



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY**

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER GCS-IL-MA-04A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 1-1-2013
POLICY TITLE: Collaboration Between Primary Care Physicians and Behavioral Health Practitioners		EFFECTIVE DATE:
		LAST REVISION DATE: 4-21-2021
EXECUTIVE OWNER: Executive Director, Clinical Programs Strategy and Oversight	BUSINESS OWNER: Executive Director, Clinical Programs Strategy and Oversight	LAST REVIEW DATE: 4-21-2021

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

This Policy applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
Medicare MAPD/ H3822/H8547	X

II. PURPOSE

Blue Cross and Blue Shield of Illinois promotes collaboration between medical and behavioral health practitioners.

III. POLICY

To facilitate continuity and coordination of medical care with behavioral health care.

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
Medicare Advantage HMO Manager, Illinois Provider Performance Management	<p>Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements.</p> <p>A random sample of members included in the Complex Case Management Program are reviewed each year and the BCBSIL Nurse Liaison scores documentation of whether the element was addressed by the delegated case manager.</p>

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-04B	Collaboration Between Primary Care Physicians and Behavioral Health Procedure	GBS SharePoint Library

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
N/A	Blue Cross Medicare Advantage (HMO) Provider Manual - MA HMO Policy and Procedure: https://www.bcbsil.com/pdf/standards/manual/ma_hmo_policy_and_procedure.pdf

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Tammy Wald, RN	Executive Director, Clinical Programs Strategy and Oversight	4-21-2021

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review: New Policy Template	4-21-2021

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
IL Provider Performance Management	Tammy Wald, RN	Executive Director, Clinical Programs Strategy and Oversight	4-21-2021

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