

**Bureau of Managed Care  
Managed Care Organizations  
Policy / Procedures**

**Transition of Services/Care**

The purpose of this policy is to provide guidance to Managed Care Organizations (MCOs) regarding the Illinois Department of Healthcare and Family Services (HFS) requirements for the transition of services, established for health benefit plans pursuant to the Managed Care Reform and Patient Rights Act (215 ILCS 134/25). In addition, MCOs must adhere to the continuity of care and transition of care requirements outlined in their contracts with HFS.

Definitions

For purposes of this policy:

- The term “Transition of services” includes a “transition of care” and “continuity of care,” as defined in the HCI Contract (2018-24-001).<sup>1</sup>
- “Health care plan” means an MCO or a managed care community network (MCCN).<sup>2</sup>
- “Ongoing course of treatment” means (1) treatment for a life-threatening condition, which is a disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted; (2) treatment for a serious acute condition, defined as a disease or condition requiring complex ongoing care that the covered person is currently receiving, such as chemotherapy, radiation therapy, or post-operative visits; (3) a course of treatment for a health condition that a treating provider attests that discontinuing care by that provider would worsen the condition or interfere with anticipated outcomes; or (4) the third trimester of pregnancy through the post-partum period.<sup>3</sup>

Policy

- A. A health care plan shall provide for transition of services/care for its enrollees as follows.
- 1) If an enrollee's health care provider leaves the health care plan's network of health care providers for reasons other than termination of a contract in situations involving imminent harm to a patient or a final disciplinary action by a State licensing board and the provider remains within the health care plan's service area, or if benefits provided under such health care plan with respect to such provider are terminated because of a change in the terms of the participation of such provider in such plan, the health care plan shall permit the enrollee to continue an ongoing course of treatment with that provider during a transitional period of 90

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<sup>1</sup> “Continuity of Care” means the continued care of an Enrollee as the Enrollee transitions between different MCOs or between Managed Care and FFS, whether due to eligibility changes or a change in MCO enrollment (HCI Contract, Article I, Section 1.1.42). “Transition of Care” means the management and continuation of care as Enrollees transition between different Providers within the same Health Plan (HCI Contract, Article I, Section 1.1.197).

<sup>2</sup> See 215 ILCS 134/10.

<sup>3</sup> See 215 ILCS 124/5.

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days from the date of the notice of the provider's termination from the health care plan to the enrollee of the provider's disaffiliation from the health care plan if:

- a. the enrollee has an ongoing course of treatment; or
  - b. the enrollee has entered the third trimester of pregnancy at the time of the provider's disaffiliation, which includes the provision of post-partum care directly related to the delivery.
- 2) Such care shall be authorized by the health care plan during the transitional period only if the provider agrees to:
- a. Continue to accept reimbursement from the health care plan at the rates applicable prior to the start of the transitional period;
  - b. Adhere to the health care plan's quality assurance requirements and to provide to the health care plan necessary medical information related to such care; and
  - c. Otherwise adhere to the health care plan's policies and procedures, including but not limited to procedures regarding referrals and obtaining preauthorization for treatment.
- B. A health care plan shall provide for continuity of care for new enrollees as follows:
- 1) If a new enrollee whose physician is not a member of the health care plan's provider network, but is within the health care plan's service area, enrolls in the health care plan, the health care plan shall permit the enrollee to continue an ongoing course of treatment with the enrollee's current physician during a transitional period of 90 days from the effective date of enrollment if:
    - a. the enrollee has an ongoing course of treatment; or
    - b. the enrollee has entered the third trimester of pregnancy at the effective date of enrollment, which includes the provision of post-partum care directly related to the delivery.
  - 2) If an enrollee elects to continue to receive care from such physician pursuant to (B)(1), such care shall be authorized by the health care plan for the transitional period only if the physician agrees to:
    - a. Accept reimbursement from the health care plan at rates established by the health care plan; such rates shall be the level of reimbursement applicable to similar physicians within the health care plan for such services;
    - b. Adhere to the health care plan's quality assurance requirements and to provide to the health care plan necessary medical information related to such care; and
    - c. Otherwise adhere to the health care plan's policies and procedures including, but not limited to procedures regarding referrals and obtaining preauthorization for treatment.
- C. In no event shall this policy be construed to require a health care plan to provide coverage for benefits not otherwise covered.

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Policy History  
General Contract Monitoring**

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