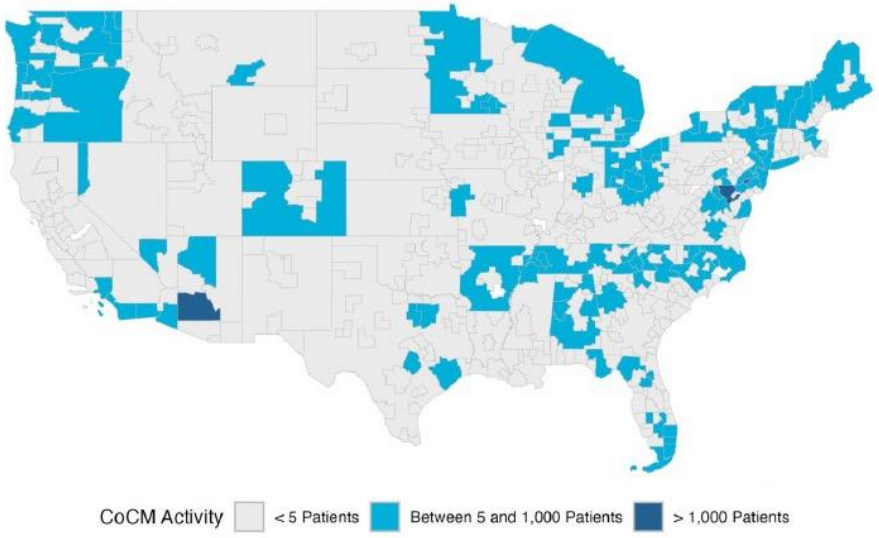
AR CoCM Stakeholder meeting 5/26/26

Patty Gibson, MD
501-615-5935
Little Rock, AR

Resource: Collaborative Care Heat Map

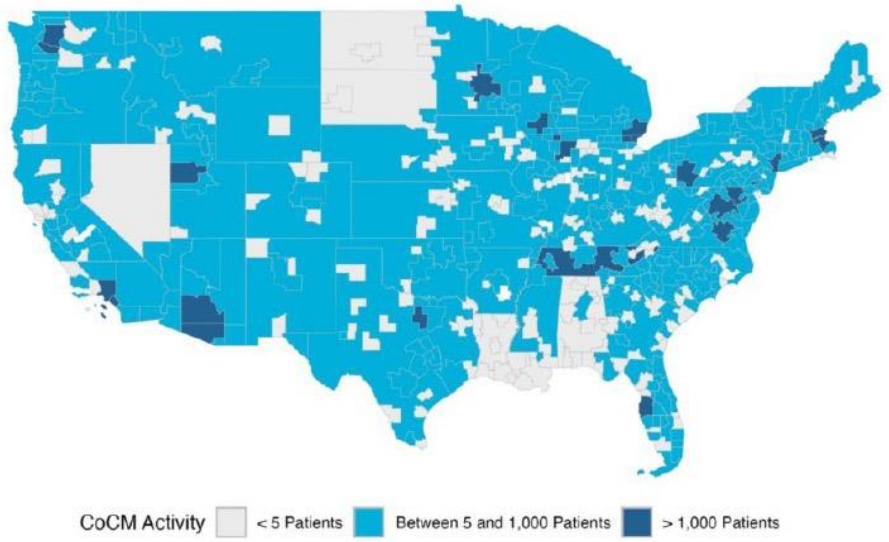
Americans Receiving Collaborative Care in 2018

Patient count by metropolitan area across all payers.



Americans Receiving Collaborative Care in 2022

Patient count by metropolitan area across all payers.



