



BLUE CROSS AND BLUE SHIELD OF ILLINOIS

MEDICARE ADVANTAGE HMO PROCEDURE

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| 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: 07/11/2023 |
| | | LAST REVISION DATE: 07/11/2023 |
| EXECUTIVE OWNER: Exec Dir, Government Programs | BUSINESS OWNER: Manager, IL Provider Performance Management | LAST REVIEW DATE: 07/11/2023 |

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.

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.
5. Documentation of the Administrative Complaint is stored in Salesforce and a copy is sent to the VP Health Care Delivery Contracting and to the Executive Director Government Contracting.

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 Complaints are reviewed on an Ad-hoc basis Annual review of documented process | Provider Network Consultant Executive Director, Provider Performance |

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 2023 <u>Blue Cross Medicare Advantage HMO Delegated Provider Manual</u> |

VII. PROCEDURE REVIEWERS

| Person Responsible for Review, and Committee Reviewing as FYI | Title | Date of Review |
|---|---|----------------|
| Lupita Monroy | Manager, Illinois Provider Performance Management | 06/23/2023 |
| Linda Tolbert | Sr. Provider Network Consultant | 06/22/2023 |

VIII. PROCEDURE REVISION HISTORY

| Description of Changes | Revision Date |
|------------------------|---------------|
| Annual Review | 06/22/2023 |
| 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. | | | 07/11/2023 |
| IL Provider Performance Management | Joanne O'brien | Executive Director, IL Provider Performance | 06/23/2023 |