

Health Care Delivery Policy and Procedure

Policy Name: Accountable Care Organization (ACO) Dual Claimed
Physician Process

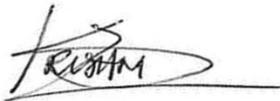
Policy Number: Administrative 84

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Approval Signature



DSVP, IL Health Care Delivery

Line of Business

Commercial

HMO

PPO

Exchange

HMO

PPO

Government

HMO

PPO

Approving Body

BCBSIL Policy and Procedure Committee

Date: 03/23/2023

Details

Policy: Blue Cross and Blue Shield of Illinois (BCBSIL) ensures dually claimed Primary Care Physicians (PCPs) make election to join only one Accountable Care Organization (ACO). To ensure providers are loaded accurately under the applicable ACO.

Related Standards and Procedures: BCBSIL will provide roster update communication to the ACO twice a year. An ACO may update the roster more frequently in situations where large regional changes (such as acquisitions) occur. In such circumstances, the ACO will work with BCBSIL to define the timeline for this roster update. BCBSIL will provide the ACO provider roster form for each ACO to complete. Each ACO must submit a complete the ACO provider roster Form (full refresh) each time corrections, additions, deletions, or other changes are made. BCBSIL will not accept emails requesting changes to the ACO provider roster.

Definitions:

Accountable Care Organization or ACO means a group of physicians, hospitals, and/or other healthcare Providers, who have come together voluntarily to provide, arrange and coordinate healthcare services for eligible enrollees or members of a health plan or other managed care organization.

Dual Claimed Physicians: Primary Care Physicians who have been included on more than one

Health Care Delivery Policy and Procedure

BCBSIL PPO ACO roster.

Procedure:

BCBSIL reviews ACO rosters semi-annually for Q1 and Q3. When a PCP is established as a dually claimed physician, BCBSIL will send an election form by mail or electronic mail to the PCP one month prior to the final roster deadline.

Step 1: BCBSIL Network Business Lead emails ACOs. Email is sent one month prior to the first upcoming roster deadline. The email template is stored on the SharePoint site under the “ACO Roster Communications” folder located here:

https://myfyi.sharepoint.com/teams/phi_ILACOPN/Shared%20Documents/Forms/AllItems.aspx?id=%2Fteams%2Fphi%5FILACOPN%2FShared%20Documents%2FRoster%20Reconciliation%2FACO%20Supporting%20Documents%20%28Template%2C%20ACO%20File%20Names%2C%20etc%29%2FACO%20Roster%20Communications&viewid=471de086%2D7f34%2D4eb8%2D85de%2D6215fe557865

The deadline for ACOs to return the roster template is determined as a collaborative effort by all teams involved.

- a. Include “ACO Roster Template” Excel Sheet and “Roster Process” PowerPoint in initial email.
- b. The Network Business Lead should request provider contact information (phone, fax, email address, etc.) from ACOs in the event that a provider is identified as dually claimed.
 - i. Contact information should be for the provider as Election Forms are required to be distributed directly to the provider.

The Network Business Lead should choose contacts from that listing based on the role they play at their ACO. Email will include the due date of the roster, important upcoming dates, and the roster template the ACO should populate.

Rosters should be returned to: IL_ACO_Election_Form_Emailbox@bcbsil.com

BCBSIL Network Business Lead should attempt two additional outreaches via email.

- a. Two weeks prior to roster being due, send email blast to the remaining ACOs who have not sent in their roster.
 - i. Be sure to include appropriate attachments
 - ii. If rosters are due 8/28/2023, send 2nd email 8/11/2023
 - b. The week of rosters being due, complete 3rd outreach via email blast to the remaining ACOs (if any) who have not submitted their roster.
 - i. Be sure to work with PNCs who are assigned to these ACOs if more outreach is needed.
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Health Care Delivery Policy and Procedure

Step 2: BCBSIL Network Business Lead receives emails from ACOs with their roster for the upcoming quarter:

