



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 28	ORIGINAL EFFECTIVE DATE: 2/3/1998
POLICY TITLE: IPAs Request for Member Transfer		EFFECTIVE DATE:03/01/2023
		LAST REVISION DATE: 03/01/2021
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Executive Director, Network Performance	LAST REVIEW DATE: 03/01/2023

I. SCOPE

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]
HMO Commercial	x
HMO Exchange	x

II. PURPOSE

Blue Cross and Blue Shield of Illinois (BCBSIL) will use this policy along with all Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”), documentation to determine whether it is appropriate to request a Member’s transfer from that IPA. A request for a Member’s transfer may not be based on the type, amount, or cost of service that a Member legitimately requires.

III. POLICY

The IPA has the right to request that HMO Illinois®, Blue Advantage HMOSM, Blue Precision HMOSM or Blue FocusCareSM remove a Member when that Member disrupts their normal business practice. Prior to an IPA’s request to transfer a Member out of the IPA, a minimum of one warning letter must be sent by certified mail to the Member.

An IPA’s request for a Member transfer is viewed by BCBSIL as a significant and serious event. The consequences of a Member’s transfer will mean the disruption of that Member’s care and it is important that a documented process is carefully followed. The final decision is made by BCBSIL to involuntarily transfer a Member out of an IPA.

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself.

V. IMPACTED BUSINESS AREAS

HMO Rockford Service Center – Commercial HMO
HMO Naperville Service Center -Exchange HMO
Clinical Programs Strategy and Oversight
HMO Customer Assistant Unit (CAU)
Provider Network Financial management
HMO Provider Network

VI. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth RN.BSN	HMO Provider Network Consultant	02/02/2022
Danielle Washington		01/27/2023

VII. POLICY REVISION HISTORY

Description of Changes	Revision Date

VIII. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			2/24/2022
BCBSIL P&P			2/23/2023