

June 7, 2021

Marea B. Tumber, Principal Policy Associate  
Office of the Health Insurance Commissioner  
Via email only: [marea.tumber@ohic.ri.gov](mailto:marea.tumber@ohic.ri.gov)

Dear Ms. Tumber:

This document contains the response from Blue Cross & Blue Shield of Rhode Island (BCBSRI) to the Office of the Health Insurance Commissioner's (OHIC) request for feedback from insurers on their progress towards meeting new requirements relating to integrated behavioral health.

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**a. Financial barriers [§ 4.10(C)(2)(a)(1)]:**

*By January 1, 2021 health insurers shall eliminate copayments for patients who have a behavioral health visit with an in-network behavioral health provider on the same day and in the same location as a primary care visit at a Qualifying Integrated Behavioral Health Primary Care Practice as defined in § 4.3(A)(19). **Note:** For the duration of the COVID-19 public health emergency, telemedicine visits are to be considered office-based visits for fulfilling the "same location" requirement in the regulations.*

- *Please describe or attach your behavioral health co-pay waiver policy.*

**BCBSRI's Response**

BCBSRI's policy *Behavioral Health Integration Services Including the Collaborative Care Model* states: Effective January 1, 2021, in compliance with 230-RICR-20-30-4, BCBSRI will waive member copayments for certain behavioral health services if all the following conditions are satisfied:

- The service is rendered by a BCBSRI Credentialed behavioral health provider;
- The behavioral health provider is practicing within a Qualifying Integrated Behavioral Health Primary Care Practice as designated annually by the Office of the Health Insurance Commissioner (OHIC);
- The behavioral health service is rendered on the same day as a primary care visit at the same Qualifying Integrated Behavioral Health Primary Care Practice; and
- The behavioral health service is one that is identified in the coding section below.

This waiver applies to all BCBSRI members enrolled in fully insured individual, small group and large group plans. Self-funded accounts have the option to elect or decline this cost share waiver. Members of non-Rhode Island Blue Cross & Blue Shield plans are not eligible for the copay waiver.

BCBSRI's full policy regarding integrated behavioral health, which includes information regarding the cost share waiver, starting on the bottom of page 2 here:

[2020 Behavioral Health Integration Services including the Collaborative Care Model.docx \(bcsri.com\)](#)

**b. Billing and Coding Policies [§ 4.10(C)(2)(a)(2)]:**

*Health insurers shall adopt policies for Health and Behavior Assessment/Intervention (HABI) codes that are no more restrictive than Current Procedural Terminology (CPT) Coding.*

- *Please describe or attach your HABI code policy.*

#### BCBSRI's Response

BCBSRI's policy *Health and Behavior Assessment* states:

Health and behavior assessment/intervention services are covered when provided by Psychologists (specialty code 062), Clinical Social Worker (LICSW) (specialty code 042), Marriage and Family Therapist\* (MFT) (specialty code 078), and Mental Health Counselor\* (MHC) (specialty code 077). If psychiatric services and health and behavior services are rendered on the same date of service, by the same provider, report the predominant service performed. If a health and behavioral assessment/intervention services and a psychiatric services procedure code are filed by the same provider, for the same date of service, only the first submitted service (or predominant diagnosis) will pay. The second service filed should deny as provider billing error.

\*Not allowable provider specialties for BlueCHiP for Medicare

BCBSRI's full policy regarding HABI Codes can be found here:

[2020 Health and Behavior Assessment.pdf \(bcbsri.com\)](https://www.bcbsri.com/2020-Health-and-Behavior-Assessment.pdf)

#### **c. Out-of-pocket costs for Behavioral Health Screening [§ 4.10(C)(2)(a)(3)]:**

*Health insurers shall adopt policies for the most common preventive behavioral health screenings in primary care that are no more restrictive than current applicable federal law and regulations for preventive services.*

- *Please list or attach the codes that your plans cover, including the details on any frequency limitations.*

#### BCBSRI's Response

BCBSRI covers preventative services identified pursuant to the Affordable Care Act processes. BCBSRI's policy, *Preventive Services for Commercial Members*, provides an overview of preventive services and screenings for Commercial Products that are covered at no cost share to the member. The attached spreadsheet contains the BH screening information from the policy.