(Meadows Mental Health Policy Institute, 2026)

Source: Bernes, Little, & Leone, "Making the Case for Collaborative Care in Policy and Practice," NatCon26

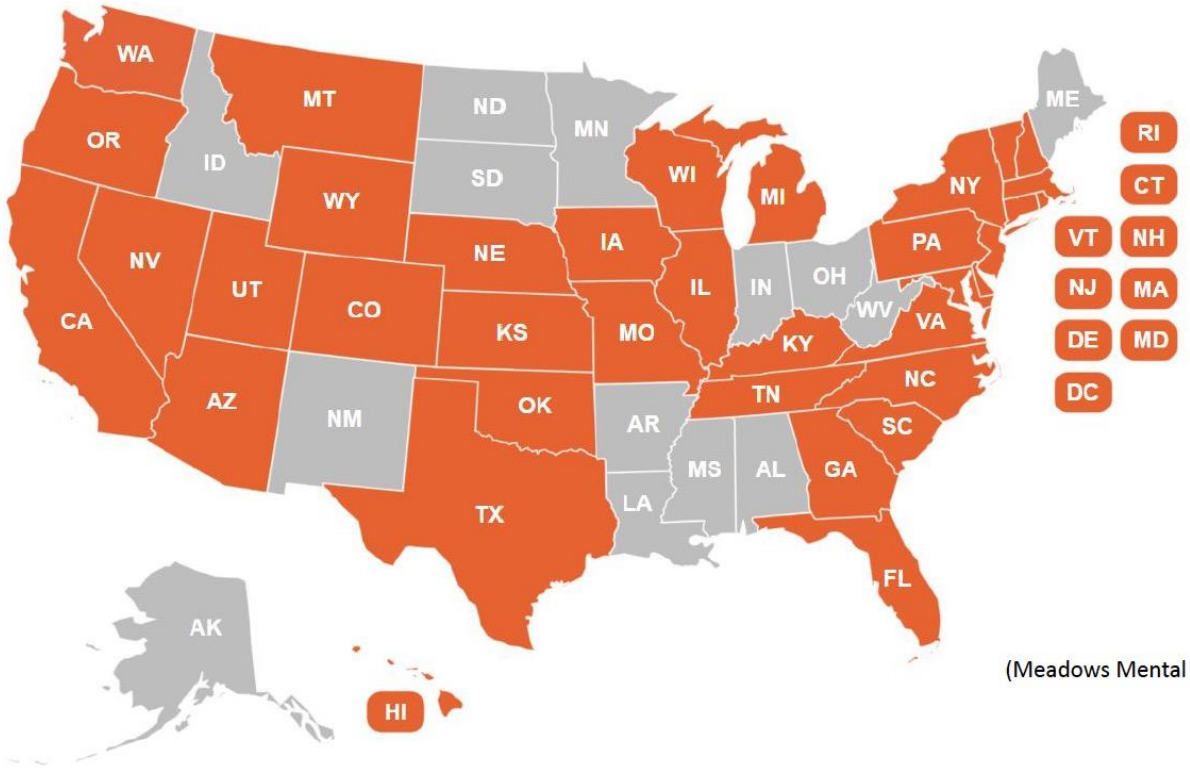
https://pathforwardcoalition.org/

Challenge

Varying state reimbursement rates and requirements creates challenges for CoCM implementation and service delivery (Raney, 2020; MMHPI, 2022; Little et al., 2022)

