

OHIC NEWS

The Rhode Island Office of the Health Insurance Commissioner

DELIVERY SYSTEM REFORM

Our office is focused on improving the health care delivery system in our state to improve affordability, quality, and health equity for all Rhode Islanders. OHIC is supporting delivery system reform by encouraging provider payment models that improve value, fostering primary care transformation, and advising on the impact of hospital consolidation. Additionally, we are prioritizing continuing to increase access to mental health and substance use disorder services and ensuring parity for these services with physical health care services. This month, we are highlighting some of OHIC's efforts to accelerate delivery system reform. Together, with our community partners, our goal is to leverage the regulatory structure within OHIC to accelerate the transition to a reformed delivery system where provider organizations are incentivized to deliver accessible, affordable, and high-quality care that produces improved health outcomes.

► **Advising on the Implications of a Care New England and Lifespan Proposed Merger**

In 2021, OHIC released a working paper that reviewed the relevant policy considerations raised by the proposed merger between Care New England and Lifespan entitled, [The Care New England and Lifespan Proposed Merger: Policy Considerations Related to the State of Rhode Island Office of the Health Insurance Commissioner's Statutory Purpose and The Care New England](#) and followed up in 2022 with a second working paper that iterated on and refined three critical payment model structures for the merged entity that would be formed if the proposed merger is approved entitled, [The Care New England and Lifespan Proposed Merger: Payment Model Characteristics Necessary to Maximize Affordability and Quality Related to the State of Rhode Island Office of the Health Insurance Commissioner's Statutory Purpose](#). Both papers make clear that it is OHIC's position that the risks to the public interest objectives that guide OHIC's work—access, affordability, and quality—are significant and should command careful attention by regulators and the public. This is because the available evidence clearly suggests that hospital consolidation leads to higher prices and that the evidence on the impact of hospital consolidation on the quality of care is mixed.

► **Transforming Primary Care Through Behavioral Health Integration**

Reforming the health care delivery system can only be achieved through collaboration with our state and community partners. Rhode Island is lucky to have many strong advocates and innovators working to improve the quality of health care, while also making it more accessible. Our community partners at the Care Transformation Collaborative of Rhode Island (CTC-RI), the state's multi-payer hub for new, innovative primary care pilot programs, initiatives, and transformation, has been introducing and expanding integrated behavioral health (IBH) into primary care, including adult and pediatric practices. By embedding a behavioral health specialist into the trusted primary care practice setting, patients seamlessly receive both primary care and behavioral health support under one roof. This work proved essential to Rhode Islanders during this pandemic. With an increased incidence of behavioral health needs of youth and families, the IBH clinician became an essential primary care team member.

In 2021, the organization wrapped up its first two-year pediatric IBH pilot program, where three participating practice sites demonstrated enormous value in having a designated IBH clinician on staff and on-site. One pediatric practice, Anchor Pediatrics (Lincoln, RI), shared their experience in an interview with CTC-RI. Dr. Judith Blazar Westrick, MD, [discussed her insight and experience](#) on introducing an IBH program into her practice.

Five additional practices are set to wrap-up their IBH pilot program in April 2022. The pediatric primary care IBH program has been made possible through support of the Rhode Island Foundation via Blue Cross & Blue Shield of RI, Tufts Health Plan, and UnitedHealthcare.

CTC-RI has continued to progress its IBH impact in primary care by providing ongoing trainings for practices across RI, with the vision and goal of ultimately making IBH common practice in primary care. With telemedicine becoming more widely used over the last two years, CTC-RI hosted a year-long learning collaborative for 11 adult and pediatric practices designed to help practices optimize tele-IBH and apply for NCQA Behavioral Health Distinction. Focus areas of support include patient engagement in telehealth, tele-IBH groups, virtual delivery of IBH tools, screening and workflow, specialty BH tracking, and clinical decision support.

▶ OHIC is Supporting Behavioral Health System Transformation to Increase Access and Ensure Parity

OHIC's statutory authority allows it to collaborate with other state agencies to seek delivery system changes that improve behavioral health and substance use disorder treatment, and also give it the authority to direct the state's insurers towards innovative policies and practices that further integrate physical and behavioral health care delivery. An essential process in improving parity and access to behavioral health care services in our state is OHIC's annual in-depth review of health insurance benefit coverage documents. This annual review helps ensure that all insurers provide coverage for treatment of behavioral health services under the same terms and conditions as other illnesses and diseases. Moving forward, OHIC has several initiatives planned to continue the transformation of Rhode Island's behavioral health care system.

▶ Advancing the Statewide Expansion of Telehealth Services

Since the start of the pandemic, OHIC's has prioritized ensuring the health and safety of Rhode Islanders. Our office took immediate actions to ensure testing, treatment, and vaccines were available to all with no out-of-pocket costs from commercial insurers. Throughout the COVID-19 state of emergency, OHIC took actions to make telemedicine widely accessible, including suspending certain state telemedicine restrictions previously in place. In 2021, we successfully supported the enactment of amendments to the Telemedicine Coverage Act.

On an ongoing basis, OHIC believes that the following elements should be foundational to telehealth policy:

- Audio-only telemedicine should be covered on a permanent basis.
- No restrictions on patient location for telemedicine should be in place.
- Cost-sharing for telemedicine visits should not exceed cost-sharing for in-person visits.
- Prior authorization requirements for telemedicine should be no more stringent than prior authorization requirements for in-person care.
- Telemedicine for BH services and primary care services should be paid at the same rate as in-person visits regardless of modality.
- No restrictions on which provider types can provide telemedicine services within their scope of practice should be in place.

▶ Advanced Access to Doula Services in the Commercial Health Insurance Market

As part of our office's ongoing efforts to accelerate delivery system reform, OHIC advanced access to doula services in the commercial health insurance market in 2021. Improving access to doula services is an important strategy to improve health equity in Rhode Island. OHIC provided technical assistance to stakeholders in support of legislation requiring commercial health insurance coverage to include access to doula services in order to improve perinatal and postpartum outcomes. Our office created a quick health insurance coverage guide to help consumers understand whether or not doula benefits are covered by their health insurer, view that guide by [clicking here](#).