



# **CENTER OF EXCELLENCE** **for Integrated Health Solutions**

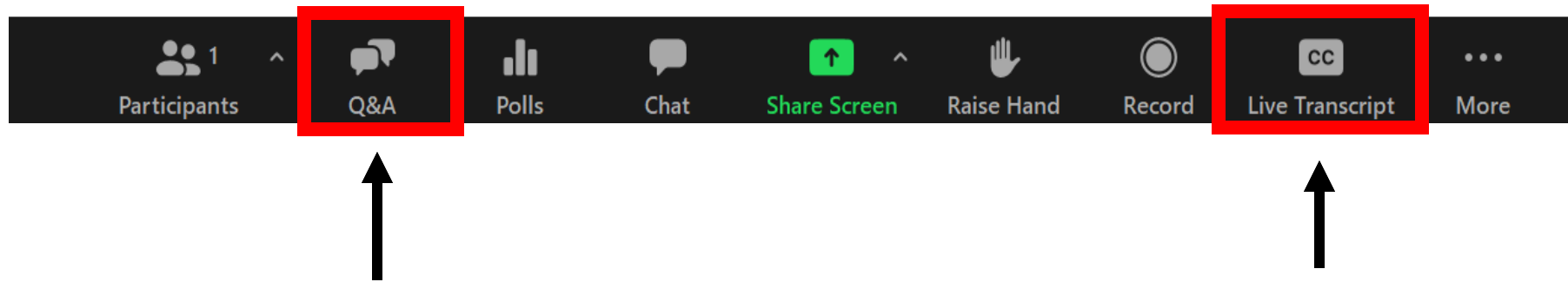
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## **CoE-IHS Webinar + Q&A:** **Engaging Payers and Maximizing** **Reimbursement for the** **Collaborative Care Model**

Tuesday, September 9, 2025

1-2:30 pm ET

# Questions & Closed Captioning



Type in a **question** in the **Q&A** box

Click **Live Transcript** and then select  
**“Show Subtitle”**



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# Polls



## 1) Which best describes your agency/organization?

- ❖ Mental health provider organization
- ❖ Substance use provider organization
- ❖ Primary care provider organization
- ❖ Government (federal, state, tribal, island area, local)
- ❖ Education or research institute
- ❖ Association, coalition, or network-for-advocacy, professionals, or individuals
- ❖ Business (health management, insurer, or other industry)
- ❖ Other

## 2) Are you a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) recipient or provider organization?

- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) recipient
- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) provider organization
- ❖ Yes, I am a current PIPBHC: States recipient
- ❖ Yes, I am a current PIPBHC: States provider organization
- ❖ Yes, I am a former PIPBHC recipient or provider organization
- ❖ No
- ❖ I don't know

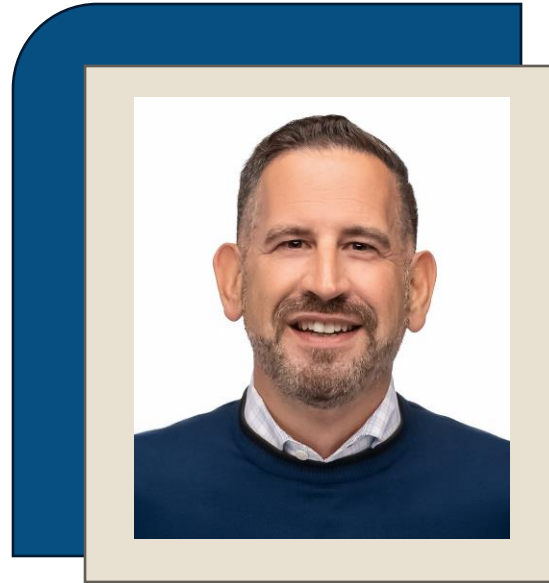


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# Speaker Introduction



**Tristan Gorrindo, MD**  
*CEO, Forza Behavioral*  
*Member, National Council Medical Directors Institute*



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# Learning Objectives

- Describe the unique billing components of the Collaborative Care Model (CoCM)
- Define key terms used in discussions with payers relevant to integrated behavioral health
- Describe several value stories for CoCM that align with payer interests