NAT CON from NATIONAL COUNCIL FOR MENTAL WELLBEING

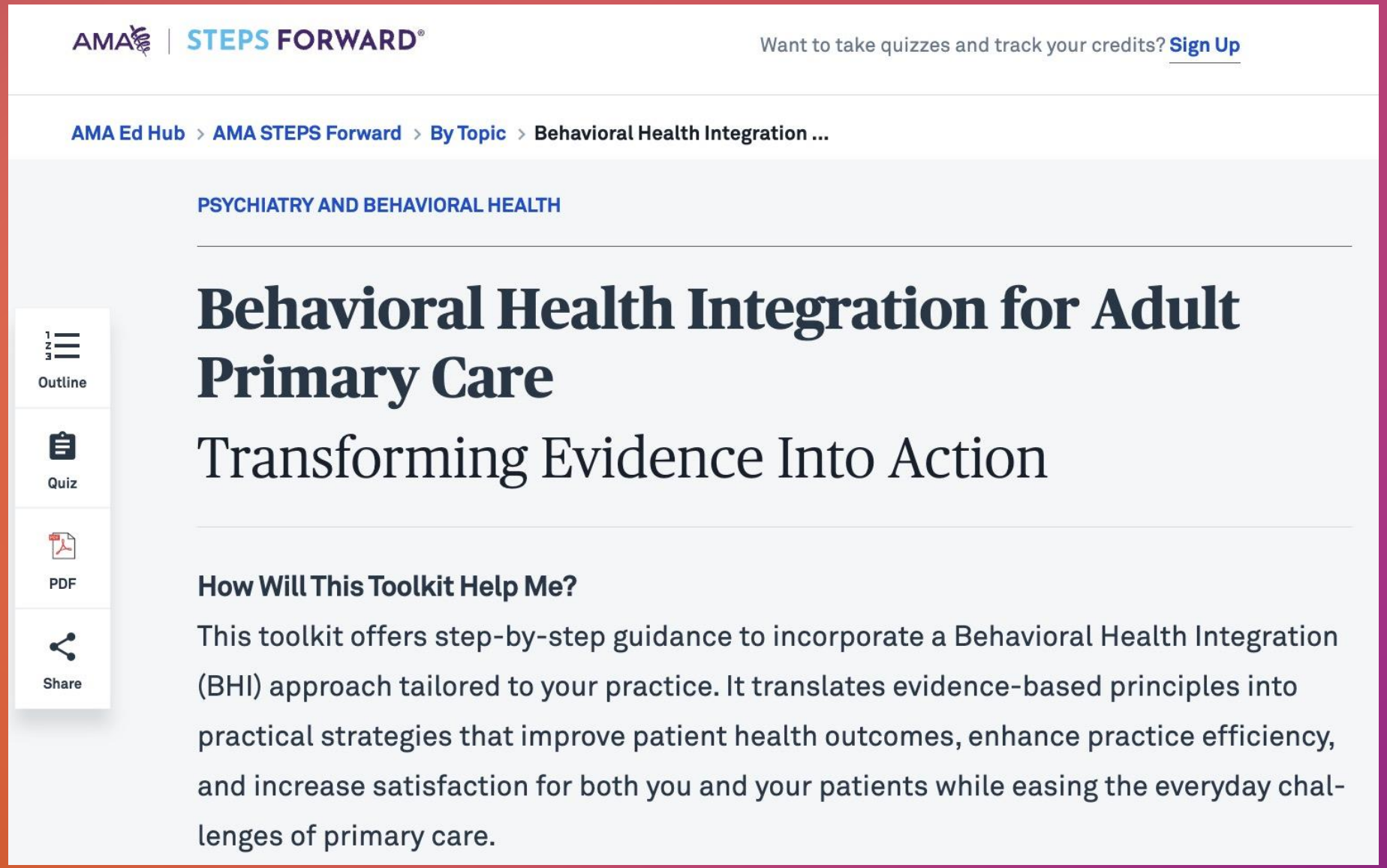
Medicaid in 37 States Covers CoCM Codes



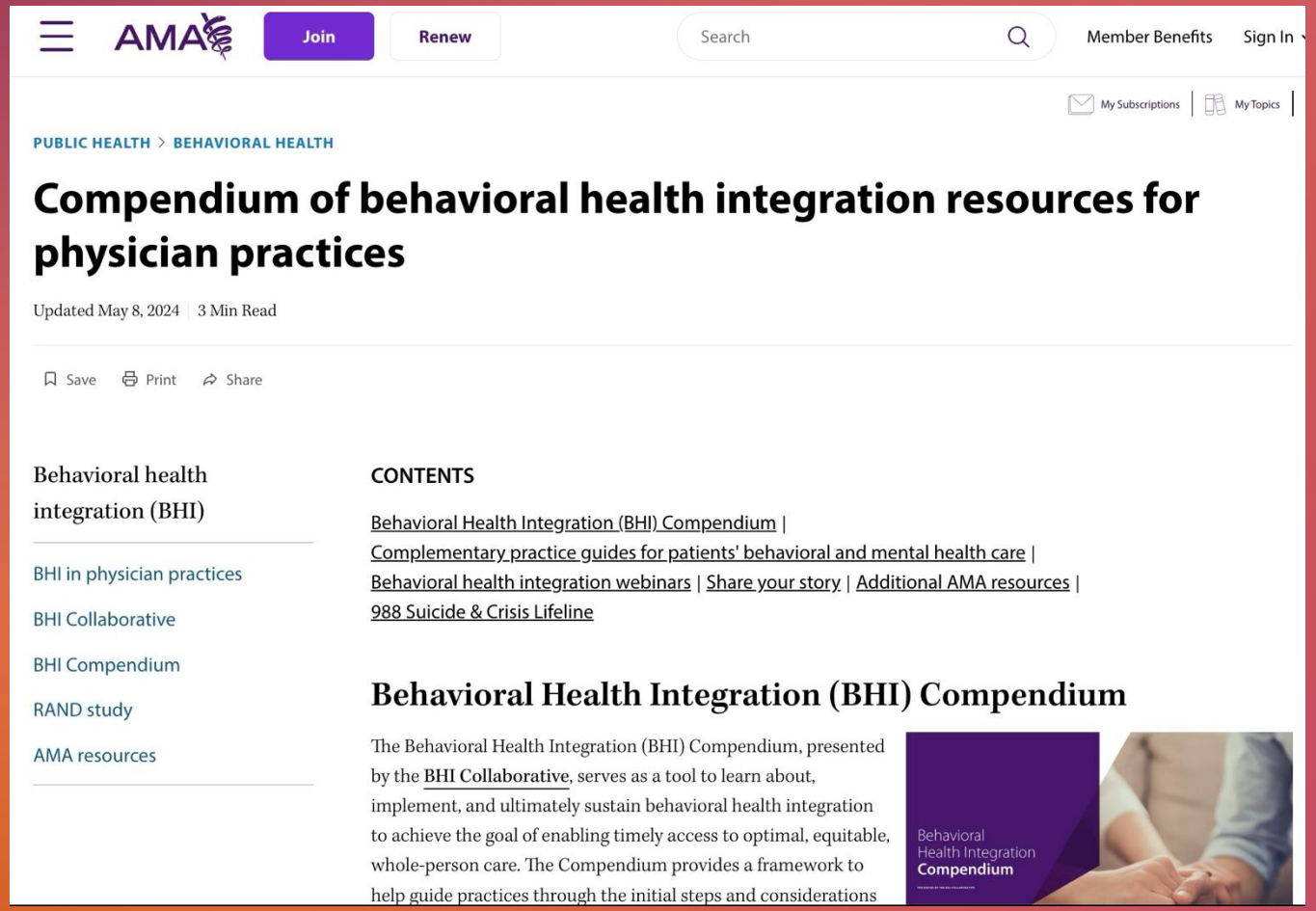