#### **d. IBH Strategies Reporting Requirement [§ 4.10(C)(2)(c)]:**

*Health insurers shall submit a report to the Commissioner...that delineates strategies, in addition to the requirements in § 4.10(D)(3)(c) of this Part, to facilitate and support the integration of behavioral health care into the primary care setting.*

- *Beyond what is required in OHIC's Affordability Standards, what strategies are your organization using to expand the integration of behavioral health (IBH) into the primary care setting?*
  - *Please describe any current or past pilots to facilitate IBH.*
  - *How does your organization support delivery of evidence-based practices for behavioral health conditions in primary care?*
  - *How does your organization support the coordination of behavioral health and general medical care?*

#### BCBSRI's Response

As outlined in our policy, *Behavioral Health Integration Services Including the Collaborative Care Model*, (linked in item (a) above) BCBSRI follows the Centers for Medicare and Medicaid Services (CMS) coverage guidelines for Psychiatric Collaborative Care Services. Services are covered and separately reimbursed when a provider submits a program description and receives approval from BCBSRI. Reviewing program descriptions from provider offices ensures fidelity to the Collaborative Care Model or General BH Integration Services as outlined by CMS.

BCBSRI actively participates in statewide efforts to improve behavioral health integration in Primary Care through the Care Transformation Collaborative and has held a leadership position on the CTC Integrated

Behavioral Health Committee for several years.

BCBSRI has a longstanding interest in behavioral health integration in primary care. Ten years ago, BCBSRI entered into a pilot agreement with two BH practices for an enhanced fee schedule to render integrated BH services in Coastal primary care offices. These pilots have come to an end. Based on the findings from these efforts, BCBSRI is working with the second provider, Providence Behavioral Health (PBH), to provide IBH services at Coastal Medical and Integra practices. BCBSRI and PBH are in the final negotiation phase of this agreement for PBH to provide behavioral health services in an integrated Primary Care. Under the agreement, the BH practice will receive an increased fee schedule and incentives for quality metrics.

Recently, BCBSRI contracted with a primary care practice, Lifespan's Women's Medicine Collaborative, to offer pilot program funding for the collaborative care model through an alternative payment model which also included incentive payments for quality metrics. The program we have collaboratively developed aims to promote timely identification, referral, treatment and care management of behavioral health conditions, improve clinical outcomes, increase follow-up and continuity of care, and increase access and adherence to medications for behavioral health conditions treated in a primary care practice.

Beyond these payment models, BCBSRI regularly meets with our systems of care providers to provide information on behavioral health services that are available to support our members and collaborate on ways to better meet behavioral health needs in the primary care setting.

Internal efforts at BCBSRI support integrating our behavioral health and medical case management teams. Our teams participate in join rounds to discuss complex members with multiple chronic conditions. Our behavioral health team provides consultation and support to our medical team who may work with members with multiple medical and BH conditions.

In 2020, BCBSRI implemented OHIC's "same day copay for qualified integrated BH visits in primary care" model. The internal administrative effort to set up our system to correctly identify and process these claims was significant. We look forward to reviewing the claims data for these visits and discussing lessons learned from this implementation with OHIC.

Recognizing behavioral health providers likely have technology resource needs, BCBSRI introduced a grant to our outpatient professional behavioral health network in 2019. This grant allowed for BH providers in our network to apply for funding to purchase or enhance an existing electronic medical record. BCBSRI believes that investing resources in behavioral health infrastructure will allow our providers to better collaborate with primary care providers. Despite our efforts of advertising this opportunity to our entire network by email and mail, as well as articles in our provider update newsletter, only 5 provider practices (less than 1%) in our network applied.

