



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

<b>DEPARTMENT:</b> IL Provider Performance Management	<b>PROCEDURE NUMBER:</b> GCS-IL-MA-01B	<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 01/01/2013
<b>PROCEDURE TITLE:</b> 3 <sup>rd</sup> Trimester IPA Transfer Procedure		<b>EFFECTIVE DATE:</b> 08/09/2022
		<b>LAST REVISION DATE:</b> 08/09/2022
<b>EXECUTIVE OWNER:</b> Executive Director, Provider Performance	<b>BUSINESS OWNER:</b> Manager, Provider Performance	<b>LAST REVIEW DATE:</b> 08/09/2022

**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	X
NOTE: Future fully executed contracts will fall under this procedure.	

**II. POLICIES IMPLEMENTED BY PROCEDURE**

This Procedure implements the following Policies:

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

**III. PROCEDURE**

1. A member calls the Customer Service Department to request a 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 3<sup>rd</sup> trimester of pregnancy (or will they be when the IPA change becomes effective)?

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 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 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

3<sup>rd</sup> 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 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. PROCEDURE REVIEWERS**

<b>Person Responsible for Review</b>	<b>Title</b>	<b>Date of Review</b>
Lupita Monroy	Manager, Illinois Provider Performance Management	06/06/2022
Sandra Hopson	Provider Affairs Project Consultant, Illinois Provider Performance Management	06/03/2022

**VII. PROCEDURE REVISION HISTORY**

<b>Description of Changes</b>	<b>Revision Date</b>
Annual Review	07/12/2022
Annual Review: New Template/ Procedure section reformatted to strengthen, reorganize and clarify content, no significant changes	03/25/2021

**VIII. PROCEDURE APPROVALS**

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