



# Collaborative Care Model Pilot Program

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# General Overview

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- The Collaborative Care Model (CoCM) is a patient-centered, evidence-based approach for integrating physical and behavioral health services in primary care settings that includes:
  - care coordination and management;
  - regular, systematic monitoring and treatment using a validated clinical rating scale; and
  - regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement
- Joint effort of medical professionals led by a PCP that collaborate to use shared care plans to achieve concrete treatment goals for a defined population of patients.

# CoCM Pilot

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HB 1682/SB 835—*Maryland Medical Assistance Program – Collaborative Care Pilot Program* (Chapters 683 and 684 of the Acts of 2018) establishes a Collaborative Care Pilot Program. Specifically, the bill requires MDH 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 requires the Governor to include in the annual budget \$550,000 for fiscal years (FY) 2020, 2021, 2022, and 2023 for the CoCM Pilot Program.

§1115 HealthChoice Demonstration Waiver: Approved by CMS in April 2020; pilot implemented in July 2020.

# Service Delivery

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CoCM Pilot Sites are required to submit invoices to MDH for services delivered.

Invoices must use the billing codes referenced below.

Reimbursement will be limited to services delivered to Medicaid participants enrolled in HealthChoice.

<b>Code</b>	<b>Description</b>	<b>Primary Care Setting Rate</b>
99492	First 70 minutes in the first calendar month or behavioral health care manager activities	\$161.28
99493	First 60 minutes in a subsequent month for behavioral health care manager activities	\$128.88
99494	Each additional 30 minutes in a calendar month of behavioral health care manager activities	\$66.60

# Current Pilot Awardee

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- **Privia Medical Services LLC**
  - Provides CoCM Services across three focus areas
    - Urban: Five sites
      - Silver Spring, Frederick
    - Rural: Two sites
      - Salisbury, Waldorf
    - OB/GYN : Five sites
      - Rockville, Towson, Silver Spring

# Enrollment Data, December 2021

- The pilot sites anticipated enrolling 255 participants annually, but have seen fewer patients due to COVID-19

Program Status	# Participants since Program Start through December 2021
Active	89
Pending	24
Completed	244
Not Enrolled	257
<b>Unique Total Excluding Not Enrolled</b>	<b>353</b>
<b>Unique Total</b>	<b>594</b>

# Preliminary Findings

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2021 Joint Chairman's Report

# Enrollment Data, as of March 2021

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- The pilot sites anticipated enrolling 255 participants annually, but have seen fewer patients due to COVID-19

<b>Program Status</b>	<b>Unique #</b>	<b>Unique %</b>	<b>Total #</b>	<b>Total %</b>
Active	78	20%	78	19%
Completed	129	32%	129	31%
Pending	24	6%	25	6%
Not Enrolled	168	42%	186	45%
<b>Total</b>	<b>399</b>	<b>100%</b>	<b>418</b>	<b>100%</b>



