



BLUE CROSS AND BLUE SHIELD OF ILLINOIS

MEDICARE ADVANTAGE HMO POLICY

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER: GCS-IL-MA-22A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
POLICY TITLE: Transition of Medical Care Policy		EFFECTIVE DATE: 08/08/2023
		LAST REVISION DATE: 08/08/2023
EXECUTIVE OWNER: Executive Director, IL Provider Performance Management	BUSINESS OWNER: Manager, IL Provider Performance Management	LAST REVIEW DATE: 08/08/2023

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	X
Medicare/Medicaid MMAI H0927	X
Note: Future fully executed contracts will fall under this policy.	

II. PURPOSE

- To minimize disruptions of care and potential adverse clinical outcomes
- To meet appropriate care expectations for both the member and the selected Medical Group, Accountable Care Organization (ACO), Individual Practice Association, or Physician Hospital Organization (hereinafter the "IPAs").
- ***To adhere to all applicable state and/or federal laws for Continuity of Care***

Proprietary & Confidential

III. DEFINITIONS

NOTE: The terms defined below are only applicable within the scope of this document.

Transition of Care	Applicable under the following circumstances when a member: <ul style="list-style-type: none">• Is displaced due to a specific Primary Care Physician (PCP), Participating Specialist Provider or Independent Physician Association (IPA) termination, or• Is new to the MA HMO with an existing condition that is being treated by an out-of-network provider. NOTE: The selected IPA is responsible for the care of the new member as of member's effective date.
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IV. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) provides that Transition of Care (TOC) services may be available to new and existing members that are currently undergoing a course of evaluation and/or medical treatment.

V. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
UM Review of Sample Letters Annually	Manager. Illinois Provider Performance Management

VI. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-22B	Transition of Care Procedure	GBS SharePoint Library

VII. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
Medicare Advantage HMO Medical Service Agreement (MAHMO 2017 Partial/Global)	<p>Sec H. #2 page 17 Notice of Termination of an IPA Provider</p> <p>Section I. page 53 Rights of the Member Upon Termination</p>
42 CFR 417.407(f), 42 CFR 417.122(b))	Medicare Managed Care Manual Chapter 17 Guidelines, Section 120.6
2021 Illinois MMAI Demonstration Contract	<p>2.5.4 Transition of Care</p> <p>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:</p> <p>2.5.4.1.1 Identification of Enrollees needing transition of care.</p> <p>2.5.4.1.2 Communication with entities involves in Enrollees' transition</p> <p>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</p> <p>2.5.4.1.4 Environmental adaptations and equipment and technology the Enrollee needs for a successful care setting transition</p> <p>2.5.4.1.5 Stabilization and provision of uninterrupted access to covered services for the Enrollee</p> <p>2.5.4.1.6 Assessment of Enrollees' ongoing care needs.</p> <p>2.5.4.1.7 Monitoring of continuity and quality of care, and services provided</p> <p>2.5.4.1.8 Medication reconciliation</p> <p>2.5.4.2 Transition of Care Plan.</p> <p>2.5.4.3 Transition of Care Team.</p> <p>2.5.4.4 Transition of Enrollees</p> <p>2.5.4.4.1</p> <p>2.5.4.4.2</p> <p>2.5.4.4.3</p> <p>2.5.4.4.5</p> <p>2.5.4.4.6</p> <p>2.5.4.5</p> <p>2.5.4.5</p> <p>2.5.4.7</p>

VIII. POLICY REVIEWERS

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

IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	06/22/2023
Annual Review: Added new bullet point under Purpose	07/12/2022
New Policy Template	05/14/2021

X. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/08/2023
IL Provider Performance Management	Joanne O'brien	Executive Director, IL Provider Performance Management	06/23/2023