(Meadows Mental Health Policy Institute, 2026)

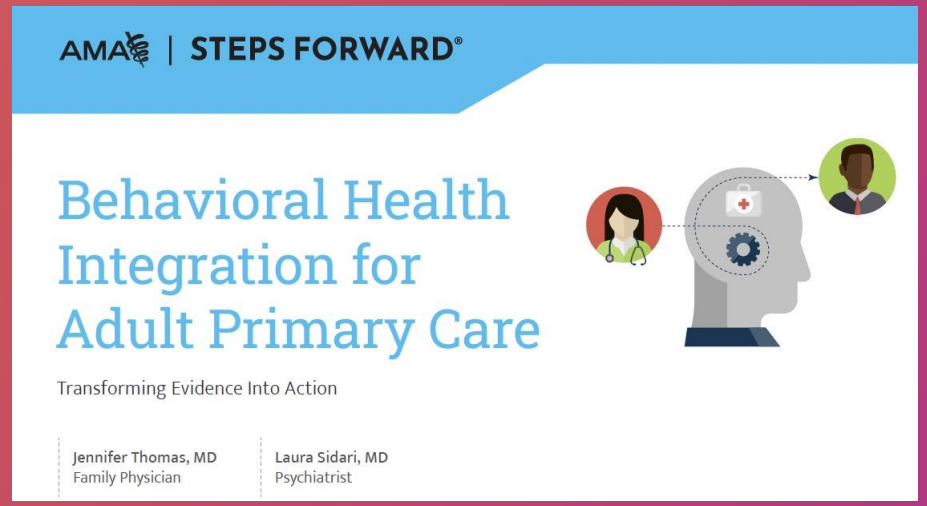
Source: Bernes, Little, & Leone, "Making the Case for Collaborative Care in Policy and Practice," NatCon26

