

Medicaid Reimbursement for CoCM

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Introduction

Collaborative Care is an evidence based model to identify and treat patients with behavioral health conditions, predominantly depression and/or anxiety, in healthcare settings. Collaborative Care was recognized in 2017 by CMS with dedicated CPT codes. The inception of the CPT codes increased the number of organizations who began to both adopt and implement Collaborative Care, however it was demonstrated time and time again that without the ability to refer patients across the payer mix providers do not completely or adequately adopt collaborative care. To date, half of states have added the dedicated CPT codes onto their Medicaid fee schedules. For the states that have not approved the codes it is clear that the Medicare and commercial patients who could benefit from access to evidence based behavioral health treatment do not get referred.

Concert Health, a behavioral health medical group operating across 17 states, has seen the difference in provider adoption across states and organizations where the codes and services cannot be accessed for patients across the entire payer mix. For many it is the added workflow steps of having to check insurance and for others it may be the feeling that by not including the Medicaid population, the patients who are most in need, creates two “levels” of care to which they are unwilling to subscribe. ***It is clear that without addition to the state Medicaid fee schedule provider adoption is limited for the commercial and Medicare populations.***

This brief compares CoCM adoption within Concert Health across states that have varying levels of approval for reimbursement through Medicaid. There are three categories of states: those that allow CoCM reimbursement for Medicaid, those that do not allow CoCM reimbursement, and states where specific medical enterprises have chosen to provide care for Medicaid patients despite the state not having passed legislation for CoCM reimbursement. The support does vary by organization, some who cover for Medicaid patients broadly and others who have a charity care process. The states included in this analysis are shown in table 1. The start date of the observations and the number of patients is included in parentheses next to each state. There was a total of **49,849** patients covered in the below analyses, and observations go through the end of November 2023 across all states.

Table 1: Reimbursement Status by State

<i>CoCM Reimbursement for Medicaid Passed at inception:</i>	<i>CoCM Reimbursement for Medicaid Not Passed:</i>	<i>CoCM Reimbursement for Medicaid Not Passed, But Organizational Support for Medicaid:</i>
<ul style="list-style-type: none"> • Arizona (Date: 2019-10-01, N = 8,457) • California (Date: 2021-01-25, N = 2,879) • New York (Date: 2018-08-30, N = 17,710) 	<ul style="list-style-type: none"> • Arkansas (Date: 2022-07-28, N = 962) • Missouri (Date: 2021-12-02, N = 7,794) • Florida (Date: 2021-02-05, N = 7,907) • Connecticut (Date: 2019-09-16, N = 2,525) 	<ul style="list-style-type: none"> • Florida (One medical organization) • Georgia (Date: 2022-06-29, N = 226) • Oklahoma (Date: 2022-11-10, N = 1,389)

Notes: All data go through end of November 2023. Connecticut data goes through August 2023.

Federally Qualified Health Centers (FQHC's) and Rural Health Clinics were included in the analyses. Connecticut is included in the analyses as a non-passage state despite having recently started reimbursing CoCM at time of writing. Because CoCM reimbursement only recently started in Connecticut, data is not yet sufficient for in-depth analysis for pre- and post- passage analysis across all payer sources. Early data from the first two months of Connecticut allowing Medicaid reimbursement is presented near the end of this brief.

Adoption of Collaborative Care across Payor Sources

For states that have passed Medicaid reimbursement for CoCM, providers generally have higher numbers of patients on all insurance types relative to all states that have not passed legislation to reimburse for Medicaid, regardless of whether there is organizational support, as demonstrated in Table 5, which shows the average number of patients per provider by state and insurance type.

