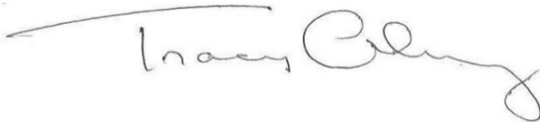
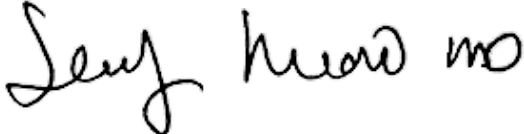


Policy Title: Continuity and Coordination Between Medical and Behavioral Health Care		POLICY #: 10.26.13	
		Line of business: Medi-Cal	
Department Name: Behavioral Health	Original Date: 6/2019	Effective Date: 6/2019	Revision Date: 3/2024
VP Approval: Tracy Alvarez, VP, Medical Care Solutions 			Date of approval: 3/12/2024
Medical Services/P&T Committee: (If Applicable) Jennifer Nuovo, MD 			Date of Committee Review: 3/12/2024

1. PURPOSE

1.1. To facilitate continuity and coordination of care between medical healthcare and behavioral healthcare. To enhance Blue Shield Promise collaboration with behavioral healthcare practitioners and to monitor and improve coordination between medical healthcare and behavioral healthcare.

2. POLICY

- 2.1. Blue Shield Promise is responsible for providing beneficiaries seamless access to all medically necessary care as required by the various lines of business in which blue shield promise participates. The organization implements systems to enhance collaboration with behavioral healthcare practitioners and facilitates appropriate information to coordinate medical healthcare and behavioral healthcare.
- 2.2. Blue Shield Promise contracts with Managed Behavioral Healthcare Organizations (MBHOs) to collect data about opportunities for collaboration between medical healthcare and behavioral healthcare.
- 2.3. All calls, meetings, or other communications with an MBHO regarding collaboration of care are documented in writing and maintained by a designated individual in the behavioral health department. Minutes for all calls/meetings are maintained. Blue shield promise ensures distribution of materials to the appropriate individuals that are participating both from the plan and the MBHO in order to maximize collaboration.

3. PROCEDURE

- 3.1. Blue Shield Promise Chief Medical Officer (CMO) and/or the head of Behavioral Health or a designee leads continuity and coordination of care efforts between medical and behavioral health practitioners and ensures compliance through inter-departmental meetings and oversight of the MBHO.
- 3.2. The CMO and/or head of Behavioral Health, as well as applicable Blue Shield Promise Subject Matter Experts (SMEs) meet regularly to address continuity or coordination of care issues. The purpose of these meetings is to evaluate the performance of the health plan against internal and external goals and benchmarks and develop a plan for improvement.
- 3.3. After a subject area is targeted for improvement, specific indicators are identified to measure performance.
- 3.4. Indicators may include measurement of activities, events, occurrences and/or outcomes.
- 3.5. Measures are based on standards of care or practice guidelines that include objective clinical criteria from authoritative sources, such as:
 - 3.5.1. Clinical literature
 - 3.5.2. Consensus panels
 - 3.5.3. HEDIS measures
- 3.6. Data collection ensues. Meetings are scheduled with the MBHO as needed, for collaboration
- 3.7. Blue Shield Promise will monitor progress toward completion through both regularly scheduled and ad-hoc meetings, as well as reports, and submission of deliverables as necessary.
- 3.8. Appropriate quantitative and casual analysis of the data is conducted to identify areas for improving coordination between Blue Shield Promise and the MBHO behavioral health practitioners.
- 3.9. Collaborative action is taken between the Plan and the MBHO to improve the selected areas of collaboration.
- 3.10. At a minimum of two (2) opportunities for improvement are identified and action(s) taken to improve performance.
- 3.11. Annually, the plan will measure the effectiveness of the action(s) taken for collaboration of care

4. MONITORING

- 4.1. At minimum, The Plan monitors quarterly the following, but is not limited to utilization of services, network access, appeals and grievances to identify any opportunities for improvement or administer a corrective action plan.

5. REPORTING

- 5.1. Reports from the following departments are reviewed and discussed in the quarterly Behavioral Health Committee Meeting, which then are reported to the Quality Oversight Committee:
 - 5.1.1. Customer Care
 - 5.1.2. Credentialing
 - 5.1.3. Network Development

- 5.1.4. Appeals and Grievances
- 5.1.5. Utilization Management
- 5.1.6. Care Management and Care Coordination
- 5.1.7. Quality Improvement

6. REFERENCES

6.1. NCQA Standards and Guidelines

7. REVISION HISTORY

Date	Modification (Reviewed and/or revised)	E-Filing Number
3/2024	Annual Update; no changes	
4/2023	Moved to new template Updated to be in alignment with in-sourcing operations	
6/2019	Creation of Policy	