Policy Name: Transition of Medical Care
Policy Number: Medical Support – 01
Effective Date: 7/1/00
Revision Date: 9/1/16
Review Date: 9/1/16

Details

POLICY:

The HMOs of Blue Cross and Blue Shield of Illinois (BCBSIL) that are the Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”) provide continuity of care for new and existing members and ensures they are informed of the procedures regarding transition of care (TOC) services when currently undergoing a course of evaluation and/or medical treatment.

GUIDELINES:

TOC is applicable under the following circumstances when a member:

- Is displaced due to a specific Primary Care Physician (PCP), Specialist or Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”), termination, or
- Is new to the 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 a new member as of the member’s effective date.

PURPOSE/OBJECTIVES:
• To minimize disruptions of care and potential adverse clinical outcomes
• To meet appropriate care expectations for both the member and the new IPA
• To comply with Illinois Senate Bill 251, Section 25

PROCEDURE:

1. The HMO notifies new and existing members of the availability of transitional care services based on the following qualifying criteria:
   • Member handbook
   • Member certificate
   • Newsletters
   • Enrollment materials
   • HMO web site
   • HMO welcome letters and
   • Physician departicpation letters

2. TOC services are coordinated for new and existing members identified as currently undergoing a course of evaluation and/or medical treatment or who have entered into the second or third trimester of pregnancy. Coverage will be provided only for benefits outlined in the member’s certificate.
   a. Examples of medical treatment may include, but are not limited to the following:
      • 2nd and 3rd trimester obstetrics
      • High risk obstetrics (as diagnosed during pregnancy)
      • Chemotherapy and other cancer treatments
      • Physical/Occupational/Speech therapies
      • Allergy treatments
      • Psychotherapy
      • Scheduled invasive procedures (e.g. angioplasty, surgery)
      • Chronic illness (e.g. diabetes, hypertension) which requires frequent monitoring by a physician
      • Home health care
      • Current hospitalizations
      • Skilled nursing care (SNF)
      • Chemical dependency
      • Infertility treatment

3. Members are subject to the following:
   a) New members must request the option of transitional services in writing, within 15 business days after their eligibility effective date.
   b) Existing members must request the option of transitional services in writing, within 30 days after receiving notification of the termination of the physician or IPA.
4. Services can only be requested if the physician is not contracted with the applicable HMO network, but is within the health care plan’s service area.

Note: If the provider is in the HMO network, the member has access via selection of the appropriate IPA that contracts with the provider and therefore transitional services are not applicable.

An HMO network physician closed to new patients must accept a newly enrolled HMO patient as his/her patient if the member’s course of evaluation and/or medical treatment began with this physician.

5. Upon receipt of a TOC request, the Customer Assistance Unit (CAU) calls the member to complete the TOC form and/or sends the member a TOC form for completion of the following information:

- Member name
- Work/home phone number
- Group/ID number
- Chosen IPA site
- Chosen PCP name, phone, fax and address
- Current treating physician
- Clinical diagnosis
- Presenting clinical condition
- Reason for transition of care request
- Expected effective date with the HMO or new IPA (if applicable)

6. Upon receipt of the TOC information back from the member, the CAU sends a letter requesting the clinical treatment plan related to the patient and agreement to the following:

- reimbursement from the HMO at specified rates
- adherence to the HMO’s quality assurance requirements and
- the HMO’s policies and procedures

7. The provider must return the signed letter within five business days from receipt.

8. If the provider does not accept the agreement or does not respond within the five business day timeframe, CAU updates the information on the TOC database.
   a. The member is sent a denial letter within 15 business days of the original request and informed of the appeal rights.
   b. The CAU will scan a copy of the letter into the original inquiry as an insert and Dashboard Seibel is updated.