Table 2: Provider Patients - Avg. # of Patients per Provider - by State and Insurance Type

CoCM Passage Status	State	Commercial	Medicaid	Medicare
CoCM Not Passed	AR	5.25	2.64	1.94
CoCM Not Passed	CT*	7.44	1.00	1.53
CoCM Not Passed	FL	5.24	1.00	1.00
CoCM Not Passed, But Org Support	MO	7.49	4.79	2.31
CoCM Not Passed, But Org Support	FL	13.83	4.83	3.37
CoCM Not Passed, But Org Support	GA	3.36	3.15	2.09
CoCM Not Passed, But Org Support	OK	6.50	4.14	2.39
CoCM Passed	AZ	20.57	8.34	5.57
CoCM Passed	CA	13.41	9.10	4.54
CoCM Passed	NY	15.28	15.16	4.20

Notes: If a state has organization support, it means that the organization reimburses for Medicaid patients, despite statewide reimbursement for CoCM codes not being passed.

**CT began allowing Medicaid reimbursement in Sept. 2023, however, these data are from prior to this date in CT.*

There is clear evidence that legislation allowing reimbursement for Medicaid results in higher provider adoption of CoCM as a whole across all payers, including Medicare and commercial insurance. Table 3 shows the average number of patients per provider aggregated by state passage status, demonstrating that providers in passage states have significantly higher numbers of patients across all payer sources relative to non-passage states and states that provide organizational support.

Figure 1. Average Number of Patients per Provider

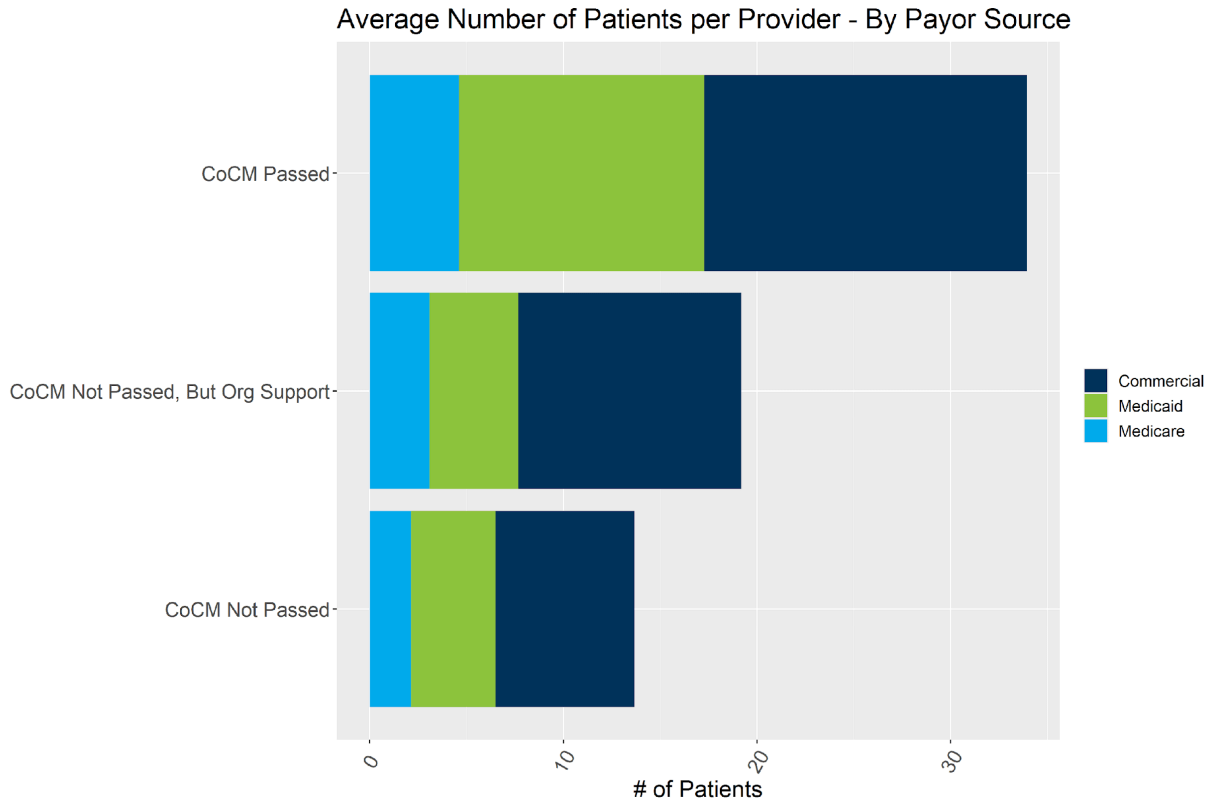


Table 3: Provider Patients - Avg. # of Patients per Provider - by State Passage Status and Insurance Type