THE most comprehensive Guide to BHI

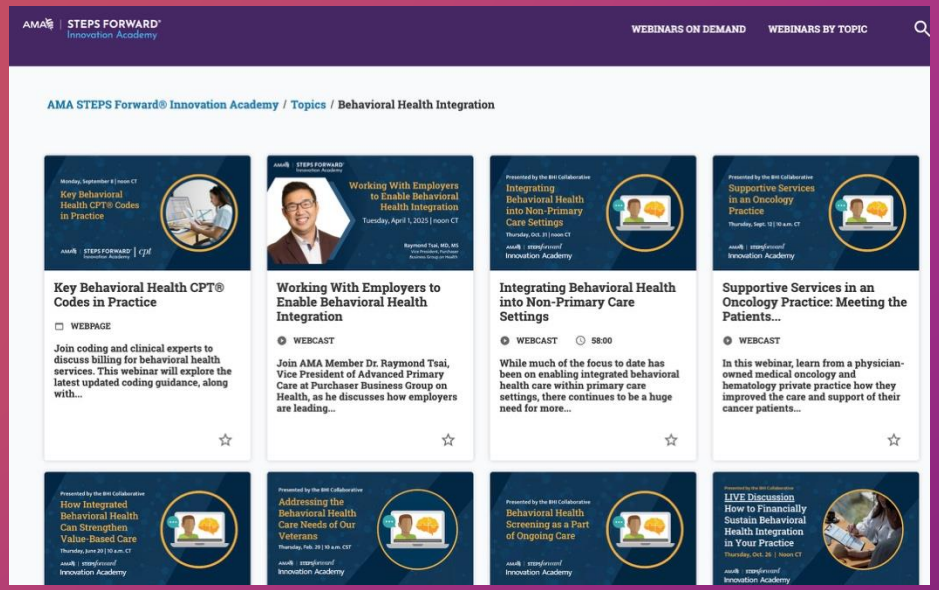


https://edhub.ama-assn.org/steps-forward/module/2782794





https://edhub.ama-assn.org/steps-forward/module/2782794

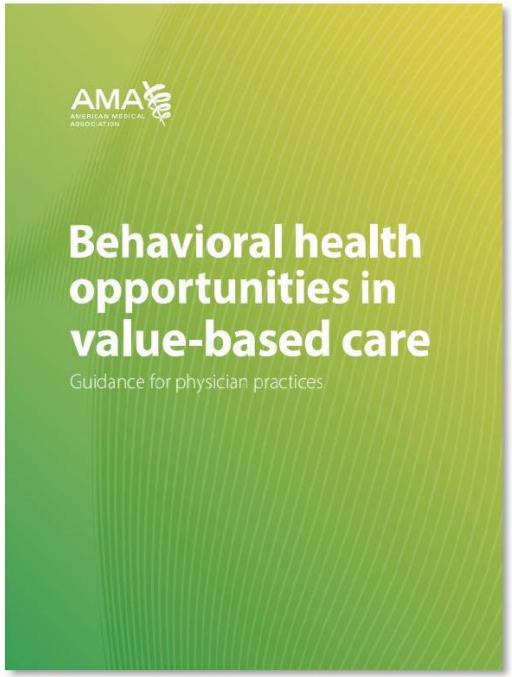


Access the latest copy

https://www.ama-assn.org/public-health/behavioral-health/compendium-behavioral-health-integration-resources-physician

https://gateway.on24.com/wcc/eh/3346741/category/91855/behavioral-health-integratio

AMA's Guide on BH Opportunities in VBC



Learn about key considerations to better incorporate behavioral health care when participating in VBC arrangements.

