

Collaborative Care Model in North Carolina Update

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Objectives

- Trace the evolution of Collaborative Care Model (CoCM) in NC
- Examine current trends and patterns in CoCM utilization across the state
- Review recent CoCM billing updates
- Highlight initiatives supported by the NCDHHS that promote and sustain CoCM

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The Evolution of CoCM in NC

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Slide 1

GD1 When all changes are completed, you'll need to perform an accessibility check. There's no way the red text on slide 26 will fly. Choose review, then check accessibility.

Guy, Dan, 2026-04-27T20:44:42.620

WB1 0 Changes completed

Watson, Brittany N, 2026-04-27T21:06:27.772

WB1 1 Slide 26 was provided by CCNC, so I can't edit it. Unless you all have a way to do that

Watson, Brittany N, 2026-04-27T21:08:51.430

Slide 4

CV1 Is there supposed to be a number associated with this? Otherwise this sentence is a bit unclear.

Correa, Veronica A, 2025-05-13T17:24:23.165

WB1 0 corrected

Watson, Brittany N, 2025-05-14T19:02:45.729

CV2 Confirming that we/NC Medicaid have purchased the rights to these stock photos.

Correa, Veronica A, 2026-04-27T20:06:31.323

WB2 0 Yes this is the same deck that was approved and used last year...

Just updated the data

Watson, Brittany N, 2026-04-27T21:03:10.678

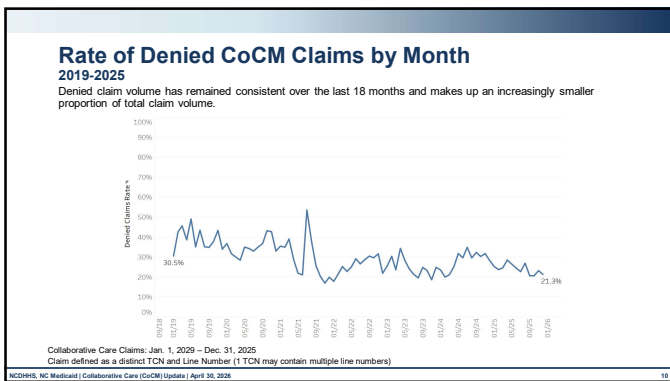
Slide 7

GD1 This text is way too small and you can make the QR code smaller. Please put executive summary on one slide and the figure on a second slide, but it should be accessible. May need to recreate.
Guy, Dan, 2026-04-27T20:39:37.296

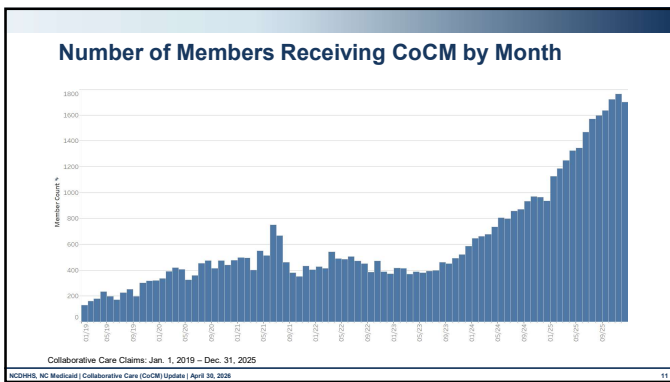
WB1 0 Enlarged. The point is to direct individuals to the document, not for them to read this image word for word.
Watson, Brittany N, 2026-04-27T21:04:19.819

Slide 9

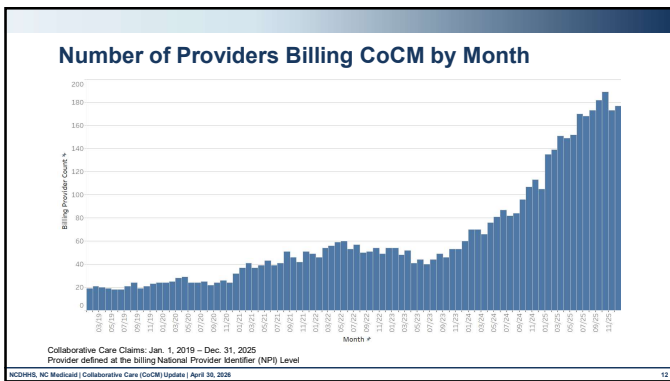
CV1 Add alt text for graphs
Correa, Veronica A, 2026-04-27T19:55:03.907



