BlueCross BlueShield of Illinois

Utilization Management – Equity in Behavioral Health

In August 2021, Governor JB Pritzker signed into law Illinois House Bill 2595 (Public Act 102-0579), the Generally Accepted Standards of Behavioral Health Care Act of 2021. IL HB 2595 requires that insurers cover all medically necessary behavioral health care services as essential health benefits, beginning Jan. 1, 2023, for all eligible members.*

Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to increasing awareness and removing barriers to care for mental, emotional, nervous or substance use disorders. While there are no changes to our members' benefits related to IL HB 2595, this quick reference guide is intended to offer an overview of key points for providers.

What's utilization management?
Utilization management (UM) programs are in place to help promote quality, accessibility and affordability of care for our members. UM includes prior authorization and other processes that use evidence-based *clinical review criteria* to confirm medical necessity. *Medically necessary services* are services prescribed by providers, using their own prudent clinical judgment, that are: clinically appropriate, not primarily for convenience, and no more costly than alternative clinically appropriate services.

How are clinical review criteria developed?
Review criteria are developed based on current clinical principles and processes with involvement from appropriate practitioners with current knowledge relevant to the criteria under review. BCBSIL's UM programs are updated annually with the most recent available research and align with professional guidelines, such as the American Society of Addiction Medicine (ASAM).

How are clinical review criteria applied?
BCBSIL uses written clinical criteria based on clinical evidence to make utilization management decisions regarding the medical necessity of covered items and services. The clinical criteria consider individual circumstances and the local delivery system when making medical necessity determinations for medical and behavioral health care services. Approved lengths of stay and frequency of review are indicated in the criteria used and are specific to the conditions and requested treatment.

How does IL HB 2595 affect providers?
IL HB 2595 helps spotlight behavioral health care as something that should be business-as-usual. With that objective in mind, **there's nothing you need to do differently**. Rather, continue to:

- **Talk with members about their behavioral health,** and make sure they're aware of symptoms to watch for and available treatment options.
- Prior to rendering care and services, **check eligibility and benefits** to confirm if prior authorization is required.
- For commercial non-HMO members, if prior authorization isn't required, consider submitting an optional request for recommended clinical review (predetermination).
- **Refer to clinical review criteria** to understand what clinical documentation should accompany your request.

Where to View Clinical Review Criteria Information
The Utilization Management section of our Provider website includes information and resources to help you navigate. Refer to our **Prior Authorization Support Materials** pages for Commercial and Government Programs for:

- **Links to information on clinical review criteria** for BCBSIL and utilization management vendors
- **Prior authorization code lists** and digital lookup tools
- **Utilization management process overview** (when and how to submit requests for review)

We're Here To Help
The BCBSIL Provider Network Consultant (PNC) team conducts ongoing orientation webinars for providers. There's also a monthly Provider Hot Topics webinar so you can connect with your PNC for an informal Q&A. Check our Webinars and Workshops page for dates, times and online registration.

**BCBSIL plans in scope include the following: Commercial fully insured; Illinois Medicaid – Blue Cross Community Health Plans℠ and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠; Administrative Services Only (ASO) plans offered to state employees and by employers that are municipalities, counties or public schools*

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