

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

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

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

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]
Medicare MAPD H3822/H8547/H0927	X
NOTE: Future fully executed contracts will fall under this policy.	

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.

III. POLICY

Blue Cross and Blue Shield of Illinois 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/Recertification Requirements Policy. The ancillary categories affected by this policy include hospitals, skilled nursing facilities (SNF), home health care agencies (HHC), ambulatory surgery centers (ASC), inpatient, residential and ambulatory, behavioral health facilities (BHF), freestanding surgical centers, and long term care facilities (LTC).

Proprietary & Confidential

IV. CONTROLS/MONITORING

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

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
<p>GCS-IL-MA-02B</p>	<p>Ancillary Hospital Care Transition and Exceptions Procedure</p>	<p>GBS SharePoint Library</p>

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 involves 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. POLICY REVIEWERS

Person Responsible for Review, Committee Reviewing as FYI	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/23/2023

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	06/23/2023
Annual Review	07/12/2022
Annual Review: New Policy Template	03/25/2021

IX. POLICY 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