VALUEPartnerships
Better Care. Better Outcomes. Better Value.

Blue Cross Blue Shield of Michigan

The Psychiatric Consult Collaborative Care Management Model (CoCM): Incentives

The information contained herein is the proprietary information of BCBSM. Any use or disclosure of such information without the prior written consent of BCBSM is prohibited.

Etiquette

Please mute your microphone

(We muted phones on entry, but occasionally it does not work!)

- Use the chat box to ask questions, our team will moderate the session
- Minimize background noise when speaking
- Use either phone or computer audio, but not both

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CME

This Live series activity, Preparing to Implement Collaborative Care, from 06/10/2020 - 07/31/2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for (1 credit per session) AAFP (Prescribed) credits.

AMA/AAFP Equivalency:

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 credit(s)*™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Credit

This course is approved by the Michigan Social Work Continuing Education Collaborative-Approval # 051420-00
The Collaborative is the approving body for the Michigan Board of Social Work

Nurses can use the CME for their state requirements. Information on this can be found on LARA and through the Michigan Nurse Association (MNA) at https://www.minurses.org/education-resources/resources-for-practicing-nurses/state-of-michigan-ce-requirements/

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM: An Overview

- Most evidence-based integrated behavioral health model
  - 80+ randomized controlled trials prove Collaborative Care provides significantly better behavioral health outcomes than “usual care”
  - 2002: First big trial was published (IMPACT study out of the University of Washington)
- Primary care-based: Meets behavioral heath needs in patient’s medical home
- Patient improvements compare to those achieved in specialty care for mild-moderate conditions
- Return on investment of 6:1

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Features of CoCM

- Patient Centered Care
  - Effective collaboration between BHCMs and PCPs, incorporating patient goals into the treatment plan
- Measurement-Based Treatment to Target
  - Measurable treatment goals and outcomes defined and tracked for each patient (PHQ-9/GAD-7)
  - Treatments are actively changed until the clinical goals are achieved
- Population-Based Care
  - Defined and tracked patient population to ensure no one falls through the cracks
- Evidence-Based Care
  - Treatments are based on evidence
- Accountable Care
  - Providers are accountable and reimbursed for quality of care and clinical outcomes

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Target Population

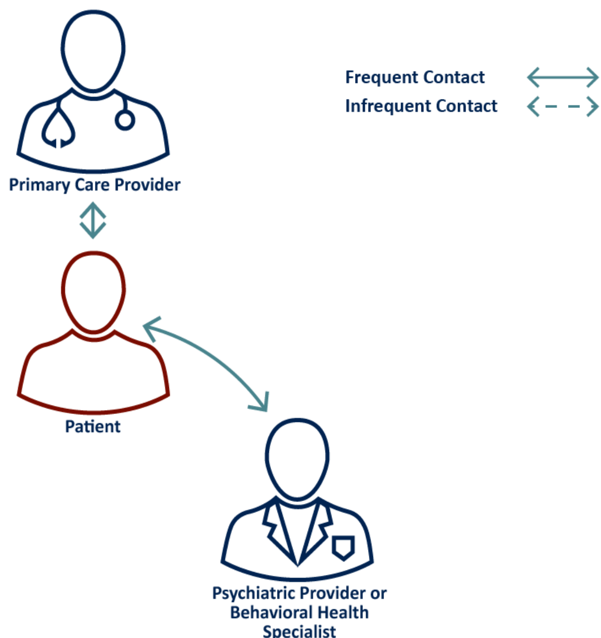
- Highly evidence-based for adults with depression and anxiety
  - Depression and/or anxiety population served by primary care
  - Increasing evidence for adolescent depression, PTSD, and co-morbid medical conditions
  - More complex patients should be served in high-need clinics

- Defining the target population:
  - PHQ-9 and/or GAD-7 of 10 or more
  - Diagnosis of depression and/or anxiety
  - Just started on a new antidepressant, regimen was changed, or PCP could use prescribing guidance

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Usual Care Flow in PCP Offices