# Agenda

- CoCM model & unique billing codes
- Key terms & lines of business
- Value proposition by payer type
- Action steps
- Questions and Discussion

# Review of CoCM

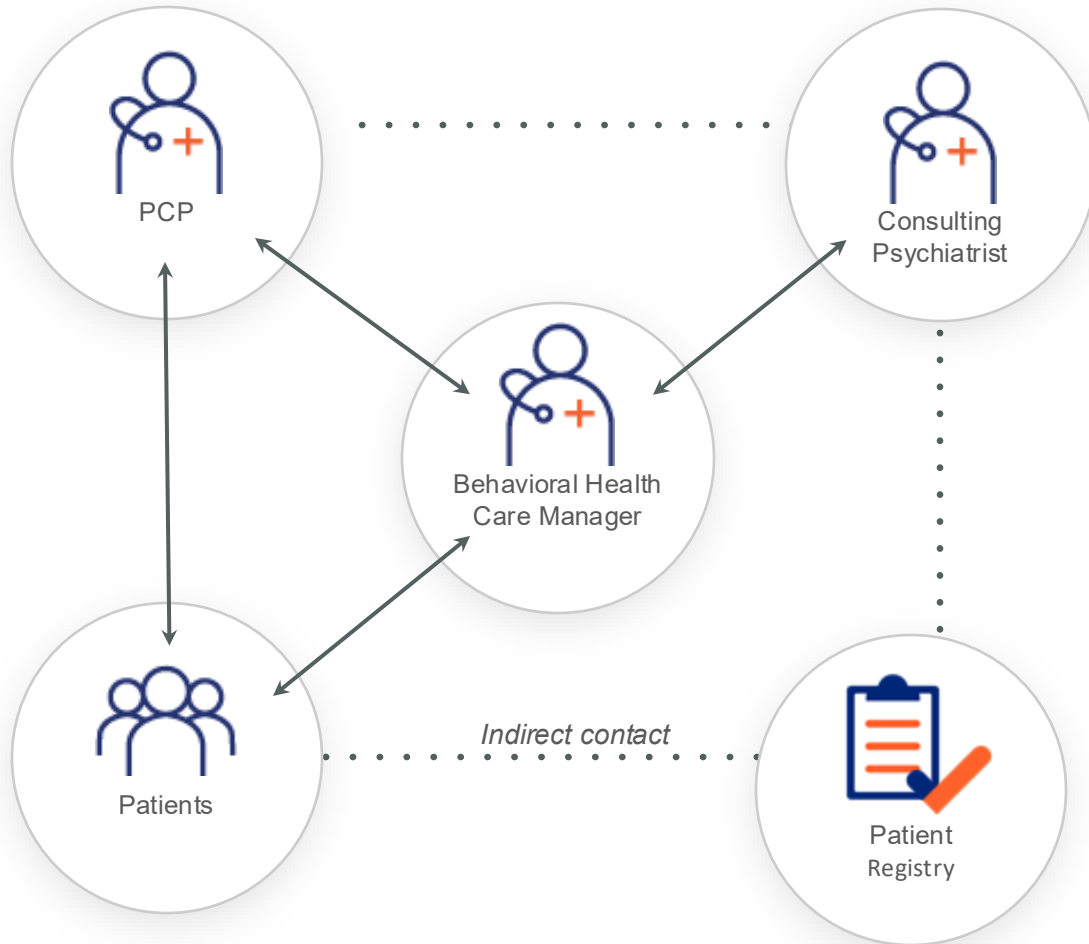


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# What is CoCM?



