TRANSITIONS OF CARE AUDIT PROTOCOL

BlueCross BlueShield Minnesota

Goal: To ensure that Blue Plus Transitions of Care (TOC) audits are conducted in a consistent manner, from Delegate to Delegate and year to year, in accordance with Blue Plus policies, and contractual agreements.

Description: The Audit Protocol is presented in matrix format, first presenting results related to planned or unplanned admissions and timeliness of communications with receiving setting and physician and follow up with member after return to usual care setting. The method and acceptable evidence for determining outcome achievement is described for each desired outcome and the criteria for achieving a "met" or "not met".

Sampling: The Delegate Audit will include SecureBlue MSHO and Blue Advantage MSC+ members. Review 5 TOC logs which includes all transitions stemming from an initial admission. Auditors will review 5 more TOC logs if there are any missed elements.

Sources of Evidence: Sources may include the following: TOC logs and case notes or other documentation, if needed.

Reporting: Blue Plus will complete a summary of key Findings, Mandatory Improvements and Recommendations for each Delegate.

Other Background Information:

DHS High Performer status for Elderly Waiver (EW) and Community Well (CW): Per the MSHO/MSC+ contract, the health plans and DHS developed a method to identify delegates with consistently high performance at review and a process that allows these identified delegates to be reviewed on a schedule other than annually. This process continues to meet state and federal requirements for review of care plans and the purpose of the review. Health plans report delegates who meet the criteria in the annual Delegate Review Report

Methodology for meeting the DHS criteria for High Performer status for EW and CW is obtain by attaining no audit action plan (AAP) in care plan audits taking place for two consecutive years. As a DHS High Performer, Delegate would be audited every other year if they maintain a no AAP status and meet the criteria listed in the attestation.

Blue Plus allows that if a Delegate qualifies for DHS High Performer for EW and CW using this methodology and has no AAP for the Transitions of Care audit, the same methodology will be used for the TOC audit cycle.

If the Delegate has an AAP for the TOC audit, they will remain a High Performer for EW and CW and will be audited for TOC only the next year. The ability to achieve High Performer status would be gained using the methodology for EW and CW.

	Desired Outcome	Method for measuring outcome achievement
1.	Care Coordinator shared care plan information with receiving facility within 1 business day of notification.	Met as evidenced by: • For each transition, the date the task was completed is within one business day of the date of notification as documented on the TOC log (or case notes or other documentation as needed). **Or** • Documentation that CC found out after discharge from facility. Not met as evidenced by: • Date of task completion was greater than one business day from date of notification. • No date documented. • No documentation of communication with receiving facility. • Missing TOC log.
2.	Care Coordinator notified physician of the transition within 1 business day of notification.	Met as evidenced by: • For each transition, the date the task was completed is within one business day of the date of notification as documented on the TOC log (or case notes or other documentation, as needed). Not met as evidenced by: • Date of task completion was greater than one business day from date of notification. • No date documented. • No documentation of communication with physician • Missing TOC log.
3.	Communicate with member or resp party about the care transition process; member's health status and plan of care; and education with member or responsible party on how they can prevent unplanned transitions/readmissions (how to maintain health and remain in the least restrictive environment)	Met as evidenced by: • For transition back to UCS, the date the task was completed is within one business day of the date of notification as documented on the TOC log (or case notes or other documentation as needed). **And** • All required fields completed demonstrating that all tasks were done for the final transition back to the members usual care setting or new usual care setting. If not completed an acceptable explanation was present.

	Desired Outcome	Method for measuring outcome achievement
	within one day of notification of return to usual care setting (UCS) or new usual care setting.	Not met as evidenced by any of the following: • Date of task was greater than one business day from date of notification. • No date documented. • Blank fields with no comments explaining why not done. • Missing TOC log.