



---

ADVANCING INTEGRATED HEALTHCARE

# Welcome

---

2021 QUARTERLY IBH COMMITTEE MEETING 2-11-2021

# Agenda

Topic <i>Presenter(s)</i>	Duration
Welcome & Introductions <i>Rena Sheehan, MBA, LICSW &amp; John Todaro, PhD</i>	5 minutes
Launching the Affordability Standards <i>Marea Tumber, OHIC</i>	5 minutes
Hearing from the Health Plans <i>Rena Sheehan, BCBSRI</i> <i>Chris Ottiano, NHPRI</i> <i>Duke Dufresne, THP</i> <i>Stephanie De Abreu, UHC</i>	20 minutes
What are practices experiencing?	15 minutes
Child Psychiatry Announcement from Thundermist <i>Matthew Roman, LICSW, MBA, Chief Operating &amp; Behavioral Health Officer</i>	15 minutes

# OFFICE OF THE HEALTH INSURANCE COMMISSIONER

MAREA B. TUMBER, ESQ., MPH



## 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 final report proposed a set of recommendations to the Commissioner that addressed:
  - Financial barriers/IBH co-pays
  - HABI code coverage policies
  - Out-of-pocket costs for BH screening
- OHIC incorporated these recommendations into the Affordability Standards promulgated in June 2020

## SAME DAY IBH CO-PAY WAIVER

- The IBH Work Group identified a list of commonly used BH codes that would be eligible for the co-pay waiver
- Practices need to be “Qualifying IBH Primary Care Practices (QIBHPCPs)” to waive same day, same location co-pay
- OHIC used PCMH surveys to determine which practices are QIBHPCPs:
  - NCQA accredited as an IBH practice;
  - Participated in CTC’s IBH program; or
  - Completed an IBH self-assessment tool and has action plan
- Notified providers and payers of QIBHPCP status in November 2020

## HABI CODES & PREVENTIVE SCREENINGS

- HABI codes:
  - Reimburse BH providers for providing BH intervention techniques to help a patient manage a medical condition
  - Insurers' policies for HABI codes need to align with current CPT coding guidelines
- Preventive screenings:
  - ACA requires insurers to provide coverage for many preventive BH services with no cost-sharing (e.g., alcohol misuse; depression screening)
  - Insurers' policies for the most common preventive BH screenings in primary care need to align with the ACA

# Hearing from the Health Plans

---

How are health plans

- Addressing copays for same day visits?
- Handling BH screening copays (please share if there are any frequency limitations in place)?
- Implementing the Health and Behavior Assessment and Intervention codes?



# Questions

---



- Does my practice qualify to offer waiver of second same day co-pay? E.g. graduated or participating in a formal IBH programs like CTC or NCQA BH distinction.
- If so, how do I bill the second visit? BCBS uses a modifier.
- Do we need to refund patients that paid 2 copays in January?
- What if IBH provider is working remote and has a scheduled visit with a patient and then finds out that the patient had a visit with PCP on the same day? Does the regulation intend to cover this scenario? How are practices handling this workflow? How would health plan handle it?



# What are practices experiencing?

---

- What's working?
- What's not?



# Coming in 2021

## Integrated Care Approaches: NCQA PCMH Distinction in BH Integration

---

- 1 hour; self paced; interactive
- Stand alone or part of the IBH practice facilitation online training program
- In collaboration with NCQA and working with John Snow, Inc.



- Estimated April 2021 release
- To be piloted in the 2021 IBH Learning Collaborative launching in March

# Coming in 2021

## Integrated Care Approaches: NCQA PCMH Distinction in BH Integration

---

### Learning objectives

- Define the purpose and benefits of receiving Patient-Centered Medical Home (PCMH) Distinction in Behavioral Health Integration (BHI) from the National Committee for Quality Assurance (NCQA);
- Describe three strategic approaches to be used when pursuing Distinction;
- Describe three core competencies to look for in a Behavioral Health Clinician;
- Identify three challenges that practices commonly encounter in pursuing Distinction and how to avoid or address each challenge.



