COLLABORATIVE CARE MODEL (COCM)

PCP Pocket Reference

Who qualifies for CoCM?

Patients are eligible if they:

- Screen positive on the PHQ-2, PHQ-9, or GAD-7
- Have an existing behavioral health diagnosis
- Would benefit from extra emotional or behavioral health support, in your clinical judgment, even without a screening tool

Talking points

- **I will work closely with a behavioral health care manager who will meet with you regularly to support your mental health goals.**
- **They'll also consult with a psychiatric specialist on our team, who can help guide any treatment, including medication, that I might prescribe.**
- **Depending on your needs, they may also connect you with outside counseling or other community resources, with your agreement.**
- **You can expect to hear from our care team within the next week to answer any questions and help schedule your first appointment.**

Advance consent is required for Collaborative Care Model (CoCM) services. The Centers for Medicare & Medicaid Services require that primary care clinicians get advance consent for billing.

Suggested talking points for advance consent:

- **We will bill for services for the Collaborative Care Model (CoCM) just like other medical services.**
- **Medicare and most insurance plans cover CoCM.**
- **It is important to know that you may still have to pay co-payments, coinsurance or your deductible.**
- **I will connect you with someone from my team who will explain the program, answer billing questions and support you throughout your treatment.**
- **Does that sound OK to you?**

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