Table of contents

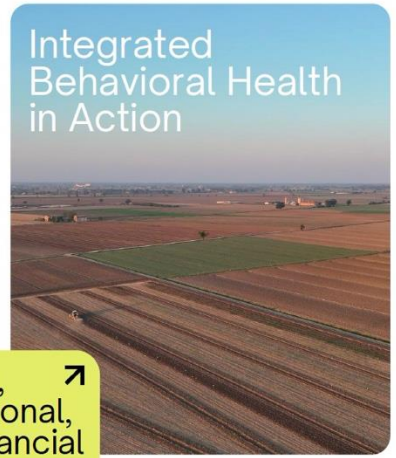
AMA | STEPS FORWARD®

https://www.ama-assn.org/system/files/behavioral-health-value-based-care.pdf

Plenary Session

Right- Sizing Psychiatric Consultation:

Aligning Clinical Impact, Workflow, and Financial Sustainability in Integrated Care



- Laura Sidari, MD – Psychiatrist
- Jennifer Thomas, MD – Family Physician

CFHA National Medical Co-Directors for Integrated Care

Collaborative Family Healthcare Association

CFHA Spring Virtual Conference
May 6th-7th, 2026

Session E3

Collaborative Care at Scale: A Playbook for FQHCs

- Yona Remer, MBA - CEO, Era Supports
- Julian Mitton, MD MPH - Head of Clinical Operations, Era Supports

Clinical, Operational, and Financial Solutions

Collaborative Family Healthcare Association

CFHA Spring Virtual Conference
May 6th-7th, 2026

Key Takeaways

If You Remember 4 Things…

- CoCM for SUD requires **operational redesign**, not just clinical adoption
- Engagement is **longitudinal and proactive**
- Measurement-based care enables **population management**
- Teams must be **multidisciplinary that include peers/those with lives experience at the center**

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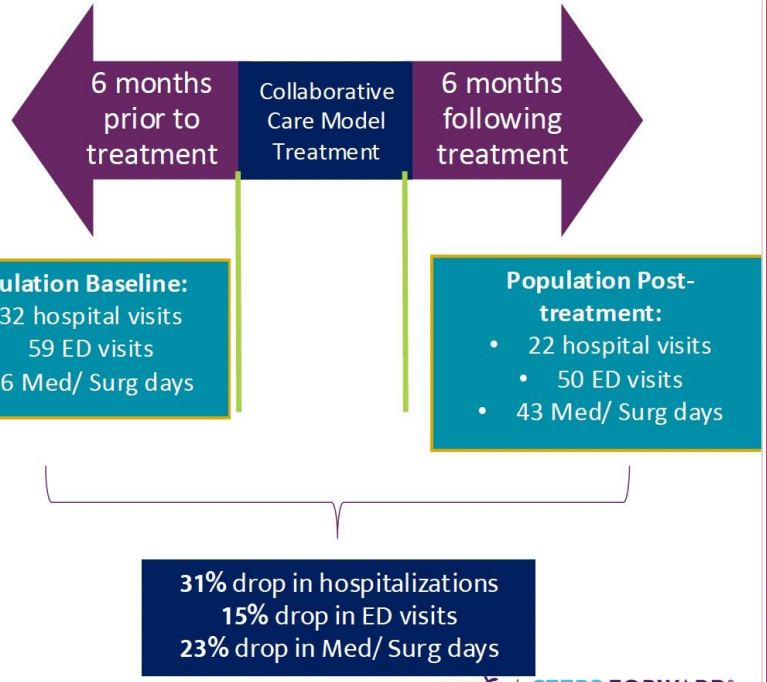
Integrating Behavioral Health Into Value-Based Care: Strategies for Success

Hospital Utilization

1. We reviewed all adult patients who completed Collaborative Care Model (CoCM) treatment between October 2022 and January 2024 (N=211). The average treatment duration was 143 days.

2. For each patient, we identified the 6-month period immediately prior to the start of treatment (baseline) and the 6-month period immediately following the treatment completion date.

3. We compared the ED and hospital utilization that occurred during each of these two time periods.



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Today's Speakers

- **Lorin M. Scher, MD, FACLP**
  Professor and Vice Chair
  Director, Behavioral Health Integration
  UC Davis Health
- **Reshma Gupta, MD, MSHPM**
  Chief of Population Health and Accountable Care
  UC Davis Health

Moderator: *Chris Botts, Senior Manager, AMA*

AMA | STEPS FORWARD® Innovation Academy

https://edhub.ama-assn.org/steps-forward/video-player/19009953

Contract Performance

1

We worked with our health system's Finance team to identify key measures of cost related to avoidable ED visits and hospitalizations.