CoCM Passage Status	Commercial	Medicaid	Medicare
CoCM Not Passed	7.17	4.37	2.13
CoCM Not Passed, But Org Support**	11.51	4.58	3.09
CoCM Passed**,*	16.68	12.65	4.61

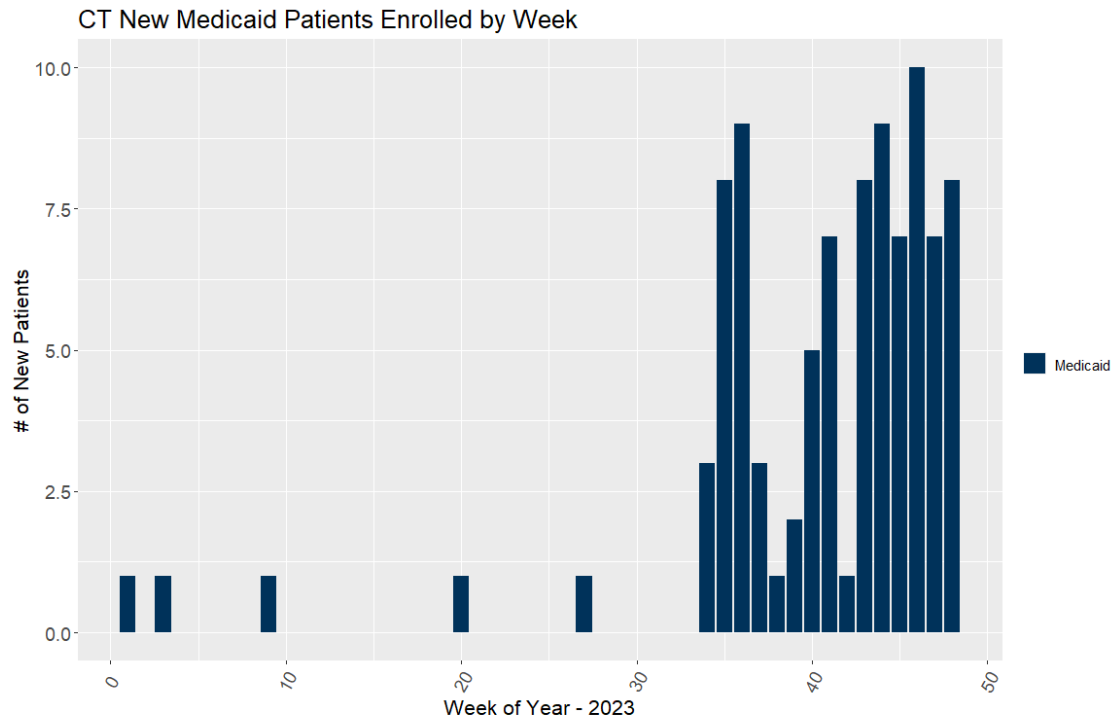
Notes: If a state has organization support, it means that the organization reimburses for Medicaid patients, despite statewide reimbursement for CoCM codes not being passed. CT began allowing Medicaid reimbursement in Sept. 2023, however, these data are from prior to this date in CT.

