



Collaborative Care Model

December 15, 2020

Background

- In June 2017, the Centers for Medicare & Medicaid Services (CMS) announced final rules for Medicare payments for services provided for patients participating in a collaborative care program or receiving other integrated behavioral health services.
- In July 2017, HCA received \$4M funding from the legislature to implement a Collaborative Care Management (CoCM) model. The model was based on Medicare rates.
- HCA implemented the model January of 2018

Description

- Payment for providing care in the Collaborative Care Model (CoCM) requires a group have a team trained to deliver care following the model design including:
 - a psychiatric consultant,
 - a Primary Care Provider (PCP) champion,
 - additional staff with training in aspects of behavioral health (e.g. Cognitive behavioral therapy, etc), and a registry for tracking progress and
 - interactions with patients.
- Reimbursement for CoCM codes will be limited to practices/groups/facilities that meet the requirements and provide the required certification.

Key Considerations in Implementation

- CMS does not appear to have a standard “certification” process for use.
- NY developed and uses an application for signing up groups that provide this care. NY has 2 FTEs dedicated to this program including sign-up and education of practices.
- AIMs Center has a checklist on-line that broadly outlines requirements for model implementation.
- A process to ensure practice fidelity to the model will reduce risk potential from future audit of services.
- Aligning a certification or credentialing process with AIM/CMS requirements will reduce administrative burden.

As of May 2019 (over a year after implementation)

- Sign ups: 86 providers/groups have submitted attestation forms to HCA for CoCM model delivery.
- It was clarified that board certified addiction medicine professional or addiction psychiatrist may be consultant when diagnosis is SUD