Measure	Definition
Average Contribution Margin	(What the health system is paid for the service) – (Variable cost of that service)
Average Net (Gain/Loss)	(What the health system is paid for the service) – (Variable + fixed cost of that service)

2

We calculated the potential cost savings related to each visit avoided for the CoCM population and backfilled by a patient from the general population.

Trauma services excluded

	All Patients, All Payors		CoCM Patients		Cost Differential Per Visit Avoided for CoCM Population and Backfilled with a General Patient	
	Avg Contr. Margin	Avg Net Gain (Loss)	Avg Contr. Margin	Avg Net Gain (Loss)	Avg Contr. Margin Differential	Avg Net Gain (Loss) Differential
ED visit	$ 2,000	$ 564	$ 764	$ (1,291)	$ 1,236	$ 1,855
Hospitalization	$ 26,900	$ (2,926)	$ 17,110	$ (7,469)	$ 9,790	$ 4,543

$26,900 CM (All patients) - $17,110 CM (CoCM patient) = $9,790 (Cost Differential)

3

Cost Avoidance:

We multiplied the number of visits avoided by the average cost savings per visit to estimate the total cost savings.

Ultimately:

- **For this population:** ~$100K savings in contribution margin, ~$60K savings in net gain (loss)
- **If program expanded to goal:** ~$400K savings in contribution margins, ~$230K savings in net gain (loss)

Value-based Care Contract Performance Revenue

- **State-based Medicaid contract**
- **Medicare contract**
- **Commercial contracts**

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QUALITY OUTCOMES

Access to Care

- 2-3 weeks
- 38% of all new referrals by IBH team

Depression Remission / Response (FY 2024)

- 72% of all patients achieve a **response** to treatment within 12 weeks
  - Usual care is at 19-25%
- **40%** of all patients are in **remission** within 12 weeks

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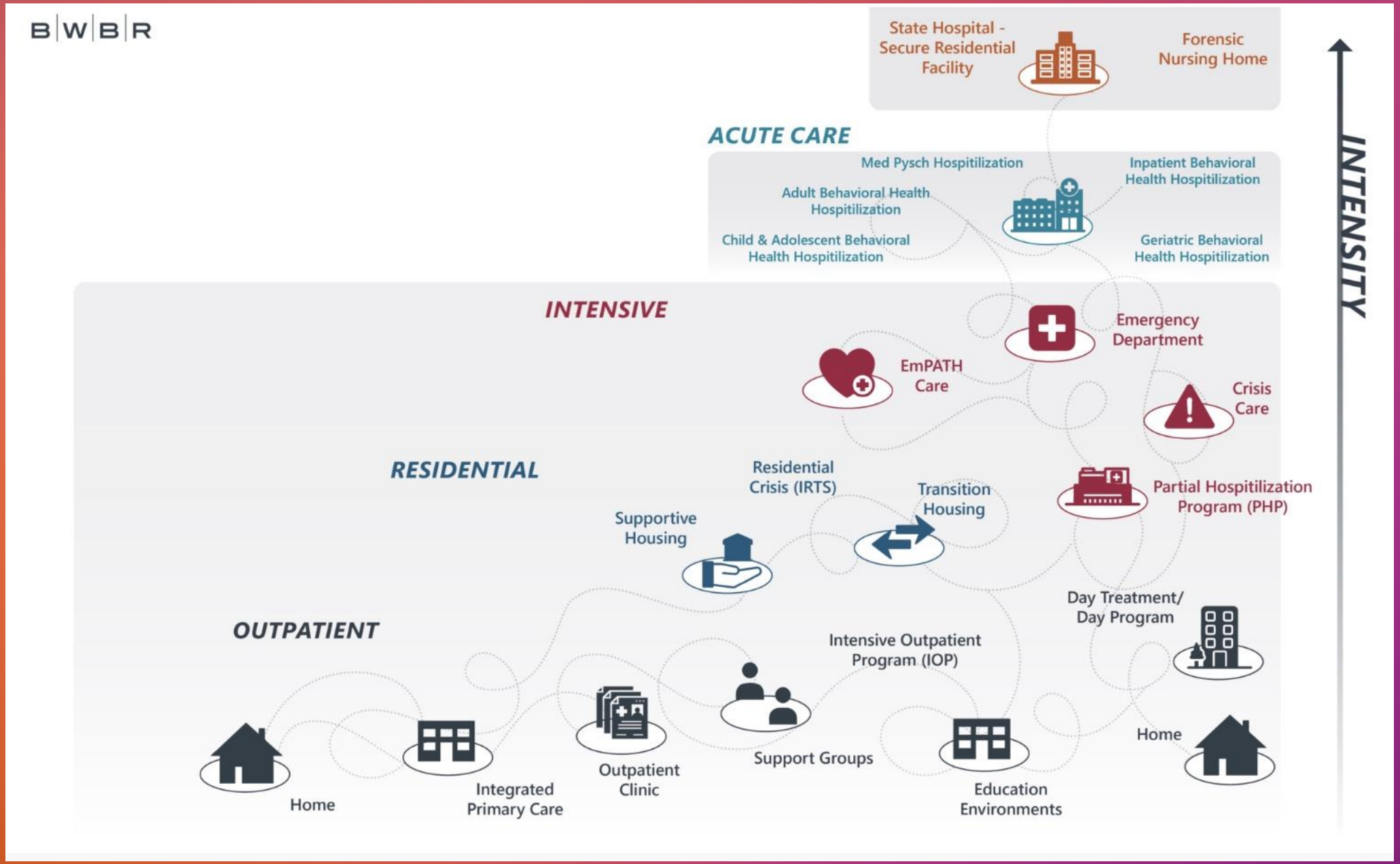
https://edhub.ama-assn.org/steps-forward/video-player/19009953