* Statistically significantly different from CoCM Not Passed (t-test for total patients)

** Statistically significantly different from CoCM Not Passed, But Org Support (t-test for total patients)

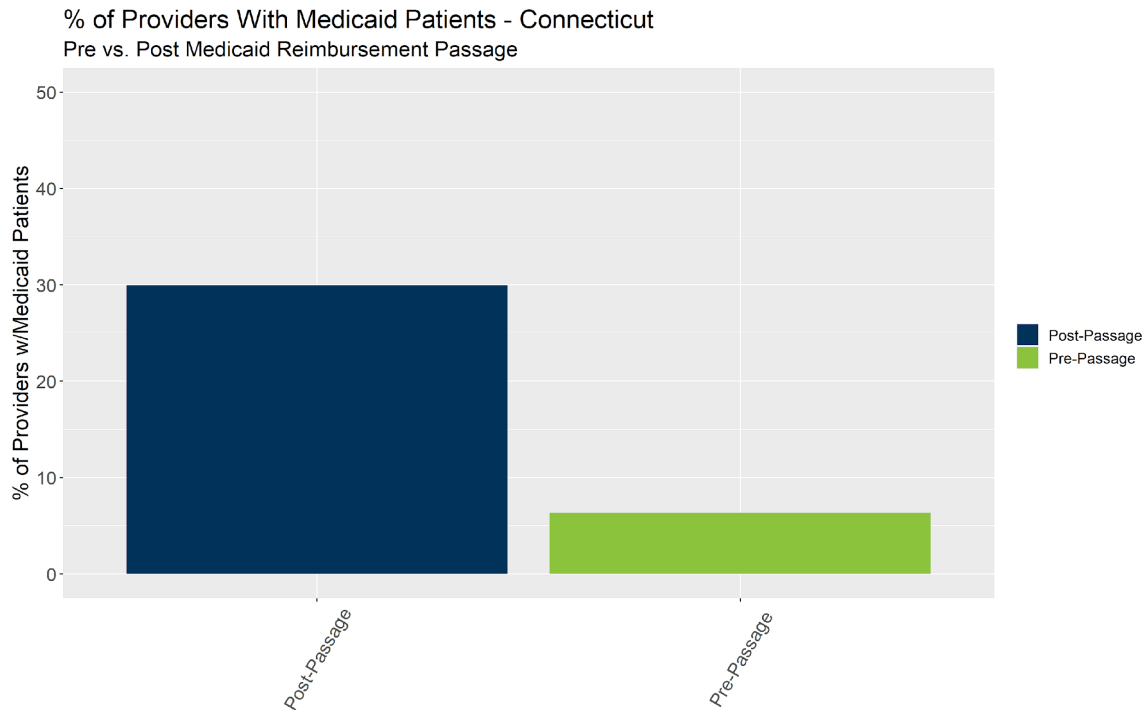
Connecticut is the most recent state to begin allowing reimbursement for Medicaid, beginning in September of 2023, and showed an immediate increase in Medicaid patient referrals, as evidenced by Figure 2, which shows number of new Medicaid patients referred by week.

Figure 2. Connecticut Medicaid Patients Enrolled by Week



In Connecticut, there was also a significant change in provider adoption of Medicaid patients after reimbursement began, with only around 6% of providers adopting Medicaid patients before reimbursement started in September of 2023, and nearly 30% of providers having adopted patients after September, as shown in Figure 3.

Figure 3. Connecticut Provider Adoption - Percent of Providers with Medicaid Patients

