

# Mandatory Documented Consent and Cost-Sharing Impede Access to Collaborative Care Psychiatry



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A recent article by Kaplan et al.<sup>1</sup> highlights two barriers to Collaborative Care Model (CoCM) implementation resulting from Centers for Medicare and Medicaid Services (CMS) billing code stipulations. We provide some brief additional comments.

First, we believe that the article's discussion of mandatory documented consent is incomplete. The authors are correct that the CoCM billing consent requirement and its corresponding documentation are onerous to primary care providers (PCPs).<sup>2</sup> In fact, we believe this to be the primary consent-related barrier to implementation. The CoCM consent process, which is similar in nature to that of Chronic Care Management (an analogous service for physical health problems), is primarily intended to ensure patients are informed of the clinical workflow of CoCM, which is different from other behavioral health services, and to establish the treatment as "incident to" the PCP. Consent also ensures that patients are aware of potential cost-sharing, which the authors again correctly note. However, the authors report that CoCM consent may alienate patients due to stigma or constitute a parity violation. Since the CoCM consent process mirrors that of Chronic Care Management, we do not see this as a parity challenge. Rather, we believe that CMS should ease pertinent regulations to allow time-intensive portions of the consent process (including workflow and cost-sharing discussions) to be partially conducted by the behavioral health care manager instead of exclusively by the PCP. This would keep the patient adequately informed while also alleviating PCP administrative burden.

Second, the article discusses specific barriers related to CoCM cost-sharing without mentioning potential solutions. Ultimately, we agree with the authors: if the overarching goal of behavioral health integration reimbursement is to improve access to affordable and evidence-based mental health care at scale, then policymakers must consider wholly eliminating cost-sharing for CoCM, which is a substantial barrier for many patients. A feasible pathway to mitigate this

obstacle would be to have CoCM, an evidence-based and high-value intervention for common mental health problems, recognized on the Affordable Healthcare Act (ACA) list of preventive services for all adults.<sup>3</sup> This designation would require CoCM to be exempt from cost-sharing across most payers, a facilitator that has already been adopted with success by some individual commercial insurers nationwide.<sup>4</sup>

We believe that the aforementioned modifications to CoCM policy would, as Kaplan et al. also note, increase patient and provider participation in CoCM and improve financially sustainable outcomes at scale.

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