

## OHIC's Affordability Standards: Integrated Behavioral Health Requirements

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In 2018, the Legislature added new powers and duties to the Office of the Health Insurance Commissioner's (OHIC) statute focused on working with other state agencies and insurers to improve the integration of physical, mental health, and unhealthy substance use care. As part of this statutory charge, OHIC has made a priority of working with insurers and other stakeholders to improve access to integrated behavioral health (IBH) services.

In its 2019 Care Transformation Plan, OHIC established the Integrated Behavioral Health Work Group to identify potential solutions to several administrative barriers to IBH. Based on the recommendations from this Work Group, OHIC incorporated several IBH requirements in its revised Affordability Standards, promulgated in June 2020.

OHIC is seeking feedback from insurers on their progress towards meeting these new regulatory requirements. Health insurers may request that confidential information be redacted before the reports are posted on OHIC's website. Please respond to the following questions no later than **Friday, June 4, 2021**.

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### Compliance with [OHIC's Affordability Standards](#) IBH Requirements [§§ 4.10(C)(2) & (D)(3)(c)]:

#### **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.

Tufts Health Plan (THP) created a workflow, managed by our Claims department, to review all claims received at the OHIC qualifying integrated Behavioral Health (BH) primary care practices (PCP) on a weekly basis. If a PCP co-pay and a BH co-pay are taken on two claims, for the same member, from the same practice and with the same date of service, the BH co-pay will be overridden to ensure the member is not liable. Our member experience team will also send the member a letter instructing them to contact their provider for a reimbursement if they paid a co-pay at the time of visit.

Communication was sent to THP providers in the [February 2021 Provider Update](#), educating them about the regulation and instructing them to not take co-pays at the time of the visit if they practice at a Qualifying Integrated Behavioral Health Primary Care Practice.

#### **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.*

Tufts Health Plan reviewed HABI codes upon passage of the Rhode Island Affordability Standards and confirmed that all codes were able to be billed by any of our contracting providers and were found to be no more restrictive than CPT coding guidelines. These codes are contained in the attached BH/SUD Outpatient Payment policy and THP confirmed that effective 1/1/21, a PCP referral is not required for reimbursement of HABI codes.

**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.

The Tufts Health Plan Preventative Services Payment Policy includes coverage of common behavioral health screenings and details specific codes and applicable frequency limitations which are summarized in the attached document. The complete Tufts Health Plan Preventive Services Payment Policy is publicly available on our website:

<https://tuftshealthplan.com/documents/providers/payment-policies/preventive-services>

**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.
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- Integration of BH into the primary care setting is of paramount importance to THP as we think about the impacts of BH conditions and physical health conditions, including their downstream impacts on population wellness and cost of care across the healthcare ecosystem. We think about integration both externally, "how can we support integration of BH with our networks", and internally, "how can we use data and programming to support members holistically". The initiatives below summarize work currently supporting IBH.

- How does your organization support delivery of evidence-based practices for behavioral health conditions in primary care?

In the primary care setting, we encourage, through communications and training, BH screening of our members on a regular basis to monitor for new or escalating behavioral health needs in order to provide early intervention opportunities. THP provides primary care providers with information on behavioral health screening tools, especially for Major Depression ([See Example](#)) and uses “Provider News” communications to share ongoing resources, content, and tools for integrating behavioral health and substance use disorder screening and treatment into primary care ([See Example](#)).

In addition, THP makes efforts to create clear pathways to connect primary care clinicians with behavioral health services for their patient panels. This includes not only regularly assessing new providers to the area that have an integrated model of care with “in-house” behavioral health support who can accommodate the unique needs of these members, but also establishing clear and easy referral pathways to BH services with network providers or non-contracting providers when they are not reasonably available in-network. Additionally, THP will outreach and invite out of network providers frequently used or requested by members or their primary care providers into the network. THP will utilize common strategies for recruitment that may include but are not limited to alternative payment methods.

Lastly, as part of our ongoing quality improvement initiatives, THP continues to work with inpatient behavioral health facilities to increase engagement and collaboration with primary care by requesting the sharing of discharge information with each member’s PCP. THP’s behavioral health department conducts medical record reviews two times a year at all of our designated facilities, as well as a random sample of our contracted inpatient behavioral health facilities, to review appropriate documentation of communication with PCPs following member inpatient behavioral health admissions and in connection with discharge plans.

- How does your organization support the coordination of behavioral health and general medical care?