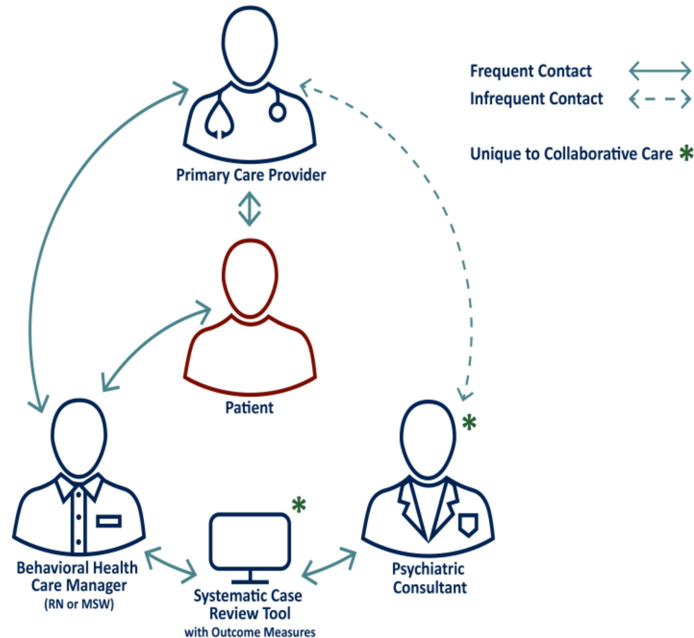
Limits PCP involvement in treatment



- PCP sees patient. If behavioral health needs arise during visit, PCP refers patient out to behavioral health specialist.
- Communication between PCP and behavioral health specialist is limited.
- Treatment plans and goals are not typically shared between practitioners.
- No structured ongoing monitoring of patient progress in the PCP office.
- PCP visits not scheduled to follow behavioral health needs.
  - Follow-up visits with PCP for behavioral health needs limited by patient's benefit design.
- Next interaction between patient and PCP would only occur as medical needs dictate.
  - System process not in place to discuss behavioral health progress with patient resulting in inconsistently managed disease state.
  - Treat to target not always achieved.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

The Collaborative Care (CoCM) Model



- Operates through a patient-centered care team that shares a registry
- Team includes a PCP, behavioral health care manager (BHCM), and a consulting/advising psychiatrist
- The psychiatrist and care manager meet weekly – typically by phone – for 1-2 hours to review the BHCM's caseload of 60-80 patients with behavioral health issues identified through screening in the primary care office

- The PCP office bills the Collaborative Care codes and reimburses the psychiatrist; *the psychiatrist does not bill the insurer for his/her time*
- The psychiatrist's role is to advise the PCP and BHCM
- *The psychiatrist rarely sees the patient*; if they do, they will bill according to the member's behavioral health benefits

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM Billing Codes

Collaborative Care Model Code	Must Include:
99492 – First 70 minutes in the first calendar month for behavioral health care manager activities	•Outreach and engagement of patients •Initial assessment, including administration of validated scales and resulting in a treatment plan •Review by psychiatric consultant and modifications, if recommended •Entering patients into a registry and tracking patient follow-up and progress, and participation in weekly caseload review with psychiatric consultant •Provision of brief interventions using evidence-based treatments such as behavioral activation, problem solving treatment, and other focused treatment activities
99493 – First 60 minutes in a subsequent month for behavioral health care manager activities	•Tracking patient follow-up and progress •Participation in weekly caseload review with psychiatric consultant •Ongoing collaboration and coordination with treating providers •Ongoing review by psychiatric consultant and modifications based on recommendations •Provision of brief interventions using evidence based treatments •Monitoring of patient outcomes using validated rating scales •Relapse prevention planning and preparation for discharge from active treatment
99494 – Each additional 30 minutes in a calendar month of behavioral health care manager activities listed above	*Listed separately and used in conjunction with 99492 and 99493*

Blue Cross PPO and MA, BCN and BCNA reimburse the CoCM codes when submitted on a professional bill

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

How Will Blue Cross Support the Model?

