123: Improving mobile crisis care in Medicare:

Medicare will increase payment rates for crisis psychotherapy services provided by mobile units and other non-facility settings by 50%, while also mandating CMS to educate providers on coverage and payment for these services and the participation of peer support specialists and auxiliary personnel in furnishing crisis psychotherapy and behavioral health integration services.

Went into effect on January 1, 2024.

Sec. 4124: Ensuring adequate coverage of outpatient mental health services under the Medicare program:

Revises Medicare partial hospitalization benefit to provide coverage of intensive outpatient services.

Went into effect on January 1, 2024.

Sec. 4125: Improvements to Medicare prospective payment system for psychiatric hospitals and psychiatric units:

Mandates HHS to collect data to revise the Medicare payment system for inpatient psychiatric hospitals and units, with updates to payment rate methodology starting in rate year 2025.

Updates go into effect in 2025.

Sec. 4128: Provider outreach and reporting on certain behavioral health integration services:

Mandates HHS to educate healthcare providers on Medicare-covered behavioral health integration services, including eligibility and billing, and to report to Congress on outreach methods and service utilization by beneficiaries.

1st report: due within a year after the education initiative is finished, detailing how the government reached out to healthcare providers to inform them about the initiative.

2nd report: due 18 months after the initiative is complete, and then every two years after that, needs to provide the amount of Medicare beneficiaries who received services under the initiative in the previous year.

Sec. 4130: GAO study and report comparing coverage of mental health and substance use disorder benefits and non-mental health and substance use disorder benefits:

The Comptroller of the United States is directed to study and compare mental health and substance use disorder benefits provided by Medicare Advantage plans to those of traditional Medicare and other benefits within Medicare Advantage plans.

This report must be sent to Congress by the Comptroller General within 30 months after this law passed (June 2025).

Sec. 5124: Supporting access to a continuum of crisis response services under Medicaid and CHIP:

Mandates the Secretary of Health and Human Services to issue guidance and establish a technical assistance center aiding states in developing effective crisis care continuums through Medicaid and CHIP.

The Secretary of Health and Human Services will issue guidance no later than July 1, 2025.