Blue Cross and Blue Shield of Illinois Provider Manual

HMO Membership Information Section

2021
# TABLE OF CONTENTS

Membership Information .................................................. 3  
  Third-Party Premium Payments .......................................... 3  
  Physician Treatment of Self and/or Immediate Family Members .... 3  
  IPA Selection ................................................................... 3  
  Primary Care Physician (PCP) Selection ............................... 3  
  Identification Cards .......................................................... 3  

Eligibility List ..................................................................... 6  

Benefit Matrix ...................................................................... 6  
  Sample Benefit Plan Listing ................................................ 7  

HMO Eligibility List and Capitation Report ............................. 8  
  Home Page/General Features .............................................. 9  
  Site Features and Functions ................................................. 11  
  Member Eligibility ............................................................. 11  
  Financial Reports ............................................................... 12  

Functionality Steps .............................................................. 13  
  Member Eligibility List Report Functionality ....................... 15  
  Changes Since Last Eligibility List Report Functionality .......... 18  
  Members Address List Report Functionality ......................... 21  
  Capitation Reconciliation Report Functionality .................... 27  
  Capitation Summary Report Functionality ............................ 33  
  Activity Counts Report Functionality .................................. 35  
  Member Counts and Capitation By Benefit Plan Functionality .... 37  
  Age and Gender Counts Report Functionality ....................... 41  
  Importing Downloaded File – Microsoft Access .................... 43  
  Importing Downloaded File – Microsoft Excel ....................... 46  

Procedure If a Member Does Not Appear On the Eligibility List .... 48  
When the Member Has a Question about a Membership Issue .......... 49  
Unassigned Members (597/598/599 IPA) ................................. 49  
IPA Request for Member Transfer (Ask Out Policy) ................... 49  
Discontinuance and Replacement Policy .................................. 50  
Transition Policy for New and Prospective Members ................ 51  
Transition Process for Current Members ............................... 51  
Retroactive IPA Member Changes ........................................ 51  
Verifying Membership ....................................................... 51  
Affordable Care Act (ACA) Grace Period Process (Blue Precision HMO, BlueCare Direct and Blue FocusCare) ................................. 51
Membership Information

Third-Party Premium Payments
Premium payments for individual plans are a personal expense to be paid for directly by individual and family plan subscribers. In compliance with Federal guidance, Blue Cross and Blue Shield of Illinois (BCBSIL) will accept third-party payment for premium directly from the following entities:

(1) the Ryan White HIV/AIDS Program under title XXVI of the Public Health Service Act; (2) Indian tribes, tribal organizations or urban Indian organizations; and (3) state and federal Government programs.

BCBSIL may choose, in its sole discretion, to allow payments from not-for-profit foundations, provided those foundations meet nondiscrimination requirements and pay premiums for the full policy year for each of the Covered Persons at issue. Except as otherwise provided above, third-party entities, including hospitals and other health care providers, shall not pay BCBSIL directly for any or an enrollee's entire premium.

Physician Treatment of Self and/or Immediate Family Members
A Provider (e.g. Primary Care Physician/Woman's Principal Health Care Provider / Specialist) may not bill BCBSIL for health care services rendered to themselves or their immediate family members, or designate themselves as a Primary Care Physician, for any purpose, for themselves or their Immediate Family Members. An "Immediate Family Member" is defined as: (i) current spouse; (ii) eligible domestic partner; (iii) parents and step-parents of the spouse or domestic partner; (iv) children and grandchildren (biological, adopted or other legally placed children) of the spouse or domestic partner; and, (v) siblings (including biological, adopted, step, half or other legally placed children) of the spouse or domestic partner. BCBSIL will not process any claims for services, nor make payment for any claims for services, rendered by a Provider to themselves, or to their Immediate Family Members. In the event that BCBSIL determines that a benefit was paid in error, BCBSIL has the right to request and receive a refund of the payment from the Provider.

IPA Selection
The HMO requires that all members enrolled with the HMO select an IPA site. Dependents can choose a different IPA than the subscriber. The provision of the Woman's Principal Health Care Provider (WPHCP) legislation allows a female member to have direct access to an OB/GYN physician within her Primary Care Physician's IPA.

Primary Care Physician (PCP) Selection
The HMO requires that all members enrolled with an IPA select a PCP. In addition, a female member may also select a Woman's Principal Health Care Provider (WPHCP). If the IPA does not have the PCP selection for a member, the IPA must assign a PCP to the member within 90 days of the member's initial enrollment into the IPA. The IPA may also, but is not required to assign a WPHCP to a female member.

Identification Cards
All eligible HMO members are issued an Identification Card. Shown below are sample ID cards for the HMO Illinois®, Blue Advantage HMO℠ and Blue Precision HMO℠ (Individual and Small Group) and Blue FocusCare℠ products.

Identification cards are generated when:
- Member becomes eligible
- Employer changes the copayment benefit structure as listed on ID card
- Member changes their name
- Member changes IPA
- IPA Administrative Change, such as name or phone number

If a member has the Prescription Drug Benefit, that will be reflected in the lower right hand corner of the identification card.

