



**Member Notification Process
When a Provider Leaves the IPA**

HMO Policy and Procedure

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

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 82	ORIGINAL EFFECTIVE DATE: 8/1/2015
POLICY TITLE: Member Notification Process When a Provider Leaves the IPA		EFFECTIVE DATE:04/01/2023
		LAST REVISION DATE: 2/1/2023
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Executive Director, Network Performance	LAST REVIEW DATE: 04/01/2023

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

- To ensure HMO members are notified timely and appropriately when a provider leaves an IPATo ensure HMO members receive appropriate Continuity of Care , if applicable , when a provider leaves an IPATo maintain Primary Care Physician (PCP) and Participating Specialist Provider (PSP) accessibility and availability when a provider leaves an IPA

III. POLICY

Per the Medical Service Agreement (MSA) (Section 1.C.1.o), Blue Cross and Blue Shield of Illinois (BCBSIL) requires the Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the "IPAs") to notify all affected HMO members and the HMO plan when a Primary Care Physician (PCP), Participating Specialist Provider (PSP) or Practitioner Group leaves the IPA at least 90 calendar days in advance.

IV. DEFINITIONS

Provider: Any Physician or Practitioner to include, but not limited to a Physician, physical therapist, psychologist, hospital facility, health care facility, laboratory, and any other Provider of medical services licensed in accordance with all applicable laws.

V. CONTROLS/MONITORING

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

VI.IMPACTED BUSINESS AREAS

HMO Customer Assistance Unit
HMO Network Operations/Provider Performance
HMO Service Centers

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	March 2, 2022
Danielle Washington	HMO Provider Network Consultant	1/20/2023

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Added purpose section to the policy	March 2, 2022

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			3/24/2022
BCBSIL P&P			1/26/2023
BCBSIL P&P			3/23/2023