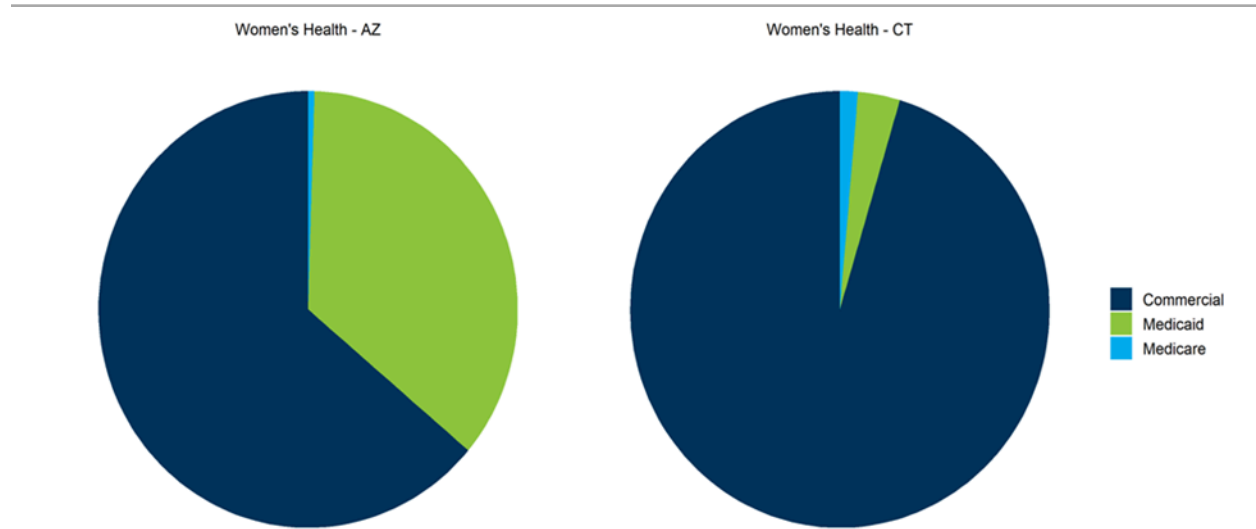


While it is too early to see the impact on patients for other payor sources in Connecticut, there is encouraging signs within health care organizations in the state that indicate the number of patients being referred to CoCM will increase as a result of this policy change. According to Matthew Saidel, the chief medical officer for Women’s Health Connecticut, prior to Medicaid reimbursement being allowed, *“Medicaid patients required an entirely different workflow and different providers for behavioral health referrals. Not only were they less likely to be referred, but the confusion was discouraging for all our providers and made them less likely to refer for even commercially insured patients.”* With reimbursement now allowed, Saidel expects referrals across all sources to *“increase due to the ease of the process.”*, which conforms with the *“value of Health Equity and reinforces the principle that behavioral health is an essential pillar of women’s healthcare”* according to Saidel.

At Women’s Health, which operates in both Arizona and Connecticut and has very similar patient population sizes, the differences in the patient mix are substantial, as Medicaid patients have made up only around 3% of the patients in Connecticut while making up over 35% of the patients in Arizona, as demonstrated in Table 4 and visualized in the pie chart. Over time, it is likely that Connecticut will begin

to see the distribution of patients across payer sources even out, while the ease of access increases across all payers due to Medicaid reimbursement being allowed.

Table 4: Women’s Health - Total Patients by Insurance - AZ vs. CT



State	Insurance	N	% by State
Women's Health - AZ	Commercial	1,179	63.83
Women's Health - AZ	Medicaid	659	35.68
Women's Health - AZ	Medicare	9	0.49
Women's Health - CT	Commercial	1,588	95.38
Women's Health - CT	Medicaid	54	3.24
Women's Health - CT	Medicare	23	1.38

Notes: This table shows all patient episodes, both closed and open across Women's Health in Arizona and Connecticut. Arizona has historically reimbursed for Medicaid, while Connecticut only began reimbursement for Medicaid in September of 2023.

Additionally, Women’s Health Arizona providers have a higher number of both commercial and Medicaid patients relative to Women’s Health Connecticut providers, as shown in Table 5.

Table 5: Provider Patients - Avg. # of Patients per Provider - by State and Insurance Type

State	Commercial	Medicaid	Medicare
Women’s Health - AZ	11.23	6.52	1.12
Women’s Health - CT	9.62	1.69	1.53

Notes: CT began allowing Medicaid reimbursement in Sept. 2023, however, these data are from prior to this date in CT.

