

Making Collaborative Care Model (CoCM) a Medicaid Benefit in Minnesota

(S.F. 8 Boldon/H.F. 958 Nadeau)

Challenge: Minnesota is facing a mental health and substance use crisis among people of all ages and backgrounds, and underserved communities are disproportionately impacted.¹ As of February 2021, 37% of adults in MN experienced symptoms of anxiety or depression.² Access to treatment continues to be a challenge, with 80% of MN counties qualifying as mental health professional shortage areas.³ Remarkably, only about 25% of people receive effective mental health care, including in primary care settings, where the majority of treatment occurs.⁴ Insufficient access to mental health and substance use treatment has significant costs for individuals, families, communities, and society as a whole.

Solution: The Collaborative Care Model (CoCM) is an evidence-based, cost-effective approach to behavioral health care that integrates mental health professionals into primary care settings. Covered by Medicare since 2017 and nearly all commercial payers since 2019, CoCM has a clear pathway for long-term financial sustainability and increasing treatment access. **Thirty-seven states already cover CoCM through their Medicaid programs.** However, CoCM is not currently reimbursed as a Medicaid benefit in Minnesota. CoCM supports Medicaid's focus on improving care coordination, reducing costs, and addressing social determinants of health.

Request: Make Minnesota the 38th state with a CoCM reimbursable Medicaid benefit:

- **Mandate Reimbursement for CoCM Codes:**
 - Require Minnesota Medical Assistance and Prepaid Medical Assistance Plan (PMAP) contracts to reimburse the full suite of Collaborative Care Model (CoCM) codes.
- **Establish Sustainable Reimbursement Rates:**
 - Make payments to the treating medical provider at rates no less than the current Medicare reimbursement rate.
- **Allocate Resources for CoCM Startup and Training Costs:**
 - Appropriate \$500,000 annually to the commissioner of DHS for grants that facilitate startup and incentivize adoption of CoCM.

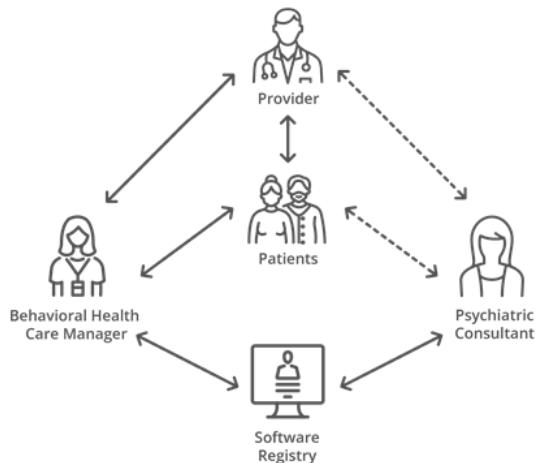
Why CoCM?

- **Improved outcomes:** Over 90 studies support the efficacy of CoCM to provide faster, more sustainable mental health care than other approaches, providing care where it's needed most—in primary care settings. Embedding behavioral health in primary care removes traditional barriers to mental health services, such as long wait times and inconvenient appointment times, particularly in underserved areas.
- **Cost savings:** Every \$1 spent on CoCM saves \$6.50 in reduced healthcare costs and improved productivity.⁵
- **Sustainable reimbursement attracts providers:** Sustainable rates incentivize primary care clinics to offer the service, attract and retain behavioral health professionals, and address barriers to accessing psychiatric care. Primary care providers gain expertise in managing mental health, enhancing their ability to provide holistic care.

What is the Collaborative Care Model (CoCM)?

The CoCM is a team-based, evidence-driven approach to managing mental health and substance use conditions in primary care settings. It combines the expertise of primary care providers, behavioral health care managers, and psychiatric consultants to deliver comprehensive care. This model is proven to improve outcomes, reduce healthcare costs, and enhance the overall quality of care for patients.

- **Primary Care Provider (PCP):** Oversees the patient's overall care and works closely with the behavioral health team.
- **Behavioral Health Care Manager:** Provides care coordination, supports patients through evidence-based interventions and frequent touchpoints, and monitors treatment progress.
- **Psychiatric Consultant:** Offers expert guidance to the PCP and Care Manager to refine treatment plans and make medication recommendations.



These organizations support making CoCM a Medicaid benefit in MN with sustainable rates:



For additional information contact: Tyler Winkelman (tyler.winkelman@hcmed.org), Amy Koch (akoch@momentumadvocacy.com, 763-300-8492), Izzy Rojas (irojas@momentumadvocacy.com, 612-262-4922), or Michael Trangle (mbtrangle@gmail.com)

References:

1. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/minnesota/>
2. <https://www.nami.org/wp-content/uploads/2023/07/MinnesotaStateFactSheet.pdf>
3. <https://www.health.state.mn.us/facilities/ruralhealth/docs/summaries/rhcmn.pdf>
4. https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model_052113_2.pdf
5. <https://www.psychiatry.org/psychiatrists/advocacy/state-affairs/model-cocm-legislation>