



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 37A	ORIGINAL EFFECTIVE DATE: 06/01/1999
POLICY TITLE: 3 rd Trimester Pregnancy IPA Transfer		EFFECTIVE DATE: 12/01/2022
		LAST REVISION DATE: 12/01/2020
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 12/01/2022

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
PPO Commercial	
PPO Exchange	

II. PROCEDURE

1.A member calls the Service Center to request a WPHCP or PCP IPA change.

2.The following questions should be asked:

- a. Are you, or the member for whom the change is being requested, in their 3rd trimester of pregnancy (or will be when the IPA change becomes effective)?

If the answer is ‘Yes’ to question 2a:

- The member should provide a reason for the IPA change request. If the request does not meet the guidelines as stated in this policy, then the IPA change request should be denied until after the member’s expected delivery date.
- b. Are you, or the member for whom the change is being requested, currently hospitalized?
If the answer is ‘Yes’ to question 2b:
 - 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 as stated in this policy, the Service Center staff will process the WPHCP or PCP IPA change to be effective the first day of the following month or follow the IPA retroactive assignment guidelines. See HMO Policy and Procedure: Administrative 32 – Retroactive IPA Member Changes.
4. If the IPA change request is denied and the member asks for an additional review, the member will be referred to the Customer Assistant Unit (CAU) department. The CAU will review the request and may contact the requested IPA to ask if they can accommodate the member's request. The CAU staff will also involve the HMO Provider Network Consultant as needed. The member will be notified by the CAU staff of the outcome. If the WPHCP or PCP IPA change is approved, the CAU staff will work with the Service Center staff to process the IPA change, and to notify the IPA of the new member.
5. If the CAU determines the IPA change request can be made, the CAU staff will contact the IPA to inform them that a member, has been assigned to their IPA.

III. CONTROLS/MONITORING

3rd trimester IPA changes will be allowed under the following circumstances:

- The member's IPA leaves the HMO network
- The member's WPHCP leaves the IPA and transfers affiliation to another BCBSIL HMO IPA.
- The member moves to another geographic area, beyond the service area of their existing IPA Physician or IPA affiliated hospital. The service area is defined as within a 30-mile radius of the IPA Physician or IPA affiliated hospital site in which the member is enrolled.
- BCBSIL has substantiated a Quality of Care complaint based on the nature of the complaint and the member's dissatisfaction with their current WPHCP or PCP. (Refer to Quality Improvement – 26, Quality of Care Complaint and Occurrences Policy)

Line of Business and/or Area	Control Requirements
HMO	

IV. AUTHORITY AND RESPONSIBILITY

HMO Network is responsible for educating IPAs on policy and procedure guidelines and resolving high level member cases. HMO CAU and HMO Services Centers (Rockford and Naperville) are responsible for ensuring when an HMO member calls in their third trimester of pregnancy requesting an IPA transfer that they follow policy guidelines to avoid future IPA and member claim, capitation, eligibility etc. issues.

V. RELATED DOCUMENTS

3rd Trimester Pregnancy IPA Transfer – Policy 37

VI. IMPACTED BUSINESS AREAS

HMO Network
 HMO Operations
 Clinical Programs Strategy and Oversight
 Quality Improvement
 HMO Service Centers including claims, eligibility etc.

VII. IMPACTED EXTERNAL ENTITIES

HMO IPAs
 HMO Members

VIII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
HMO Service Center	Supervisor member services	11/3/2021
HMO Service Center	Supervisor member services	11/2/2022

IX. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Split Template	11/03/2021

X. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			11/18/2021
BCBSIL P&P			11/17/2022