Each identification card contains the following information:
- Subscriber Name - Employee
- Dependent's Name - Each member will receive their own card
- Effective Date - The member’s most current effective date (If a member has a status change or IPA change, the date will reflect the date of the change, not the original effective date with the HMO)
- IPA Name and Site Number - the unique number of the IPA that is assigned by the HMO and selected by the member.
- IPA Phone Number
- Prescription Drug Benefit Information (if the member has this benefit)
- Copayment Information
Eligibility List

Prior to the first of each month, the HMO will provide the IPA with an alphabetical listing of all members enrolled with the group. This list will be electronically posted to the Blue Access for Providers website. If you do not have access to the website, complete and submit the form located here: https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf. The list details the members who are eligible to receive services at the IPA during the month.

A member may have an ID card and not appear on the Eligibility List. This will occur when the membership application is processed after the Eligibility List cut-off date. It is also possible that members may have ID cards after their eligibility has ended, since the HMO does not retract ID cards from cancelled members.

If a member has an ID card but does not appear on the Eligibility List, the IPA should check Experian Health, Availity® or the Blue Access for Providers website. The IPA may also call the HMO number located on the back of the ID card. There is a Voice Response system for Eligibility Verification.

Note: The IPA should verify membership every visit prior to services being provided. The IPA should cross reference each Member’s insurance card with their driver’s license, passport or state identification card to ensure that the person presenting the card is the Member listed on the ID insurance card.

Benefit Matrix

The following page is a sample Benefit Plan Listing. The member’s benefit plan is indicated on the Eligibility List. A Benefit Matrix for each HMO product is available on the BCBSIL IPA Access Portal at https://bcbsilezaccess.com/ipa_portal/default.aspx. It is located in the Provider Network Management CE Documents/HMO Benefit Matrices folder. If you do not have access to the portal, complete and submit the form located here: https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf. The Benefit Matrix is updated on an as needed basis.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.
### Benefit Matrix for HMO Illinois and Blue Advantage HMO

**Revised: July 18, 2011**

<table>
<thead>
<tr>
<th>Benefit Scope</th>
<th>PCP Office Visit</th>
<th>* Non Serious Mental Health</th>
<th>Specialist</th>
<th>Surgery</th>
<th>Rehab Therapy</th>
<th>Emergency</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan: OSE00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope #: 35</td>
<td>2:1 Group Therapy</td>
<td>$20 copay 20 visits/CY</td>
<td>$0 office visit copay</td>
<td>$0 copay 100%</td>
<td>Limited to 60 visits</td>
<td>$50 copay per admission</td>
<td>$0 copay per admission</td>
</tr>
<tr>
<td>Plan: OSE10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope #: 46</td>
<td>2:1 Group Therapy</td>
<td>$20 copay 20 visits/CY</td>
<td>$0 office visit copay</td>
<td>$0 copay 100%</td>
<td>Limited to 60 visits</td>
<td>$50 copay per admission</td>
<td>$0 copay per admission</td>
</tr>
<tr>
<td>Metro/State Markets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan: 1OF15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope #: 51</td>
<td>2:1 Group Therapy</td>
<td>$20 copay 20 visits/CY</td>
<td>$0 office visit copay</td>
<td>$0 copay 100%</td>
<td>Limited to 60 visits</td>
<td>$75 copay per admission</td>
<td>$0 copay per admission</td>
</tr>
</tbody>
</table>

* **Mental Health Parity:** Effective 10/03/2009 for new employer groups and upon renewal date for existing groups.

Under Mental Health Parity, mental health and chemical dependency are now subject to the same medical benefit, including applicable office visit copayment, as any other medical condition (unlimited visits based on medical necessity criteria).

**Notes:** Indicates a recently added Benefit Plan.
HMO Eligibility List and Capitation Report
This section illustrates and describes the HMO Eligibility List and Capitation Report online application. It covers how to navigate through the site using the many functions and options available. This document also details the steps for retrieving reports and selecting an eligibility period to searching for subscribers. Finally, the document will address printing and downloading capabilities.

The HMO Eligibility List and Capitation Report application is a Web application that allows HMO IPAs to view eligibility lists and capitation reports.

This application makes the HMO Eligibility List available online, with the ability to view an eligibility list in its entirety, or to make certain selections such as all members in a particular employer group or benefit plan or to view all members that have changes since the previous last eligibility list. The last three eligibility lists and a daily current member list is also available. In addition, an address list for current and new members can be viewed for the last three eligibility periods.

The application for capitation reports includes the following: reconciliation, summary, activity count, member counts, capitation by benefit plan, age and gender.

Most of the detail reports can be filtered using search criteria functionality. Summary reports cannot be filtered. Several reports can be downloaded in a .txt format.

Data definitions can be viewed for all files available for download.

What if I cannot access the Web page?
A security officer has been selected at every IPA. Discuss the issue with your internal security officer first. If you continue to have an issue, call the BCBSIL Help Desk at 312-653-6675 for Blue Access for Providers assistance.

What If I forgot my password or my sign on?
Call the BCBSIL Help Desk at 312-653-6675 for Blue Access for Providers assistance.

Where do I report other problems or if I have questions?
Contact your Provider Network Consultant.
The HMO Eligibility List and Capitation Report allow a user to display a variety of reports and searches.

For IPAs with multiple sites, the user can select a particular IPA or choose the report they want to view.

You will only have the ability to view members assigned to your site.

The pages within the site all have a very similar layout that includes a header, side content areas, bread crumbs, a body, vertical navigation/sidebar, a logout button and footer.

