



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY**

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER: GCS-IL-MA-01A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
POLICY TITLE: 3 rd Trimester IPA Transfer Policy		EFFECTIVE DATE: 08/09/2022
		LAST REVISION DATE: 08/09/2022
EXECUTIVE OWNER: Executive Director, Provider Performance	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 08/09/2022

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

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]
Medicare MAPD H3822	X
NOTE: Future fully executed contracts will fall under this policy.	

II. PURPOSE

- To establish criteria that allows a female member to transfer her Primary Care Physician (PCP) IPA affiliation while in the 3rd trimester of pregnancy.
- To ensure proper procedures are followed when members contact the MA HMO to request an IPA change while in their 3rd trimester of pregnancy.

III. POLICY

- Blue Cross and Blue Shield of Illinois provides established guidelines for appropriate MA HMO staff to facilitate requests for female members to change their Independent Physician Association (IPA) affiliation while in their 3rd trimester of pregnancy. Third trimester IPA changes will be allowed under the follow circumstances: 1) If the member’s OB/GYN leaves the IPA and transfers affiliation to another BCBSIL MA HMO IPA; or 2) If The MA HMO has substantiated a Quality of Care complaint based on the nature of the complaint and the member’s dissatisfaction with their current PCP.

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify, and amend this policy meets contractual requirements.	Manager, Illinois Provider Performance Management
Customer Service implements the member transfer as well as informs the member and the IPA. This is done on an ad-hoc basis.	

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-01B	3rd Trimester Pregnancy IPA Transfers Procedure	GBS SharePoint Library

VI. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/06/2022

VII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	07/12/2022
Annual Review: New Policy Template	03/25/2021

VIII. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/09/2022
IL Provider Performance Management	Joanne O'Brien	Executive Director, Provider Performance	06/07/2022
IL Provider Performance Management	Joanne O'Brien	Executive Director, Provider Performance	05/20/2021

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