



Provider Performance – Adm 64 -Member Access to Behavioral Health Services
HMO Policy and Procedure

**BLUE CROSS BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Provider Performance	
POLICY NUMBER: Admin 64	POLICY TITLE: Member Access to Behavioral Health Services
EXECUTIVE OWNER: Executive Director	BUSINESS OWNER: Manager, Provider Performance
ORIGINAL EFFECTIVE DATE (IF KNOWN): 1/01/2001	COMMITTEE APPROVAL DATE: 12/19/2024

I. SCOPE

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]
HMO Commercial	X
HMO IFM	x

II. PURPOSE

- To establish guidelines for service availability for behavioral health care
- To establish guidelines for telephone access to behavioral health services where there is centralized triage and referral process in place
- To establish guidelines for access to behavioral health care for time and proximate distance standards

III. POLICY

Behavioral Health services must be provided to all members in accordance with the established access standards. All Independent Physician Associations all Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”) must have a written policy and procedure in place addressing the process of accessing behavioral health services, whether the management of the services is delegated or performed within the IPA. This policy is applicable to behavioral health services. Behavioral Health services include psychiatric or mental health and substance use disorder, formerly known as chemical dependency.

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	HMO Medical Service Agreement

V. RELATED DOCUMENTS

Member Access to Behavioral Health Services – Administrative 64A

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
State	IL Senate Bill 0471 – Time Distance for Behavioral Health Services

VII. IMPACTED BUSINESS AREAS

HMO Provider Network
BCBSIL IL Analytics
BCBSIL Regulatory Implementation

VIII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Jessica Whaley	HMO Provider Network Consultant	12/9/2024
Danielle Washington	Manager, Provider Performance	12/16/2024

IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
No changes	12/16/2024

X. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			12/19/202
CMO	Geoff Guiton	Executive Director, Provider Performance	12/16/2024

**BLUE CROSS BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Provider Performance	
POLICY NUMBER: Admin 64A	POLICY TITLE: Member Access to Behavioral Health Services
EXECUTIVE OWNER: Executive Director	BUSINESS OWNER: Manager, Provider Performance
ORIGINAL EFFECTIVE DATE (IF KNOWN): 1/01/2001	COMMITTEE APPROVAL DATE: 12/19/2024

I. SCOPE

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]
HMO Commercial	x
HMO IFM	x

II. PROCEDURE

- A. Behavioral Health services must be provided in accordance with the following access standards with written documentation provided to the HMO as requested:
1. Access to care for life-threatening emergency immediately
 2. Access to care for non-life-threatening emergency within six hours of request
 3. Access to urgent care within 24 hours of request
 4. Access to an outpatient appointment for a routine office visit or initial evaluation by the facility or provider
 - a. For timely and proximate access to treatment, HMO member’s residing in the metropolitan counties of Cook, DuPage, Kane, Lake, McHenry, and Will:
 1. Shall not have to travel longer than 30 minutes or 30 miles from the HMO member’s residence,
 2. Shall not be required to wait longer than 10 business days between requesting an initial appointment and being seen by the facility or provider, and
 3. Shall not have to wait longer than 20 business days between requesting a repeat or follow-up appointment and being seen by the facility or provider. however, a network plan shall not be held responsible if the beneficiary or provider voluntarily chooses to schedule an appointment outside of these required time frames.
 - b. For timely and proximate access to treatment, HMO member’s residing in all other Illinois counties:
 1. Shall not have to travel longer than 60 minutes or 60 miles from the HMO member’s residence,

2. Shall not be required to wait longer than 10 business days between requesting an initial appointment and being seen by the facility or provider, and
3. Shall not have to wait longer than 20 business days between requesting a repeat or follow-up appointment and being seen by the facility or provider.

Note; If the HMO member and behavioral health provider voluntarily chooses to schedule an outpatient appointment outside of these required time frames, a network plan shall not be held responsible for the voluntary time frames.

B. In addition, the following are required when centralized triage and referral are applicable:

1. Telephone answered by non-recorded voice within 30 seconds
2. Abandonment rate (the percentage of phone calls where member disconnected before the call was answered) less than five percent

C. The policy and procedure of the IPA must meet the following HMO access standards for behavioral health services:

1. Provide and/or refer for life-threatening emergency care immediately
2. Provide and/or refer for non-life-threatening emergency care within six hours of request
3. Schedule and provide urgent care within 24 hours of request
4. Schedule outpatient routine appointments or initial evaluation within 10 business days including applicable criteria described above under Procedure, a. 4.
5. Arrange for an answering system after office hours that members can access through the usual office protocol:
 - Response to emergency phone calls should be within 30 minutes
 - Response to urgent phone calls should be within one hour
 - For life-threatening emergencies, members should be referred to the appropriate Health Care Facility

D. In addition to the above standards, the policy and procedure of IPAs with centralized screening and triage must also meet the following HMO access standards for behavioral health services.

Arrange for telephone access to screening and triage, if applicable, as follows:

- Callers reach a non-recorded voice within 30 seconds
- Abandonment rates do not exceed five percent at any given time

E. Any Behavioral Health Organization or IPA offering centralized triage and referral for behavioral health services must submit telephone reports quarterly to Blue Cross Blue Shield of Illinois. The reports must include the average speed of answer and the call abandonment rate. Telephone reports are reviewed by the QI Committee on a quarterly basis. IPAs that do not consistently meet phone triage standards may be required to submit corrective action plans.

F. For IPAs that are unable to separate behavioral health telephone statistics from medical, the IPA s will document in the IPA UM plan that their IPA does not have centralized triage and referral services for behavioral health.

G. The HMO may monitor compliance with the centralized triage and referral guidelines through review of any of the following:

1. Annual evaluation of the Utilization Management (UM) Plan
2. Annual UM adherence audit
3. Quarterly Contract Management Firm Report, if applicable
4. HMO member satisfaction surveys
5. Member complaints

6. Practitioner on-site audits performed by the HMO to monitor behavioral health access standards
7. Telephone reports related to HMO access standards

III. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself or if the Controls are lengthy, a summary of the Controls is provided.

IV. AUTHORITY AND RESPONSIBILITY

BCBSIL HMO Provider Network and Enterprise Network Adequacy Team

V. RELATED DOCUMENTS

Member Access to Behavioral Health Services

VI. SOURCE/REFERENCES

Federal/State	Regulatory Requirements & References
State	IL SB 471 Time Distance for Behavioral Health Services

VII. IMPACTED BUSINESS AREAS

HMO Provider Network
BCBSIL Regulatory Implementation

VIII. IMPACTED EXTERNAL ENTITIES

BCBSIL HMO IPAs

IX. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Jessica Whaley	HMO Provider Network Consultant	12/9/2024
Danielle Washington	Manager, Provider Performance	12/16/2024

X. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
No changes	12/16/2024

XI. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			12/19/2024
CMO	Geoff Guiton	Executive Director, Provider Performance	12/16/2024