TABLE 3: COMPARISON OF EXISTING AND PROPOSED MA BEHAVIORAL HEALTH SERVICE CATEGORY COST-SHARING STANDARDS FOR CONTRACT YEAR 2026 AND FUTURE YEARS (COINSURANCE PERCENTAGES AND ILLUSTRATIVE ACTUARIALLY EQUIVALENT COPAYMENT AND DOLLAR LIMITS[1])

Service Category	Existing Standards (Varies by MOOP Type)	Proposed Standards (All MOOP Types)
Inpatient hospital psychiatric services – 60 days	$3,284 to $4,105 dollar limits[6]	$3,284 dollar limit[9]
Inpatient hospital psychiatric services 15 days	$2,204 to $2,755 dollar limits[6]	$2,204 dollar limit[9]
Inpatient hospital psychiatric services – 8 days	$2,036 to $2,545 dollar limits[7]	$2,036 dollar limit[10]
Mental health specialty services[2]	30% to 50% coinsurance or $50 to $85 copayment[8]	20% coinsurance or $35 copayment
Psychiatric services[3]	30% to 50% coinsurance or $50 to $80 copayment[8]	20% coinsurance or $35 copayment
Partial hospitalization[4,5]	30% to 50% coinsurance or $90 to $150 copayment[8]	20% coinsurance or $60 copayment
Intensive outpatient services[5]	30% to 50% coinsurance	20% coinsurance
Outpatient substance use disorder services[6]	50% coinsurance or $75 copayment	20% coinsurance or $30 copayment
Opioid treatment program services	50% coinsurance or $155[9] copayment	Zero cost sharing

[1]The dollar values in this table are illustrative (based on the most recent data available at the time of developing this proposal: contract year 2025 Medicare FFS data projections). The Office of the Actuary (OACT) employed generally accepted actuarial principles and practices in calculating these projected amounts (per § 422.100(f)(7)). However, if this proposal is finalized and Traditional Medicare changes the cost sharing amount for one of the behavioral health service categories subject to § 422.100(j)(1), the new Traditional Medicare cost sharing amount would apply as the limit for that category. CMS would set actual contract year 2026 and future year dollar and copayment limits annually based on updated Medicare FFS data projections. *See* § 422.100(f)(4)(i) and (f)(7)(ii)(A).

[2]The illustrative copayment limits for the "mental health specialty services" service category reflect actuarially equivalent values to the coinsurance percentages listed in the table. These actuarially equivalent values are based on (1) the OACT's contract year 2025 projected total average Medicare FFS allowed amount per mental health specialty visit (excluding drug costs), weighted by utilization of the following provider specialty types: clinical psychologist, licensed clinical social worker, and psychiatry and (2) application of the rounding rules at § 422.100(f)(6)(ii). Beginning January 1, 2024, Medicare started allowing marriage, family, and mental health counselors to bill independently for their professional services and made changes to payment for certain mental health specialty services, including services involving community health workers and outpatient psychotherapy for crisis services. At the time of developing this proposal, the OACT did not have sufficient utilization data available for these services to incorporate their costs into the projected weighted average allowed amount for this service category. Instead, the OACT developed the contract year 2025 projected total average Medicare FFS allowed amount for this service category by: (1) using 2022 Medicare FFS cost and utilization data of the referenced provider specialties in an office setting and their projections of cost changes between 2022 to 2025 and (2) employing generally accepted actuarial principles and practices in calculating this projected amount (per § 422.100(f)(7)). For the final rule, CMS expects OACT will have sufficient data to inform the calculation of the CY 2026 "mental health specialty services" service category copayment limit to include covered services provided by marriage, family, and mental health counselors and new payment rates for certain mental health specialty services.

[3]The illustrative copayment limits for the "psychiatric services" service category reflect actuarially equivalent values to the coinsurance percentages listed in the table. These actuarially equivalent values are based on (1) the OACT's contract year 2025 projected total average Medicare FFS allowed amount per visit (excluding drug costs) for the provider specialty type: psychiatry and (2) application of the rounding rules at § 422.100(f)(6)(ii). The OACT developed the contract year 2025 projected total average Medicare FFS allowed amount for this service category using 2022 Medicare FFS cost and utilization data of the referenced provider specialty in an office setting and their projections of cost changes between 2022 to 2025.

[4]The illustrative copayment limits for the partial hospitalization service category reflect actuarially equivalent values to the coinsurance percentages listed in the table. These actuarially equivalent values are based on (1) the OACT's contract year 2025 projected total average Medicare FFS allowed amount per day of partial hospitalization (including physician fees and facility fees/APC codes 5863 and 5853), weighted by the type of setting (such as, hospital outpatient departments and community mental health centers) and (2) application of the rounding rules at § 422.100(f)(6)(ii). The OACT developed the contract year 2025 projected total average Medicare FFS allowed amount for this service category using 2022 Medicare FFS data and OACT's cost and utilization projections of partial hospitalization (which requires 20 or more hours of care each week beginning on January 1, 2024) between 2022 to 2025.

[5]Beginning January 1, 2024, Medicare also started covering Intensive Outpatient Program services for individuals with an acute mental illness or substance use disorder. This benefit provides the same services as the partial hospitalization program benefit but requires fewer hours of therapy per week (a minimum of 9 hours versus over 20 hours). At the time of developing this proposal, the OACT did not have sufficient utilization data available for this service type to project a CY 2025 allowed amount for these Intensive Outpatient Program services that is separate from partial hospitalization program services. As a result, the cost sharing limit for partial hospitalization services in this table also considers costs applicable to the Intensive Outpatient Program. For the final rule, CMS expects to have CY 2026 Medicare FFS data projections from the OACT that will allow us to set cost sharing limits specific to Intensive Outpatient Program services that are separate from the cost sharing limits appliable to partial hospitalization program services and establish separate data entry for this benefit in the PBP module.

[6]The illustrative copayment limits for the "outpatient substance use disorder services" service category reflect actuarially equivalent values to the coinsurance percentages listed in the table. These actuarially equivalent values are based on: (1) the OACT's contract year 2025 Medicare FFS average allowed amount per day for these services, weighted by utilization of HCPCS codes (G2086 – G2088), that was developed using 2022-2023 Medicare FFS data and the OACT's projections for 2025 and (2) application of the rounding rules at § 422.100(f)(6)(ii).

[7]These amounts reflect the dollar range between 100% to 125% of estimated Medicare FFS cost sharing for each length of stay scenario established at § 422.100(f)(6)(iv)(B) for each MOOP type and application of the rounding rules in paragraph (f)(6)(ii). Specifically, paragraph (f)(6)(iv)(B) requires the following inpatient hospital psychiatric cost-sharing standards based on MOOP type with: the mandatory MOOP type subject to 100% of estimated Medicare FFS cost sharing, the lower MOOP type subject to 125% of estimated Medicare FFS cost sharing, and the intermediate MOOP type subject to cost-sharing standards that reflect the numeric midpoint of the dollar limits set for the other MOOP types. The estimated Medicare FFS cost sharing is the sum of projected Part A deductible and Part B professional psychiatric day cost sharing (based on the number of days in the length of stay scenario). The OACT developed these projected values based on 2023 Medicare FFS data and the OACT's projections for 2025. CMS used these projected values to calculate the dollar ranges in this table.

[8]The coinsurance percentages and illustrative copayment limits shown reflect the range of cost-sharing standards these professional behavioral health service categories are subject to for contract year 2026 and subsequent years based on the existing regulations at § 422.100(f)(6)(iii)(F).