Confirmed Incentives:

1. PGIP VBR for Primary Care Physicians
2. PGIP rewards to PCP practices
3. PGIP rewards to Physician Organizations
4. PGIP support for CoCM training

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM Incentives: PGIP Value-Based Reimbursement for PCPs

- 105% VBR for Patient-Centered Medical Home designated practices implementing the CoCM model
  - Available in addition to any other VBR the PCP is receiving
  - VBR is applied only to Commercial PPO claims, not to Medicare or BCN claims
- Initially available December 1, 2020 – August 31, 2021
- Also available in subsequent specialist VBR cycles (effective September 1, 2021 and beyond)

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

VBR Criteria: Based on Cohorts

- The criteria for receiving VBR will be based on when the practice enters the CoCM training and support program
  - Each cohort will be defined based on the time of entry into training

Cohort Number	Program Entry Period
Cohort 1	7/1/20-10/16/20
Cohort 2	10/17/20-5/31/21
Cohort 3	6/1/2021-5/31/22

- After the first period of receiving VBR, the criteria for continuing to receive VBR will become increasingly outcome-based
- VBR opportunities will be available after Cohort 3; the table above is for illustrative purposes

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

PGIP Value-Based Reimbursement PCPs

Criteria for First VBR Period

Cohort	VBR Effective Date	Criteria
Cohort 1	12/1/20-8/31/21	Practices have gone through a readiness assessment and are implementing CoCM with fidelity to the model
		Practices have gone through a readiness assessment and CoCM training

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

PGIP Value-Based Reimbursement for PCPs

Criteria for Second VBR Period

Cohort	VBR Effective Date	Criteria
Cohort 1	9/1/21-8/31/22	Practices are billing the 99492 code and, at a minimum, two subsequent 99493 codes over a 5 month period for at least 1% of BCBSM Commercial and MA patients (based on claims from 12/1/20-4/30/21)
Cohort 2		Practices have gone through a readiness assessment and CoCM training; may be implementing the model

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

PGIP Value-Based Reimbursement for PCPs

Criteria for Third VBR Period

Cohort	VBR Effective Date	Criteria
Cohort 1	9/1/22-8/31/23	Practices are billing the 99492 code and, at a minimum, two subsequent 99493 codes over a 5 month period for at least 1% of BCBSM Commercial and MA patients (based on claims from 5/1/21-4/30/22), AND Of those receiving CoCM services, 50% experienced: - A 5 point decline in PHQ 9 and/or GAD 7 scores, OR - A 50% reduction in PHQ 9 and/or GAD 7 scores, OR - A PHQ 9 or GAD 7 score less than 5
Cohort 2		Practices are billing the 99492 code and, at a minimum, two subsequent 99493 codes over a 5 month period for at least 1% of BCBSM Commercial and MA patients (based on claims from 5/1/21-4/30/22)
Cohort 3		Practices have gone through a readiness assessment and CoCM training; may be implementing the model

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM Incentives:
PGIP Rewards to PCP Practices

- $1,000 base reward, PLUS
- Additional reward for time spent in training
  - Per practice reward based on the number and types of clinicians/care managers/staff participating in training

Range of additional reward:

$4,000 - $10,000

- *Rewards above are not available to practices that are currently engaged in CoCM with fidelity to the model (as determined through a practice assessment); these practices are eligible for a $2,500 reward*

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM Incentives: PGIP Rewards to PCP Practices (continued)

- Per practice rewards are based on the number of clinicians/care managers/staff participating in training, including:
  - PCP: at least one and up to three PCPs per practice
    - A PA/NP who is the clinical champion of CoCM, is under the supervision of the PCP, and is employed within the practice can participate in place of a PCP
    - *Note that PAs/NPs are not PCMH designated and are not eligible for VBR; VBR is applied only to PCP billing*
  - Psychiatrist
    - Note that if the consulting psychiatrist has participated in training for other practices, the psychiatrist does not have to attend multiple training
  - BH Care Manager: at least one/up to two care managers per practice
  - Other staff: up to three per practice (such as office manager, care manager supervisor, etc.)
  - Support for travel, if necessary

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Examples of Practice Incentives

ABC Family Practice

- Attend training (including travel):
  - 1 PCP
  - 1 Psychiatrist
  - 1 BH Care Manager
  - 1 Office Manager
  - 1 Other Staff Person