- *Is your organization using any quality metrics specific to IBH? If so, please provide information on the specific measures.*

In our agreement with Women's Medicine Collaborative for an alternative payment model for IBH, we are collecting information on the following process measures:

- Number of Members receiving services as part of the Collaborative Care Model
- Number of warm hand-offs in support of behavioral health integration

Additionally, the agreement states that the parties will monitor performance on the Antidepressant Medication Management (AMM) HEDIS measure to assess for areas of opportunity in year 2 of the agreement.

We are also in the process finalizing a contract with Providence Behavioral Health, who provides IBH services at Coastal Medical and Integra practices. We have proposed the same quality measures as the ones

indicated above, and the provider is agreeable to these metrics.

- *Does your organization have any planned, current, or past pilots to support integrating primary care into behavioral health settings?*

Past, current, and planned pilot programs are described above. Currently, we have one pilot agreement in place with Women's Medicine Collaborative. We also have a contract that is being finalized with Providence Behavioral Health.

- *Does your organization have payment policies supportive of integration beyond what is required in OHIC's Affordability Standards?*

Yes. BCBSRI's Behavioral Health Integration Services Including the Collaborative Care Model policy supports additional payment for behavioral health integration when delivered through the Collaborative Care model or another integrated model. In order for providers to receive reimbursement, a program description must be submitted to BCBSRI for review and approval, as described in the policy.

**e. Primary care alternative payment models (APM) [§ 4.10(D)(3)(c)]:**

*For primary care practices recognized as a Qualifying Integrated Behavioral Health Primary Care Practice under § 4.3(A)(18)...health insurers shall develop and implement a prospectively paid alternative payment model for primary care that compensates practices for the primary care and behavioral health services delivered by the site.*

- *Please detail your progress on the APM requirement, including: the number of provider groups under contract; patients attributed to the model; and a description of how the payment model satisfies the requirement that the payment compensate practices for the behavioral health services delivered by the site.*

**BCBSRI's Response**

When BCBSRI originally contemplated our PCP capitation model with our two pilot groups (WellOne and Providence Community Health Center), our intent was to include behavioral health services as both targeted pilot groups included integrated behavioral health services. During our discussions, the organizations indicated this would be problematic as the IBH providers were contracted rather than employed so were not willing to convert to a prospective payment. BCBSRI is in the process of approaching our pilot groups once again to have further discussion as the PCP capitation pilot program has proved to be successful as a form of payment and collaboration and would like to share this experience with their IBH providers. We are hoping that we can persuade the IBH providers to move away from FFS into a prospective payment.

BCBSRI has been working with Women's Medicine Collaborative to transition them to a per-member-per-month payment for collaborative care codes. The program we have collaboratively developed aims to promote timely identification, referral, treatment and care management of behavioral health conditions, improve clinical outcomes, increase follow-up and continuity of care, and increase access and adherence to medications for behavioral health conditions treated in a primary care practice. BCBSRI is also offering the practice additional quality incentives tied to the management of these patient's behavioral health needs. This is a first step in transforming payment away from traditional fee-for-service into a meaningful alternative payment that will allow the practice the flexibility to address patient needs differently.

In addition, BCBSRI constantly looks for opportunities to move providers of all types into an alternative payment arrangement.

Finally, while BCBSRI continually looks for opportunities to engage providers, including specialty providers such as behavioral health providers, to move to alternative payments, the process is a negotiation and requires providers to agree to make changes. With successful models in the market, we have been able to have providers who have converted to APMs discuss the benefits with groups that are apprehensive to make a change. While

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this makes an impact as the provider groups have been able to talk about practice pattern changes as a result of payment changes and increased collaboration, many providers are still reluctant to change from a known revenue stream to a new payment methodology. BCBSRI is committed to engaging and re-engaging providers in discussions leading to alternative payments as we believe this will be the pathway to transforming care.

BCBSRI appreciates the opportunity to share information on these efforts. Please let me know if you would like to discuss any of these responses.

Sincerely,

*Richard Glucksman, Esq.*  
Assistant General Counsel

Attached: Preventive Services for Commercial Members (selected items relating to BH)