

# CoCM Designation and CoCM site visit updates

December 4, 2023

Kathleen Kobernik

- Designation capability updates
- CoCM site visit and validation updates

## Objective:

- Understand designation expectations to uphold high standards of CoCM delivery.
- Discuss expectations of not meeting capabilities and the remediation steps.
- Clarify CoCM site visit process and program validation.

Red-lined versions of changes to designation documents, along with a tracking sheet will be posted on the PGIP Collaboration Site.

Most changes were made for clarification and simplicity.

Substantive changes to the requirements:

- Combined capabilities 1.2 regarding training and 1.3 regarding earning fidelity status. Process isn't different. A practice must either go through training or come into the initiative as a fidelity practice.
- 1.2 – Removed the stated hours for base training. We've reduced the time spent in training on all training modules. The three-day base training will be reduced to two days. Each of the two-day special module trainings will be reduced to one day.
- Removed capability 2.2 regarding consent. We still expect that consent will be obtained, but it will not be validated during the CoCM site visit.

CoCM Designation FAQ:

- Added questions 10, 11 and 12 to reflect the CoCM site visit changes detailed in this presentation
- Revised answer to question 28 to reflect removal of patient consent capability
- Revised answer to question 41 to reflect the six-month PCP VBR added this year and to clarify specialist VBR
- Revised answer to question 43 for clarity

# Why conduct CoCM site visits?

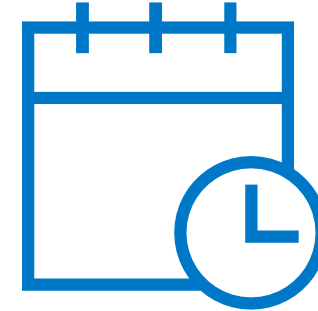
CoCM site visits are a vital component of Blue Cross Blue Shield of Michigan's CoCM designation program, and serve to:

- Ensure that designated practices are delivering comprehensive CoCM with integrity to the CoCM model.
- Enable the field team to gather questions and input to refine, clarify, and enhance the CoCM capabilities.
- Ensure that the SAD tool is an accurate source for the CoCM nominations.
- Educate POs and practice staff about CoCM requirements and Blue Cross expectations.

*Blue Cross Blue Shield of Michigan and our partners are:*

- *First-to-market with our CoCM designation program.*
- *Among the first payers to explore CoCM for use with:*
  - *Pediatrics and adolescents*
  - *Persons with inappropriate substance use*
  - *The perinatal population*
- *Unique in our collaborative relationships with our POs and their practitioners.*

**CoCM site visits:** CoCM site visits will be selected through a random process. The field team will notify selected POs at least 30 days prior to the CoCM site visit date.



---

POs should inform practices that demonstration will be required for certain capabilities. For example, if the practice is asked to show the field team that they have regularly scheduled time with a consulting psychiatrist to participate in Systematic Case Review discussions, the practice should have identified examples ahead of time and be prepared to discuss them with the field team during the CoCM site visit.

***ALL documentation related to the capabilities must be available before or during the CoCM site visit. We cannot accept after-the-fact or follow-up documentation.***

# CoCM site visit overview – Capabilities found in place vs. Not in place

## All Capabilities Found In Place



### **All capabilities fully in place**

Field team validation will be discussed at Blue Cross and PO will be notified that all capabilities have been met.



### **Retain CoCM designation and VBR**

The practice will continue to be designated until the next designation cycle.

## Capabilities Not In Place



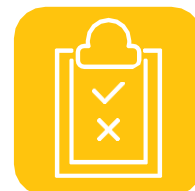
### **Practice visit finds capabilities not in place**

Field team validation will be discussed at Blue Cross and PO will be notified that capabilities aren't in place.



### **Follow up notification**

Field team will notify PO on missing elements and discuss action plan process.



### **Practice has 90 days to remediate**

The practice will be revisited in 90 days to evaluate whether the missing capabilities are in place.



### **Final result**

If practice remediates missing elements of reviewed capabilities, the practice will continue to be designated until the next designation cycle. If practice cannot, they will lose designation and future VBR.

*Practices will lose VBR for six months. If their capabilities are fully in place, they can be nominated through the SAD tool be eligible for renomination at the next VBR cycle, which is April or October for VBR beginning March 1st or September 1st, provided they have all capabilities fully in place.*

**Future CoCM VBR** – If a practice loses their designation, they will also lose six months of VBR. Practices will be eligible to receive CoCM VBR either at the six-month cycle, nominated before the October snapshot to run from March 1<sup>st</sup> through August 31 or the full 12-month cycle, nominating in the before the April snapshot and runs Sept. 1 through Aug. 31, whichever comes first. Nominations will be entered into the SAD tool.

**Future designation** – ***Designations are only awarded annually on Sept 1.*** POs will be allowed to nominate those practices who lost designation at the next designation cycle, which will be before the following April snapshot to run Sept. 1 through Aug. 31. Nominations will be entered into the SAD tool.

Example: If the practice cannot demonstrate that all the capabilities are fully in place by the April nomination date, the next **VBR opportunity** would be for the six-month October nomination which would begin March 1<sup>st</sup> of the following year. The next **designation opportunity** would be in April which would begin Sept. 1 of the following year.

## ***Example One - PU able to remediate***

The potential timeline for practices not demonstrating all capabilities as “in place.”

- February 10 – CoCM site visit
- February 20 – Field team representative sends evaluation and notes any capabilities not in place.
- May 1 – PO sends documentation of remediation to field team
- May 8 – Follow up CoCM site visit to demonstrate that capabilities are now in place.
- Practice retains designation and VBR.





# PU not able to remediate

## ***Example Two: PU unable to remediate***

- February 10 – CoCM site visit
- February 20 – Field team representative sends evaluation and notes any capabilities not in place.
- May 1 – PO notifies field team that they won't have capabilities in place. Follow up CoCM site visit cancelled and PU. PU no longer considered CoCM designated.
- April/September – Practice not eligible for April nomination and September designation and VBR.
- October/March – If capabilities are in place, PO may renominate the PU in October for VBR starting in March.
- April/September (following year) – PU eligible for nomination and designation on standard 9/1 to 8/31 cycle.

