



**BLUE CROSS BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Admin 11A	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: 1/01/2023
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 1/01/2023

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 Exchange	x

II. 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.

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 BCBSIL contracted facility. **Note:** If the member refuses to be transferred, refer to Urgent Concurrent Denial in the UM Plan section located in the BCBSIL Provider Manual.

2. IPAs will receive a higher unit charge on the UM Fund and any other contractual penalties applicable if the member has not been transitioned to a contracted facility, an Urgent Concurrent Review has not been approved and/or a UM Fund exception has not been approved.
3. IPAs experiencing difficulty in locating feasible institutions should contact their HMO Provider Network Consultant, Clinical Delegation Coordinator or HMO Medical Director for assistance.

IPA Request for UM Exceptions:

1. IPAs can request exceptions from the HMO Provider Network Consultant, to extend the transition timeframe or to utilize non-contracting ancillary or hospital institutions.
2. Exception requests must be submitted in writing via email or fax by the IPA/PCP, detailing at a minimum the following:
 - Reason for extension or use of a non-contracting or non-accredited institution,
 - Timeframe requested,
 - Member's Diagnosis,
 - Member Information (Name, Group/ID number, etc.),
 - Name and NPI number of Facility,
 - If the member is stable for transfer to an in-network facility, and the IPA cannot locate a receiving in-network facility then documentation that the IPA contacted at least three contracted Providers on Appendix D including the reasons why these providers cannot render the services needed, and
 - Contact information for contracting person at facility.
3. UM Exception requests are sent to Provider Contracting to negotiate a one-time contractual rate. If the exception request is approved, a UM exception form is electronically completed by HMO and a copy is given to the IPA. The IPA UM Fund will not be penalized with higher UM charge back units nor will any other contractual penalty be applied.
4. Provider Contracting will request all non-accredited Ancillary and Hospital institutions to inform HMO Members to contact their IPA/PCP and/or the HMOs with concerns or questions.
5. In the event the UM exception is not granted, the higher UM unit will be applied on the IPA's UM Fund and any other applicable contractual penalties.

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

The assigned HMO Provider Network Consultant for the member's IPA are responsible to work with the IPA regarding appropriate transition of medical care, UM exceptions and related claim adjudication.

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. IMPACTED EXTERNAL ENTITIES

HMO IPAs

VIII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	Provider Network Consultant	12-01-2021
Danielle Washington	Provider Network Consultant	12-07-2022

IX. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date

X. PROCEDURE APPROVALS

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