- Team-based care model which focuses on a population health approach
- Requires primary care provider (PCP), behavioral health care manager (BHCM), consulting psychiatrist, registry.
- Evidence shows CoCM improves depression and anxiety outcomes and is backed by strong evidence from over 90 randomized trials.

Source: American Psychiatric Association. (2025). *The Collaborative Care Model: Evidence and effectiveness*. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>



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# Why might you want to talk to a payer?



Advocate for an alternative payment model or value-based payment



Discuss why CoCM codes are not getting paid as expected



Clarify the type of care being provided and how you've adapted a program to work within your community



Identify support for starting integrated behavioral health programs

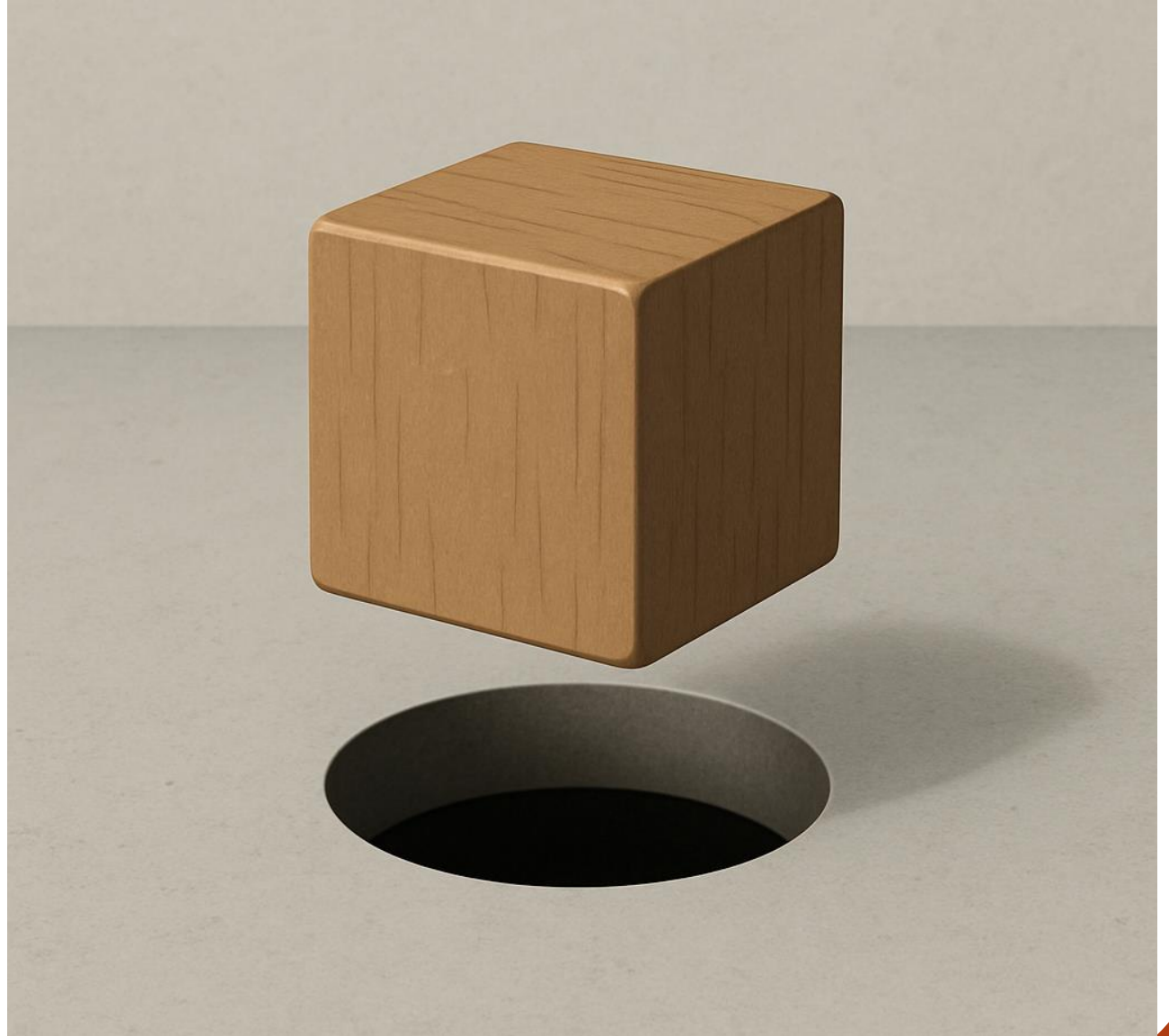


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Billing is the first of many ways in which CoCM doesn't fit the usual payer mold.



# Unique Components of CoCM Billing

## Monthly & time-based billing

Claim bundles all care activities across a month after minimum time thresholds are met.

