

Collaborative Care – Adequate Medicaid Reimbursement Is Critical for Broadscale Implementation

Connecticut Update – A State with Adequate Reimbursement

Written by Virna Little and Chase Walker



BOWMAN FAMILY
FOUNDATION

Commissioned by the Mental Health
and Research Institute LLC, a tax-exempt
subsidiary of The Bowman Family
Foundation

Collaborative Care (CoCM) – Adequate Medicaid Reimbursement Is Critical for Broadscale Implementation

Virna Little – Concert Health, Chase Walker – JG Research & Evaluation

Connecticut Update – A State with Adequate Reimbursement

Overview

This document is an update of the [July 2024 Issue Brief](#) showing a marked increase in the volume of Collaborative Care (CoCM) patients in states which have passed legislation for Medicaid to “turn on” the CoCM reimbursement codes. In fact, Medicaid “turning on” the codes has a major beneficial impact on the volume of not only Medicaid patients receiving CoCM, but also Medicare and Commercial patients. Data in the July 2024 Issue Brief related to the primary care clients of Concert Health in 10 states.

While more than 30 state Medicaids are now reimbursing the CoCM codes, (a) there is large variation as to the level of reimbursement by Medicaid and (b) in some states, a provider cannot bill more than one CoCM code per month for a Medicaid patient, even if billing two or three codes would be justified by the time spent.

Medicare reimbursement for most payment codes, including the CoCM codes, is generally considered to be low. Medicaid reimbursement levels for the CoCM codes range from approximately 40% of Medicare reimbursement to 130% of Medicare (with Oregon being the highest, at approximately 200% of Medicare). Of course, adequate reimbursement and the ability to bill more than one code per month is essential to achieving broad use of CoCM because most providers will view CoCM services as not sustainable unless they can at least “break even” financially.

Recommendations – Medicaid in all states should:

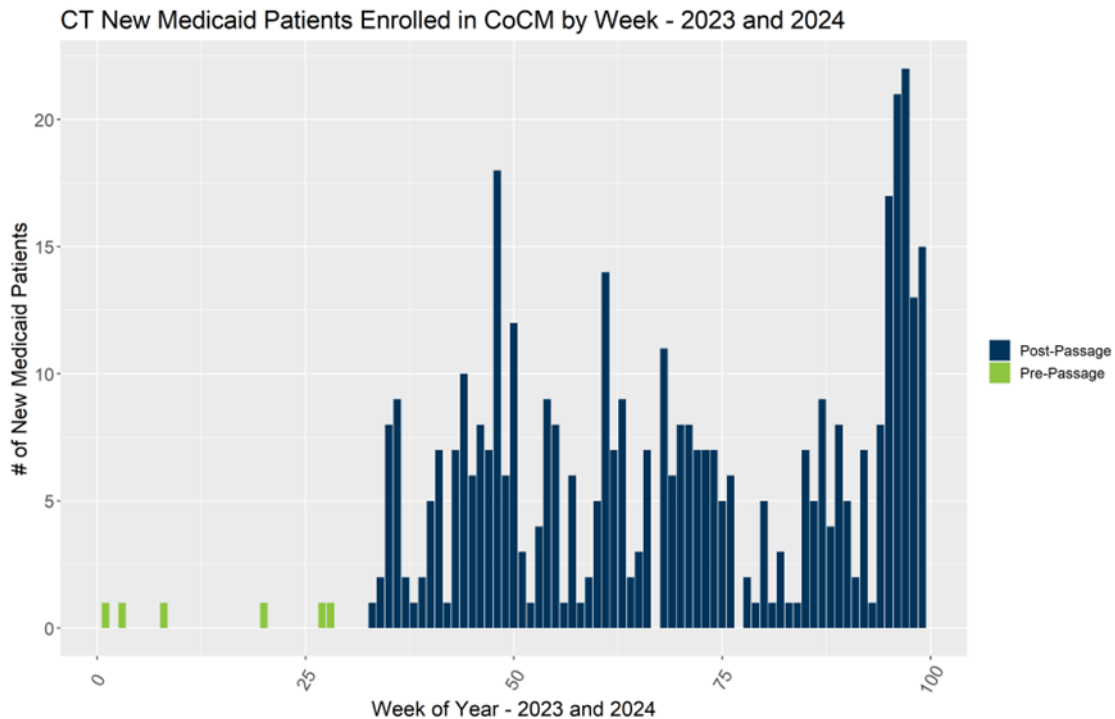
- Set fee-for-service (FFS) CoCM reimbursement at a level equal to at least 100% - 130% of Medicare FFS reimbursement (as is already happening in several states) and allow providers to bill more than one CoCM payment code each month when justified by time spent.
- Require Medicaid Manage Care Organizations (MCOs) to do the same.