# Friendly Reminder

---

- Friday, **March 5, 2021** IBH Learning Collaborative Kickoff Meeting – focused on NCQA Behavioral Health Distinction and Tele-IBH
- Thursday, **April 8, 2021** Quarterly IBH Meeting – pediatric focused



# Expanded Behavioral Health Services in Kent and Washington Counties



# Thundermist has behavioral health services available for the children of Kent and Washington Counties.

Thundermist Health Center developed expanded services to address the pediatric behavioral health crisis and help Kent and Washington County families.

AND

Support development of the workforce of the future in the area of pediatric psychiatry.



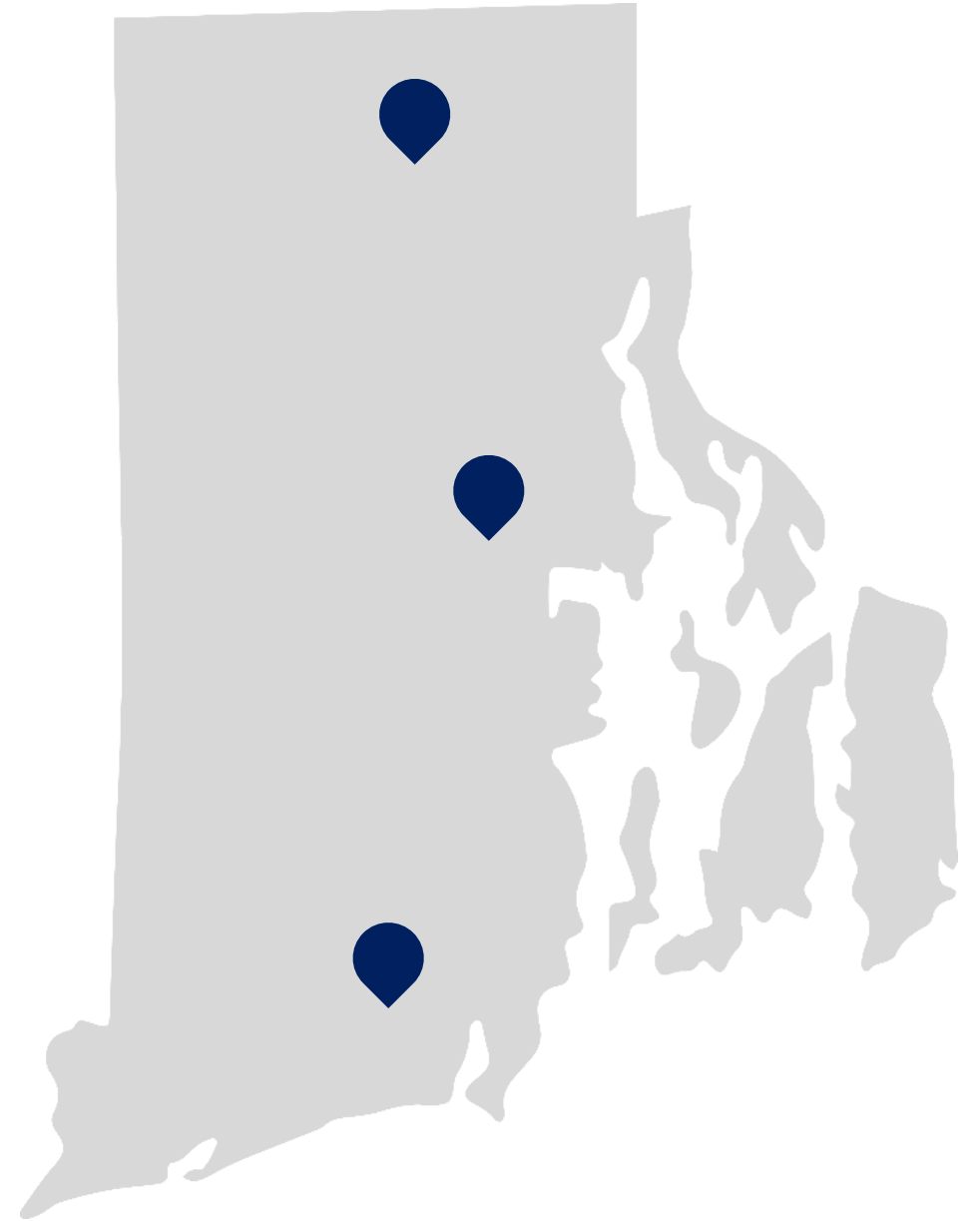
# Training the Next Generation of Healthcare Professionals