## Team-based service

Only one billing provider submits a claim even though multiple clinicians contribute.

## Non-traditional parameters

Phone outreach, care coordination, and population management are reimbursable.

## CPT 99492 – Initial month

- Covers at least 70 minutes of BHCM time, care plan development & psychiatric consult.

## CPT 99493 – Subsequent months

- Covers at least 60 minutes of BHCM time in ongoing care.

## CPT 99494 – Add-on code

- Each additional 30 minutes beyond the base codes.

(Centers for Medicare & Medicaid Services, 2025)



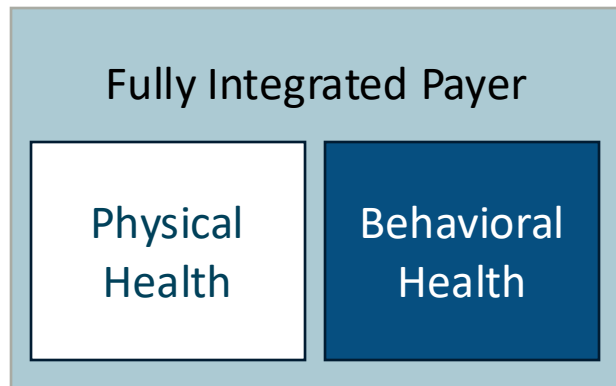
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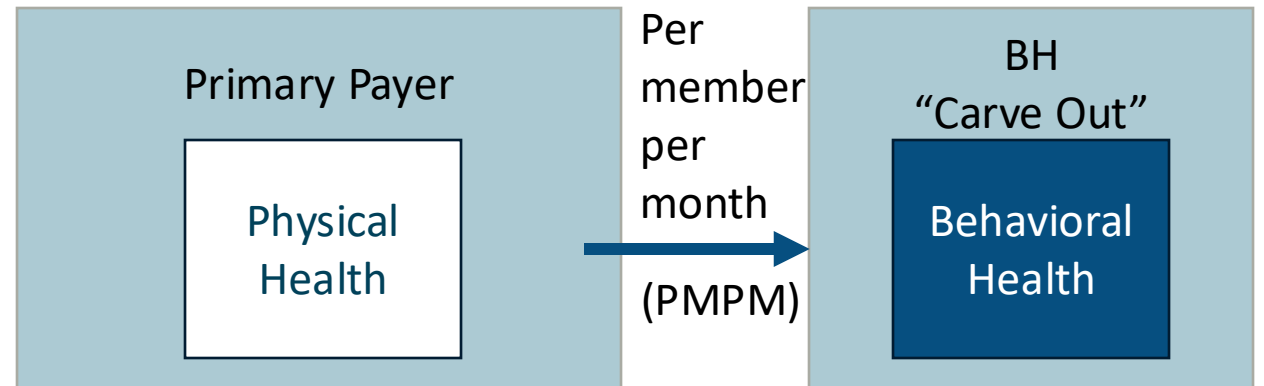
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# Behavioral health may have multiple payers

Monthly Member Premiums



Monthly Member Premiums



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# Payer Perspectives and Terminology



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# Payer Perspectives on Integrated Behavioral Health

“CMS will support behavioral health practices to provide integrated care and help meet people’s behavioral and physical health and health-related social needs....”