Mental Health Treatment Continuum



https://www.bwbr.com/2025/02/10/continuum-of-care-the-unique-needs-of-mental-and-behavioral-health-facilities

mln BOOKLET

KNOWLEDGE • RESOURCES • TRAINING

Behavioral Health Integration Services

What's Changed?

We added 3 new optional add-on HCPCS codes for general behavioral health integration and psychiatric collaborative care model services when you provide advanced primary care management services (page 13).

Substantive content changes are in dark red.

CMS Medicare Learning Network

Collaborative Care (CoCM)

BHI services "incident to" (as an integral part of) services by the billing practitioner. These services are provided by other members of the care team under the direction of the billing practitioner and are subject to applicable state law, licensure, and scope of practice. Care team members are either employees or working under contract with the billing practitioner whom Medicare directly pays for BHI.

A single encounter, a monthly service, or both.

MEDICAL CODE NOT MENTAL HEALTH CODE
Billed by Medical Provider (NOT the Mental Health Provider)

BHI Codes	Behavioral Health Care Manager or Clinical Staff Threshold Time	Assumed Billing Practitioner Time
BHI initiating visit (AWV, IPPE, TCM, or other qualifying E/M; psychiatric diagnostic evaluation)	N/A	Usual work for the visit code
CoCM first month (CPT code 99492)	70 minutes initial calendar month	30 minutes
CoCM subsequent months (CPT code 99493)	60 minutes per subsequent calendar month	26 minutes
Add-on CoCM (any month) (CPT code 99494)	Each additional 30 minutes per calendar month	13 minutes
Initial or subsequent psychiatric CoCM (HCPCS code G2214)	30 minutes of behavioral health care manager time per calendar month	Usual work for the visit code
General BHI (CPT code 99484)	At least 20 minutes per calendar month	15 minutes
Care management services for general behavioral health conditions (HCPCS code G0323)	At least 20 minutes of clinical psychologist or clinical social worker time per calendar month	15 minutes

https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf

Arkansas
Behavioral Health
Integration Network

Behavioral Health Integration

RECIPES FOR SUCCESS FOR MEDICAL TEAMS

APRIL 29, 2026
Grand Rounds Presentation

LAURA SIDARI, MD
Consulting Psychiatrist
ABHIN Technical Consultant

INTEGRATING CARE. IMPACTING LIVES. TOGETHER.

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lsidari@cayugahealth.org