9. If the provider submits a signed letter and treatment plan, CAU will update the appropriate information on the designated database.
a. The CAU will email the Rockford Claims Supervisor requesting an alert on the claims processing and Dashboard Seibel. **HMO pays for TOC related services.** A copy of the letter and treatment plan will be scanned into the original inquiry as an insert.

b. The member is sent a confirmation of treatment authorization with applicable guidelines (clinical treatment approval, 90 calendar day maximum, etc.) within 15 business days of receipt of the original request and the ITS is updated.

The member’s selected IPA, if known, is sent a copy of the member confirmation letter. **The member’s new IPA is responsible for managing all non TOC related care and that the standard financial responsibility applies for all non TOC related care.**
SAMPLE 1 – TRANSITION OF CARE ACKNOWLEDGEMENT AND REQUEST FOR INFORMATION (EXISTING MEMBER)

DATE: ____________________

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re: Patient Name
   Group and Member ID #
   Transition of Care request

Dear _________________:

The HMOs of Blue Cross and Blue Shield of Illinois are in receipt of your letter requesting transition of care services. We cannot process your request without additional information.

Please submit the following:

♦ Your work and home telephone number
♦ Name, address, phone and fax number of the physician you wish to continue to see
♦ The condition for which you are currently seeing the physician
♦ The type and frequency of services you expect to need during the transitional period.

Once we receive this information, we will process your request. Please keep in mind this information must be submitted within 30 calendar days of the receipt of the original letter notifying you that your current Independent Physicians Association (IPA) will no longer be in our network.

Your letter should be directed to the attention of:

Blue Cross and Blue Shield of Illinois
Health Care Management
Customer Assistance Unit
300 East Randolph, 24th floor
Chicago, Illinois 60601

Please contact the Customer Service number listed on the back of your identification card if you require assistance selecting a new IPA

Sincerely,

____________________
Health Services Assistant
Health Care Management

Reviewed: 9/1/16 HMO Illinois, Blue Advantage HMO and Blue Precision HMO
SAMPLE 1A - TRANSITION OF CARE ACKNOWLEDGEMENT AND REQUEST FOR INFORMATION (NEW MEMBER)

DATE: ____________________

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re: Patient Name
Group and Member ID #
Transition of Care request

Dear _________________:

The HMOs of Blue Cross and Blue Shield of Illinois are in receipt of your letter requesting transition of care services. We cannot process your request without additional information.

Please submit the following:

- Name, address, phone and fax number of the physician you wish to continue to see
- The condition for which you are currently seeing the physician
- The type and frequency of services you expect to need in the transitional period
- Work and/or home phone number
- Expected effective date with the HMO
- Independent Physicians Association (IPA) selected (if applicable)

Once we receive this information, we will process your request. Your letter should be directed to my attention at:

Blue Cross and Blue Shield of Illinois
Health Care Management
Customer Assistance Unit
300 East Randolph, 24th floor
Chicago, Illinois 60601

Please contact Customer Service number listed on the back of your identification card if you require assistance selecting a new IPA.

Sincerely,

____________________
Health Services Assistant
Health Care Management

Reviewed: 9/1/16 HMO Illinois, Blue Advantage HMO and Blue Precision HMO
SAMPLE 2- APPROVED TRANSITION OF CARE (MEMBER)
(this letter would be sent to the member once the agreement and treatment plan is received)

DATE

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re: PATIENT NAME    CASE #__________________
GROUP AND MEMBER ID

Dear PATIENT NAME:

Please allow this letter to serve as a response to your request for transitional care. You will be allowed to continue to see DOCTOR NAME from ____ to____ for (REASON/DX).

Our letter can serve as the referral for these services. Also, you will be required to pay any co-payments or deductibles, if applicable, for any of the transition of care services. Additional follow-up care after the above mentioned date needs to be coordinated with your new Primary Care Physician (PCP) and Independent Physicians Association (IPA). No additional bills from DOCTOR NAME will be paid after the above date.