$5,330 Reward

ABC Internal Medicine

- Attend training (including travel):
  - 3 PCPs
  - 1 Psychiatrist
  - 1 Care Management Supervisor
  - 2 BH Care Managers
  - 1 Office Manager
  - 1 Other Staff Person

$9,980 Reward

CoCM Incentives: PGIP Rewards to POs

- PO rewards for:
  - Coaching and support of practices in infrastructure, billing and documentation to support a self-sustaining model in the practices
  - Hiring behavioral health care managers, if applicable
  - Contracting with psychiatrists, if applicable
  - Technology support/registry development
  - Data collection

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM Incentives: PGIP Rewards to POs (continued)

- Base reward: $50,000
  - One-time reward for collaborative care team development
- Technology development/registry/data collection: $10,000
  - Provides support for the registry – freestanding or within the EMR – as well as collecting specified data from practices and providing to Blue Cross*
  - TBD - technology development/registry/data collection reward may continue in second year
- Variable reward:
  - $4,000 per practice engaged in CoCM

**Please note that the continued funding of the program is contingent on receipt of PHQ9/GAD7 and other related data from the practices via the POs. Ultimately, we hope to move to automated receipt of this data via data exchange.*

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

CoCM Incentives: PGIP Support for Training

- PGIP is partnering with the Michigan Institute for Care Management and Training (MICMT) to:
  - Identify POs and practices interested in the CoCM model
  - Support training development
  - Ensure training and program is aligned with other care management programs

- PGIP is partnering with two experienced organizations (Mi-CSSI and MCCIST) to provide:
  - Clinical training
  - Technical assistance
  - Tailored approaches to successfully implement and sustain CoCM services

- Michigan Center for Clinical Systems Improvement (Mi-CCSI) is located in West Michigan
- Michigan Collaborative Care Implementation Support Team (MCCIST) of the Michigan Medicine Department of Psychiatry is located in Southeast Michigan
- POs and practices will be paired with the appropriate organization for training

All of the above will be provided free of charge to practices and POs

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Incentives for Psychiatrists - TBD

- Psychiatrists do not bill Blue Cross for CoCM services provided, so:
  - Blue Cross can only deliver VBR to psychiatrists on non-CoCM claims
    - In some situations, the psychiatrist provides CoCM services exclusively, so there is no Blue Cross billing
  - Blue Cross does not know which psychiatrists are participating in CoCM and must explore a non-claims-based method for identifying which psychiatrists are participating
    - This will likely be a manual process whereby the PO notifies BlueCross of the psychiatrists participating in CoCM
    - This activity would be supported via the "data collection" reward to POs

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Upcoming Introductory CoCM Webinars

- **CoCM: Data and Technology - June 25, noon to 1 p.m.** The CoCM training partners will explain reporting, including patient outcomes and indicators of success, systematic case review and patient identification.
- **CoCM: Selecting Practices - July 9, noon to 1 p.m.** The CoCM training partners will describe how to select sites for CoCM implementation.
- **CoCM: Organizing an Excellent Care Team - July 16, noon to 1 p.m.** The CoCM training partners will describe the roles of the care team members and possible contracting strategies and approaches.
- **CoCM: Monitoring and Sustainability - July 23, noon to 1 p.m.** The CoCM training partners will focus on monitoring and sustainability, including billing,

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

PO/Practice Engagement Process

Mi-CCSI / MCCIST

PO Initial Meeting

Tools:
1. PO Assessment Tool & Initial Meeting Agenda
2. CoCM Support Slides
3. Fidelity to Model Form – if necessary

PO 2nd Meeting

Review of PO Homework:
1. PO Assessment
2. Practice Assessment

Review the site visit plan and tentatively arrange training.

Training Plan Finalization

Training Plan & Conduct Training

PO / Practice

PO Homework

Tools:
1. PO Assessment

PO Homework

Tools:
1. Review Practice Selection Tool completed
2. Practices selected and provided with Practice Assessment Tool
3. Schedule Practice Assessments.

Site visits

Tools:
1. Fidelity to the Model Form
2. Practice Assessment Validation / Verification

Training

Assure that all appropriate roles are in attendance.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Initial Practice Training Sessions

- MCCIST – August 25-26, September 1-2
- Mi-CCSI – August 27-28

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.