The vertical side bar, the body and the bread crumbs are the same on every page. They will only be discussed here.
**Body**

The body is the main section of the Home page. From the body you will choose the report to view, then the eligibility period. You also have the option to refine your search through the options on selection criteria. By clicking on display, the report will be displayed below the body.

On all other pages, the body is the selection criteria form and the results report that is displayed when the user clicks on the ‘display’ button.

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**Vertical Navigation/Sidebar**

Most of the pages, excluding the Home page, on the site include 2 vertical (side) navigation bars, HMO Eligibility and HMO Financial. This side navigation contains links to all the reports allowing a user to move from one page on the site to another from their current page.

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**Bread Crumbs**

Breadcrumbs will appear in the header on all pages. The purpose of these is to show the user the navigation they have used to get to their current location of the site and/or to allow them to return to a previous page. The user can click on any of the pages (e.g. home) displayed in the breadcrumbs and they will be returned to that page. For example, if a user clicks on ‘home’ within the breadcrumbs, the Home page will be displayed.

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**Logout**

The logout button will appear in the upper right hand corner of all the pages. This allows the user to log out of the application at any point. Logging out ensures that another user cannot access the member information that the previous user was viewing. It also provides the user with additional advice on other security measures to take.
Site Features and Functions
This section provides an overview of how the site is organized and a description of the available functions.

Alerts
The Alert box is located in the left side of the Home page. The purpose of this information is to provide you with any new messages in a timely fashion. These alerts will be updated periodically, as necessary.

Member Eligibility
The Member Eligibility functions allow a user to view an eligibility list, any changes since last eligibility list and address lists.

A user can view an eligibility list for a specified IPA, (for which they have access rights) for a specified time period. Only the last three periods and the current list can be viewed. The current list includes the most current member information.

Note: On the date the eligibility list runs, no current information will be displayed for at least 24 hours.

Functionality also includes the capability for a user to view member eligibility changes since the last eligibility period.

You can obtain an address list for all existing or just new members for the last three eligibility periods. This report can be downloaded. A data definition report is also available for review.

All eligibility lists can be displayed in full or filtered to only display those records that match the selection criteria that a user defines. Criteria that a user can search on, for all eligibility reports, includes:

- Subscriber ID
- Group number
- Subscriber Last Name
- Member First and Last Name
- Benefit Plan
- Transaction (e.g. Member Add, Member Cancel, Transfer In, Transfer Out, Reinstates, Date of Birth Change, Cancel Date Change, Effective Date Change, Gender Change, Medicare Maintenance)
- Category (e.g. Overage Dependent, Medicare Primary); and/or
- Product.
Financial Reports

Financial Report functionality includes the following reports:

- Capitation Reconciliation Report
- Capitation Summary
- Activity Counts
- Member Counts and Capitation by Benefit Plan; and
- Age and Gender Counts.

Capitation Reconciliation reports are available for the last three eligibility periods. This report can be downloaded. The data definition table for the report can also be viewed.

Capitation Summary Reports allows a user to view capitation summary totals for current capitation, retroactive capitation, and total capitation for the last three eligibility periods by product. Totals are broken down by regular capitation and Medicare capitation and by Primary Care Physician (PCP) and Women’s Principal Health Care Provider (WPHCP).

Activity Counts Reports display monthly activity counts for the last three eligibility periods by product. The report shows activity counts by transaction type for members with PCP and WPHCP, members with PCP only, members with WPHCP only, Medicare primary PCP and WPHCP, Medicare primary PCP only, Medicare primary WPHCP only and total of all. It breaks the activity counts down by total subscribers, total dependents, total members, new additions, cancellations, transfers in, transfers out, and reinstates.

Member Counts and Capitation by Benefit Plan Reports displays capitation broken down by benefit plan, age range, and gender. It also displays the totals for each plan. This report is available for the selected IPA for the last three eligibility periods by product. This report can be downloaded and the user has the ability to view the data definitions of the report.

In addition, a user can obtain the age and gender count for the last three eligibility periods by product. This report includes the total number of members, female members and male members for a variety of age groups.
Functionality Steps

Logging On
Follow the directions below to log onto the application.

Assumptions
- User is not currently logged on.
- User is a registered user and has a valid User ID and password.

Instructions
1. Open a web browser.
2. Type the application URL into your browser, as shown below:
   https://providers.hcsc.net/providers/il_login.html
3. The Login page will be displayed.
4. Enter your User ID in the User ID field in the body of the page.
   User ID
5. Enter your password in the password field in the body of the page.
   Password
6. Click on the ‘Login’ button once using your left mouse button.
7. The Home page will be displayed.

**Note:** The IPA your User ID is associated with will be the default. If your group has multiple sites and your User ID allows access to all sites, then you will be able to view the other IPA sites in the drop down box.

Your Home page may not display all functions (Member Eligibility, HMO Claims and Financial Reports). This is determined at login based on your user rights.
Member Eligibility List Report Functionality
The following includes the steps for using the Member Eligibility List Report.

Eligibility List functionality includes the ability to view an eligibility list for a specified IPA for a specified eligibility period, including the current period. The current period includes the most current data up to the date the user is using the application. These lists can be displayed in full or filtered using the selection criteria.

Assumptions
- User is currently logged on.
- User has access to the IPA they are trying to view the report for.