If you receive any claims for these services, please send them with a copy of this letter to:

   Blue Cross and Blue Shield of Illinois
   Health Care Management
   Customer Assistance Unit
   300 East Randolph, 24th floor
   Chicago, Illinois 60601

Please remember as of DATE, you will need to select a new IPA and PCP for all of your other health care needs. (or use the following: Please remember as of DATE, you will need to use your selected IPA or PCP for these services.) Please provide a copy of this letter to your selected IPA for their records if they have not been copied. This will help them to coordinate your care after the transition period ends.

If you should have any questions, please call me at (312) 653-6600.

Sincerely,

____________________
Health Services Assistant
Health Care Management

cc: IPA (if available)
SAMPLE 3 –TRANSITION OF CARE LETTER OF AGREEMENT (DOCTOR)

«DateofLetter»
«PhysicianName»
«PhysicianAddress»
«PhysCityStateZip»

Re: «PatientName»
«PatientGroupID»

Dear «PhysicianName»:

We are in receipt of a letter from the above member for continuation of care after «TOCDate» . Consider this letter as a contractual agreement between «PhysicianName» and Blue Cross and Blue Shield of Illinois, that you are agreeing to coordinate transitional care for this member. Please sign below and provide us with a copy of the patient’s diagnosis and current treatment plan within the next five business days. Please be advised that no treatment plan will be approved beyond a 90 calendar day period except for 2nd and 3rd trimester pregnancies which will be approved through the postpartum period. If we do not hear from you within this five day period, we will notify the patient that their request has been denied.

The claims for services provided after «TOCDate» will be adjudicated using the current year Medicare Resource Based Relative Value Scale Locality 16 fee schedule. Applicable co-payments and/or deductibles will apply to all transition of care services. Signing this letter of agreement indicates you are accepting the Medicare reimbursement as payment in full and you will not balance bill the patient. You are also agreeing to provide, upon request, any applicable medical records pertaining to this patient. Please sign below, date and fax a copy of this letter and the treatment plan to my attention at (312) XXX-XXXX.

MD Signature: ____________________________________________
Date: _____________________________________________________

Effective «TOCDate» the member must coordinate all other services not included in the treatment plan with their new IPA and Primary Care Physician. Any services that are not related to this diagnosis and treatment plan will not be paid. If this member requires additional services, the member should be referred to the new IPA.

If it becomes necessary to further refer this member for additional services related to the diagnosis on the treatment plan, please contact me for authorization at 312-xxx-xxxx. Referred services that are related to the diagnosis on the treatment plan will not be approved without prior authorization.

All claims for services should be sent with a copy of this letter to:

Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, IL 60680-4112

Thank you very much for your cooperation with this patient. If you have any questions, please feel free to call me at (312) xxx-xxxx, fax number (312) xxx-xxxx.

Sincerely,

Network Development Person’s Name
Network Development Person’s Title, Network Development

Reviewed: 9/1/16 HMO Illinois, Blue Advantage HMO and Blue Precision HMO
SAMPLE 4- DENIAL OF TRANSITION OF CARE (MEMBER)
(this letter would be sent to the member if no agreement or plan of treatment is received after 5 days)

DATE

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re: PATIENT NAME
GROUP AND ID NUMBER
Transition of Care Services for: DX OR SERVICES

Dear PATIENT NAME:

Please accept this letter as formal notification that your transition of care request has been denied by the HMOs of Blue Cross and Blue Shield of Illinois.

A letter was sent to DOCTOR NAME on DATE, requesting that he/she sign our letter of agreement and provide us with the treatment plan, however no response was received. Therefore, since DOCTOR NAME is not in our network we will not pursue this matter further. Please contact your selected Independent Physicians Association (IPA) to arrange for any care and/or treatment you require.

As a reminder, any services provided by DOCTOR NAME after DATE (new IPA effective date) are considered out-of-network and are not eligible for payment.