Connecticut – Case Study

Connecticut is an example of just how quickly the number of providers offering CoCM care to Medicaid patients, and the number of Medicaid patients receiving CoCM, can increase when a state reimburses for CoCM under Medicaid and that reimbursement is adequate. In the July 24 Issue Brief, pages 4 and 5 focused on Connecticut volume data through most of 2023. Connecticut had “turned on” reimbursement for the CoCM codes in September 2023. Importantly, Connecticut Medicaid reimburses the various CoCM CPT codes at 110% to 118% of Medicare and allows billing of more than one CoCM code each month. As shown in the July 24 Issue Brief, there was a rapid increase in both provider adoption of CoCM and the number of patients in Q4 2023. The following pages show updated data for clients of Concert Health through most of 2024.

New Medicaid Patients

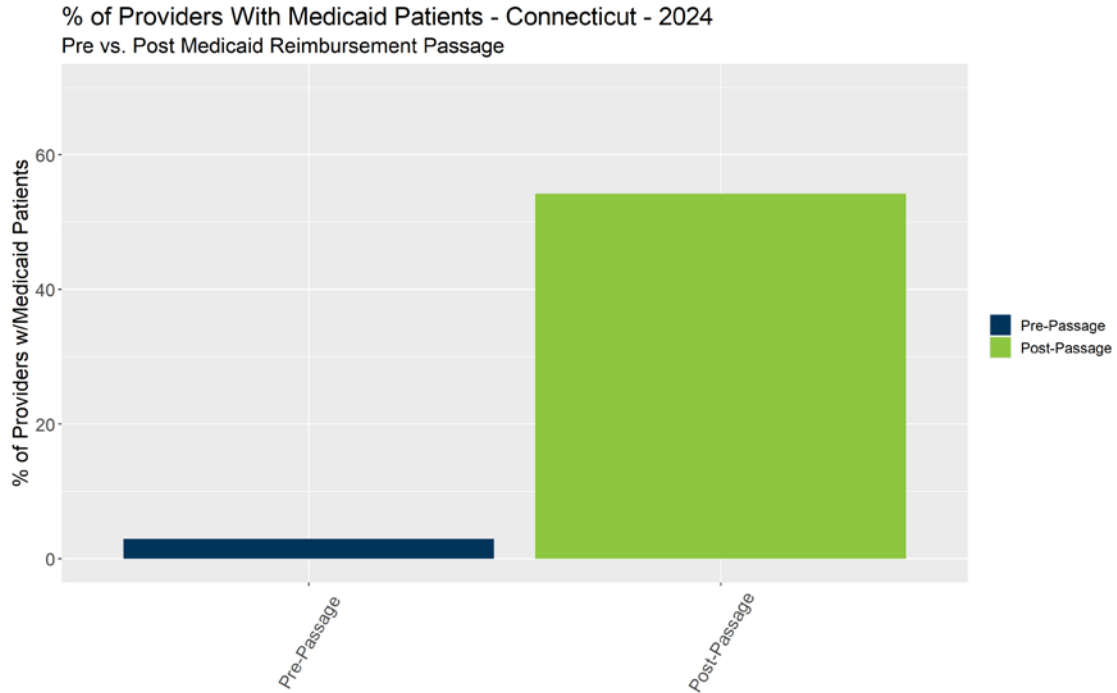
The number of new Medicaid patients has remained at an elevated level since code payment was approved in September 2023. There was an uptick at the end of 2024, which was due to Concert Health having added a fourth healthcare organization as a client in Connecticut. The current four organizations are made up of family practices, internal medicine, and women's health clinics, which are primarily part of larger health systems or private outpatient practices.



Provider Adoption

The percentage of providers who have enrolled Medicaid patients in CoCM has substantially increased as a result of Medicaid passage, as evidenced in the figure below. There were only 6 providers who had Medicaid patients prior to passage, while there are now a total of 180 providers who have had Medicaid patients. This growth has been driven by expanded adoption following the authorization of CoCM reimbursement, as well as the addition of a new organization.

Additionally, there has been growth in the total number of providers with CoCM patients. Examining the number of providers with commercially insured and/or Medicaid CoCM patients (combined): Prior to passage, there were a total of 202 such providers with CoCM patients, while there are now a total of 332 such providers with CoCM patients.



The figure below further breaks out the provider CoCM adoption for Medicaid patients by each of Concert's four client organizations in Connecticut. As can be seen, each of the organizations had notable increases in the percent of providers using CoCM for Medicaid patients. Of particular note is that Organization 2 had no providers with Medicaid patients pre-passage and now 35% of their providers have had Medicaid patients. Organization 4 was not in the Concert Health network pre-passage.

