

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO IPA Network Adequacy Section

Confidential

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## MG Hospital Affiliation Reports

In order to facilitate the IPA's delivery of its responsibilities as outlined in the MSA, the IPA agrees to maintain a contracted IPA Provider panel and agrees that the IPA provider panel will be available to provide care for members for each IPA affiliated hospital, approved by the HMO.

HMO MG Hospital Affiliation											
123 - ABC Healthcare East											
000000100 - HCSC Medical Center											
Family Practice 45 Pass	Allerg Imm: 0/0	Endocrin: 0/0	Gastro: 1	Neurology: 2	Oncology Rad: 2	Otolaryngology: 0/0	Psychiatry: 0/1	Thoracic/Cardiac Surg: 5	PCP: Fail	PSP: Fail	Group: Fail
OBG 1/3 Fail	Derm: 1	Infect Dis: 0/3	Neurosurgery: 0/2	Ophthalmology: 0/0	Plastic Surgery: 2	Pulmonology: 2	Urology: 0/1	Vascular Surg: N/A			
Pediatric 2 Pass	Cardiology: 2	Gen Surg: 1	Nephrology: 2	Oncology: 3	Orthopaedic: 2	Podiatry: 2	Rheumatology: N/A				

**This means there is 1 OBG on staff at the hospital and 3 OBGs in site 123's network**

**This means there are 0 psychiatrists on staff at HCSC Medical Center and there is 1 psychiatrist in site 123's network.**

**This means there are 0 ophthalmologists on staff at HCSC Medical Center and 0 in site 123's network.**

**This means there is an approved Specialty Waiver on file.**

- At a minimum, two (2) Primary Care Physicians (PCPs) are required in each of these specialties for each IPA affiliated hospital approved by the HMO and must be available to provide care for members:
  - family medicine, general practice, or internal medicine
  - pediatrics
  - obstetrics-gynecology

(A family practitioner who provides obstetrical and gynecological care may count as one (1) of the two (2) PCPs with a specialty in obstetrics-gynecology and/or a family practitioner who provides services for children, starting at birth, may count as one of the two pediatricians. Obstetrics-gynecology PCPs must provide direct access for WPHCP members.)

- At a minimum, one (1) physician in each of the specialties outlined below is required for each IPA affiliated hospital approved by the HMO, and all Physicians in the Hospital-based Physician specialties must be available to provide care for members by referral and on an inpatient basis:
  - allergy/immunology, cardio/thoracic surgery, cardiology, dermatology, endocrinology, gastroenterology, general surgery, infectious disease, nephrology, neurology, neurosurgery, oncology (medical), oncology radiation, ophthalmology, orthopedics, otolaryngology, plastic surgery, podiatry, psychiatry, pulmonology, rheumatology, urology, and vascular surgery, anesthesiology, radiology, pathology, emergency medicine, physical medicine, and rehabilitation.

- **At a minimum, one (1) of each of the following Providers is required and must be available to provide care for members:**
  - Speech therapist, Physical therapist, Occupational Therapist, Licensed clinical social worker, licensed counselor, psychologist, chiropractor.
- **IPA must have a signed agreement for outpatient diagnostic services in place with each IPA Affiliated Hospital and with other ancillary Providers in the area, if applicable, inclusive of the following:**
  - Diagnostic radiology, mammography, outpatient infusion/chemotherapy, Urgent care.

An IPA may request a hospital affiliation waiver if the IPA is unable to obtain a contract with a required provider/specialist at the IPAs affiliated hospital. The IPA must contact their provider network consultant (PNC) to request a hospital affiliation waiver form. **(Please refer to Hospital Affiliation Waiver Process).**

## **Hospital Affiliation Specialty Waiver Request Process – Effective 1/1/24**

An IPA must submit a specialty form if the IPA is unable to obtain a contract with a required provider/specialist at the IPAs affiliated hospital. Specialty Waiver Request template can be accessed in the IPA Portal <https://ipa.bcbsilezaccess.com/SitePages/Home.aspx>.

**IPAs need to complete and submit 1 form per hospital, per specialty. (Example: IPA has two hospital affiliations. Hospital A does not have 3 of the required specialists on staff, Hospital B does not have 1 of the required specialists on staff. IPA will need to submit a total of 4 specialty waiver forms for approval).**

- IPA will access the specialty waiver request form via IPA portal.
- IPA will submit completed request(s) to PNC.
- PNC will forward request(s) to HMO Contracting to review for approval/denial decision.
- PNC will inform the IPA of approval status within 30 days of receipt. **If approved, waiver will only be valid for that calendar year.**
- IPA is required to re-submit specialty waivers for reconsideration at the beginning of each year to determine continued approvals/exceptions.