If you should have any questions you can contact us by either calling 800-892-2803 or writing to Blue Cross and Blue Shield of Illinois, Health Care Management, Customer Assistance Unit, 300 E. Randolph, 24th floor, Chicago, Illinois, 60601. If you wish to appeal this decision, a first level appeal can be requested either orally or in writing by you, a practitioner or other representative acting on your behalf.

If the HMO Level 1 appeal is not resolved in your favor, the case will be forwarded for a second level appeal. The HMO Level II Appeal will be reviewed and a written decision provided within 30 calendar days. If the HMO Level II Appeal is denied you can:

- contact the Illinois Department of Insurance or
- contact the HMO to request a review by an Independent Review Organization (IRO) for all clinical appeals.

Our goal is to respond timely to all inquiries, complaints and appeals by notifying you of the final disposition and further review procedures if applicable. You may also reference your “Certificate of Health Care Benefits” for procedures related to filing claims, inquiries, complaints and appeals.

Sincerely,

____________________
Health Services Assistant
Health Care Management

SAMPLE 4A- DENIAL OF TRANSITION OF CARE (MEMBER)
Reviewed: 9/1/16 HMO Illinois, Blue Advantage HMO and Blue Precision HMO
(this letter would be sent to the member if no agreement was signed by Doctor)

DATE

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re:  PATIENT NAME
      GROUP AND ID NUMBER
      Transition of Care Services for:  DX OR SERVICES

Dear PATIENT NAME:

Please accept this letter as formal notification that your transition of care request has been denied by the HMOs of Blue Cross and Blue Shield of Illinois.

A letter was sent to DOCTOR NAME on DATE, requesting that he/she sign our letter of agreement and provide us with the treatment plan. DOCTOR NAME, has refused to sign our letter of agreement. Therefore, since the doctor is not in our network, we have no recourse to pursue this matter further. Please contact your selected Independent Physicians Association (IPA) to arrange for your care and/or treatment.

As a reminder, any services provided by DOCTOR NAME after DATE (new IPA effective date) are considered out-of-network and are not eligible for payment.

If you should have any questions you can contact us by either calling 800-892-2803 or writing to Blue Cross and Blue Shield of Illinois, Health Care Management, Customer Assistance Unit, 300 E. Randolph, 24th floor, Chicago, Illinois, 60601. If you wish to appeal this decision, a first level appeal can be requested either orally or in writing by you, a practitioner or other representative acting on your behalf.

If the HMO Level 1 appeal is not resolved in your favor, the case will be forwarded for a second level appeal. The HMO Level II Appeal will be reviewed and a written decision provided within 30 calendar days. If the HMO Level II Appeal is denied you can:

- contact the Illinois Department of Insurance or
- contact the HMO to request a review by an Independent Review Organization (IRO) for all clinical appeals.

Our goal is to respond timely to all inquiries, complaints and appeals by notifying you of the final disposition and further review procedures if applicable. You may also reference your “Certificate of Health Care Benefits” for procedures related to filing claims, inquiries, complaints and appeals.

Sincerely,

____________________
Health Services Assistant
Health Care Management

Reviewed: 9/1/16 HMO Illinois, Blue Advantage HMO and Blue Precision HMO
SAMPLE 5- DENIAL OF TRANSITION OF CARE  (MEMBER)
(this letter would be sent to the member if request was received after either the 15 or 30
days allowed.)

DATE

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re:   PATIENT NAME
GROUP AND ID NUMBER
   Transition of Care Services for:   DX OR SERVICES   

Dear PATIENT NAME:

Please accept this letter as formal notification that your transition of care request has been
denied by the HMOs of Blue Cross and Blue Shield of Illinois because it was not received within
the 15 OR 30  day timeframe allowed for  (A NEW MEMBER OR AN EXISTING MEMBER).

As a reminder, any services provided by DOCTOR NAME after DATE (new Independent
Physicians Association (IPA) effective date) are considered out-of-network and are not
eligible for payment. Please contact your selected IPA to arrange for your care and/or treatment.

