

BLUE CROSS AND BLUE SHIELD OF ILLINOIS

MEDICARE ADVANTAGE HMO PROCEDURE

DEPARTMENT: IL Provider Performance Management	PROCEDURE NUMBER: GCS-IL-MA-19B	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
PROCEDURE TITLE:		EFFECTIVE DATE: 07/11/2023
Provider Complaint Inquiries Procedure		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 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	Х	
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.

Proprietary & Confidential

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

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. Provider complaints can be received with three different turn-around times back to CMS. Immediate complaints (48 ours), the CTM team will request a response within 4 business hours of outreach. Urgent complaints (7 calendar day TAT), the CTM team will request a response within 1 calendar day of outreach. No issue Level (30 calendar day TAT), the CTM will request a response within 7-calendar days of outreach.

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.

Control Document or Control Description	Control Owner
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. 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	Manager, Illinois Provider Performance Management
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.	

IV. CONTROLS/MONITORING

V. AUTHORITY AND RESPONSIBILITY

• Lupita Monroy, (Manager, IL Provider Performance Management)

VI. IMPACTED BUSINESS AREAS

Department Name

Medicare DPI – CTM team

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

VII. PROCEDURE REVIEWERS

Person Responsible for Review, Committee Reviewing as FYI	Title	Date of Review
Tawanna Smith	Manager, Medicare Operations and Oversight	06/26/2023
Lupita Monroy	Manager, IL Provider Performance Management	06/23/2023
Sandra Hopson	Provider Affairs Project Consultant, Illinois Provider Performance Management	06/22/2023

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Annual Review	06/22/2023
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.			07/11/2023
IL Provider Performance Management		Exec Dir, Government Programs	06/26/2023