*Medicare/Medicaid (CMS)<sup>1</sup>*

“Behavioral health challenges require a comprehensive approach to care that considers the physical and mental health needs of individuals.”

*Centene (Medicaid MCO)<sup>2</sup>*

“A whole person approach to care includes addressing mental health needs, and treatment for these disorders is very effective... No one should have to live with untreated mental illness, so it’s important that these resources get to every corner of our state.”

*Blue Cross Blue Shield of North Carolina<sup>3</sup>*

“Employers continue to find great value, both for their organization and their workforce, by offering fully integrated benefits that make health care simple, more predictable and ultimately more affordable, while best supporting individuals’ physical and mental health.”

*Cigna<sup>4</sup>*

“Consumers and health plan customers alike will benefit from our ability to scale and integrate physical and behavioral capabilities in new and meaningful ways to improve lives.”

*Anthem (Elevance Health)<sup>5</sup>*

1. <https://www.cms.gov/newsroom/press-releases/cms-announces-new-model-advance-integration-behavioral-health>

2. <https://investors.centene.com/2021-05-18-Centene-Addresses-Behavioral-Health-Challenges-Amid-National-Mental-Health-Month>

3. <https://mediacenter.bcbsnc.com/news/blue-cross-nc-awards-over-2-million-to-improve-access-to-behavioral-health-care-services-in-the-states-rural-and-marginalized-communities>

4. <https://newsroom.cigna.com/new-cigna-study-shows-integrated-medical-pharmacy-and-behavioral-benefit-design-delivers-better-health-outcomes-and-improves-affordability>

5. <https://www.elevancehealth.com/newsroom/anthem-inc-completes-acquisition-of-beacon-health-options>

# Key Terms and Concepts Used by Payers

- **Line of Business (LOB):** In the health insurance industry, *line of business* refers to a category of insurance coverage or product segment. It identifies where the funding comes from and the type of members covered. Major lines of business in health coverage include:
  - **Medicare Advantage (MA)** is a Medicare-approved health plan run by a private insurance company as an alternative to Original (Traditional) Medicare. Medicare pays these plans a fixed amount per enrollee to manage and deliver Part A and B benefits.
  - **Commercial Insurance** refers to any health coverage that is privately financed. It is typically provided by employers (group insurance) or purchased by individuals and administered by private companies. Plans are either fully-insured or administrative services only (ASO).
  - **Medicaid** is a joint federal-state public insurance program for people with low income and certain eligibility categories (such as children, pregnant women, elderly or disabled individuals).

(Blue Cross Blue Shield of Kansas [BCBSKS], n.d.)  
(Centers for Medicare & Medicaid Services [CMS], n.d.)



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# Other Key Concepts

- **Risk Life / Covered Life:** In insurance, a “risk life” refers to a person whose health care costs an insurer or provider is financially responsible for under a risk-based contract. In population health management, “number of risk lives” indicates how many patients are covered under contracts where the provider or health system assumes financial risk for their care.
- **Health Care Economics:** The study and analysis of how resources are allocated within the health care system, and how various factors influence *cost, utilization, and outcomes*.
- **Total Cost of Care Analysis:** An analysis of all health care spending for a defined population or patient across all settings and services over a specified period. Total cost of care usually includes “spend” related to medical benefits, behavioral benefits, and pharmacy benefits.

