



**Provider Performance – Admin 11 - Ancillary and Hospital Institution Care  
Transition and Exceptions HMO Policy and Procedure**

**BLUE CROSS BLUE SHIELD OF ILLINOIS  
POLICY**

<b>DEPARTMENT:</b> Provider Performance	
<b>POLICY NUMBER:</b> Admin 11	<b>POLICY TITLE:</b> Non-Contracting Ancillary and Hospital Institution Care Transition and Exceptions
<b>EXECUTIVE OWNER:</b> Executive Director	<b>BUSINESS OWNER:</b> Manager, Provider Performance
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 11/01/1997	<b>COMMITTEE APPROVAL DATE:</b> 12/19/2024

**I. SCOPE**

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]
HMO Commercial	X
HMO IFM	X

**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.
- To avoid additional unit charge backs against the Utilization Management (UM) Fund.

**III. POLICY**

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

**IV. 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.

## 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. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Jessica Whaley	Provider Network Consultant	12/9/2024
Danielle Washington	Manager, Provider Performance	12/16/2024

## VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
No Changes	12/9/2024

## IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			12/19/2024
CMO	Geoff Guiton	Executive Director, Provider Performance	12/16/2024

**Provider Performance – Admin 11A - Ancillary and Hospital Institution Care  
Transition and Exceptions**

**HMO Policy and Procedure**

**BLUE CROSS BLUE SHIELD OF ILLINOIS  
PROCEDURE**

<b>DEPARTMENT:</b> Provider Performance	
<b>POLICY NUMBER:</b> Admin 11A	<b>POLICY TITLE:</b> Non-Contracting Ancillary and Hospital Institution Care Transition and Exceptions
<b>EXECUTIVE OWNER:</b> Executive Director	<b>BUSINESS OWNER:</b> Manager, Provider Performance
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 11/01/1997	<b>COMMITTEE APPROVAL DATE:</b> 12/19/2024

**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 IFM	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, 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
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3. 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. 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 Performance

BCBSIL Actuary

BCBSIL Service Centers

### **VII. IMPACTED EXTERNAL ENTITIES**

HMO IPAs

### **VIII. PROCEDURE REVIEWERS**

Person Responsible for Review	Title	Date of Review
Jessica Whaley	Provider Network Consultant	12/9/2024
Danielle Washington	Manager, Provider Performance	12/16/2024

### **IX. PROCEDURE REVISION HISTORY**

Description of Changes	Revision Date
Removed CDC and Medical Director, UM exceptions are sent to Provider Contracting to negotiate a rate, Provider Contracting inform member to contact their PCP for questions or concerns	12/16/2024
Updated Impacted Business Areas	12/16/2024

### **X. PROCEDURE APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P Committee			12/19/2024
CMO	Geoff Guiton	Executive Director, Provider Performance	12/16/2024