

Commercial Utilization Management

Clinical Review Criteria Provider Education 2023

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Background

Illinois House Bill 2595 (Public Act 102-0579), *Accepted Standards of Behavioral Health Care Act of 2021*, went into effect on Jan. 1, 2023.

The legislation helps combat the growing mental health and addiction crisis facing our state and nation by expanding access to quality and reliable insurance coverage for mental health care.

An aspect of the law requires insurers to deliver annual training to staff, vendors, providers and members on criteria used to make determinations.

- Insurers must educate their staff, including third party contracted reviewers.
- Insurers must also educate other stakeholders, including the insurer's participating or contracted providers and potential participants, beneficiaries, or covered lives.
- The education must be provided annually and made available to the stakeholders.

Clinical Review Criteria Introduction

Blue Cross and Blue Shield of Illinois (BCBSIL) uses several different criteria sources to determine medical necessity for Commercial members.

All sources are evidence-based, promoting improved quality of care, better patient outcomes, and reduced costs for health care systems.

This training is intended to provide a general overview of Commercial clinical review criteria. It spotlights BCBSIL's Medical Policies and Pharmacy Guidelines, as well as external clinical review criteria sources, such as the examples below.







Clinical Review Criteria BCBSIL Medical Policies

BCBSIL Medical Policies are based on research that provides evidence of scientific merit for a particular medical technology. Technology determinations used in Medical Policies are based in part on criteria developed by the Blue Cross and Blue Shield Association's Technology Evaluation Center (TEC).

BCBSIL Medical Policies are also based on data from the peer-reviewed scientific literature, criteria developed by specialty societies, and guidelines adopted by other health care organizations.

BCBSIL Medical Policies are used as guidelines for coverage determinations in health care benefit programs, unless otherwise indicated.

For more information, refer to the <u>Medical Policy page</u> in the Standards and Requirements section of our Provider website.



Clinical Review Criteria BCBSIL Pharmacy Guidelines

Pharmacy medical necessity criteria follow all state and federal regulatory and applicable industry standards. This eliminates unfair rules for any category of treatment.

Prime Therapeutics is our pharmacy benefit management vendor. Pharmacy criteria are developed using the following resources:

- U.S. Food and Drug Administration (FDA) approved labeling
- Compendia, including:
 - Clinical Pharmacology
 - DrugDex[®]
 - National Comprehensive Cancer Network
 - The American Society of Health System Pharmacists
- Evidence-based practice
- Clinical Trials published in peer-reviewed journals

For more information on Pharmacy criteria, visit Prime's website.

Clinical Review Criteria

American Society of Addiction Medicine (ASAM)

The ASAM Criteria[®] is the most widely used and comprehensive set of standards for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

This criteria is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

The ASAM Criteria was designed to support multi-dimensional assessments and treatments, attending to the multiple needs of each person-not simply his or her alcohol or drug use.

The criteria places a greater emphasis on the need for integrated care, addressing both the mental and physical health disorders present in patients with addictions.

For more information, visit the <u>ASAM website</u>.

Also refer to this publication from ASAM: <u>An Introduction to The</u> <u>ASAM Criteria for Patients and Families</u>



Clinical Review Criteria

MCG provides industry-leading evidence-based care guidelines used to determine medical necessity for multiple levels of care.

After analysis of peer-reviewed papers and research studies each year, guidelines are updated in strict accordance with the principles of evidence-based medicine. Each year, thousands of references are reviewed and ranked, with unique citations.

Care guidelines from MCG provide access to evidence-based best practices and care-planning tools across the entire care journey, supporting clinical decision-making and efficient transitions between care settings.

BCBSIL uses MCG care guidelines for review of multiple levels of care for Commercial members, including:

- Acute Inpatient
- Outpatient Medical and Surgical Procedures
- Secondary Settings (rehab, skilled nursing facility, long-term acute care)
- Home Care
- Behavioral Health

For more information, visit the <u>MCG website</u>. MCG Care Guidelines are accessible to providers via the BCBSIL-branded Payer Spaces section in <u>Availity® Essentials</u>, under the Resources tab.



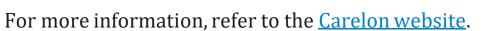
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Clinical Review Criteria Carelon Clinical Guidelines

Carelon Medical Benefits Management (formerly known as AIM Specialty Health®) is an external utilization management vendor that provides clinical solutions to drive appropriate, safe, and affordable care.

Carelon promotes optimal care through use of evidence-based clinical guidelines for an expanding set of clinical domains,* including:

- Acute Inpatient
- Radiology
- Cardiology
- Oncology
- Specialty drugs
- Sleep medicine
- Musculoskeletal care
- Rehabilitation
- Surgical procedures
- Genetic testing



*Note: Carelon utilization management services are only used for commercial groups with packages including one of the above services.



Clinical Review Criteria Additional Information

The information in this presentation is intended to offer a general overview for providers regarding clinical review criteria that typically apply.

It's important to note that some BCBSIL Commercial employer group contracts may specify criteria stipulations that determine coverage or exclusion for specific treatments/procedures for their members.

We're Here To Help

The <u>BCBSIL Provider Network Consultant (PNC) team</u> conducts ongoing orientations and other 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 <u>Webinars and</u> <u>Workshops</u> page for dates, times and online registration.

Additional information/education is available upon request.

Disclaimers

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the conditions of the patient in determining the appropriate course of treatment. References to other third party sources or organizations are not a representation, warranty or endorsement of such organizations. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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MCG (formerly Milliman Care Guidelines) is a trademark of MCG Health, LLC (part of the Hearst Health network), an independent third party vendor.

Carelon Medical Benefits Management (formerly AIM Specialty Health) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Prime Therapeutics LLC (Prime) is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and other related services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL.

BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

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