If you should have any questions you can contact us by either calling 800-892-2803 or writing to
Blue Cross and Blue Shield of Illinois, Health Care Management, Customer Assistance Unit,
300 E. Randolph, 24th floor, Chicago, Illinois, 60601.  If you wish to appeal this decision, a first
level appeal can be requested either orally or in writing by you, a practitioner or other
representative acting on your behalf.

If the HMO Level 1 appeal is not resolved in your favor, the case will be forwarded for a second
level appeal. The HMO Level II Appeal will be reviewed and a written decision provided within
30 calendar days.  If the HMO Level II Appeal is denied you can:

  contact the Illinois Department of Insurance or
  contact the HMO to request a review by an Independent Review Organization
   (IRO) for all clinical appeals.

Our goal is to respond timely to all inquiries, complaints and appeals by notifying you of the final
disposition and further review procedures if applicable.  You may also reference your
“Certificate of Health Care Benefits” for procedures related to filing claims, inquiries, complaints
and appeals.

Sincerely,

______________________
Health Services Assistant
Health Care Management
SAMPLE 6- DENIAL OF TRANSITION OF CARE  (MEMBER)
(this letter would be sent to the member if request was not for services that would qualify for transition services)

DATE

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re:  PATIENT NAME
GROUP AND ID NUMBER
Transition of Care Services for:   DX OR SERVICES

Dear PATIENT NAME:

Please accept this letter as formal notification that your transition of care request has been denied by the HMOs of Blue Cross and Blue Shield of Illinois because your diagnosis and/or treatment plan does not qualify you for transition of care services.

As a reminder, any services provided by DOCTOR NAME after DATE (new Independent Physicians (IPA) effective date) are considered out-of-network and are not eligible for payment. Please contact your assigned IPA to arrange for continuation of this care and/or treatment.

If you should have any questions you can contact us by either calling 800-892-2803 or writing to Blue Cross and Blue Shield of Illinois, Health Care Management, Customer Assistance Unit, 300 E. Randolph, 24th floor, Chicago, Illinois, 60601. If you wish to appeal this decision, a first level appeal can be requested either orally or in writing by you, a practitioner or other representative acting on your behalf.

If the HMO Level 1 appeal is not resolved in your favor, the case will be forwarded for a second level appeal. The HMO Level II Appeal will be reviewed and a written decision provided within 30 calendar days. If the HMO Level II Appeal is denied you can:

- contact the Illinois Department of Insurance or
- contact the HMO to request a review by an Independent Review Organization (IRO) for all clinical appeals.

Our goal is to respond timely to all inquiries, complaints and appeals by notifying you of the final disposition and further review procedures if applicable. You may also reference your “Certificate of Health Care Benefits” for procedures related to filing claims, inquiries, complaints and appeals.

Sincerely,

____________________
Health Services Assistant
Health Care Management
SAMPLE 7- DENIAL OF TRANSITION OF CARE (PROSPECTIVE MEMBER)

(this letter would be sent to a prospective member requesting transition services or a member that has no confirmation of membership)

DATE

SUBSCRIBER AND/OR PATIENT NAME
ADDRESS
CITY/STATE

Re: PATIENT NAME
GROUP AND MEMBER ID
Transition of Care Services for: DX OR SERVICES

Dear PATIENT NAME:

This letter is in response to your inquiry received in our office on Date received requesting transition of care services.

This is to advise you that since you have no verification of membership, we are unable to move forward with your request for transition of care. Once you have been assigned a group and identification number or have received confirmation of your enrollment with the HMO, you will need to provide our office with this information. At that time we can process your request for transition of care.

Should you have any questions, please call me at (312) 653-6600.