- **Psychiatric Nurse Practitioner Fellowship**
- Family Medicine Physician Residency
- Family Nurse Practitioner Fellowship
- Maternal Child Health Fellowship
- Global Maternal Child Health Fellowship

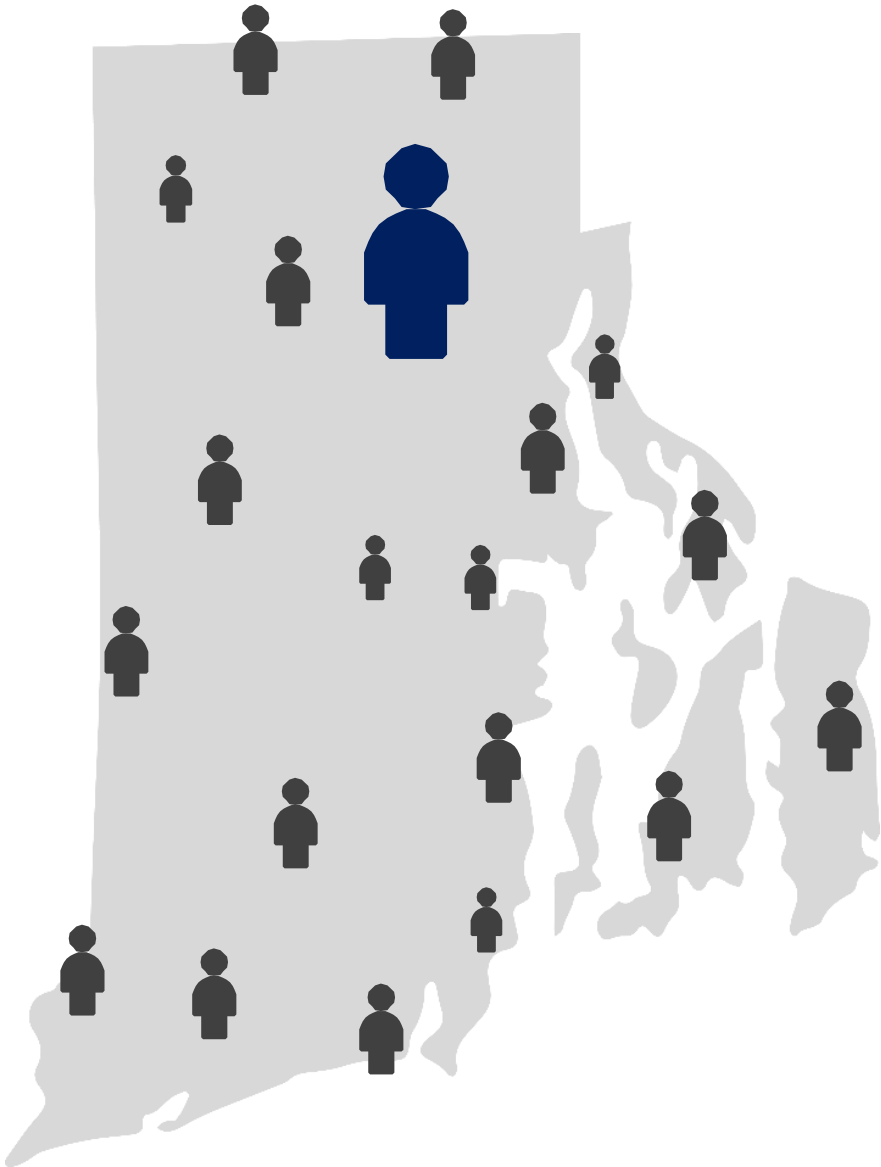
## Thundermist Health Center

- 1 River St., Wakefield
- 186 Providence St., West Warwick
- 450 Clinton St., Woonsocket





**Thundermist serves  
one in 20 Rhode  
Islanders**



Last year, **1,096 Rhode Island children** under age 19 enrolled in Medicaid/Rlte Care **were hospitalized due a mental health related condition, and 2,246 children had a mental health related emergency department visit.**

**– 2019 RI Kids Count Factbook**

The Washington County Coalition for Children found nearly **300 area youth underwent emergency mental health evaluations. More than half of these children were hospitalized.**



# Community Impact

- **213 unique patients served**
- **1584 visits**

\*Data as of 12/28/20



## Testimonials

---

“Behavioral health care at a young age is so important. Especially now. I am so grateful that I was referred to Thundermist for my daughter. I have seen a big improvement and it is great to know people actually care about our kids.

She has gone through a lot over the past year, we moved to a new school and I lost my job. Now she gets help for her separation anxiety and ADHD. Even during the pandemic, they can help through virtual visits or over the phone.”

**- Christie’s daughter was referred to Thundermist for Behavioral Health Care after years of mental health issues and ADHD.**



# Testimonials

“I used to get frustrated with the numerous mental health appointments in my daily schedule until the Thundermist Behavioral Health Center opened its doors.

Now, I am able to refer my patients to a trained mental health provider who can provide counseling and medication management. It has made my work load easier, but more importantly, it provides my patients with the care they need - something I was finding a hard time doing by myself.

My patients and their families are overjoyed with how quickly they can be seen and completely satisfied with the care they receive. This program is a complete success for my practice, my patients, and the community!”

