



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

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER: GCS-IL-MA-20A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
POLICY TITLE: Retroactive IPA Member Changes 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.

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	X
NOTE: Future fully executed contracts will fall under this policy.	

II. PURPOSE

- To ensure proper procedures are followed when members contact the MA HMO to request their IPA selection be made retroactive.
- To ensure proper procedures are followed when notifying the IPA of the retroactive IPA change.
- To provide guidelines and criteria for appropriate MA HMO staff to determine when a retroactive IPA change can be facilitated.
- To provide guidelines and criteria for appropriate MA HMO staff to determine how to handle corrections for retroactive medical group changes.

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) provides established guidelines for appropriate HMO staff to facilitate all retroactive Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the "IPAs"), Primary Care Physicians (PCPs) change requests from existing MA HMO members.

Proprietary & Confidential

- Retroactive IPA change requests can be made by an MA HMO member and/or an appointment representative of the MA HMO member. The request must be made in writing or via telephone. The IPA change requests received by other MA HMO Departments must be routed to the Customer Service Department.
- There are some circumstances when BCBSIL can retroactively change an IPA when an assignment error has been made. For example, BCBSIL can deny a retroactive request if the patient is in the middle of an inpatient stay.
- The Customer Service Department and GCS Operations are the only areas that can approve a retroactive IPA change and determine the validity of the request.
- Examples of situations that would qualify as a retroactive request include by not limited to the following:
 - Member was assigned to the *current* IPA due to an error by the MA HMO Membership or Marketing Department.
 - The provider termed after the first of the month.

Making a retroactive IPA change does not guarantee payment of any unpaid or non-group approved claims the member may have incurred without proper authorization or referral from their IPA/Primary Care Provider.

Emergency room services would be considered for payment under normal MA HMO guidelines.

IV. DEFINITIONS

NOTE: The terms defined below are only applicable within the scope of this document.

Retroactive IPA Change	An IPA change is considered retroactive if the MA HMO receives the request after the first day of the month, to be effective the first day of that month or any previous month.
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V. 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.	Medicare Advantage HMO , Illinois Provider Performance Management
Weekly Customer Service Quality Reviews – calls are listened to and scored. If calls are scored poorly the data is shared with Customer Service and Quality Leadership to ensure that the Customer Service Representatives are provided coaching and one on one support.	Medicare Service Center, Senior Medicare Regulatory Analyst

VI. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-20B	Retro Member Changes Procedure	GBS SharePoint Library

VII. IMPACTED BUSINESS AREAS

Department Name
Medicare Service Center

VIII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/07/2022
Amanda Doellman	Senior Medicare Regulatory Analyst	06/17/2022

IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	08/09/2022
New Policy Template	03/29/2021

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