Sincerely,

____________________
Health Services Assistant
Health Care Management
Transition of Care (TOC) Script

1. Is a prospective member eligible for TOC services?
   
   Prospective members are not eligible for TOC services. The person must be a member. If a person completes an HMO Illinois/BlueAdvantage/Blue Precision HMO application, but is not in the system, they will need to submit a copy of the application or a Voice Response Unit (VRU) confirmation (if this is the employer's mode of enrollment) along with their TOC request.

2. If my doctor is in the HMO Network, do I need to request TOC services?
   
   No. The member has access to network physicians via Primary Care Physician (PCP) selection of the appropriate Independent Physicians Association (IPA).

3. If I'm a Blue Advantage or Blue Precision HMO member and my physician is not in either HMO network, however he is in the HMO network, do I need to request TOC services?
   
   Yes. The HMO networks are not interchangeable. Therefore, transition of care services must be requested.

4. If a physician does not accept HMO reimbursement for TOC services, does the member have the right to appeal?
   
   Yes. The standard appeal process applies.

5. Are there circumstances by which the HMO will approve TOC services beyond the 90 day timeframe?
   
   Yes. Only for 2nd and 3rd trimester pregnancy TOC cases. These cases are automatically covered through the postpartum period.

6. Can a member request TOC services for multiple conditions from different physicians?
   
   Yes. The member can have more than one ongoing course of treatment which could require different physicians.
- STOP -

YOU MUST BE ENROLLED BEFORE COMPLETING THIS FORM

HMO TRANSITION OF CARE FORM

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<th>Patient First Name:</th>
<th>Patient Last Name:</th>
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<th>Group/ ID Number:</th>
<th>Date of Birth:</th>
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<th>Home phone number</th>
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PHYSICIAN REQUESTED FOR THE TRANSITION PERIOD

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<th>First Name:</th>
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<th>Phone Number:</th>
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<th>Clinical Diagnosis:</th>
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<th>Presenting Clinical Condition:</th>
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<th>Reason for Transition of Care Request:</th>
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If you are a new member what is your effective date with the HMO?

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<th>Chosen PCP:</th>
<th>Chosen WPHCP:</th>
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<th>Chosen MG/IPA:</th>
<th>Chosen WPHCP MG/IPA:</th>
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Attention: Existing HMO Members
Transition of Care form must be received by the HMOs of Blue Cross Blue Shield within 30 business day after receiving notification of the termination of your physician or medical group/IPA.

Attention New Members
Transition of Care form must be received by the HMOs of Blue Cross Blue Shield within 15 business day after your eligibility effective date. If you are submitting this form prior to your effective date, please include copy of signed application and/or confirmation of enrollment with the HMO.

Transition of Care Form may be faxed to the Customer Assistance Unit at 312-729-7267 or mailed to:
HMOs of Blue Cross Blue Shield of Illinois
Attention: CAU Department
300 E, Randolph, 24th Floor
Chicago, IL 60601

Reviewed: 9/1/16
HMO Transition Of Care Workflow

Member Submits written request for TOC Services

Was request received within 15 calendar days?

Is this a new member?

Was request received within 30 calendar days?

CAU sends denial letter to member; updates Dashboard Seibel and scans letter into original inquiry.

CAU sends denial letter to member; updates Inquiry Reporting System and scans letter into original inquiry.

End Process

Is Request Valid?

Is Request Complete?

Send form letter to Member requesting info.

Update Dashboard Seibel (item remains open)

Info Submitted?

CAU sends denial letter to member; updates Dashboard Seibel and scans letter into original inquiry.

End Process

CAU Sends letter via Fax regarding agreement & treatment plan

Is Physician within Plan Service Area but not in the HMO Network?

Does provider accept agreement & return treatment plan?

Does provider return within 5 calendar days?

CAU e-mails Rockford to initiate VIP indicator and Dashboard Seibel alert

CAU sends denial letter to member; updates Dashboard Seibel and scans letter into original inquiry.

END PROCESS

CAU sends member confirmation letter and updates Dashboard Seibel

END PROCESS