# CoCM Results

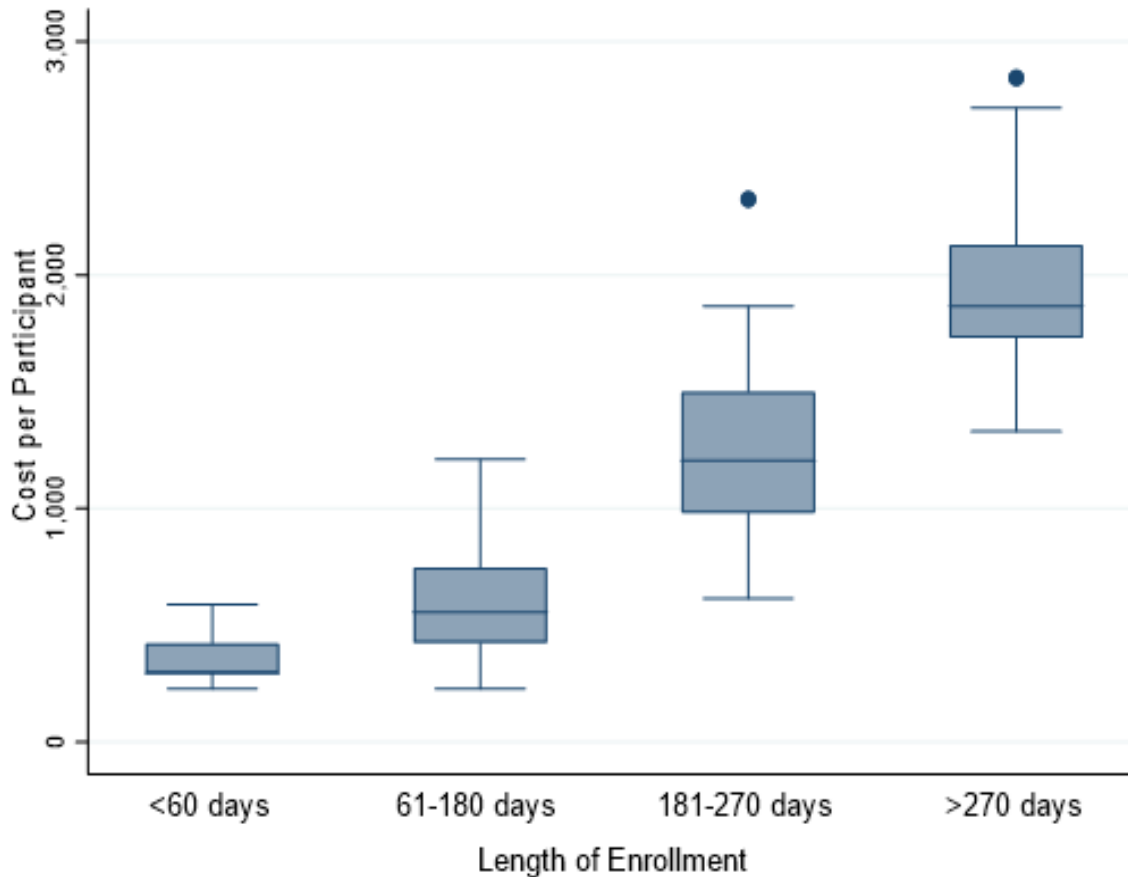
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- Decreasing scores for both PHQ-9 and GAD-7 tests indicate improvements in participants' depression and anxiety.

	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

- 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.

# Cost by Length of Enrollment



- Overall, average charges for active and completed participants are \$775.30, with an average length of enrollment of 134 days.
- Higher average cost was associated with longer enrollment
- On average, one extra day of enrollment increased costs by \$5.42.

# Statewide Expansion Costs

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	HealthChoice Only	FFS Only	Total (HC+FFS)
Total Potentially Eligible Participants	41,004	841	41,845
Percent Uptake Among Potentially Eligible	58%		
Average cost to treat each participant	\$775.30		
<b>Estimated Cost</b>	<b>\$18.4 million</b>	<b>\$378,175</b>	<b>\$18.8 million</b>

# Expansion Cost Considerations

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- Actual uptake and utilization of the program may be higher.
  - Preliminary data from the CoCM pilot program is limited to one year with a relatively small cohort.
  - Uptake was also limited due to the COVID-19 pandemic.
- Participants who were receiving specialty BH services from the ASO are not eligible for this pilot program.
  - If participants were allowed to receive BH services through the ASO and CoCM simultaneously, utilization rates and costs would increase, potentially up to \$114.5 million.

# Conclusions and Next Steps

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- Preliminary results of the CoCM Pilot Program suggest that receipt of CoCM services is associated with clinical improvement.
- Given that data from the pilot is limited and enrollment has been impacted by COVID-19, the Department recommends continuing the pilot to monitor outcomes.
- Following completion of the CoCM Pilot Program in FY 2023, the Department will conduct a more comprehensive evaluation to assess whether it achieved the goal of not only improving clinical outcomes and access to care, but also controlled costs.

# Contact & Information

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- Collaborative Care Website:
  - <https://mmcp.health.maryland.gov/Pages/Collaborative-Care.aspx>
- §1115 Waiver Website
  - <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>
- 2021 JCR:  
<https://health.maryland.gov/mmcp/Documents/JCRs/2021/collaborativecarepilotJCRfinal11-21.pdf>