## **Hospital-Based Providers**

IPAs are required to have contracts with hospital-based provider groups with each IPA affiliated hospital. All Physicians in the Hospital-based Physician specialties must be available to provide care for members by referral and on an inpatient basis:

IPAs should have hospital-based service agreements on file, to include PPO reciprocity language, for the following groups:

- Anesthesia
- Emergency Medicine
- Pathology
- Radiology
- Neonatology, if available

In order to allow the HMO to maintain current records/documents, the IPA agrees to notify BCBSIL in writing, at least sixty (60) days in advance of any provider group changes, to include the following:

- Terminations
- Name, TAX/NPI changes
- Contract Reimbursement changes, etc.

## Contracted Provider Rosters – Due by the 15<sup>th</sup> of each month

Effective 1/1/2023, the MSA requires IPAs to submit a monthly Contracted Provider Roster utilizing the Universal Standardized Credentialing Template. The monthly submission is due on or before the 15<sup>th</sup> of each month, to ensure adequate processing turn-a-round times. The Contracted Provider template can be accessed on the IPA Portal <https://ipa.bcbsilezaccess.com/SitePages/Home.aspx>.

The Contracted Provider Roster should reflect existing IPA providers **who have already been credentialed/linked to your IPA by BCBSIL**. The purpose of the contracted provider roster is to assist with 90-day provider validation compliance and to ensure provider demographics are accurately reflected on the BCBS Provider Finder website.

**PLEASE NOTE: Credentialing of New Providers and/or Provider Termination should not be included on this roster, as IPAs should follow the current BCBS credentialing protocols in place for both “Delegated” and “Non-Delegated” entities.** IPA’s will continue to submit their Delegated or Non-delegated Standardized Credentialing roster along with applicable Service agreements/attestations to the following emails addresses: [HMO\\_Network@bcbsil.com](mailto:HMO_Network@bcbsil.com) or [Delegatedcredentialing@bcbsil.com](mailto:Delegatedcredentialing@bcbsil.com)

- The Contracted Provider Roster must include **all** existing providers contracted within the IPA network, broken down by provider types.  
Type 1: Professional Providers; Type 2: Facility
- **All required fields listed below, must be completed for the roster to be accepted for processing.**
- If the required fields **are not completed** for each provider, the template will be rejected. It will be returned to the IPA to correct and resubmit.
- If the IPA/CMF is unable to obtain DOB, or other required fields for an existing provider, the IPA/CMF can request a Directory Review Form (DRF) from BCBSIL to cross-reference. Request should be directed to: [lproviderrosterrequests@bcbsil.com](mailto:lproviderrosterrequests@bcbsil.com), [HMO\\_Submissions@bcbsil.com](mailto:HMO_Submissions@bcbsil.com) and assigned PNC.

Demographic changes for professional providers only, can be listed on the monthly provider roster submissions under the Provider Tab.

- **Address Changes:** Please update the current address in the address fields and indicate the new address in the comments & action field.
- **Other change such as Phone Number, Office Hours, etc:** Please update the change in the existing fields and indicate the new change in the comments & action field/column.

### **REQUIRED FIELDS ONLY:**

Site ID  
NPI

License (to match service state) - - ALL CREDENTIALLED PROVIDERS WILL HAVE A LICENSE NUMBER, IF NOT, THEY CAN NOT BE ADDED TO THE ROSTER.

First Name

Last Name

Title

DOB

Gender

Provider Role

Provider Type

Specialty

Service Address 1

Service Address 2 (if a Suite/Floor, etc, if available)

Service City

Service State

Service Zip Code

Phone Number

Do you render Telemedicine

Audio only or Audio Video

Caregiver in a Different Place

Office Hours

#### FORMAT TEMPLATE INSTRUCTIONS:

#### NPI TYPE 1: PROFESSIONAL

- The following Professional Providers (Type 1 NPIs) should be listed on the "PROVIDER" Tab 1.
  - PCPs
  - Specialist
  - Hospital-Based Physicians
  - Therapy Providers
  - Mid-Levels

#### NPI TYPE 2: FACILITY

- The following Ancillary/Non-Professional Providers (Type 2 NPI) should be listed on the "FACILITY" Tab 2.
  - **Outpatient Diagnostic Services and Other Ancillary Providers**
    - *(i.e. stand-alone MRI center, lab vendor, radiology vendor, etc.)*
  - **Facilities**
    - *(i.e. Hospitals, Surgery Centers, Immediate Care/Urgent Care Centers, etc.)*
- **Changes to Type 2 Providers:** The IPA/CMF must submit in writing any facility demographic change requests to their assigned PNC.

Please reach out to your Provider Network Consultant if you should have any questions/concerns.