Instructions

1. Select the IPA for which you want to see the Member Eligibility list by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

   ![Image of IPA list]

   Note: You will only be able to see and select IPAs for which you have access.

2. Depending which page you are on:
   a) Home page – select the ‘Member Eligibility List’ link from the Member Eligibility function area at the bottom left corner of the page.
   b) Any Eligibility Report or Financial Report page – select the ‘Member Eligibility List’ link in the HMO Eligibility vertical navigation on the left side of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Using the radio button, select either an individual search or a roster search. If looking up one member, the individual search should be used. The roster search will display all members dependent upon search criteria entered.

5. Select the Eligibility Period for which you want to view the Member Eligibility List.

   ![Image of Eligibility Period]

   Note: The Current period includes all data since the last period up until the day proceeding current day.

6. To display the full report, continue on with step 7. To filter the report based on search criteria, continue on with step 11. To display steps for additional functionality, continue on with step 16.
To Display Full List

7. Click on the ‘Display’ button on the bottom of the form.

8. The Member Eligibility list will be displayed for the selected IPA and Eligibility Period. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

9. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next’ link on the bottom of the page.

Note: This link will not appear on the last page of the report, as there are no more results.

10. The next page of results will be displayed.

To Filter List

11. Filter the list by using the search criteria form fields. You can search using only one search field or by using a combination of multiple (2 to all) fields:
   • Subscriber ID – must enter the full subscriber ID searching for
   • Group Number – must enter the full group number searching for
   • Subscriber Last Name – can enter as much of the name as you know
   • Member Last Name – can enter as much of the name as you know
   • Member First Name – can enter as much of the name as you know
   • Member date of birth – must enter in MM/DD/YYYY format
   • Plan Coverage Description – can enter benefit plan ID
   • Transaction Code – drop down box, select one of the transaction code IDs
   • Category – drop down box, select Medicare Primary or Overage Dependent
   • Program – can select one of the products listed
   • Plan Coverage Description Change – drop down box, select changed
12. Click on the ‘Display’ button on the bottom of the form.

**Display**

13. The Member Eligibility List will be displayed for all records meeting the search criteria entered for the selected IPA and Eligibility Period (step 11). The IPA Number, IPA Name, and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Member Birthday</th>
<th>Member Number</th>
<th>Subgroup</th>
<th>PLN EDV</th>
<th>Office Location</th>
<th>Effective Date</th>
<th>Medicare Elig</th>
<th>S/F Coverage</th>
<th>IPA Begin/End Date</th>
<th>MSG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe John</td>
<td>6-26-1951</td>
<td>212345</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe Jane</td>
<td>6-13-1953</td>
<td>213246</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe Jane</td>
<td>6-12-1962</td>
<td>214345</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat Tom</td>
<td>6-17-1972</td>
<td>215542</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat Lly</td>
<td>6-10-1974</td>
<td>215642</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoe Tycone</td>
<td>6-28-1957</td>
<td>216742</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoe New</td>
<td>6-11-1977</td>
<td>217842</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stein Susie</td>
<td>6-15-1976</td>
<td>218956</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Only 50 records will be displayed on each page. At any point, you can scroll up and re-use the search form, if desired.

14. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next’ link on the bottom of the page.

**Note:** This link will not appear on the last page of the report, as there are no more results.

15. The next page of results will be displayed.

**Additional Functionality**

**Clearing Search Form**

16. To clear your search criteria, at any time, click on the ‘Clear’ button.

**Clear**

17. The search form will be displayed. However, the results report that was displayed will not change.
Changes Since Last Eligibility List Report Functionality

The following includes the steps for using the Changes Since Last Eligibility List Report. This report can be displayed in full or filtered based on search criteria.

Assumptions

- User is currently logged on.
- User has access to the IPA they are trying to view the report for.

Instructions

1. Select the IPA in which you want to see the Changes Since Last Eligibility List for by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

   ![IPA Selection Dropdown]

   Note: You will only be able to see and select IPAs for which you have access.

2. Depending which page you are on:
   a) Home page – select the ‘Changes Since Last Eligibility List’ link at the bottom left corner of the page.
   b) Any Eligibility or Report page – select the ‘Changes Since Last Eligibility List’ link in the HMO Eligibility vertical navigation on the left side of the page.

3. You can repeat or change step 1 at this time, if desired.

4. To display the full report, continue on with step 5. To filter the report based on search criteria, continue on with step 9. To display steps for additional functionality, continue on with step 14.
To Display Full List
5. Click on the ‘Display’ button on the bottom of the form.

