BlueCross BlueShield of Illinois

BLUE CROSS AND BLUE SHIELD OF ILLINOIS

MEDICARE ADVANTAGE HMO POLICY

DEPARTMENT: IL Provider Performance Management	**POLICY NUMBER:** GCS-IL-MA-13A	**ORIGINAL EFFECTIVE DATE (IF KNOWN):** 01/01/2013
POLICY TITLE: IPA Request for Member Transfer Policy		**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 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, H8547	X
NOTE: Future fully executed contracts will fall under this policy.	

II. PURPOSE

Blue Cross and Blue Shield of Illinois (BCBSIL) uses this policy, along with all Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the "IPAs") documentation, to determine whether it is appropriate for the IPA or any contracted provider to request a member's transfer from that IPA or contracted provider.

III. POLICY

The IPA or any contracted provider has the right to request that the MA HMO remove a member when that member disrupts IPA's or any contracted provider's normal business practice. Prior to an IPA's or contracted provider's request to transfer a member out of the IPA or any contracted provider, a minimum of one warning letter must be sent by certified mail to the member. An IPA's or any contracted provider request for a member transfer is viewed by the MA HMO as a significant and serious event. A member transfer results in the disruption of that member's care. Thus, it is critical that the IPA or contracted provider carefully follow the prescribed procedure. The procedure does not include every transfer situation, it is not a comprehensive list. The final

decision to involuntarily transfer a member out of an IPA or any contracted provider is made by the MA HMO in its sole discretion. A request for a member's transfer may not be based on the type, amount, or cost of service that a member legitimately requires.

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. The Provider Network Consultant reviews the IPA or contracted provider member documentation including the certified mailing receipt and warning letter(s) to ensure the requirements of the IPA or contracted provider are being met. Review is conducted on an ad-hoc basis.	Manager, Illinois Provider Performance Management

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-13B	IPA Request for Member Transfer Procedure	GBS SharePoint Library

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
Federal	42 C.F.R. § 422.74 Disenrollment by the MA organization

2021 Illinois MMAI Demonstration Contract	2.5.4 Transition of Care 2.5.4.1 Transition of Care Process. The Contractor will manage transition of care and continuity of care for new Enrollees, Enrollees moving from hospital back to Enrollee's home or NF. The Contractor's process for facilitating continuity of care will include: 2.5.4.1.1 Identification of Enrollees needing transition of care. 2.5.4.1.2 Communication with entities involves in Enrollees' transition 2.5.4.1.3 Making accommodations so that all community supports, including housing, are in pace prior to the Enrollee's move and that Providers are fully knowledgeable and prepared to support the Enrollee, including interface and coordination with and among social supports, clinical services and LTSS 2.5.4.1.4 Environmental adaptions and equipment and technology the Enrollee needs for a successful care setting transition 2.5.4.1.5 Stabilization and provision of uninterrupted access to covered services for the Enrollee 2.5.4.1.6 Assessment of Enrollees' ongoing care needs. 2.5.4.1.7 Monitoring of continuity and quality of care, and services provided 2.5.4.1.8 Medication reconciliation 2.5.4.2 Transition of Care Plan. 2.5.4.3 Transition of Care Team. 2.5.4.4 Transition of Enrollees 2.5.4.4.1 2.5.4.4.2 2.5.4.4.3 2.5.4.4.5 2.5.4.4.6 2.5.4.5 2.5.4.5 2.5.4.7

VII. IMPACTED BUSINESS AREAS

- Government Programs Clinical Operations

VIII. POLICY REVIEWERS

Person Responsible for Review, Committee Reviewing as FYI	Title	Date of Review
Karina Thomas	Director, Government Programs Clinical Operations	06/29/2023
Lupita Monroy	Manager, IL Provider Performance Management	06/23/2023

IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	08/08/2023
Annual Review	07/12/2022
New Policy Template	06/16/2021

X. POLICY APPROVALS

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