- **The ACO will send BCBSIL the roster, using the template BCBSIL sent in email**
- **The ACO will complete all 3 tabs (PCPs for Attribution, Specialists for TIN and Facilities for TIN) on the template**
- **PCPs for Attribution tab should include all PCPs an ACO would like to have attributed members assigned**
 - **Columns E and F (TIN and NPI) are restricted to ensure appropriate length**
 - **Column H (Employed/Affiliated) must be selected**
 - **Column G: Specialty must be selected from the drop-down list provided. This ensures compliance to the approved PCP specialties.**
- **Specialists for TIN tab should include all Specialists that should be included on the unmasked TIN list, used for leakage reporting. For additional details, please see the 2020 ACO Provider Manual (Illinois), page 8**
- **Facilities for TIN tab should include all Wholly Owned Facilities that should be included on the unmasked TIN list, used for leakage reporting.**
- **BCBSIL Network Business Lead will add all rosters to the IL ACO Provider Network SharePoint Site under the folder of the current roster quarter and update ACO Assignment Excel Sheet**

Step 3: Once the Network Business Lead has received all rosters, they will send the rosters over to the Analytics and Reporting team. This role is currently being performed by Madison Vignes.

- The Dual Claim Sheet is provided by Madison Vignes is stored under the “Dual Claim” Folder.

Step 5: Based on the Dual Claim Sheet, Election Forms will be sent out to dually claimed PCPs by BCBSIL Network Business Lead. Additional details are referenced in Appendix A.

- The Election Forms are for providers who have been claimed by more than one ACO. A provider can only participate in one ACO. An ACO may not request changes to their roster once the Election Form is sent.
 - Election Forms will be sent directly to the provider and cannot be distributed directly to other parties associated with the ACO.
 - Office Managers, Credentialing Specialist, etc. may request to be CC'd on initial outreach.
 - PCP must select only one BCBSIL ACO from the election form by checking the box next to the ACO of choice.
 - After Election Forms have been sent, BCBSIL can no longer absorb any roster changes and will send the ACO's final roster upon completion.
 - The form must be signed, faxed and/or emailed back to BCBSIL within seven business days upon receipt. See attached election form
 - Fax Number: 312-653-9364
 - Email Address: IL_ACO_Election_Form_E-Mailbox@bcbsil.com
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Health Care Delivery Policy and Procedure

- If the PCP does not notify BCBSIL of their election within seven business days,
- BCBSIL may choose to use the prior ACO selection for the physician or BCBSIL may not include the PCP in the next ACO roster if that provider was not included in the previous ACO roster.
- BCBSIL will add the PCP's information to the chosen ACO roster, provide a dual claim reason for the ACO that was not chosen and send an updated roster to both ACOs.

Step 5: BCBSIL Network Business Lead sends Final Rosters to ACOs within 5 business days of being made available.

Related Forms, Documentation and Databases: SharePoint

Salesforce

PPW Premier Provider Illinois

Election Email Box Mail Merge

Job Aid

Health Care Delivery Policy and Procedure

Appendix A: ACO Dual Claim Election Form



October 16, 2020

[Redacted Address]

Rendering NPI: [Redacted]
Billing TIN: [Redacted]

Dear Dr. [Redacted]

Thank you for your participation in the Blue Cross and Blue Shield of Illinois Accountable Care Organization (BCBSIL ACO). We have received information indicating that you would like to participate in Advocate and AMITA.

You may only participate in one BCBSIL ACO. Please choose one BCBSIL ACO below, sign and return your response as soon as possible. If you fail to notify BCBSIL of your election within seven business days, BCBSIL may, at its sole discretion, not include you in the next round of ACO attribution under this Billing TIN / Rendering NPI combination.

Please email your response to IL_ACO_Election_Form_E-Mailbox@bcbsil.com or fax to 312-653-9364.

Thank you for your continued participation. We look forward to hearing from you.

Sincerely,

Blue Cross Blue Shield of Illinois

I wish to participate in the following BCBSIL ACO Program (check one):

Advocate AMITA

_____ Effective Date of Participation

(IMPORTANT: Please check any termination rules with the BCBSIL ACO that you did not select)

Electronic Signature
Name of Authorized Representative: _____ Title: _____

Please re-type your name below to confirm the electronic signature:

Name of Authorized Representative: _____ Date: _____

