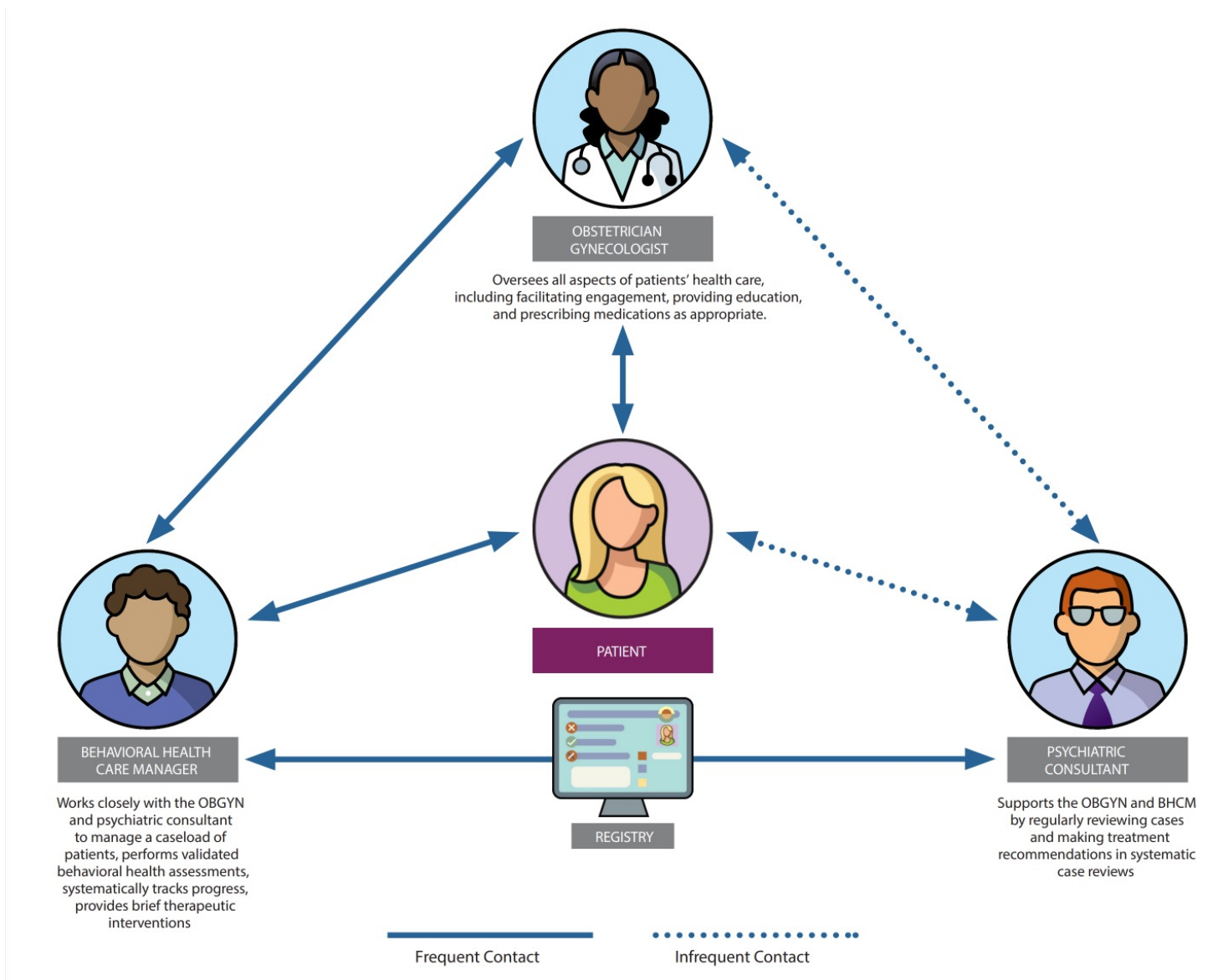


The Collaborative Care Model (CoCM) Program enables an Obstetrician Gynecologist (OBGYN), a psychiatric consultant, and a behavioral health care manager (BHCM) to support the patient in the women's health care office by screening for common behavioral health (BH) disorders (e.g., depression or anxiety) during medically focused visits.

The CoCM team works together, under the clinical direction of the OBGYN, to detect and provide evidence-based interventions for BH needs, measure patients' progress toward treatment targets, and adjust a patient's treatment plan when appropriate. When a BH need is detected, the clinical team offers enrollment into CoCM and proceeds according to the Clinical Team Model Structure below.



The Collaborative Care Model (CoCM) enables the clinical team to implement measurement-informed care plans based on evidence-based practice guidelines for common mental health problems. Each clinical team member plays a distinct role in CoCM, with key clinical, administrative, and billing responsibilities.



Obstetrician Gynecologist (OBGYN)

Clinical: Reviews mental health screening assessments and refers patients with positive screens to CoCM. Facilitates education, enrollment, patient engagement, prescriptions for recommended medications, and maintenance care once patient reaches an evidenced-based treatment target.

Administrative: Obtains verbal patient consent for CoCM and communicates with CoCM team regularly.

Billing: CoCM billing is processed under the OBGYN National Provider Identifier, so patient's medical benefits are utilized instead of behavioral health benefits.



Behavioral Health Care Manager (BHCM)

Clinical: Provides primary behavioral health support for patients through behavioral health assessments, measurement-based care, and brief evidence-based interventions. Meets with patient directly for initial and follow-up assessments and to administer brief therapeutic interventions as needed.

Administrative: Maintains patient registry to track progress, meets weekly with psychiatric consultant to review caseload, and communicates regularly with OBGYN. Licensure requirements vary by state and payer (many do not require licensure although behavioral health specialized training is recommended as a best practice) and BHCM does not need to be contracted with insurance panels, although, in some cases payers may require to be notified of the BHCMs on staff.

Billing: Records monthly minutes spent on CoCM services for each patient, which are logged in registry and submitted to billing team.



Psychiatric Consultant

Clinical: Provides psychiatric expertise through direct contact with the BHCM and OBGYN but, in most cases, has no direct contact with the patient. Supervises the BHCM and works with the BHCM and OBGYN to make treatment recommendations and create personalized care plans for each enrolled patient.

Administrative: Can be Psychiatrist, Physician Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP) licensed in the same state as OBGYN and does not need to be credentialed with patient's insurance. Holds weekly meetings with BHCM to develop care plans and make medication recommendations.

Billing: Consultation provided by psychiatric consultant is accounted for in valuation of CoCM codes.

Patient

Clinical: Actively participates in their treatment; remains in direct contact with both the BHCM and OBGYN.

Administrative: Provide verbal consent prior to enrollment in CoCM.

Billing: In some cases, responsible for a co-pay based on insurance but medical benefits are billed for behavioral health services.

