



**BLUE CROSS BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 28A	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 Procedure 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. PROCEDURE

1. The IPA has the right to initiate the process of requesting a Member transfer if one of the following occurs:
 - a. Living outside of the HMO Service Area.
 1. A Member resides at such a distance from the Primary Care Physician (PCP) that it does not allow the Physician to coordinate care appropriately, or
 2. A Member resides at such a distance from the PCP that the Member persistently demonstrates noncompliance.
 - b. Persistent noncompliance of prescribed medical regimens.
 1. A Member has demonstrated clear noncompliance with a prescribed medical regimen that has or is likely to result in substantive adverse outcomes for the Member. It is presumed that in lieu of the disputed medical care, there are no other appropriate medical treatments that are acceptable to the Member. The Member must have received written communication describing the need for the treatment, the medical consequences that have or are likely to result from not following the treatment and the potential consequences of being transferred out of the IPA if the regimen is not followed. Concurrence by the IPA's Quality Review Committee about the need for the care and the relationship between noncompliance and the adverse outcomes that have occurred or are likely to

occur is a necessary component of documentation for the IPA to provide to BCBSIL with the request.

Instances of refusal to make certain prescribed lifestyle changes, such as stop smoking, or loss of weight, generally will not be considered a refusal of a prescribed medical regimen.

2. The HMO will not approve IPA requests for Members to be transferred out of the IPA for the following reasons:

- Members who have not received recommended preventive care services,
- Members who have not seen an IPA physician and,
- Members who have not obtained recommended routine condition-specific care.

c. Missing scheduled appointments.

1. A Member misses appointments such that the lack of medical care becomes a serious health issue, or
2. A Member misses three appointments without calling at least 24 hours prior to the appointment, in a period not greater than 18 months. It is expected that the Member be warned in writing of the IPA's policy and the consequences of continued missed appointments.

d. Behavior that is significantly disruptive to the health care delivery system or which causes an irreparable breach in the Member/Physician relationship.

1. If the Member acts in a way that causes significant disruption to the delivery system operation,
2. It is expected that an administrative staff member speaks with the Member so that a complete understanding of the incident can be achieved.
3. If after this conversation the IPA believes the Member acted unreasonably and inappropriately, a letter should be sent to the Member reviewing the incident and issuing a warning that repeated occurrence could result in being asked to leave the IPA.

e. Verbal or written threat of legal action against the IPA.

If a Member threatens legal action against the IPA or an IPA Physician, it is expected that the IPA administration contact the Member to investigate the complaint.

Because a threat of legal action is a clear indication by a Member of a complaint against the IPA, the complaint and results of the investigation must be documented in the IPA Complaint log. The findings of the complaint could initiate a warning letter to the Member.

f. Non-payment of required co-payments.

A Member refuses to pay the required co-payments for services or any previously unpaid bills after being warned in writing that the consequences of refusal will be removal from the IPA. The warning letter must direct the Member to contact the IPA by a specific date to make payment arrangements. If non-compliance continues, the IPA may initiate the Member transfer request process.

2. The warning letter:

- a. Must include the nature of the infraction.

- b. Must include the specific actions the Member is required to take including any related time frames. Examples of Member actions include contacting the IPA to make an appointment by a certain date, submit payment of outstanding charges by a certain date etc.
 - c. Must include instructions on how the Member can contact the IPA administration for assistance in resolving the issue.
 - d. Must include all consequences, including the potential that the IPA may request that BCBSIL transfer the Member to another IPA.
 - e. Be sent Certified or Registered mail with return receipt requested.
 - f. The incident will be valid for a 12-month period, if this incident occurs again, outside of the 12-month period, a new warning letter will be required.
3. If the situation has not been corrected by the deadline as cited in the warning letter, the IPA may request that BCBSIL transfer the Member to another IPA. The request must be sent in writing to the BCBSIL HMO Provider Network Consultant (PNC).

The letter must include all relevant documentation sent to or received from the Member including:

- a. Written documentation of the events that led up to the request by the IPA.
 - b. Evidence of the IPA's good faith attempt to resolve the problem.
 - c. Evidence that the IPA followed their own internal due process for the member complaint resolution.
 - d. A copy of the warning letter, with signed delivery receipt.
4. The PNC will review the IPA request for Member transfer letter and approve the request if policy protocol has been met.
5. BCBSIL will send Member transfer request letter via certified mail to the Member explaining that a problem has occurred between the IPA and the Member. The Member will be given a period of 30 calendar days from the date of receipt of the letter to select a new IPA. The current IPA will be responsible for providing or coordinating emergency and urgent care up to the effective date with the new IPA.
6. The following situations will warrant a Member transfer request where an initial warning letter is not required:
- a. Police/IPA security intervention at the IPA, behavior resulting in the Member's arrest at the IPA or a Member's involuntary removal from IPA premises by the IPA staff and/or police.
 - b. A Member intentionally threatens and/or causes bodily harm to IPA staff.
 - c. When an actual lawsuit or claim has been filed against the IPA or IPA Physician.
 - d. Fraud (such as, but not limited to altered medical records, forged prescriptions, identity theft).
 - e. A Member displays inappropriate physical contact to IPA staff.

NOTE: The only situation that does not require the 30-to-45-day grace period to place a Member in a new IPA is when a Member has been previously removed from the IPA. After the request for removal has been communicated by the IPA to HMO, HMO will

place the Member in a pend status (597) until a new IPA is chosen. All medical care claims incurred during this time span will be reviewed for payment on an individual basis by BCBSIL.

III. CONTROLS/MONITORING

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

IV. AUTHORITY AND RESPONSIBILITY

HMO Provider Network Operations and HMO Service Centers are responsible for reviewing adhering and ensuring procedures are met pertaining to IPA Requests for Member Transfer.

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 Operations

IMPACTED EXTERNAL ENTITIES

HMO Medical Groups (IPAs)
HMO members

VI. PROCEDURE REVIEWERS

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

VII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date

VIII. PROCEDURE APPROVALS

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