



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS  
MEDICARE ADVANTAGE PROCEDURE**

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

**I. SCOPE**

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

This Procedure 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. POLICIES IMPLEMENTED BY PROCEDURE**

This Procedure implements the following Policies:

Collaboration Between Primary Care Physicians and Behavioral Health Practitioners Policy, GCS-IL-MA-04A. This procedures document ensures there is a documented process for Collaboration Between Primary Care Physicians and Behavioral Health Practitioners.

**III. PROCEDURE**

1. Primary Care Physicians (PCPs) and Behavioral Health (BH) Practitioners are encouraged to communicate, with written patient consent, to promote continuity and coordination of care.
2. The PCP and BH Specialist should request a signed consent for the release of information form the patient to facilitate communication between the PCP and the BH professional for coordination of the patient's care.
3. The consent form should be consistent with current state and federal requirements.

4. Communication should include but is not limited to:
  - Diagnosis
  - Treatment
  - Referral (if applicable)
  - Relevant co-existing medical and behavioral conditions and medications that have been prescribed to minimize the likelihood of drug interactions and increase the recognition of medication side effects.
  
5. 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

#### 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. SOURCES/REFERENCES

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

#### VI. AUTHORITY AND RESPONSIBILITY

Stephanie White, Director, Delegation Oversight

**VII. PROCEDURE REVIEWERS**

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

**VIII. PROCEDURE REVISION HISTORY**

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

**IX. PROCEDURE APPROVALS**

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