



**BLUE CROSS BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Admin 11	ORIGINAL EFFECTIVE DATE : 11/01/1997
POLICY TITLE: <i>Non-Contracting</i> Ancillary and Hospital Institution Care Transition and Exceptions		EFFECTIVE DATE: 1/01/2023 LAST REVISION DATE: 1/01/2021
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 1/01/2023

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 Exchange	X

II. PURPOSE

- To facilitate the transition of medical care from a non-contracting institution to a contracting institution.
- To ensure timely involvement by the Primary Care Physician (PCP) in the transition of medical care.
- To minimize disruptions of medical care and prevent adverse clinical outcomes.
- To avoid additional unit charge backs against the Utilization Management (UM) Fund.

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Ancillary and Hospital Institutions that are accredited with The Joint Commission or another approved accreditation body and meet specific criteria as outlined in the Ancillary and Hospital Credentialing/Recredentialing Requirements policy. The ancillary categories affected by this policy include hospitals, skilled nursing facilities (SNF), home health care agencies (HHC), ambulatory surgery centers (ASC), and inpatient, residential and ambulatory behavioral health facilities (BHF), long term care facilities (LTC) and freestanding surgical centers.

IV. 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.

V. RELATED DOCUMENTS

Ancillary and Hospital Institution Care Transition and Exceptions – Policy – Admin 11A

VI.IMPACTED BUSINESS AREAS

HMO Provider Network
 BCBSIL Contracting
 BCBSIL Actuary
 Provider Performance/Network Clinical Programs and Oversight
 BCBSIL Service Centers

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	Provider Network Consultant	12/4/2021
Danielle Washington	Provider Network Consultant	12/7/2022

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Added Non – Contracting to the name of the policy	

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			12/16/2021
BCBSIL P&P			12/15/2022