



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

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER: GCS-IL-MA-19A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
POLICY TITLE: Provider Complaint Inquiries Policy		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 Policy applies to Provider Performance Management government product Medicare Advantage HMO and Medicare Advantage PPO.

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]
Medicare MAPD/ H3822/H8547/ H8634	X
Note: Future fully executed contracts will fall under this policy.	

II. PURPOSE

The Medicare DPI-CTM team is responsible for the resolution of these complaints. However, from time to time, they will need to reach out to the Illinois Provider Performance Team for assistance.

III. POLICY

This policy is to provide guidelines and timeline requirements for the Illinois Provider Performance Team to respond to inquiries from the Medicare DPI-CTM Team to a complaint received from a Medicare Advantage member about a provider, or a complaint received from a provider.

Proprietary & Confidential

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
<p>Maintain a log for tracking purposes to track the date the complaint is received, the date the response is provided, and the overall number of complaints received per month. The Manager of Provider Performance monitors tracking log as complaints are received. – Manager, Provider Performance</p> <p>If a PNC on the team reaches out to the medical group and a response is not received timely, it is escalated to a manager or higher leadership. Leadership calls or email the IPA Administrator for a response. If an IPA is continuously not meeting deadlines for responses, it is addressed at a monthly provider meeting or a JOC leadership meeting. This process is done on an ad-hoc basis.</p>	<p>Manager, Illinois Provider Performance Management</p>

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-19B	Provider Complaint Inquiries Procedure	GBS SharePoint Library

VI. IMPACTED BUSINESS AREAS

Department Name
Medicare DPI – CTM team

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Tawanna Smith	Manager, Medicare Operations and Oversight	06/17/2022
Lupita Monroy	Manager, IL Provider Performance Management	06/07/2022
Sandra Hopson	Provider Affairs Project Consultant, IL Provider Performance Management	06/05/2022

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	08/09/2022
New Policy Template	08/30/2021

IX. POLICY 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	06/10/2022
IL Provider Performance Management	Joanne O'brien	Executive Director	06/18/2021