Display
6. All changes since the last eligibility list (the last full month) will be displayed for the selected IPA. The IPA Number, IPA Name, and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Role</th>
<th>Gender</th>
<th>Member Birthday</th>
<th>Group Number</th>
<th>Subscriber Number</th>
<th>Benefit Plan</th>
<th>Office Cop Pay</th>
<th>PCEP Effective Date</th>
<th>Alt. PCP Clinic</th>
<th>WFPCP Effective Date</th>
<th>Alt. WFPCP Clinic</th>
<th>Cat</th>
<th>Trans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa, Mona</td>
<td>SUB</td>
<td>F</td>
<td>09-29-1986</td>
<td>T12345</td>
<td>9675684521</td>
<td>FMO</td>
<td>20.90</td>
<td>06-01-2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat, Bob</td>
<td>SUB</td>
<td>M</td>
<td>06-19-1941</td>
<td>06321</td>
<td>123456789</td>
<td>VE10</td>
<td>10.90</td>
<td>06-01-2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steve, Tyrone</td>
<td>SUB</td>
<td>M</td>
<td>06-10-1970</td>
<td>T12345</td>
<td>8543216927</td>
<td>ZOH15</td>
<td>15.90</td>
<td>04-01-2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potter, Harry</td>
<td>SUB</td>
<td>M</td>
<td>10-01-1952</td>
<td>230765</td>
<td>1237698654</td>
<td>SAF20</td>
<td>25.90</td>
<td>02-01-2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angelo, Michael</td>
<td>SUB</td>
<td>M</td>
<td>03-12-1985</td>
<td>012345</td>
<td>3219674566</td>
<td>VE10</td>
<td>10.90</td>
<td>07-01-2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Only 50 records will be displayed on each page.
7. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the Next link on the bottom of the page.

Note: This link will not appear on the last page of the report, as there are no more results.
8. The next page of results will be displayed.

To Filter List
9. Filter the list by using the search criteria form fields. You can search using only one search field or by using a combination of multiple (2 to all) fields:
   - Subscriber ID – must enter the full Subscriber ID searching for
   - Group Number – must enter the full group number searching for
   - Subscriber Last Name – can enter as much of the name as you know
   - Member Last Name – can enter as much of the name as you know
   - Member First Name – can enter as much of the name as you know
   - Benefit Plan – can enter benefit plan ID
   - Transaction – can select one of the transaction codes
   - Category – can select one of the categories
   - Program – can select one of the products

10. Click on the ‘Display’ button on the bottom of the form.
11. All the changes since the last eligibility list that meet the search criteria for the selected IPA and Eligibility Period are displayed. The IPA Number, IPA Name, and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

<table>
<thead>
<tr>
<th>HMO/BlueAdvantage Changes Since Last Eligibility List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Group Number: 888</td>
</tr>
<tr>
<td>Medical Group Name: ABC Medical Group</td>
</tr>
</tbody>
</table>

**Note:** Only 50 records will be displayed on each page. At any point, you can scroll up and re-use the search form, if desired.

12. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next’ link on the bottom of the page.

**Note:** This link will not appear on the last page of the report, as there are no more results.

13. The next page of results will be displayed.

**Additional Functionality**

**Clearing Search For**

14. To clear your search criteria, at any time, click on the ‘Clear’ button.

**Clear**

15. The search form will be displayed. However, the results report that was displayed will not change.
Members Address List Report Functionality
The following includes the steps for using the Members Address List.

Members Address List functionality includes the ability to view all members’ or only new members’ addresses for the last three eligibility periods. This report can be downloaded. A data definition report is also available.

Assumptions
- User is currently logged on.
- User has access to the IPA they are trying to view the report for.

Instructions

1. Select the IPA in which you want to see the new members addresses for by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

   ![IPA Selection](image)

   Note: You will only be able to see and select IPAs for which you have access.

2. Depending on which page you are on:
   a) Home page – select the ‘Members Address List’ link from the Member Eligibility function area at the bottom left corner of the page.
   b) Any Eligibility Report or Financial Report page – select the ‘Members Address List’ link from the HMO Eligibility vertical navigation on the left side of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Using the radio button, select the address list for either new members or all members.

5. Select the Eligibility Period for which you want to obtain the new members addresses.

6. To display the full list, continue on with step 7. To filter the list based on search criteria, continue on with step 11. To download the list, continue on with step 16. To display steps for additional functionality, continue to step 23.
To Display the Full List

7. Click on the ‘Display’ button on the bottom of the form.

8. The addresses of all new members for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

9. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next’ link on the bottom of the page.

   Note: This link will not appear on the last page of the report, as there are no more results.

10. The next page of results will be displayed.

To Filter List

11. Filter the list by using the search criteria form fields. You can search using only one search field or by using a combination of multiple (2 to all) fields:
   - Subscriber ID – must enter the full Subscriber ID searching for
   - Group Number – must enter the full group number searching for
   - Subscriber Last Name – can enter as much of the name as you know
   - Member Last Name – can enter as much of the name as you know
   - Member First Name – can enter as much of the name as you know
   - Program – drop down box, make selection

12. Click on the ‘Display’ button on the bottom of the form.
13. All of the members’ addresses for the eligibility list that meet the search criteria (step 11) for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name, and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Group</th>
<th>Subscriber</th>
<th>Address Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOE, TYRONE</td>
<td>406 W 34TH APT 102</td>
<td>STEGER</td>
<td>IL</td>
<td>60475</td>
<td>P12345</td>
<td>987654321</td>
<td>PR</td>
</tr>
<tr>
<td>POTTER, HARRY</td>
<td>4156 W 195TH ST</td>
<td>COUNTRY CLUB HILLS</td>
<td>IL</td>
<td>604785844</td>
<td>54321</td>
<td>654987321</td>
<td>PR</td>
</tr>
<tr>
<td>CAT, TOM</td>
<td>1321 SUPERIOR AVENUE</td>
<td>CALUMET CITY</td>
<td>IL</td>
<td>604095921</td>
<td>C12345</td>
<td>1234567890</td>
<td>PR</td>
</tr>
<tr>
<td>CAT, LILY</td>
<td>1321 SUPERIOR AVENUE</td>
<td>CALUMET CITY</td>
<td>IL</td>
<td>604095921</td>
<td>C12345</td>
<td>1234567890</td>
<td>PR</td>
</tr>
</tbody>
</table>

**Note:** Only 50 records will be displayed on each page. At any point, you can scroll up and re-use the search form, if desired.

14. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next’ link on the bottom of the page.

**Note:** This link will not appear on the last page of the report, as there are no more results.

15. The next page of results will be displayed.
To Download Report

16. You can download (the full list) by clicking on the ‘Download Data’ button.

17. Depending on your browser, you will receive a message box.

   Internet Explorer: You will probably receive a File Download Dialog Box.

   Click on the ‘Save this File to Disk’ radio button and then ‘OK’.

![File Download Dialog Box]
18. The Save As window will appear.

19. Verify the location where the file will be saved by reviewing the Save in field at the top of the window. You can change this location as desired.

20. Click on the ‘Save’ button.

21. The file will be saved in a .txt format to the location selected.

Note: The File Name defaults to the Report Name, IPA Number, and Eligibility Period. However, you can change this if you want.
Additional Functionality

Data Definition Table

22. To view a table with the data definitions of the report, click on the 'Data Definition' button.

23. The Data Definition table will be displayed in a pop up window. This page can also be printed.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Data Type</th>
<th>Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROV_ID</td>
<td>Number</td>
<td>3</td>
<td>Contracting Entity Number</td>
</tr>
<tr>
<td>PROV_SEQ_NBR</td>
<td>Number</td>
<td>3</td>
<td>Medical Group Number</td>
</tr>
<tr>
<td>MEM_NM</td>
<td>VarChar</td>
<td>40</td>
<td>Member Full Name</td>
</tr>
<tr>
<td>STREET</td>
<td>VarChar</td>
<td>85</td>
<td>Member Full Street Address</td>
</tr>
<tr>
<td>CTY_NM</td>
<td>Char</td>
<td>25</td>
<td>Member City</td>
</tr>
<tr>
<td>ST_CD</td>
<td>Char</td>
<td>2</td>
<td>Member State</td>
</tr>
<tr>
<td>ZIP_CD</td>
<td>Char</td>
<td>9</td>
<td>Member Zip Code</td>
</tr>
<tr>
<td>GRP_NBR</td>
<td>Char</td>
<td>6</td>
<td>Group Number</td>
</tr>
<tr>
<td>SUB_ID_NBR</td>
<td>Char</td>
<td>12</td>
<td>Subscriber Number (SSN)</td>
</tr>
<tr>
<td>ELIG_PER_FR_DT</td>
<td>Char</td>
<td>10</td>
<td>Eligibility List From Date (MM-DD-YYYY)</td>
</tr>
<tr>
<td>ELIG_PER_TO_DT</td>
<td>Char</td>
<td>10</td>
<td>Eligibility List To Date (MM-DD-YYYY)</td>
</tr>
<tr>
<td>IPA_NPI_NBR</td>
<td>VarChar</td>
<td>10</td>
<td>Medical Group National Provider Identifier</td>
</tr>
<tr>
<td>ADDR_TYP</td>
<td>Char</td>
<td>2</td>
<td>Member Address Type</td>
</tr>
</tbody>
</table>

Note: For VarChar Field, Length Listed is the Maximum Value.

24. You can close the data definition pop up window in one of two ways:
   a) Click on the ‘Close’ button at the bottom of the window.
   b) Click on the ‘x’ button at the top of the window.

Clearing Search Form

26. To clear you search criteria, at any time, click on the ‘Clear’ button.

27. The search form will be displayed. However, the results report that was displayed will not change.
Capitation Reconciliation Report Functionality

The following includes the steps for using the Capitation Reconciliation Report.

Capitation Reconciliation Report functionality includes the ability to view the capitation reconciliation details for a selected IPA for one of the last three eligibility periods. These reports can be downloaded. Downloaded data includes all information from Eligibility Report, Capitation Reconciliation Report and the Member Address Report. A data definition report is also available.

Assumptions

- User is currently logged on.
- User has access to the IPA they are trying to view the report for.
- User has access to financial reports.

Instructions

1. Select the IPA in which you want to see the Capitation Reconciliation Report for by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

2. Depending on which page you are on:
   a) Home page – select the ‘Capitation Reconciliation Report’ link from the Financial Reports function area at the bottom left corner of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Select the Eligibility Period for which you want to view the capitation reconciliation details.

5. To display the full list, continue on with step 6. To filter the list based on search criteria, continue on with step 10. To download the list, continue on with step 15. To display steps for additional functionally, continue to step 22.

Note: You will only be able to see and select IPAs for which you have access.
To Display the Full List

6. Click on the ‘Display’ button on the bottom of the form.

7. The capitation reconciliation details for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

Note:
- Only 50 records will be displayed on each page.
- To view a table with the legend codes for the change reason column, click on the ‘Legends’ link that appears to the right below the IPA identifiers.
- The codes will be displayed in a pop-up window.
- To close the code pop-up window, click on the ‘x’ button at the top of the window.

8. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next Page’ link on the bottom of the page.

Note: This link will not appear on the last page of the report, as there are no more results.