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# Value Story Examples

*Thinking and talking like a payer*



# Crafting your value story



Talk in terms of **line of business**



Highlight key components of program **through the lens of healthcare economics**



**Leverage your own data** regarding response, remission, and HEDIS measures



Contextualize discussion based on **integrated or carved-out** arrangement



Focus on **total cost arrangements** in capitated or full-risk arrangements



**Align value story to duration** member is likely to be with that payer



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# Medicare Advantage

- **Case Example:** *Dr. Smith's primary care group partners with a regional Medicare Advantage plan to implement Collaborative Care for depression among their seniors.* Over 12 months, 200 Medicare Advantage members with depression or anxiety are enrolled in CoCM through their PCPs. One of these patients is a 72-year-old with diabetes and hypertension whose depression had led to poor medication adherence and frequent ER visits for uncontrolled blood sugar. Through CoCM, she engages with a behavioral care manager regularly by phone, starts antidepressant therapy with guidance from a psychiatric consultant, and receives systematic follow-up. Within 4 months, her PHQ-9 depression score drops by 50%, and she reports better energy and self-management of her diabetes. By the end of the year, she has had zero ER visits and her A1c (blood sugar) is at goal for the first time in years.

# Medicare Advantage

From the **Medicare Advantage (MA) plan's** perspective, scaling this story across 200 patients yielded significant benefits:

- **Clinical Outcome Gains:** Better patient functioning and satisfaction. Importantly for MA plans, depression management indirectly affects their **STAR Ratings**.
- **Economic Benefits:** Using some national averages for CoCM costs, the plan invested roughly \$120 per member per month for CoCM fees to the clinic, but noted a reduction in acute care costs of \$150 PMPM by the second half of the year, yielding a net saving of ~\$30 PMPM to the system.<sup>1</sup>
- **Decrease utilization of high-cost services:** Even if savings are modest initially, the program paid for itself in avoided utilization. For an MA plan operating on capitated payments, even cost-neutral improvement in quality is a win.
- **Access (and indirectly Network Adequacy):** CMS network adequacy standards (e.g., appointment wait times, distance/time standards) are easier to meet when behavioral health services are integrated into existing PCP practices.

1. Wolk CB, et al. Impact of the collaborative care model on medical spending. Am J Manag Care. 2023 Oct;29(10):499-502.

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# Medicaid

- **Case Example:** *A Medicaid managed care plan in a mid-sized state collaborates with a local Federally Qualified Health Center (FQHC) to implement CoCM for its adult Medicaid beneficiaries.* Many of these patients have multiple social and medical challenges – for instance, one patient is a 45-year-old with poorly controlled asthma, moderate depression, and intermittent homelessness. She often uses the emergency department for asthma flares. Through the CoCM program at the FQHC, she gets regular calls from a behavioral health care manager, who not only monitors her mood with the PHQ-9 but also helps connect her to housing support and ensures she understands her asthma action plan (leveraging the trust built in frequent contacts). A psychiatric consultant advises the PCP on adjusting her antidepressant and anxiety treatment. Over a year, her depression improves significantly. Notably, her total ER visits drop from 5 the previous year to 1 this year, and she has no asthma-related hospitalizations.

# Medicaid

For the **Medicaid plan**, the outcomes are compelling:

- **Improved Access and Engagement:** In our case example, the plan saw an uptick in management of depression. This aligns with Medicaid’s mission of early intervention – catching issues in primary care rather than at the crisis stage.
- **Whole-Person Care:** The collaborative care team doesn’t silo mental health – they attend to behavioral and physical needs together. This “whole-person” approach is exactly what Medicaid plans and state regulators push for.
- The **total cost of care** for this patient stabilized or dropped modestly, even accounting for CoCM fees. This is crucial for Medicaid managed care, which often works on thin margins set by state capitation rates – avoiding high-cost events (ER, inpatient) is key to sustainability.



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# Commercial Insurance

- **Case Example:** *A self-insured employer (Acme Inc.) covering 10,000 employees contracts with a health plan that implements a Collaborative Care program across its primary care network.* Many employees are in their 30s-50s, juggling work and family, and have conditions like depression or anxiety that may not be addressed due to stigma or time constraints. One such employee is a 40-year-old software engineer experiencing depression, which has led to frequent absences and difficulty concentrating at work. Through the CoCM program, his primary care doctor's office engages him in treatment – he has phone check-ins with a care manager during lunch breaks, and his PCP, guided by a psychiatric consultant, optimizes his medications. Over a few months, his mood improves markedly. His attendance at work becomes regular and his productivity returns to previous levels. He avoids a short-term disability leave that was on the horizon when he was contemplating taking time off for treatment.



