



BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO PROCEDURE

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| DEPARTMENT: IL Provider Performance Management | PROCEDURE NUMBER: GCS-IL-MA-01B | ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013 |
| PROCEDURE TITLE: 3 rd Trimester IPA Transfer Procedure | | EFFECTIVE DATE: 08/08/2023 |
| | | LAST REVISION DATE: 08/08/2023 |
| EXECUTIVE OWNER: Executive Director, IL Provider Performance Management | BUSINESS OWNER: Manager, IL Provider Performance Management | LAST REVIEW DATE: 08/08/2023 |

I. SCOPE

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

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] |
|--|---------------------|
| Medicare MAPD H3822/H8547 | X |
| NOTE: Future fully executed contracts will fall under this procedure. | |

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

3rd Trimester IPA Transfer Policy, GCS-IL-MA-01A. This procedure document ensures there is a documented process for 3rd Trimester IPA Transfers.

III. PROCEDURE

1. A member calls the Customer Service Department to request a WPHCP PCP IPA change.
2. The following guideline questions should be asked:
 - a. Are you, or the member for whom the change is being requested, in their 3rd trimester of pregnancy (or will they be when the IPA change becomes effective)?

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If “Yes,” the member should provide a reason for the IPA change request.

- b.** Are you, or the member for whom the change is being requested, currently hospitalized?

If “Yes,” the member should be advised they cannot make an IPA change while hospitalized. The member can call back to request an IPA change when they have been discharged home.

3. If the member’s request meets the guidelines stated in this policy, the Customer Service staff will process the WPHCP or PCP IPA change to be effective the first day of the following month or follow the IPA retroactive assignment guidelines. See MA HMO Policy and Procedure: IL MA 1.20 A&B – Retroactive IPA Member Changes.
4. If the request does not meet the request the guidelines as stated in this policy, then the IPA change request should be denied.
5. If the IPA change request is denied and the member asks for an additional review, the member will be referred to the Customer Service Department. The Customer Service Department will review the request and may contact the requested IPA or Provider Network Consultant to ask if they can accommodate the member’s request. The Customer Service staff will work with the Provider Network Consultant as needed. The member will be notified by the Customer Service staff of the outcome. If the WPHCP or PCP IPA change is approved, the Medicare Advantage Customer Service Department will process the IPA change and notify the IPA that a new member has been assigned to their IPA.

IV. CONTROLS/MONITORING

3rd trimester IPA changes will be allowed under the following circumstances:

- The member’s OB/GYN leaves the IPA and transfers to another BCBSIL MA HMO IPA
- 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 WPHCP or PCP.

| 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. AUTHORITY AND RESPONSIBILITY

- Lupita Monroy (Manager, Illinois Provider Performance Management)

VI.IMPACTED BUSINESS AREAS

- Customer Service-Medicare Operations

VII.PROCEDURE REVIEWERS

| Person Responsible for Review, Committee Reviewing as FYI | Title | Date of Review |
|---|--|----------------|
| Juan Gentry | Sr. Manager, Customer Service Operations- Medicare | 07/05/2023 |
| Lupita Monroy | Manager, Illinois Provider Performance Management | 06/23/2023 |
| Linda Tolbert | Sr. Provider Network Consultant | 06/22/2023 |

VIII. PROCEDURE REVISION HISTORY

| Description of Changes | Revision Date |
|--|---------------|
| Annual Review | 06/22/2023 |
| Annual Review | 07/12/2022 |
| Annual Review: New Template/ Procedure section reformatted to strengthen, reorganize and clarify content, no significant changes | 03/25/2021 |

IX. PROCEDURE APPROVALS

| Company, Division, Department and/or Committee | By: Name | Title | Approval date |
|--|----------------|--|---------------|
| Medicare P&P Comm. | | | 08/08/2023 |
| IL Provider Performance Management | Joanne O'Brien | Executive Director, IL Provider Performance Management | 06/23/2023 |