9. The next page of results will be displayed.
To Filter List

10. Filter the list by using the search criteria form fields. You can search using only one search field or by using a combination of multiple (2 to all) fields:
   - Subscriber ID – must enter the full Subscriber ID searching for
   - Group Number – must enter the full group number searching for
   - Subscriber Last Name – can enter as much of the name as you know
   - Member Last Name – can enter as much of the name as you know
   - Member First Name – can enter as much of the name as you know
   - Benefit Plan – can enter benefit plan ID
   - Transaction – can select one of the transaction codes
   - Category – can select one of the categories
   - Product – can select one of the products

11. Click on the ‘Display’ button on the bottom of the form.

12. All the capitation reconciliation detail records that meet the search criteria (step 10) for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Subscriber ID Number</th>
<th>Age</th>
<th>Gndr</th>
<th>Benefit Plan</th>
<th>PCP-MG Effective Date</th>
<th>WPHCP Effective Date</th>
<th>Change Reason</th>
<th>PCP-MG Capitation Retro</th>
<th>WPHCP Capitation Retro</th>
<th>Total Capitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTTER, MARY</td>
<td>123456789</td>
<td>60</td>
<td>F</td>
<td>CKM15</td>
<td>02-01-2011</td>
<td></td>
<td></td>
<td>$124.81</td>
<td>$124.81</td>
<td></td>
</tr>
<tr>
<td>STEIN, FRANK</td>
<td>987654321</td>
<td>60</td>
<td>M</td>
<td>K6E20</td>
<td>12-01-2007</td>
<td></td>
<td></td>
<td>$124.01</td>
<td>$124.01</td>
<td></td>
</tr>
<tr>
<td>DOE, JANE</td>
<td>654321098</td>
<td>18</td>
<td>F</td>
<td>CKM15</td>
<td>10-01-2009</td>
<td></td>
<td></td>
<td>$124.81</td>
<td>$124.81</td>
<td></td>
</tr>
<tr>
<td>DOE, JOHN</td>
<td>543210987</td>
<td>7</td>
<td>M</td>
<td>CKM15</td>
<td>18-01-2009</td>
<td></td>
<td></td>
<td>$124.01</td>
<td>$124.01</td>
<td></td>
</tr>
</tbody>
</table>

Note: Only 50 records will be displayed on each page. At any point, you can scroll up and reuse the search form, if desired.

13. If there are more than 50 rows in your report, you can navigate to the next page by clicking on the ‘Next Page’ link on the bottom of the page.

   Note: This link will not appear on the last page of the report, as there are no more results.

14. The next page of results will be displayed.
To Download Report

15. You can download (the full list) by clicking on the ‘Download New Format Data’ button.

16. Depending on your browser, you will receive a message box.

Internet Explorer: You will probably receive a File Download Dialog Box

Click on the ‘Save this File to Disk’ radio button and click on 'OK'.

![File Download Dialog Box](image-url)
17. The Save As window will appear.

![Save As Window]

**Note:** The File Name defaults to the Report Name, IPA Number, and Eligibility Period. However, you can change this if you want.

19. Verify the location where the file will be saved by reviewing the Save in field at the top of the window. You can change this location as desired.

20. Click on the ‘Save’ button.

21. The file will be saved in a .txt format to the location selected.

**Additional Functionality**

**Data Definition Table**

22. To view a table with the data definitions of the report, click on the ‘Data Definition’ button.

![Data Definition Table]

23. The Data Definition table will be displayed in a pop up window.
24. You can close the data definition pop up window in one of two ways:
   a) Click on the ‘Close’ button at the bottom of the window.
   b) Click on the ‘x’ button at the top of the window.

Clearing Search Form

25. To clear your search criteria, at any time, click on the ‘Clear’ button.

26. The search form will be displayed. However, the results report that was displayed will not change.
Capitation Summary Report Functionality
The following includes the steps for using the Capitation Summary Report.

Capitation Summary Report functionality includes the ability to view the capitation summary totals for one of the last three eligibility periods for a selected IPA. Summary totals include current capitation, retroactive capitation, and total capitation by product. Totals are broken down by regular capitation and Medicare capitation by PCP and WPHCP.

Assumptions
- User is currently logged on.
- User has access to the IPA they are trying to view the report for.
- User has access to financial reports.

Instructions
1. Select the IPA in which you want to see the capitation summary for by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

   ![Select IPA Drop Down Box]

   **Note:** You will only be able to see and select IPAs for which you have access.

2. Depending on which page you are on:
   a) Home page – select the ‘Capitation Summary’ link from the Financial Reports function area at the bottom left corner of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Select the Eligibility Period for which you want to view the capitation summary.

   ![Select Eligibility Period]

   ![Select Eligibility Periods]
5. Select the product you want to see the capitation summary for by clicking on the program's radio button.
6. Click on the 'Display' button on the bottom of the form.
7. The capitation summary for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name, and Eligibility Period will be displayed at the top of the page.

**Explanation of Eligibility List Codes on the Capitation Summary Report**

1. Current Capitation – The amount of monthly capitation paid for members assigned to IPA
2. Retroactive Capitation – The amount of retroactive monthly capitation paid or deducted for member activity with a prior month effective date
3. Total Capitation – The amount of total monthly capitation for IPA HMO members
Activity Counts Report Functionality

The following includes the steps for using the Activity Counts Report.

