



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

HMO Policy and Procedure

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

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 82A	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: 02/01/2023
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Executive Director, Network Performance	LAST REVIEW DATE: 04/01/2023

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
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPO Commercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	

II. PROCEDURE

The HMO members have the right to receive notification when their PCP or PSP leaves their current IPA. The IPA organization notifies members affected by the termination prior to the effective termination date and assists them in selecting a new practitioner.

The process for member notification includes the following;

1. The IPA must communicate to all affected members at least 90 calendar days prior to the termination date.
2. All letters sent to the affected HMO members must be approved by the HMO Provider Network Consultant (PNC) prior to the letter being sent.

At a minimum, the following information must be included in the letter(s):

- The letter must include the name of the provider leaving the medical group and the mailing date,

- If the name of the HMO product is used – it must be written as follows (the first time it is used – subsequent usage does not require the service marks):
 - i. HMO Illinois®
 - ii. Blue Advantage HMOSM
 - iii. Blue Precision HMOSM
 - iv. BlueCare DirectSM
 - v. Blue FocusCareSM

- Reason for letter –PCP or PSP or other provider is leaving the IPA and/or medical group closing, with effective termination date,
- Instructions on how members choose a new PCP and/or how members will be assigned a new PCP,
- What required actions must members take if a PSP is leaving,
- A reference that the member may call the Customer Service phone number on the back of their identification card for assistance in choosing another IPA, if necessary,
- Continuity of Care language as written below:

If you and/or one of your family members are currently in an ongoing course of treatment and wish to receive continuity of care services, you may request that you continue seeing your current physician for up to maximum of 90 calendar days from the date of notification. To receive this continuity of care service, you must submit a request in writing within 30 calendar days of this notification or call:

Blue Cross and Blue Shield of Illinois
 Consumer Affairs Unit
 300 E. Randolph, 24th Floor
 Chicago, Illinois 60601
 312-653-6600

- The reference to the Department of Insurance, as written below:
 You can contact the Illinois Department of Insurance - Office of Consumer Health Insurance at 877-527-9431 or 320 W. Washington Street, Springfield, IL 62767 with questions or concerns
- Once the member letter is approved by the HMO PNC, the IPA sends a copy of the letter to the PNC.

In addition, the IPA must submit an IPA specific template letter to the HMOPNC according to the submission grid located in the Medical Service Agreement Highlight and Process Summary section of the HMO Provider Manual.

III. CONTROLS/MONITORING

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

HMO PNCs works with the IPAs to ensure HMO members are notified in a timely manner when a provider(s) leaves the IPA. HMO PNC reviews and approves the member notification letter prior to the IPA sending the member letter notification.

V. IMPACTED BUSINESS AREAS

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

VI. IMPACTED EXTERNAL ENTITIES

HMO IPAs
HMO members

VII. PROCEDURE 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	January 20, 2023

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Replaced Transition of Care with Continuity of Care	March 2, 2022
Updated CAU address	March 2, 2022
Updated CAU address	January 20, 2023

IX. PROCEDURE 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