



IL Provider Performance Management - GCS-IL-MA-09B - Administered Complaints Procedure

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY**

DEPARTMENT: IL Provider Performance Management	PROCEDURE NUMBER: GCS-IL-MA-09B	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
PROCEDURE TITLE: Administered Complaints Procedure		EFFECTIVE DATE: 08/09/2022
		LAST REVISION DATE: 08/09/2022
EXECUTIVE OWNER: Executive Director, Provider Performance	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 08/09/2022

I. SCOPE

This Procedure applies to Provider Performance Management government product Medicare Advantage HMO.

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]
Medicare MAPD/H3822/H8547	X
NOTE: Future fully executed contracts will fall under this procedure.	

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

Administered Complaints Policy, GCS-IL-MA-09A. This procedures document ensures there is a documented process for Administered Complaints.

Proprietary & Confidential

III. PROCEDURE

1. The inquirer's complaint is emailed to the IPA Administrator with a request for specific information needed related to the complaint and the response date are clearly identified.
2. If there is no response within seven (7) calendar days, the Provider Network Consultant follows-up with the IPA via a phone call. The IPA is asked for a specific date when they will fax or call with the requested information. An extension will be granted for extenuating circumstances as determined by BCBSIL MA HMO to those IPAs who have requested additional time to do further investigation.

Extenuating circumstances include:

- Response is needed from physician and he/she is on vacation/ill.
- Medical records are needed.
- Further investigation is needed to determine approval status.

3. If there is still no response within three (3) days of the IPA telephone call, an MA HMO Administered complaint is issued. The HMO Administered Complaint is addressed to the IPA Administrator Copies are also distributed to the appropriate BCBSIL MA HMO staff.

•If there is no resolution within the (two) 2 business days, and the inquiry is a claim issue, the claim is paid and deducted from capitation. The complaint is categorized under "Failure to Pay".

• MAHMO documents the final resolution and member notification is sent.

4. If the inquiry is an IPA complaint other than a claim issue (i.e., problem with office staff), Customer Service pends the inquiry. Inquiry is given to the Provider Network Consultant for final resolution.

Administered Complaint Form

_____(Date)
_____(IPA)
_____(IPA Administrator)
_____(City/State/Zip)

RE: _____ (Member)
 _____ (ID#)
Case #: _____

Dear _____ (IPA Administrator):

The following inquiry has been determined to be an "HMO Administered Complaint" for purposes of the Service Provision of the Medical Service Agreement.

Category of Complaint

- Administrative:** _____
- Access to Care:** _____
- Failure to Pay:** _____

Please report this action to your Peer Review Committee so they are aware of the problem.

Sincerely,

Customer Service

cc: Provider Relations Manager
HMO Provider Network Consultant

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements.	Manager, Illinois Provider Performance Management
Provider Network Consultant monitors IPA response. If IPA is non-complaint, Provider Network Consultant escalates to Medicare Manager/Executive Director, Provider Performance	Provider Network Consultant
Complaints are reviewed on an Ad-hoc basis	Executive Director, Provider Performance
Annual review of documented process	

V. AUTHORITY AND RESPONSIBILITY

- Lupita Monroy, (Manager, Illinois Provider Performance Management)

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
N/A	Blue Cross Medicare Advantage (HMO)- Utilization Management and Population Health Management Plan 2022 Blue Cross Medicare Advantage HMO Delegated Provider Manual

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, Illinois Provider Performance Management	06/07/2022
Sandra Hopson	Project Affairs Project Consultant	06/03/2022

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Annual Review	08/09/2022
New Template	06/16/2021

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/09/2022
IL Provider Performance Management	Joanne O'brien	Executive Director	06/15/2022
IL Provider Performance Management	Joanne O'brien	Executive Director	06/18/2021