

June 4, 2021

Ms. Marea B. Tumber, Esq., MPH  
Principal Policy Associate  
Office of the Health Insurance Commissioner  
State of Rhode Island  
1511 Pontiac Avenue, Building 69-1  
Cranston, RI 02920

Dear Ms. Tumber,

UnitedHealthcare Insurance Company and UnitedHealthcare of New England, Inc. (collectively “UnitedHealthcare”) are grateful for the opportunity to provide the Office of Health Insurance Commissioner (OHIC) with information regarding our efforts to support the integration of physical and behavioral health in Rhode Island.

UnitedHealthcare would like to also take this opportunity to thank OHIC for the work done on this important topic and its role in developing a culture of collaboration that strives to improve the health status of Rhode Islanders and promote Rhode Island health care cost containment.

As requested, we are providing responses to your specific questions related to OHIC’s Integrated Behavioral Health (IBH) requirements contained within the Affordability Standards, promulgated June 2020.

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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)]:**

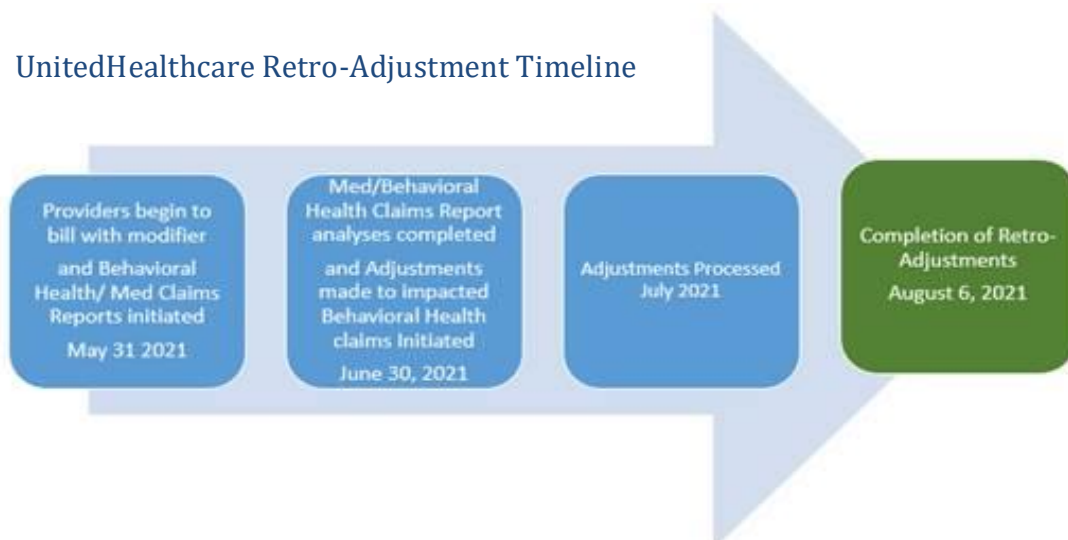
*By January 1, 2021 health insurers shall eliminate copayments for patients who have a behavioral health visit with an in-network behavioral health provider on the same day and in the same location as a primary care visit at a Qualifying Integrated Behavioral Health Primary Care Practice as defined in § 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.**

UnitedHealthcare has eliminated the behavioral health (BH) copay for our fully insured commercial plan members who have a same-day visit to a behavioral health specialist and a primary care physician (PCP) at the same Rhode Island location, if this location is designated by OHIC as a Qualifying Integrated Behavioral Health Primary Care Practice (QIBHPCP). The billing behavioral health provider must be a participating provider in the Optum Behavioral Health Commercial network and linked to the QIBHPCP practice in the Optum system.

UnitedHealthcare will have completed our retro-adjustment of claims, dating back to January 1, 2021, by the end of the first week of August 2021. Please note the timeline below which describes this process in greater detail.

### UnitedHealthcare Retro-Adjustment Timeline



UnitedHealthcare has worked directly with its Qualifying Integrated Behavioral Health Primary Care Practice (QIBHPCP) partners to communicate our plans and will continue to communicate directly with its QIBHCPCP partners throughout the implementation of this regulation. UnitedHealthcare’s behavioral health team has also posted provider communication regarding this regulation on our Provider Express platform and in our Network Bulletins. Communication to providers will include but not be limited to when QIBHCPCP providers may begin billing with the modifier for same day services with dates of service having an effective date of January 1, 2021 or later.

