



IL Provider Performance Management - GCS-IL-MA-19B - Provider Complaint Inquiries Procedure

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

DEPARTMENT: IL Provider Performance Management	PROCEDURE NUMBER: GCS-IL-MA-19B	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
PROCEDURE TITLE: Provider Complaint Inquiries 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 and Medicare Advantage PPO.

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/ H8634	X
NOTE: Future fully executed contracts will fall under this procedure.	

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

Provider Complaint Inquiries Policy, GCS-IL-MA-19A. This procedures document ensures there is a documented process for Provider Complaint Inquiries.

III. PROCEDURE

Upon notification from the Medicare DPI-CTM Team regarding a member and/or a provider complaint, IL Provider Performance will take appropriate steps (i.e., investigate, reach out to Medical Group Administrator) and respond to the Medicare DPI-CTM Team within the timeframe requested by the Medicare DPI-CTM, but not to exceed seven (7) business days.

Proprietary & Confidential

If the IL Provider Performance’s grievance receive date is less than 7 days, the IL Provider Performance team will try its best efforts to obtain a response by the required deadline date.

The Provider Network Consultant maintains frequent contact with the Medical Group Administrator to ensure a response is received within the required timeframe. If the Medical Group Administrator requires an extension, the Provider Network Consultant reaches out to the Medicare DPI-CTM Team for an extension approval.

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 the tracking log as complaints are received.</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. AUTHORITY AND RESPONSIBILITY

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

VI. IMPACTED BUSINESS AREAS

Department Name
Medicare DPI – CTM team

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, Illinois Provider Performance Management	06/07/2022
Tawanna Smith	Manager, Medicare Operations and Oversight	06/17/2022

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Sandra Hopson	Provider Affairs Project Consultant, Illinois Provider Performance Management	06/05/2022
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VIII. PROCEDURE REVISION HISTORY

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

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