When comparing provider adoption at Women’s Health, there is also a significantly higher number of providers who have Medicaid patients in Arizona relative to Connecticut, prior to Connecticut beginning to allow reimbursement, specifically just under 50% of providers in Arizona compared to only about 9% of providers in Connecticut, as shown in Figure 4.

Figure 4. Women’s Health Provider Adoption – AZ vs. CT

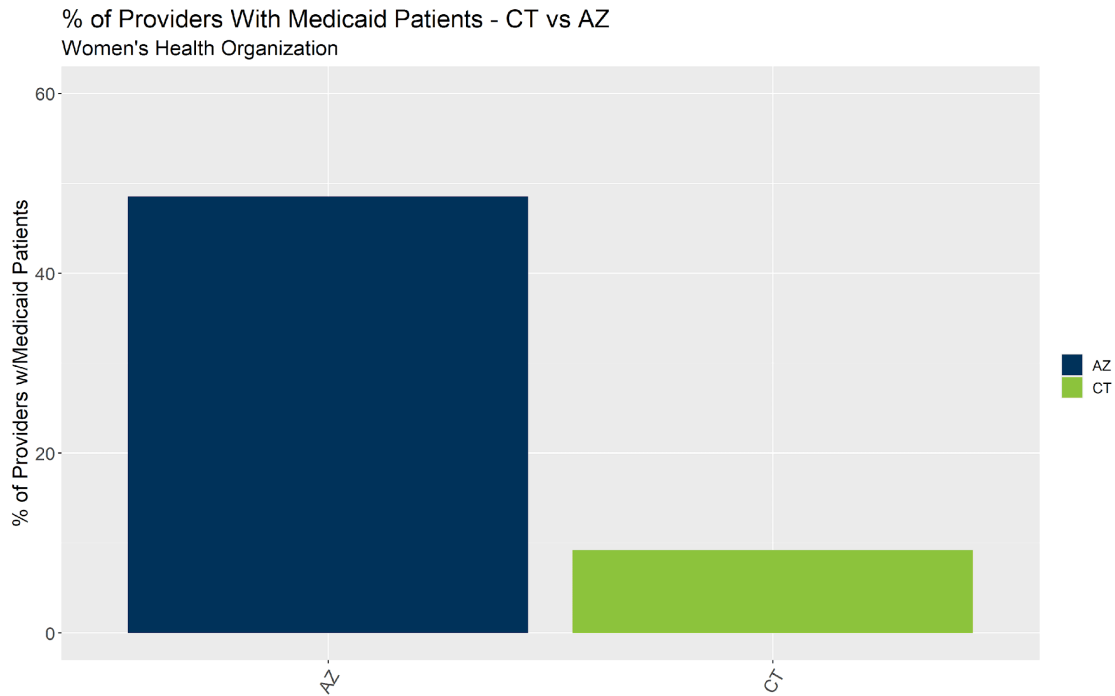


Table 6 shows the percentage of providers that have Medicaid patients by state and passage status.

Table 6: Provider Medicaid Adoption - % of Providers with Medicaid Patients - by State

State	CoCM Passage Status	Avg. Ratio of Providers in State with Medicaid Patients
AR	CoCM Not Passed	23%
CT	CoCM Not Passed	1%
FL	CoCM Not Passed	0%
MO	CoCM Not Passed	33%
FL	CoCM Not Passed, But Org Support	21%
GA	CoCM Not Passed, But Org Support	40%
OK	CoCM Not Passed, But Org Support	32%

State	CoCM Passage Status	Avg. Ratio of Providers in State with Medicaid Patients
AZ	CoCM Passed	30%
CA	CoCM Passed	71%
NY	CoCM Passed	54%

Notes: If a state has organization support, it means that the organization reimburses for Medicaid patients, despite statewide reimbursement for CoCM codes not being passed.

As more states increase access to CoCM through Medicaid reimbursement, evidence from the Concert Health population outlined in this brief suggest there will be improvements in efficiencies, uptake, and behavioral health care access through CoCM for all patients, regardless of background and payor source.