

CTC-RI Quarterly  
IBH Meeting  
December 12, 2019

# PROPOSED\* AFFORDABILITY STANDARDS MODIFICATIONS TO SUPPORT IBH

\*Draft regulations are posted for public comment until 1/16/2020

AFFORDABILITY  
STANDARDS:  
HEALTH POLICY  
OBJECTIVES

Improved affordability of  
health insurance

Improved health care quality,  
inclusive of patient safety,  
effectiveness, efficiency,  
timeliness of care, patient-  
centeredness, and equity

Better integration of physical  
and behavioral health care

Reduced administrative  
burden and improved  
clinician wellbeing

2018  
AMENDMENTS TO  
OHIC'S  
STATUTORY  
AUTHORITY

(p) To work to ensure the health insurance coverage of behavioral health care under the same terms and conditions as other health care, and to integrate behavioral health parity requirements into the office of the health insurance commissioner insurance oversight and health care transformation efforts

(q) To work with other state agencies to seek delivery system improvements that enhance access to a continuum of mental-health and substance-use disorder treatment in the state; and integrate that treatment with primary and other medical care to the fullest extent possible

(r) To direct insurers toward policies and practices that address the behavioral health needs of the public and greater integration of physical and behavioral health care delivery

## IBH WORKGROUP RECOMMENDATIONS

In early 2019, OHIC convened an IBH Work Group to identify potential solutions to several identified barriers to patient access to integrated care

The Work Group's final report proposed a set of recommendations to the Commissioner that addressed:

1. Financial barriers
2. Billing and coding policies
3. Out-of-pocket costs for BH screening

## COPAYS FOR SAME DAY PC/BH VISITS

Goal is to decrease financial barriers to patient access to integrated services in the primary care setting

The draft regulations propose that payers eliminate copayments for patients who have a visit with a BH provider on the same day/location as a PC visit at a “qualifying primary care practice”

The codes that would be eligible to have no copayment are the most commonly used codes for BH services integrated into the primary care setting—to be identified by CTC and approved by OHIC

FOUNDATIONAL  
REQUIREMENTS:

“QUALIFYING IBH  
PRIMARY CARE  
PRACTICE”

a. Recognized by a national accreditation body (such as NCQA) as an IBH practice, or

b. Participated in and successfully completed an IBH program under the oversight of CTC\*, or

c. Completes a qualifying BH integration self-assessment tool approved OHIC and develops an action plan for improving its level of integration\*

\* Practices may use options (b) and/or (c) for up to a total of 3 years

IBH  
SCREENINGS—  
NO COPAYS

ACA requires insurers to provide coverage for many preventive BH services with no cost sharing, e.g. alcohol misuse screening and counseling, autism screening, developmental screenings, and depression screening

Draft regulations propose requiring insurers to adopt policies for the most common preventive BH screenings in primary care that are no more restrictive than the ACA

OHIC will issue interpretive guidance on strategies to help align screening codes across health insurers

## HABI CODES

Health and Behavior Assessment/Intervention (HABI) codes are used for services that identify and manage the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems

HABI codes are used to reimburse BH providers for providing BH intervention techniques to help a patient manage a medical condition

Draft regulations propose that insurers adopt policies for HABI codes that are no more restrictive than current CMS guidelines

## ADDITIONAL STRATEGIES TO SUPPORT IBH

Insurers will submit a report to the Commissioner no later than June 30, 2020 that delineates strategies—in addition to the Affordability Standards requirements—to facilitate and support the integration of BH care into the PC setting

OHIC will issue documentation by April 1, 2020 that includes specific questions for insurers to respond to and any additional requirements for the report

OHIC will post the completed reports on the OHIC website