

**3rd Trimester Pregnancy IPA
Transfer**
HMO Policy and Procedure
**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

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|--|---|
| DEPARTMENT: Network Provider Performance | |
| POLICY NUMBER: Administrative 37 | POLICY TITLE: 3rd Trimester Pregnancy IPA Transfer |
| EXECUTIVE OWNER: Executive Director, Provider Performance | BUSINESS OWNER: Manager, Provider Performance |
| ORIGINAL EFFECTIVE DATE (IF KNOWN): 06/01/1999 | COMMITTEE APPROVAL DATE: 11/14/2024 |

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 IFM | x |
| PPO Commercial | |
| PPO Exchange | |

II. PURPOSE

- To establish criteria that allows a female member to transfer her Woman’s Principal Health Care Provider (WPHCP) or Primary Care Physician (PCP) IPA affiliation while in the 3rd trimester of pregnancy.
- To ensure proper procedures are followed when members contact the HMO to request an IPA change while in their 3rd trimester of pregnancy.

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) will provide established guidelines for appropriate HMO staff to facilitate requests for female members to change their Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”), affiliation while in their 3rd trimester of pregnancy.

IV. CONTROLS/MONITORING

| Line of Business and/or Area | Control Requirements |
|------------------------------|----------------------|
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| | |
|--------|-------------------------------------|
| IL HMO | Controls are detailed in the Policy |
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V. RELATED DOCUMENTS

3rd Trimester Pregnancy IPA Transfer – Procedure 37A

VI.IMPACTED BUSINESS AREAS

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

VII. POLICY REVIEWERS

| Person Responsible for Review | Title | Date of Review |
|--------------------------------|----------------------------------|----------------|
| Rachel Schmitt; Jessica Whaley | HMO Provider Network Consultants | 10/30/2024 |

VIII. POLICY REVISION HISTORY

| Description of Changes | Revision Date |
|--|---------------|
| Revised Policy header, updated HMO Exchange to HMO IFM | 10/30/2024 |

IX. POLICY APPROVALS

| Company, Division, Department and/or Committee | By: Name | Title | Approval date |
|--|--------------|--|---------------|
| BCBSIL P&P | | | 11/14/2024 |
| Provider Performance | Geoff Guiton | Executive Director, Provider Performance | 11/14/2024 |

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

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|--|--|
| DEPARTMENT: Network Provider Performance | |
| PROCEDURE NUMBER: Administrative 37A | PROCEDURE TITLE: 3rd Trimester Pregnancy IPA Transfer |
| EXECUTIVE OWNER: DSVP, IL Health Care Delivery | BUSINESS OWNER: Manager, Provider Performance |
| ORIGINAL EFFECTIVE DATE (IF KNOWN): 06/01/1999 | COMMITTEE APPROVAL DATE: 11/14/2024 |

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 IFM | x |
| PPO Commercial | |
| PPO Exchange | |

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policy(ies):

| Policy Name | Policy Number |
|--|------------------------|
| 3rd Trimester Pregnancy IPA Transfer – Policy 24 | Admin 37 |
| Quality of Care Complaint and Occurrences | Quality Improvement 26 |

III. PROCEDURE

- 1.A member calls the Service Center (SC) 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 SC 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.
- 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)

Finalization

1. If a 3rd trimester pregnancy IPA transfer request is not approved, the HMO SC, or HMO CAU will advise member of the appeal process for any claims incurred.
2. The IPA will be notified of the approved retroactive IPA change via the online and/or paper eligibility report with the effective date of the change. IPA will receive capitation for the retroactive months involved, and services provided or referred by the IPA will be the IPA responsibility to pay.
3. The HMO SC, HMO CAU and HCM staff must document all pertinent information into Information Documentation Tool. See Departmental Guidelines.

IV. CONTROLS/MONITORING

| Line of Business and/or Area | Control Requirements |
|------------------------------|--|
| HMO | <p>The member's IPA leaves the HMO network</p> <p>The member's WPHCP leaves the IPA and transfers affiliation to another BCBSIL HMO IPA.</p> <p>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.</p> <p>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)</p> |

V. 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.

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 |
|--------------------------------|----------------------------------|----------------|
| Rachel Schmitt; Jessica Whaley | HMO Provider Network Consultants | 10/30/2024 |

IX. PROCEDURE REVISION HISTORY

| Description of Changes | Revision Date |
|--|---------------|
| Revised Procedure Header, added Section II Policies Implemented by Procedure, moved policies from VI Related Documents to Section II Added Finalization section | 10/30/2024 |

X. PROCEDURE APPROVALS

| Company, Division, Department and/or Committee | By: Name | Title | Approval date |
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| BCBSIL P&P | | | 11/14/2024 |
| Provider Performance | Geoff Guiton | Executive Director, Provider Performance | 11/14/2024 |