

# EXAMINATION OF PAYMENTS FOR BEHAVIORAL HEALTH CARE SERVICES

MAY 2026

## MASSACHUSETTS IS FACING A BEHAVIORAL HEALTH ACCESS CRISIS.

**>20%**

of Massachusetts residents report using BH services, but **10% report delaying or avoiding needed BH care** due to access challenges.

**>25%**

of independent psychotherapy providers in Massachusetts do not take insurance and accept only cash payment.



### VARIATION IN RATES PAID BY PROVIDER TYPE

- Master's-level clinicians performed **over 70%** of commercial psychotherapy visits for adults and children and **81%** of adult non-medical psychiatric evaluations in 2023.
- Commercial payers reimbursed master's-level clinicians at **66-70% the rate of physicians.**
- MassHealth paid master's-level clinicians at **81-93% the rate of physicians.**



### VARIATION IN RATES FOR BH AND OFFICE-BASED HEALTH CARE SERVICES

- Commercial reimbursement to physicians performing BH services was lower than commercial reimbursement to physicians performing **comparable office-based health care services.**
- Physicians were reimbursed for primary care evaluation and management visits and medical specialty visits **2.6 and 6.0 times more,** respectively, than for psychotherapy visits for an equivalent amount of clinical time.



Commercial rates for psychotherapy grew **more slowly than both inflation and the price growth in primary care** in 2023.

The Massachusetts Health Policy Commission's Behavioral Health Workforce Center (BHWC) serves as the Commonwealth's primary hub for research on the behavioral health workforce. The BHWC conducts research to make data-informed policy recommendations to strengthen the behavioral health workforce in Massachusetts.



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

# POLICY RECOMMENDATIONS TO EXPAND ACCESS TO EQUITABLE, QUALITY BEHAVIORAL HEALTH CARE IN MASSACHUSETTS



## **Reduce payment differentials among provider and facility types for the same services.**

The Legislature should consider establishing limits on commercial payment differentials, ensuring master's-level providers are paid 90-100% of doctoral-level provider rates for the common non-medical office and telehealth BH services analyzed in this report. Increased targeted investments in BH care delivery and the BH workforce should not result in increased growth in overall health care expenditure trends or increased health insurance premiums and cost-sharing.



## **Establish minimum payment levels for commercial payers.**

The Legislature should consider establishing minimum payment levels for commercial payers, equivalent to 150% of the Medicare rate for office and telehealth BH services covered by Medicare or 150% of the Medicaid rate for office and telehealth BH services not covered by Medicare.



## **Adjust behavioral health payment increases by economic measures.**

Both commercial payers and MassHealth should adjust payments to BH providers and facilities in alignment with reasonable and known cost increases, including cost of living and provider wages benchmarked at or above the 75th percentile from the most recently available Massachusetts data from the Bureau of Labor Statistics.



## **Strengthen state investment into MassHealth.**

The Legislature should consider targeted financial investments to sustain MassHealth's efforts to increase reimbursement for BH providers.



## **Investigate the capacity and sustainability of the behavioral health markets.**

The HPC will further explore cost-sharing, out-of-network payments, and cash payments for BH services and identify any changes to consumer costs.



## **Support future work of the HPC's Behavioral Health Workforce Center.**

The Legislature should ask the HPC to convene and chair a task force assessing service delivery costs across BH care settings and developing recommendations to inform payer methodologies.



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