It will also indicate that qualifying claims processed with dates of service January 1, 2021 through May 31, 2021, submitted as of May 31, 2021, will be reprocessed according to the single co-pay guidance, without additional provider action. The UHC behavioral health network team is working directly with the Behavioral QIBHPCP providers on this process and will alert them to the above information.

Please find additional information on this requirement at [Provider Express Rhode Island IBH Co-Pay Information](#) .

**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.**

UnitedHealthcare’s policy for Health and Behavior Assessment/Intervention (HABI) codes are no more restrictive than current Centers for Medicare and Medicaid Services (CMS) Coding Guidelines for HABI codes. The UnitedHealthcare policy was created based on American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services, Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services and American Psychological Association guidance.

**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.**

Please find the below list of codes that UnitedHealthcare covers and the associated maximum daily frequency.

**Current Procedural Terminology (CPT) Codes**

- Mental Health Time based Codes: 90791, 90792, 90832-90837, 90846, 90847, 90849, 90853, 90863
- Mental Health Crisis Codes: 90839-90840
- Health and Behavior Codes: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 (services secondary to a physical health diagnosis, no BH diagnosis, psychologists only can bill)
- Screening, Brief Intervention and Referral to Treatment (SBIRT): 99408, 99409 Alcohol and/or substance abuse structured screening and brief intervention services (times spent 15-30 or greater than 30 minutes) – when provided by a behavioral and not medical provider.

**Daily Maximum Billing Frequency by CPT Code**

| Code  | Daily Max Frequency |
|-------|---------------------|
| 90832 | 2 per day           |
| 90834 | 2 per day           |
| 90837 | 2 per day           |
| 90846 | 1 per day           |
| 80947 | 1 per day           |
| 90849 | 1 per day           |
| 90839 | 1 per day           |
| 90840 | 3 per day           |
| 96156 | 1 per day           |
| 96158 | 1 per day           |
| 96159 | 4 per day           |
| 96164 | 1 per day           |
| 96165 | 6 per day           |
| 96167 | 1 per day           |
| 96168 | 6 per day           |
| 96170 | 1 per day           |
| 96171 | 2 per day           |
| 99408 | 1 per day           |
| 99409 | 1 per day           |

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?**

UnitedHealthcare is committed to meeting the behavioral health needs of its members both individually and as part of a system of care. UnitedHealthcare recognizes that “whole-person” health is key to successful outcomes. Dissecting one’s care is not as impactful as coordinated team-based care. The close alignment and overlap of one’s behavioral and physical health are undeniable.

Further, among the many lessons of the pandemic, it has become clear that behavioral health and physical health are greatly and profoundly affected by one’s social determinants of health (SDOH). SDOH include a number of social, behavioral, and environmental considerations that have wide ranging effects on the health, functionality, and quality of life of our members. Therefore, UnitedHealthcare has included SDOH support in our integrated behavioral health strategies.

To this end, UnitedHealthcare has contributed to several pilot initiatives and on-going programs to better coordinate member care through behavioral health integration, outreach and team-based care.

Please find the below summaries of the most recent local programs and initiatives funded by UnitedHealthcare in our promotion of integrated behavioral health in Rhode Island.

**Universal Integrated Behavioral Health Screening and Treatment in Pediatric Primary Care for Children, Adolescents and Postpartum Mothers**

UnitedHealth is in its third year of a three-year IBH program that has provided eight (8) Rhode Island pediatric/ family medicine practices and those they serve, with evidence-based primary and secondary prevention models and access to high-quality, affordable, on-site licensed behavioral health clinicians. Practice teams participate in quarterly learning networks and monthly planning meetings facilitated by the Care Transformation Collaborative of Rhode Island (CTC) IBH practice facilitators to support their IBH practice development.

**IBH Readiness and Team Based Telemedicine Pilot**

UnitedHealthcare is also currently funding a one-year IBH readiness program for groups that have not yet become Qualifying Integrated Behavioral Health Primary Care Practices and to support those who have already achieved integrated behavioral health distinction with best practice guidance on virtual IBH provision.

**Rhode Island Primary Care Physicians Corporation (RIPCPC) – Behavioral Health Support**

UnitedHealthcare has provided on-going support of RIPCPC’s integrated behavioral health (IBH) program including the funding of IBH clinicians and staff required to manage the processes and workflows associated with the identification and care coordination of high-risk patients with behavioral health or substance abuse needs. The program includes the use of universally accepted evidence-based screening tools in the RIPCPC affiliated practices, as well as data analytics to identify

patients with behavioral health or substance abuse disorders when patients are admitted or frequently using emergent care.