Externally, much like our IBH efforts with primary care providers, we work with our physical health providers to encourage them to provide early BH screenings in medical settings or vice versa, we provide tools and resources for integration of BH (including SUD) services, and we work with our large providers around establishing clear referral pathways to BH services with network providers or non-contracting providers when they are not reasonably available in-network. Examples of these efforts include:

- Education for BH providers on the importance of screenings for type 2 diabetes for patients taking antipsychotic medications. This includes communication and coordination for screenings and follow up with medical specialty and primary care as appropriate. ([See Example](#))

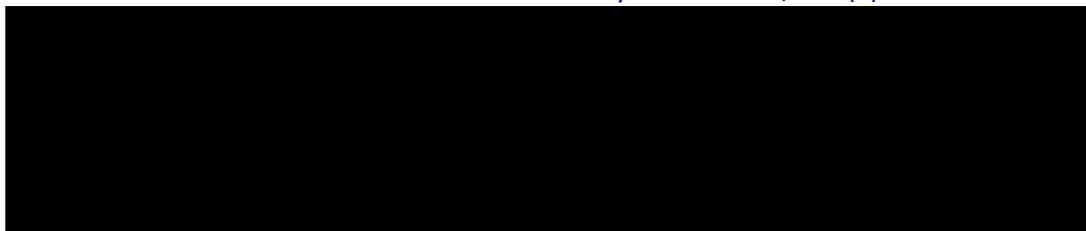
- Supporting Medication Assisted Treatment for the SUD population by providing education and subsidization support to physicians seeking their X-Waiver for buprenorphine prescribing.
- Encouraging cross collaboration across medical and BH specialists to create a seamless network for our members.

Internally, we use enhanced analytics to identify and target members with comorbid conditions for Care Management programs or enhanced services. Our Care Management programs have integrated workflows and expectations around engaging nursing and behavioral health clinicians for optimal member care and we have a multi-disciplinary team (physical medicine physicians, psychiatry physicians, RN, LICSW, LMHC, pharmacists, peers, community health workers) to help provide insight and collaborative care for our members. Our integrated case management work is reviewed as part of quality initiatives to reduce unnecessary emergency department (ED) utilization for members with co-occurring medical and behavioral health care needs.

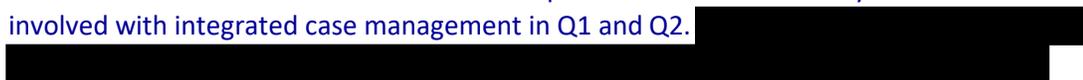
- Is your organization using any quality metrics specific to IBH? If so, please provide information on the specific measures.

THP's Quality Improvement program entails several initiatives that are specific to IBH, many in collaboration with our network providers. THP network providers are required to participate in QI initiatives per the THP provider manuals in which our network providers are contractually obligated to adhere to. THP's provider manuals contain a link to the annual summary of quality improvement initiatives and can be found in the provider resource section of THP's website.

- **Inpatient Behavioral Health Facility Communication with Member's Primary Care Provider (PCP):** THP's behavioral health department conducts medical record reviews two times a year at all of our designated facilities as well as a random sample of our contracted inpatient behavioral health facilities, to review appropriate documentation of communication with PCPs following member inpatient behavioral health admissions and in connection with discharge plans. Factors to be reviewed are: (1) Documentation that a release of information to the PCP was authorized or refused by the member, and (2) Documentation



- **Behavioral Health and Medical Case Managers Coordination of Care Project:** Tufts Health Plan's medical case managers and behavioral health case managers collaborate with the member and with each other to co-manage cases where there are co-morbid medical and behavioral health conditions. An outcomes report is conducted twice a year on members involved with integrated case management in Q1 and Q2.





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

THP, through other lines of business, has had successful collaboration with CODAC Behavioral Healthcare in Rhode Island who assisted in streamlining processes and billing practices to support primary care (vaccinations, screenings, labs etc.) in a SUD treatment setting. We are continuously striving for ways to provide members what they need in the right setting at the right time and will continue to explore both conventional and unconventional opportunities to integrate BH and medical services.

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

While THP does not have additional payment policies, THP has implemented a Quality Incentive Payment Program as outlined in a Designated Facility Inpatient Mental health/Inpatient Substance Use Disorder Health Services Agreement.

[REDACTED]

**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.

To achieve compliance with this regulation, THP has developed the internal systems infrastructure to deploy an APM for primary care practices across fully and self-insured product lines. This model can facilitate compensation through capitation for services of primary care and behavioral health services on a per-member per-month basis, as applicable.

[REDACTED]