# Commercial Insurance

Additional items of unique interest to commercial insurers:

- **In Year Healthcare Cost Savings:**
  - Employers ultimately pay the bills for their employees' health care in fully-insured plans
  - Stressed, depressed employees often have more somatic complaints, more doctor visits, and higher medical claims.
- **Workplace Productivity and Disability Costs**
  - Beyond medical claims, employers care about **productivity** – days lost and performance at work. Untreated depression is a massive driver of disability claims and lost productivity.
- **Insurer Value Proposition:**
  - If the insurer is fully-insured, they benefit from reduced claims similar to MA plans.
  - If the insurer is administering a self-funded employer's plan, their incentive is to deliver value to that employer (to keep the business).

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# Summary



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# Preparing for conversations with payers

- Know who is paying - talk to the right person
- Develop clear materials and data
- Engage payers proactively
- Leverage multi-payer initiatives
- Monitor and communicate success



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# References

- American Psychiatric Association. (2025). *The Collaborative Care Model: Evidence and effectiveness*. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>.
- Blue Cross and Blue Shield of Kansas. (n.d.). *Line of Business (LOB)*. In *Glossary*. Blue Cross and Blue Shield of Kansas. Retrieved August 15, 2025, from <https://www.bcbsks.com/glossary/line-business-lob>.
- Centers for Medicare & Medicaid Services. (2025, April). Behavioral Health Integration Services MLN booklet (Publication No. MLN909432). <https://www.cms.gov/files/document/mln909432-behavioral-health-integration-services.pdf>
- Centers for Medicare & Medicaid Services. (n.d.). *Glossary*. HealthCare.gov. U.S. Department of Health & Human Services. Retrieved August 15, 2025, from <https://www.healthcare.gov/glossary>



# Resources Mentioned During the Session

- CoCM Registries – Examples & Templates:
  - [Registries for Collaborative Care - AIMS Center](#)
- Past Collaborative Care Trainings & Events from the CoE-IHS:
  - [Collaborative Care Model](#)
- CoCM Implementation Heat Map:
  - [Collaborative Care Heat Map - Path Forward](#)



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# Questions and Discussion



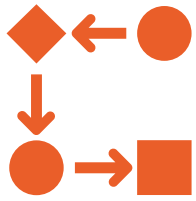
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Models of  
Integrated Care



Access to  
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Population Health  
in Integrated Care



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Integrated Care  
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# Upcoming Events & Helpful Links



**Sept. 16**

2-3 p.m. ET

**CoE-IHS Webinar:**  
Advancing  
Integrated Care via  
Collaborative  
Partnerships:  
Hospitals, Health  
Systems, CMHCs  
and CCBHCs

[Register Here](#)

**Sept. 22**

3-4:30 p.m. ET

**CoE-IHS Webinar:**  
Delivering  
Together:  
Integrated  
Approaches to  
Perinatal Care  
Across Health Care  
Organizations

[Register Here](#)

**Sept. 24**

2-3:30 p.m. ET

**CoE-IHS Webinar:**  
Strategies for  
Success: Delivering  
Care as a  
Collaborative Care  
Psychiatric  
Consultant

[Register Here](#)

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# Questions?



Email [Integration@TheNationalCouncil.org](mailto:Integration@TheNationalCouncil.org)



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The logo features a central orange square with white text. The text is arranged in four lines: 'NATIONAL', 'COUNCIL', 'for Mental', and 'Wellbeing'. The words 'for Mental' and 'Wellbeing' are in a script font, while 'NATIONAL' and 'COUNCIL' are in a sans-serif font. The square is set against a background of several overlapping, semi-transparent, light beige rounded rectangles of various sizes and orientations.

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