



Collaborative Care Model Overview

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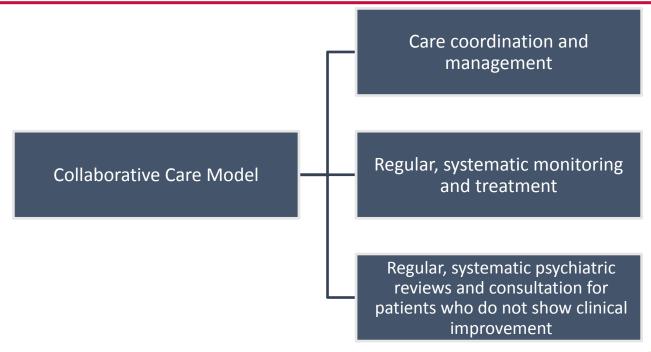


Agenda

- I. Collaborative Care Model (CoCM) Overview
- II. Collaborative Care Pilot
- III. Statewide Benefit
- IV. Patient Outcomes
- V. Rates



Collaborative Care Model (CoCM) Overview





Care Team

Primary Care Provider

- Physicians, nurse practitioners, physician assistants
- Supervises, guides care and treatment plan

Behavioral Health Care Manager

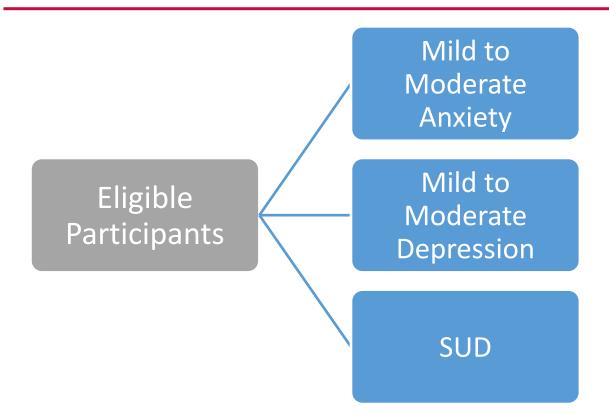
- Licensed clinical social workers, nurse, psychologist
- Works most closely with the patient

Psychiatric Consultant

- Licensed psychiatrist, psychiatric nurse practitioner, addiction medicine specialist
- Provides specialist guidance and prescriptions



Collaborative Care Overview





CoCM Pilot Program in Maryland

HB 1682/SB 835—Maryland Medical Assistance Program – Collaborative Care Pilot Program (Chapters 683 and 684 of the Acts of 2018) established a Collaborative Care Pilot Program to:

- Establish and implement CoCM in primary care settings in which health care services are provided to Medical Assistance Program participants;
- Administer the CoCM Pilot Program and to select up to three CoCM Pilot Sites with certain characteristics to participate;
- Report to the Governor and the General Assembly the findings and recommendations from the CoCM Pilot Program by November 1, 2023

The bill also required the Governor to include \$550,000 in the annual budget for fiscal years 2020-2023 for the CoCM Pilot.



CoCM Pilot Operations

- MDH released a Request for Applications (RFA) in April 2019
- Pilot Awardee: Privia Medical Services LLC
 - Urban
 - Rural
 - OB/Gyn



CoCM Patient Outcomes

- Decreasing scores for both PHQ-9 and GAD-7 tests indicate improvements in participants' depression and anxiety.
- For patients that have been enrolled for more than 70 days, more than 65 percent have had clinically significant improvement.
- Baseline score dropped more than 50 percent or their score dropped below the level of eligibility for CoCM.

	Test	Participants	Mean Change
FY 2021 Q2	PHQ-9	38	-2.6
	GAD-7	32	-0.8
FY 2021 Q3	PHQ-9	58	-2.3
	GAD-7	52	-1.3
FY 2021 Q4	PHQ-9	49	-1.1
	GAD-7	46	-0.04



CoCM Statewide Benefit

Effective October 1, 2023, Maryland Medicaid expanded the CoCM Pilot Program to a statewide benefit in primary care settings authorized by HB48/SB101 (Chapters 284 and 285 of the Acts of 2023)

- MDH estimates that:
 - Over 46,000 Medicaid participants will be eligible for the new benefit (including both fee-for-service and Managed Care Organization (MCO) enrollees)
 - Approximately 58 percent of those eligible (27,005) will receive services (based on participation rates for the pilot program)



Communications and Regulations

Medicaid SPA

- In process, submission due to CMS in December
- Enables Maryland to claim federal matching funds

MCO Contract

- Updated
- Allows providers to bill while regulations are finalized

Regulations

- Undergoing finalization
- Will be published January 9, 2024

Provider Transmittal

Distributed September 27, 2023



Reimbursement

CPT Code and Description	Payment (per unit rate)	Description
99492	\$161.28	First 70 minutes in the first calendar month or behavioral health care manager activities
99493	\$128.88	First 60 minutes in a subsequent month for behavioral health care manager activities
99494	\$66.60	Each additional 30 minutes in a calendar month of behavioral health care manager activities



Reimbursement: FQHCs

CPT Code and Description	Payment (per unit rate)	Description
G0512	\$145.08	Minimum of 70 mins in the first calendar month and at least 60 mins in subsequent calendar months



Administrative Services Organization (ASO) Coordination

 Medicaid is taking real-time feedback from providers and ASO, and will be releasing new guidance as available, such as ASO/MCO workflow processes



Frequently Asked Questions (FAQs)

Q: Will MCOs be paying CoCM claims at this time if they show up?

A: All CoCM claims will be paid by the MCO starting October 1, 2023 and onward.

Q: Question about the listing and qualifications for individuals who could be seen under this program and the diagnoses that are required. Are you programming the diagnoses code in the system?

A: MDH is not planning to require diagnoses at this time but will review as necessary.

Q: Regarding SUD services delivered through CoCM, any clarity on level of care and medication assisted treatment?

A: MDH is working with the Medicaid behavioral health team to determine the best way to move forward with this and will provide additional guidance in the near future.



Questions?

Additional questions may be directed to: elizabeth.herrick@maryland.gov

