

Attestation for Collaborative Care Model (CoCM)

This attestation is for any single provider or provider group to attest that they are actively providing care consistent with the core principles and specific function requirements with the Collaborative Care Model (CoCM) as described in the agency's Collaborative Care Model Guidelines.

Submission on behalf of individual billing provider or billing group practice:

Individual billing provider

Billing address:	Billing NPI number:
Billing/lead provider must be one of the following provider types: (Check your provider type.) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> ND <input type="checkbox"/> ARNP	Telephone number:
Email:	
NOTE: requires each billing provider submit an attestation	
Provider Name:	

Billing group practice

Billing provider name:	Billing NPI number:
Servicing provider name(s):	Servicing provider(s) location:
Servicing provider(s) NPI:	
Billing address:	Telephone number:
CoCM lead provider must be one of the following provider types: (Check the provider type of provider[s] in your practice.) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> ND <input type="checkbox"/> ARNP	Email:

NOTE: attestation must cover all servicing providers within the practice attesting that they are actively leading care consistent the core principles and specific function requirements with the CoCM, and ensure new medical providers that will be leading the collaborative care are trained in CoCM.

If your practice bills under one base location and has several servicing locations, each servicing location must submit an attestation to provide and be reimbursed for CoCM service.

For practices with multiple sites with their own billing NPI's, each site must submit its own attestation.

If there are multiple providers within the practice, you are attesting that those individuals being identified as the servicing provider on the claim billing the CoCM services, are one of the above provider types, are trained and actively providing care consistent with the core principles, and specific function requirements for CoCM.

You attest that your practice is actively providing care in a Collaborative Care Model as described in the agency guidelines. This CoCM includes the following required principles:

(Check each to verify.)

- Patient Center Team Care
 - I. Primary care/medical provider leading the collaborative care team
 - II. Behavioral health care manager working with the lead medical provider
 - III. Psychiatric consultation working with the lead medical provider
 - IV. Beneficiary-client
- Team structure with staff identified in the guideline
- Measurement-based treatment to target using validated tools
- Accountable care using a registry

I have received and reviewed the CoCM guidelines, understand them, have received training, and have implemented the CoCM consistent with said guidelines, and agree to comply with said guidelines. By signing this attestation, you are attesting that you, the individual, or the group practice are actively practicing a collaborative care model consistent with that described in the agencies CoCM guideline. If at any time you, the individual, or the group practice no longer meets the requirements for CoCM, you will immediately notify the agency by contacting provider enrollment at 360-725-2144.

The person signing this form must have the authority to attest that the CoCM guidelines are being adhered to.

Print name and title _____

Signature _____ Date _____

Fax, mail or scan and email this completed and signed form to:

Provider Enrollment
PO Box 45562
Olympia, WA 98504-5562
Or fax to 360-725-2144, Attn: Provider Enrollment
Or email providerenrollment@hca.wa.gov