**- Dr. Roger Fazio, Wakefield Pediatrics**

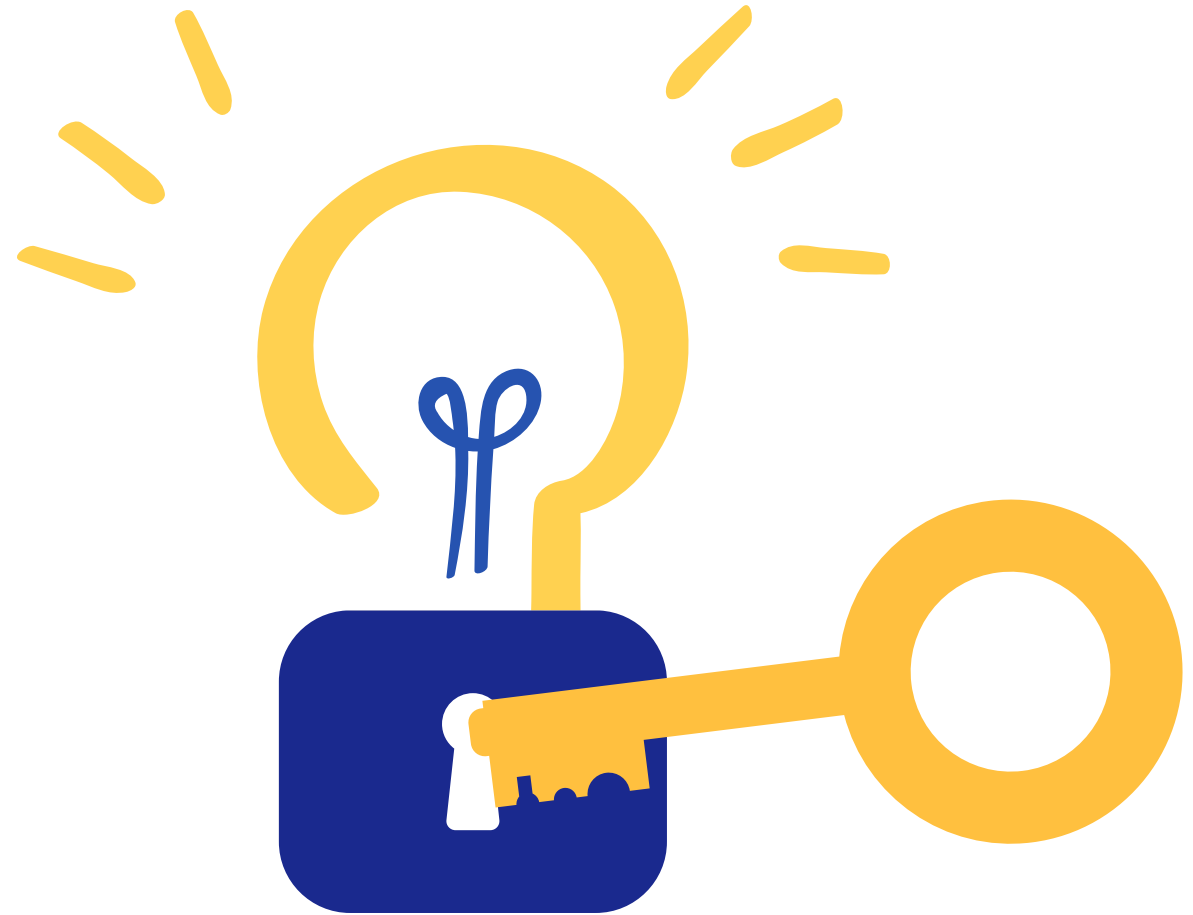


**In 2019, piloted new service with Narraganset Bay  
Pediatrics**

**Now, expanded to most practices in Washington  
County including:**

- **Wakefield Pediatrics**
- **South County Pediatrics**
- **Ocean State Pediatrics**
- **Wood River Health Services**

**Care  
Coordination  
is Key**



## **Services include:**

**Psychiatric evaluations**

**Medication evaluations**

**Counseling provided in an outpatient setting**

**Virtual visits are available**

Patients do not need to receive primary care at Thundermist.

Patients will be cared for by a robust team of behavioral health providers.

There will be ongoing communication and collaboration with the patient's medical provider to ensure an integrated approach to care.



# The care team includes:

## Clinical Coordinator

Deborah Doran, LICSW  
**Education:** Simmons College  
**Years of Experience:** 21

## Psychiatric Nurse Practitioners

Virginia Curtis, PMHNP  
**Education:** Boston College

Marie Martin, PMHNP  
**Education:** Walden University

Beth Cleary, PMHNP  
**Education:** Northeastern University

## Psychiatric Nurse Practitioner Fellows

Nickesha Mckenzie MSN, RN, PMNHP-BC  
**Education:** Walden University

Shaylah Morse, PMNHP  
**Education:** University of Rhode Island

## Fellowship Preceptors

Alexandra Chabot, PMHNP  
**Education:** Boston College  
**Years of Experience:** 6

Laura Davidson, DNP, PMHNP  
**Education:** Arizona State University  
**Years of Experience:** 11

Jason Rafferty, MD, MPH, EdM  
**Education:** Harvard Medical School  
**Years of Experience:** 7

Mary Rose, MS, PMHNP, CCM  
**Education:** Rivier College  
**Years of Experience:** 33

Claire Williams, MD  
**Education:** Brown University, Warren Alpert Medical School

