

RI Office of the Health Insurance Commissioner (OHIC) Releases Revised Affordability Standards

Rhode Island instituted health care [**“affordability standards”**](#) for commercial health insurers ten years ago to encourage them to improve the affordability of their health plans, as well as enhance health care quality and consumer protections. Insurers were first directed to increase investment in the state’s primary care health system, and then cap spending growth for hospitals and encourage the adoption of new provider payment models.

The Rhode Island Office of the Health Insurance Commissioner (OHIC) recently [updated these standards](#). The new regulations continue the primary care funding requirement and add important new provisions designed to facilitate behavioral health integration and accelerate the adoption of payment reforms.

New policies that have been adopted to support behavioral health care and promote its integration into primary care practices include:

- a process for the state to recognize “qualifying integrated behavioral health (QIBH) primary care practices”
- The elimination of copays for behavioral health services delivered in conjunction with a primary care visit in a QIBH primary care practice
- Out-of-pocket costs for behavioral health screening services that are comparable to other health screenings
- Insurer reports to OHIC regarding their strategies to support behavioral health integration in primary care

Rhode Island has now set aggressive targets and requirements for the use of alternative payment models:

- By January 21, insurers are required to increase their use of alternative payment methods, including approaches that place more financial risk on providers. The regulation spells out specific requirements for risk-sharing under these arrangements, such as the establishment of a budget and ascertaining the financial and clinical capacity of the integrated system to deliver care under this arrangement.
- Insurers are required to adopt a prospective alternative payment model that supports primary care transformation and behavioral health integration. The primary care payments made through these models should increase from 10% of the insurer’s covered lives by January 2021 to 60% of covered lives by January 2024;
- Additional provisions address specialty physician and hospital alternative payment models, as well as the alignment of quality measures across different payment initiatives.

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