



Explanation for Gaps in Long Term Supports and Services

In an effort to ensure that our Blue Cross Community Health PlansSM and Blue Cross Community MMAISM members receiving LTSS continue to receive quality care, in accordance with the Provider Manual, providers must notify the Blue Cross and Blue Shield of Illinois Care Coordination team **at least two (2) business days prior** to the disruption or discontinuance of a member’s services. This notification will allow the Care Coordination team to assess the situation and assist in the coordination of services for the impacted member(s).

To notify the Care Coordination team, providers must fill out this Gaps in LTSS Services form and email it to **LTSS_SupportCtr@bcbsil.com** or fax it to **312-309-0468**.

MEMBER NAME		DATE
SUBSCRIBER ID		
MEMBER ADDRESS		
AGENCY NAME		
AGENCY PHONE NUMBER	AGENCY FAX NUMBER	
PERSON'S NAME/TITLE SUBMITTING THIS FORM		
TYPE OF SERVICE PROVIDED (HOMEMAKER, ADULT DAY SERVICE, RESPITE, EHRS, ETC)		
GAP IN SERVICE DATE(S)		
GAP IN SERVICE REASON(S)		

CONFIDENTIAL HEALTH INFORMATION Health care information is personal information related to a patient’s health care. You are required to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate patient authorization is obtained. If you have received this message in error, please notify the Care Coordination Team, Government Programs immediately.