## Behavioral Health Clinicians

Carol Albeck, LMHC  
**Education:** Marymount University  
**Years of Experience:** 24

Elizabeth Carter, LMHC  
**Education:** Santa Clara University  
**Years of Experience:** 23

Christine Forte, LICSW  
**Education:** Fordham University  
**Years of Experience:** 20

Camille Wingate, LMHC  
**Education:** St. Mary's College  
**Years of Experience:** 28

Rebecca Rogers, LICSW  
**Education:** Rhode Island College

Kristen Zaleski, LCSW

Emily Flavin, LMHC

Allison Parkhurst, LMFT

# REFERRALS



## THUNDERMIST BEHAVIORAL HEALTH REFERRAL FORM PATIENT INFORMATION

Patient Name	Date of Birth	Gender
Parent/Guardian Name	Preferred phone number	
Home Address		
City, State, Zip		
Health Insurance	Policy Number	
Primary Care Physician	Phone Number	

## REFERRAL INFORMATION

Date of Referral	Referring Provider (if not PCP)
Reason for Referral/Clinical Question and brief history of concern	
Current Problem List	
Current Medications	
Current Behavioral Health Treatment (if any)	
Confidentiality Concerns <input type="checkbox"/> Y <input type="checkbox"/> N	Safety Concerns <input type="checkbox"/> Y <input type="checkbox"/> N
Primary goals for initial psychiatric visit	
Parents:	Child:

## THUNDERMIST BEHAVIORAL HEALTH REFERRAL FORM RELEVANT HISTORIES

PSYCHIATRIC			
Prior Diagnoses/Problems			
Prior Outpatient Treatment			
Prior Inpatient/Partial/Residential Treatment			
Previous Medication Trials			
Previous Testing/Evaluations			
History of suicidality? Y/N Specify:		History of non-suicidal self-injury? Y/N Specify:	
EDUCATIONAL/VOCATIONAL			
School	Grade	IEP <input type="checkbox"/> Y <input type="checkbox"/> N	504 Plan <input type="checkbox"/> Y <input type="checkbox"/> N
Special Ed Services	School refusal or truancy? Y/N Specify:		
Change in academic performance? Y/N Specify:	Employment (if any)		
SUBSTANCE USE			
Tobacco/nicotine:			
Alcohol:			
Marijuana:			
Other substances:			
LEGAL			
Court or other legal involvement? Y/N Specify:		DCYF involvement? Y/N Specify:	
ADDITIONAL INFORMATION			
Available external documents		Other	

# Program Qualifications

- All referrals must come from the patient's primary care provider
  - The primary care provider must designate a point of contact for coordination. The provider must also be willing to give relevant medical updates.
  - Patient can maintain relationships with outside therapists, but:
    - Will have at least a reassessment visit with a Thundermist counselor
    - The outside counselor must be aware of the referral, in agreement with the referral, and willing to coordinate with Thundermist.
    - The patient must meet the requirements for an outpatient level of care (does not require intensive home-based, intensive outpatient, partial hospitalization, or inpatient care).
  - Priority will be given to children under the age of 19.
  - Sliding fee scale available and most insurances accepted.
  - Assistance paying for medication is available for eligible patients
- \*Diagnostic Interviews with counselors generally occur within 2 weeks of completed referrals and within 3 weeks for psychiatric appointments.

# Additional On-Site Services

- Clinical Pharmacists
- Trans Health Access Team
- On-site laboratory
- Medication-Assisted Treatment
- Walk-In Medical Services
- Social Services
- School-Based Health Centers
- Dental

Visit [www.Thundermisthealth.org](http://www.Thundermisthealth.org) for a full list of services.



## **Program Coordinator:**

Deborah Doran, LICSW

[DeborahDo@ThundermistHealth.org](mailto:DeborahDo@ThundermistHealth.org)

Phone: (401) 783-0523 ext. 1127

Fax: (401) 782-0858

