



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

<b>DEPARTMENT:</b> IL Provider Performance Management	<b>PROCEDURE NUMBER:</b> GCS-IL-MA-02B	<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 01/01/2013
<b>PROCEDURE TITLE:</b> Ancillary and Hospital Institution Care Transition and Exceptions Procedure		<b>EFFECTIVE DATE:</b> 07/11/2023
		<b>LAST REVISION DATE:</b> 07/11/2023
<b>EXECUTIVE OWNER:</b> Exec Dir, Government Programs	<b>BUSINESS OWNER:</b> Manager, IL Provider Performance Management	<b>LAST REVIEW DATE:</b> 07/11/2023

**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:

<b>Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)</b>	<b>In Scope [x]</b>
Medicare MAPD H3822/H8547/H0927	X
<b>NOTE:</b> Future fully executed contracts will fall under this procedure.	

**II. POLICIES IMPLEMENTED BY PROCEDURE**

This Procedure implements the following Policies:

Policy, GCS-IL-MA-02A. This procedures document ensures there is a documented process for Ancillary and Hospital Institution Care Transition and Exceptions Policy.

### III. PROCEDURE

#### Transition of Medical Care:

1. When an Individual Practice Association, Physician Hospital Organization (hereinafter the "IPAs") or PCP is notified of a member's medically necessary in-area emergency admission to a non- contracted and/or non-accredited facility, the IPA/PCP must contact the attending physician within one business day from the date of notification of the admission to the facility.
2. In the event the attending physician and the PCP determine the member to be medically stable for transfer to a contracted and/or accredited facility, the IPA/ PCP initiates the transfer to a contracted facility.  
NOTE: If the member refuses to be transferred, refer to the Utilization Management section in the MA HMO Provider Manual.
3. IPAs having difficulty in locating feasible institutions should refer to the Appendix D that outlines contracted providers located on MXO Tech, contact their MA HMO Provider Network Consultant, BCBSIL Nurse Liaison or MA HMO Medical Director for assistance.

#### IPA Request for Exceptions:

1. IPAs can request exceptions from the MA HMO Medical Director to extend the transition timeframe or to utilize non-contracting ancillary or hospital institutions.
2. Exceptions must be submitted in written format, by the IPA/PCP, detailing at a minimum the following:
  - Reason for extension or use of a non-contracting institution
  - Timeframe requested
  - Member's Diagnosis
  - Member Information (Name, Group/ID number, etc.)
  - Name and NPI number of Facility
  - Documentation that the IPA contacted at least three contracted Providers on Appendix D including the reasons why these providers cannot render the services needed
  - Contact information for contracting person at facility
3. Written exceptions are sent to Provider Contracting to negotiate a one-time contractual rate. If the exception is approved, a single case agreement is completed, and a copy is given to the IPA.

#### IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements.  Written exceptions occur on an ad-hoc basis and are monitored via single case agreements negotiated by the Provider Contracting Department.	Manager, Illinois Provider Performance Management

#### V. AUTHORITY AND RESPONSIBILITY

- Joanne O'brien, (Exec Dir, Government Programs)

## VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
2021 Illinois MMAI Demonstration Contract	2.5.4 Transition of Care 2.5.4.1 Transition of Care Process. The Contractor will manage transition of care and continuity of care for new Enrollees, Enrollees moving from hospital back to Enrollee's home or NF. The Contractor's process for facilitating continuity of care will include: 2.5.4.1.1 Identification of Enrollees needing transition of care. 2.5.4.1.2 Communication with entities involved in Enrollees' transition 2.5.4.1.3 Making accommodations so that all community supports, including housing, are in place prior to the Enrollee's move and that Providers are fully knowledgeable and prepared to support the Enrollee, including interface and coordination with and among social supports, clinical services and LTSS 2.5.4.1.4 Environmental adaptations and equipment and technology the Enrollee needs for a successful care setting transition 2.5.4.1.5 Stabilization and provision of uninterrupted access to covered services for the Enrollee 2.5.4.1.6 Assessment of Enrollees' ongoing care needs. 2.5.4.1.7 Monitoring of continuity and quality of care, and services provided 2.5.4.1.8 Medication reconciliation 2.5.4.2 Transition of Care Plan. 2.5.4.3 Transition of Care Team. 2.5.4.4 Transition of Enrollees 2.5.4.4.1 2.5.4.4.2 2.5.4.4.3 2.5.4.4.5 2.5.4.4.6 2.5.4.5 2.5.4.5 2.5.4.7

## VII. PROCEDURE REVIEWERS

Person Responsible for Review, Committee Reviewing as FYI	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/23/2023
Linda Tolbert	Sr. Provider Network Consultant	06/22/2023

**VIII. PROCEDURE REVISION HISTORY**

Description of Changes	Revision Date
Annual Review	06/22/2023
Annual Review	07/12/2022
Annual Review: New Template	03/25/2021

**IX. PROCEDURE APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			07/11/2023
IL Provider Performance Management	Joanne O'Brien	Exec Dir, Government Programs	06/23/2023