This past year, UnitedHealthcare is also supporting the RIPCPC IBH program by funding **a one-year Behavioral Health (BH) On-Call Pilot** at three of RIPCPC's internal medicine locations. The RIPCPC BH On-Call Pilot is assessing the benefits of a “warm-handoff” between the primary care provider and behavioral health clinician. Once a behavioral health need is identified by the primary care provider, the primary care practice or patient may call a behavioral health phone line or book an online behavioral appointment and be seen within one hour.

#### **Brown Medicine (Brown) Integrated Behavioral Health (IBH) Program**

UnitedHealthcare is supporting Brown's IBH Program by funding the addition of two clinicians, bringing the total number of IBH clinicians to five. The additional providers have bolstered member access to behavioral health care within Brown's primary care setting. These clinicians serve as a part of the care team and participate in case conferences to better treat members holistically ultimately reducing avoidable costly care utilization.

With UnitedHealthcare funding, Brown was also able to expand its pilot IBH service for members with unmanaged chronic disease. The goal is to empower members with the tools to manage their own care and support their emotional needs related to medical adherence

#### **Coastal Medical (Coastal) IBH Program**

UnitedHealthcare funded the Coastal IBH Program expansion of its behavioral health screening platform into its pediatric primary care and additional adult primary care practices. The chosen platform integrates with Coastal's electronic health record (EHR) and has allowed Coastal to improve care to UnitedHealthcare members with behavioral and substance use disorders by eliminating inefficiencies in their former manual process the new platform offers web-based screening, diagnostic, and management system that is integrated into their EHR.

#### **CTC Community Health Team Funding**

UnitedHealthcare has also been supportive, in recent and past years, of the work of the Community Health Teams led by CTC, recognizing that these individuals provide a much needed connection to services which are vital to member emotional and behavioral health.

#### **Coastal Medical (Coastal) SDOH Screening**

Coastal's SDOH Screening Program involves the annual screening of vulnerable high-risk patients to identify unmet SDOH needs. These needs are addressed by Coastal's care team including social workers, nurse care managers and patient care navigators. UnitedHealthcare funding was able to support Coastal with a technology solution that allows for bidirectional communication with community based organizations (CBO) to ensure a comprehensive care plan, appropriate referral and follow up may take place. The support also empowers members with a mechanism for CBO partner alerts and communication. The screening system also has an analytic function to measure the efficacy of the Coastal SDOH Screening Program member engagement and connection to necessary resources.

Further, UnitedHealthcare's behavioral health team is working on programs in Rhode Island for those suffering from end-stage alcoholism and have presented to the emergency departments or are being treated for pain or associated illnesses related to their alcoholism. We are working with providers to identify these individuals and support these members' care when they are willing to receive it, while in

the hospital or emergency department. This programming also integrates with the members' primary care provider through the provision of harm reduction services where the member is, in a primary care office or in their community.

These Rhode Island programs are measuring practice readiness, member experience, behavioral health need, referrals, access to care and impacts on broader utilization using evidence-based screens and tools to inform future UnitedHealthcare IBH strategy.

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.*

UnitedHealthcare is continually working to evolve and refine our models. In addition to the above described funding for practices and patient centered medical home payments used to further primary care behavioral health integration efforts, UnitedHealthcare has contracted with primary care groups and health systems to offer prospective payment models that support “whole-person” health through shared savings arrangements.

Today, the majority of UnitedHealthcare's primary care providers are engaged in one of these models. These prospective payments are paid on a quarterly basis with the intention of supporting clinical activities that will drive measurable success within the program. Providers thus have a steady, predictable cash flow to provide services that care for the entire person. Although our shared savings/shared risk model does not include claims expense related to behavioral health, as stated above, medical and behavioral healthcare are interwoven. Through our incentive models, primary care groups and health systems that are engaged in these relationships are driven to improve the overall health and well-being of our members. Among those things measured by our arrangements are the development and implementation of programs that impact the social determinants health.

We are grateful to participate in these efforts that drive integration and place our members at the forefront of the experience.

If we can provide any additional information, we would welcome the opportunity.

Sincerely,

Stephanie de Abreu  
Manager, Regulatory Affordability Programs  
UnitedHealthcare