

Collaborative Care Model Designation Program

2024

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Last Updated: April 2024

- **Overview**

More than 650,000 Michigan residents with a mental illness and more than 500,000 with a substance use disorder are not receiving treatment, according to a 2019 behavioral health access study. That is 38% of Michigan residents with any mental illness and 80% of those with a substance use disorder.¹

- According to the Substance Abuse and Mental Health Services Administration's results released in 2023:²
 - 1 in 5 adolescents had a major depressive episode in the past year. Of these, nearly 75 percent had symptoms consistent with severe impairment.
 - Nearly 1 in 4 adults 18 and older, and 1 in 3 among adults aged 18 to 25, had a mental illness in the past year.³
- As of Nov. 1, 2023, only 36.1% of Michigan's need for behavioral health needs are being met according to KFF⁴ [Mental Health Care Health Professional Shortage Areas \(HPSAs\) | KFF](#)

The **Collaborative Care Model (CoCM)** delivers mental health care in the primary care setting, expanding the primary care team with a behavioral health care manager and consulting psychiatrist. Our Physician Group Incentive Program supports this CoCM program as it:

- Strengthens the role of primary care physicians in the delivery of CoCM; and assists them in achieving patient engagement and care coordination that build on the Patient-Centered Medical Home process and philosophy.
- Demonstrates Blue Cross' continued commitment to the improvement of meaningful, evidence-based, behavioral health care processes.
- Fulfills Blue Cross' responsibility, shared with health care practitioners and members, to advocate for the highest quality health care services, enabling our members to achieve and maintain optimal health.

¹ [Behavioral Health Access Study - Michigan Health Endowment Fund \(mihealthfund.org\)](#)

² [Data | SAMHSA](#)

³ SAMHSA, 2021 National Survey on Drug Use and Health: Model-Based Estimated Totals (prevalence of mental health conditions)

⁴ [Mental Health Care Health Professional Shortage Areas \(HPSAs\) | KFF](#)

- **Initiative description and objectives**

- Behavioral health conditions such as depression, anxiety, PTSD, alcohol, or substance use disorders are among the most common and disabling health conditions worldwide, and over 90 controlled studies have shown CoCM to be effective for these conditions.
- CoCM focuses on defined patient populations who are tracked in a registry to monitor treatment progression. The treatment plan focuses on measurement-based treatment to target, to ensure the patient's goals and clinical outcomes are met.
- The CoCM Designation Program supports those practices that have made substantial progress in implementing and using CoCM processes and tools, resulting in delivery of more coordinated, accessible, and effective health care.

- **Summary Table**

Source	
Measurement start date	PCPs – Sept. 1 SCPs – Mar. 1
Measurement end date	PCPs – Aug. 31 SCPs – Feb. 28 (29)
Reward type (PGIP, VBR,)	<i>PGIP reward pool:</i> <ul style="list-style-type: none"> ○ PO reward for those having at least one designated practice ○ PU reward for a designated practice <i>VBR reward:</i> <ul style="list-style-type: none"> ○ An amount higher than the max fee schedule for eligible physicians in a designated practice
Measurement description (numerator/denominator, other, etc.)	This is a count of designated practices, which consists of all practices nominated by the POs and meet all designation requirements
Eligible population (PO, PU, provider)	Initiative offers PO, PU and physician rewards as described above.
Payment Date(s)	PGIP rewards – January PCP and SCP reward cycles. There is an additional opportunity for PCPs to earn a shortened VBR cycle beginning Mar. 1 and ending Aug. 31.
PGIP Contact	Kathleen Kobernik (KKobernik@bcbsm.com)

- **Eligibility**

- The Behavioral Health Collaborative Care Model (BHCCM) rewards the following:
 - POs who have designated practices
 - PUs who are designated
 - Eligible physicians from designated practices
- Both PCPs and OB/GYN providers are eligible.
- To receive rewards, the interested PO and their practices must go through a readiness assessment administered by the Blue Cross training partner, PRISM.
- The practices' care team must complete CoCM Base Training.
- PUs, under guidance from their POs implement CoCM and ensure they meet the required CoCM capabilities and PCMH requirements.
- POs then nominate PUs with required capabilities "fully in place."

- **Measurement Criteria**

The CoCM Designation Program builds on the essential foundation of Blue Cross' longstanding PCMH program to create a culture of sustained attention to the "whole person" philosophy—a critical goal for organizations to thrive. Although specialist practices are not PCMH-Designated, we expect that they have fully implemented most PCMH capabilities.

CoCM capabilities incorporate the "must elements" of CoCM delivery, those that are needed to deliver CoCM effectively and efficiently within a practice.

Blue Cross' first-to-market CoCM Designation Program rewards collaboration between practitioners in areas where inter-specialty communication and consultation traditionally has not been a part of usual care; this communication dramatically helps improve both access to critical services and, clinical outcomes.

CoCM site visits are a vital component of Blue Cross Blue Shield of Michigan's CoCM designation program and serve to validate that nominated practices are delivering comprehensive CoCM with integrity to the CoCM model.

- A designation cycle runs from Sept 1 through Aug. 31
- VBR cycles:
 - The regular PCP cycle is Sept. 1 through Aug. 31.
 - SCP VBR cycle is Mar. 1 through Feb. 28(29)
 - There is an additional PCP VBR cycle that runs from Mar. 1 through Aug. 31.
- Specific inclusion/exclusion criteria:
 - PCP practices must be PCMH Designated
 - Specialists must meet required PCMH capabilities, even though they cannot earn PCMH Designation.

- **Initiative Timeline**

- Program is assessed in September to determine CoCM Designation status
- POs must meet the following critical times:
 - Outcomes data reports due Jan. 31 and Jul. 31
 - PCP and SCP nominations for VBR are due by the April snapshot.
 - PCP nominations for mid-year VBR are due by the October snapshot.
- A designation cycle runs from Sept 1 through Aug. 31
- PGIP Reward Pool rewards are paid in the January payment cycle.
- VBR is awarded:
 - The regular PCP cycle - Sept. 1 through Aug. 31.
 - SCP VBR cycle - Mar. 1 through Feb. 28(29).
 - Midyear PCP VBR cycle runs from Mar. 1 through Aug. 31. Beginning Sept. 1, VBR would be awarded via the regular VBR cycle.

- **Reward/Incentive Opportunity**

- PGIP reward pool:
 - PO reward for those having at least one designated practice
 - PU reward for a designated practice
- VBR reward:
 - An amount higher than the max fee schedule for eligible physicians in a designated practice