



Explanation for Gaps in Long Term Supports and Services (LTSS) Services

In an effort to ensure that our Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members receiving LTSS continue to receive quality care, in accordance with the Provider Manual, providers must notify the Blue Cross and Blue Shield of Illinois (BCBSIL) Care Coordination team **at least two (2) business days prior** to the disruption or discontinuance of a member's services. This notification will allow the Care Coordination team to assess the situation and assist in the coordination of services for the impacted member(s).

To notify the Care Coordination team, providers must fill out this Gaps in LTSS Services form and email it to **LTSS_SupportCtr@bcbsil.com** or fax it to **312-309-0468**.

Date: _____

Member's Name: _____

Subscriber ID: _____

Member's Address: _____

Agency Name: _____

Agency Phone Number: _____

Agency Fax Number: _____

Person's name/title submitting this form: _____

Gap in service date(s): _____

Gap in service reason(s): _____

CONFIDENTIAL HEALTH INFORMATION: Health care information is personal information related to a patient's health care. You are required to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate patient authorization is obtained. If you have received this message in error, please notify the Care Coordination Team, Government Programs immediately.