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Slide 16

CV1 Recommend putting this screenshot on its own slide

Correa, Veronica A, 2026-04-27T19:57:34.058



CoCM Billing Updates

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Billing Refresher

99492 – Initial psychiatric collaborative care management, first **70 minutes** in the first calendar month

99493 – Subsequent psychiatric collaborative care management, first **60 minutes** in a subsequent month of behavioral health care manager activities

G2214 – Initial or subsequent psychiatric collaborative care management, first **30 minutes** in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional

99494 – Initial or subsequent psychiatric collaborative care management, each **additional 30 minutes** in a calendar month

G0512 coverage ended Dec. 31, 2025. Now, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are required to report Collaborative Care Model (CoCM) services using one or more of the individual codes that previously comprised G0512 (99492, 99493, 99494, G2214).

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Review of NCDHHS-sponsored CoCM Initiatives

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SUPPORT ✓

COVERAGE ✓

CAPACITY BUILDING ✓

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CoCM Capacity Building Funding

COLLABORATIVE CARE MANAGEMENT (CoCM) CAPACITY BUILDING FUND APPLICATION

CoCM Capacity Building Fund Application Announcement

On behalf of the North Carolina Department of Health and Human Services (NCDHHS), Community Care of North Carolina (CCNC) accepting applications for the Collaborative Care Management (CoCM) capacity building funding for primary care practice entities. If you are a primary care entity serving Medicaid patients and are interested in learning about CoCM and related capacity building opportunities, we invite you to watch the recorded webinar from October 30, 2024 for an overview, [here](#).

Hurricane Helene Note: We are keenly aware that some practices in Western North Carolina are still recovering from the storm and find it difficult to apply for funds at this time. Efforts will be made to ensure that practices impacted by the hurricane will still have opportunity to apply for inclusion in the program.

Capacity Building Application

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CoCM Capacity Building Funding

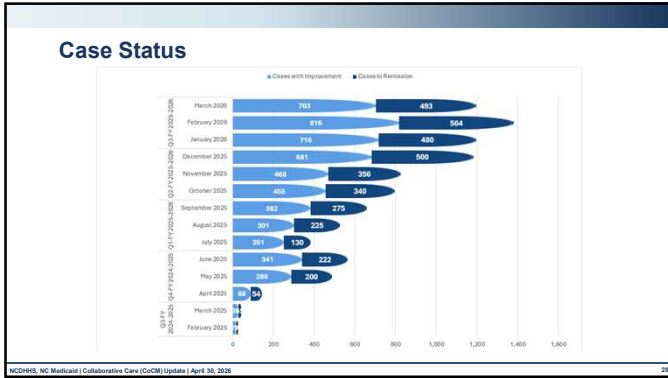
Primary care practice entities may apply on behalf of one or more primary care clinic sites.

- Each clinic site may be eligible to receive awards of **\$50,000 to newly adopt** the CoCM model in-house
- **\$30,000** for practices that have **already adopted the CoCM model in-house and want to expand**
- **\$20,000** for practices that plan to **newly adopt the CoCM model by outsourcing** to an external vendor

Qualifying primary care practice entities may receive a maximum of one award per primary care practice site. Each award may be used across up to three primary care practice sites. A primary care practice entity applying on behalf of multiple primary care practice sites may receive a maximum of three awards per entity (covering a maximum of nine sites)

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- ### Next Steps
- Complete the analysis of capacity building grant recipients
 - Continue to monitor utilization and outcomes
 - Work with the Consortium to facilitate sustainability for practice support long-term
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- ### Conclusion
- NC faces significant behavioral health challenges
 - CoCM is an evidence-based approach to managing mild to moderate mental and behavioral health conditions within the primary care setting
 - Primary care practices across the state are increasingly adopting CoCM
 - NC has made strategic investments in CoCM to support practices in implementing this valuable service for their patients
 - Additional support is needed to sustain the model statewide
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Q&A/Contact Information

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