



BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO PROCEDURE

DEPARTMENT: IL Provider Performance Management	PROCEDURE NUMBER: GCS-IL-MA-20B	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
PROCEDURE TITLE: Retroactive IPA Member Changes Procedure		EFFECTIVE DATE: 08/08/2023
		LAST REVISION DATE: 08/08/2023
EXECUTIVE OWNER: Executive Director, IL Provider Performance Management	BUSINESS OWNER: Manager, IL Provider Performance Management	LAST REVIEW DATE: 08/08/2023

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:

Retroactive IPA Member Changes Policy, GCS-IL-MA-20A. This procedures document ensures there is a documented process for Retro Member Changes.

III. PROCEDURE

Check the member's file for any correspondence and telephonic history related to IPA selection.

1. Post IPA retroactive approval, check for any claims processed for the member during the time period of the retroactive IPA request. If there are claims on file, the claims should be processed and sent to the selected IPA.

A. Staff is required to ask the member or the appointment representative the following questions:

1) Is the member currently hospitalized?

- If No, continue to the next question.
- If Yes, staff must notify the selected IPA of the admission to coordinate care to discharge and the IPA would be responsible for any claims incurred effective the date of notification. Continue to the next question.

2) Has the member received services at the selected IPA or at any other IPA during the time period of the requested retroactive IPA change?

- If No, the retroactive IPA change can be completed.
- If Yes, if the newly selected IPA is coordinating the care, the retroactive IPA change can be completed, and the IPA is responsible for all claims incurred.
 - If the services were not coordinated by the selected IPA, the claims incurred would be subject to HMO review.

3) Is the member currently hospitalized or was the member hospitalized during the time requested for the retroactive IPA change?

- If No, continue to next question.
- If Yes, the staff must determine who is coordinating the member's care.
 - If the newly selected IPA is coordinating the care, the retroactive IPA change can be made and the IPA would be responsible for all claims incurred.
 - If the member was self-referred or a Non-MA HMO IPA physician is coordinating the care, the retroactive IPA change can be made but the claims would be subject to MA HMO review. The new IPA should be notified of the admission to coordinate care to the time of discharge and the IPA would be responsible for any claims incurred effective the date of notification. Continue to the next question.

4) Has the member received services at any other IPA during the time period of the requested retroactive IPA change?

- If No, the retroactive IPA change can be completed.
- If Yes, the retroactive IPA should be completed only if the member needs additional services for the current time period with the newly selected IPA. The prior claims incurred with any other IPA would then be subject to MA HMO review.
 - If the member is not in need of additional services for the current time period with the newly selected IPA, the retroactive change cannot be made at this

time. The member will be offered the option of making the change effective the 1st day of the next month.

5) Is the member in their 3rd trimester of pregnancy when the IPA request is effective?

- If No, the retroactive IPA change can be completed.
- If Yes, the retroactive medical group assignment can be made per *GCS-IL-MA-01 - 3rd Trimester IPA Transfer Policy*.

2. Incorrect IPA Assignment

A. If the member was assigned to the current IPA due to an error by the MA HMO Membership or Marketing Department, the staff will be required to verify the following information:

- 1) Verify the current IPA selection.
- 2) Check for an application on file with an IPA selection to verify the error.
- 3) Check for any previous notes related to an IPA selection to verify the error.
- 4) Check for any claims processed for the member during the time period of the retroactive IPA request. If there are claims on file, the staff will determine if the member was self-referred or if the care was coordinated by an MA HMO IPA physician. Continue to the next series of questions.

B. Staff will be required to ask the member or the authorized representative the following questions:

- 1) Is the member currently hospitalized or was the member hospitalized during the time period requested for the retroactive IPA change?
 - If No, continue to next question. The IPA change can be completed.
 - If Yes, the staff must determine who is coordinating the member's care.
 - If the newly selected IPA is coordinating the care, the retroactive IPA change can be made and the IPA would be responsible for all claims incurred.
 - If the member was self-referred or a non-MA HMO IPA physician is coordinating the care, the retroactive IPA change can be made but the claims would be subject to MA HMO review.
 - The new IPA should be notified of the admission to coordinate care to the time of discharge and the IPA would be responsible for any claims incurred effective the date of notification. Continue to the next question.
- 2) Has the member received services at the selected IPA?
 - If No, continue to the next question.
 - If Yes, if the newly selected IPA is coordinating the care, the retroactive IPA change can be made and the IPA would be responsible for all claims incurred. Continue to the next question.
- 3) Has the member received services at any other IPA during the time period of the requested retroactive IPA change?
 - If No, the retroactive IPA change can be completed.

- If Yes, the retroactive IPA change can be completed. The prior claims incurred with any other IPA would then be subject to MA HMO review.

3. Finalization

- If a retroactive request is not approved, the Customer Service Department will advise the member of the Appeal Process for any claims incurred. The member will be offered the option of making the change effective the 1st day of the next month.
- The IPA will be notified of the approved retroactive IPA change via the online eligibility report with the effective date of the change. IPA will receive capitation for the retroactive months involved, and services provided or referred by the IPA will be the IPA's responsibility to pay.

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
Weekly Customer Service Quality Reviews – calls are listened to and scored twice a month. 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

V. AUTHORITY AND RESPONSIBILITY

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

VI. IMPACTED BUSINESS AREA

Department Name
Customer Service-Medicare Service Center

VII. PROCEDURE REVIEWERS

Person Responsible for Review, and Committee Reviewing as FYI	Title	Date of Review
Lupita Monroy	Manager, Illinois Provider Performance Management	06/27/2023
Sandra Hopson	Provider Affairs Project Consultant, Illinois Provider Performance Management	06/27/2023
Sandy Jones	Senior Medicare Regulatory Analyst, Medicare Operations Team	06/27/2023

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Annual Review	06/27/2023
Annual Review	08/09/2022
New Template/added a paragraph after the word Procedure/update language in section 4B	03/29/2021

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/08/2023
IL Provider Performance Management	Joanne O'brien	Executive Director, IL Provider Performance Management	06/27/2023