Activity Count Report functionality includes the ability to display activity counts for a selected IPA for the last three eligibility periods by product. The report shows activity counts by transaction type for Members with PCP and WPHCP, Members with PCP only, Members with WPHCP only, Medicare Primary PCP and WPHCP, Medicare Primary PCP only, Medicare Primary WPHCP only and total for all. It breaks the activity counts down by total subscribers, total dependents, total members, new additions, cancellations, transfers in, transfers out and reinstates.

Assumptions
- User is currently logged on.
- User has access to the IPA they are trying to view the report for.
- User has access to financial reports.

Instructions
1. Select the IPA in which you want to see the activity counts for by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

   ![IPA Dropdown Box]

   Note: You will only be able to see and select IPAs for which you have access.

2. Depending on which page you are on:
   a) Home page – select the ‘Activity Counts’ link from the Financial Reports function area at the bottom left corner of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Select the Eligibility Period for which you want to view the activity counts.

   ![Eligibility Period Dropdown Box]
5. Select the product you want to see the activity counts for by clicking on the program's radio button.
6. Click on the 'Display' button on the bottom of the form.
7. The activity counts for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page.

### Explanation of Eligibility List Codes on the Activity Counts Page

1. **Total Subscribers** – Total number of subscribers effective with IPA for each category for the month

2. **Total Dependents** – Total number of dependents effective with IPA for each category PCP, WPHCP and Medicare Primary for the month

3. **Total Members** – Total active members. This count constitutes PCP and WPHCP members.

4. **New Additions** – Total number of new additions with IPA for each category PCP, WPHCP and Medicare Primary effective for the current month

5. **Cancellations** – Total number of cancellations with IPA for each category effective for current month

6. **Transfer In** – Total number of members transferred in from other IPA's effective for the current month

7. **Transfer Out** – Total number of members transferred to another IPA for the current month

8. **Reinstates** – Total number of members reinstated effective for the current month
Member Counts and Capitation By Benefit Plan Functionality

The following includes the steps for using the Member Counts and Capitation by Benefit Plan Report.

This report includes the ability to view capitation for a selected IPA, for the last three eligibility periods, broken down by benefit plan, age range and gender. This report can be downloaded and the user has the ability to view the definitions of the report.

Assumptions
- User is currently logged on.
- User has access to the IPA they are trying to view the report for.
- User has access to financial reports.

Instructions

1. Select the IPA in which you want to see the Member Counts and Capitation by Benefit Plan by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

   ![IPA Drop-Down Box](image)

   Note: You will only be able to see and select IPAs for which you have access.

2. Depending on which page you are on:
   a) Home page – select the ‘Member Counts and Capitation by Benefit Plan’ link from the Financial Reports function area at the bottom left corner of the page.
   b) Any Eligibility Report or Financial Report page – select the ‘Capitation by Benefit Plan’ link from the HMO Financial vertical navigation on the left side of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Select the Eligibility Period for which you want to view the member counts and capitation by benefit plan.

   ![Eligibility Period Drop-Down Box](image)
5. Select the product you want to see the member counts and capitation by benefit plan for by clicking on the program's radio button.

6. To display the report, continue on with step 7. To download the list, continue on with step 9.

**To Display the Report**

7. Click on the 'Display' button on the bottom of the form.

8. The member counts and capitation by benefit plan for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page. The report will indicate how many rows are on the list and which records are displayed on your current page.

<table>
<thead>
<tr>
<th>HMO Benefit Plan</th>
<th>Age Range</th>
<th>Males</th>
<th>Current Capitation</th>
<th>Females</th>
<th>Current Capitation</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA720</td>
<td>2-4</td>
<td>0</td>
<td>$0.00</td>
<td>1</td>
<td>$124.81</td>
<td>$124.81</td>
</tr>
<tr>
<td>BA720</td>
<td>35-39</td>
<td>0</td>
<td>$0.00</td>
<td>1</td>
<td>$124.81</td>
<td>$124.81</td>
</tr>
<tr>
<td><strong>BENEFIT PLAN TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
<td>2</td>
<td><strong>$249.62</strong></td>
<td><strong>$249.62</strong></td>
</tr>
<tr>
<td>BCDH20</td>
<td>15-19</td>
<td>3</td>
<td>$374.43</td>
<td>1</td>
<td>$124.81</td>
<td>$499.24</td>
</tr>
<tr>
<td>BCDH20</td>
<td>20-24</td>
<td>2</td>
<td>$249.62</td>
<td>0</td>
<td>$0.00</td>
<td>$249.62</td>
</tr>
<tr>
<td>BCDH20</td>
<td>30-34</td>
<td>0</td>
<td>$0.00</td>
<td>1</td>
<td>$124.81</td>
<td>$124.81</td>
</tr>
<tr>
<td><strong>BENEFIT PLAN TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$0.00</strong></td>
<td>2</td>
<td><strong>$249.62</strong></td>
<td><strong>$249.62</strong></td>
</tr>
<tr>
<td>BCDH20</td>
<td>35-39</td>
<td>2</td>
<td>$249.62</td>
<td>1</td>
<td>$124.81</td>
<td>$374.43</td>
</tr>
<tr>
<td>BCDH20</td>
<td>50-54</td>
<td>1</td>
<td>$124.81</td>
<td>2</td>
<td>$249.62</td>
<td>$374.43</td>
</tr>
</tbody>
</table>
To Download Report

9. You can download (the full list) by clicking on the ‘Download Data’ button.

10. Depending on your browser, you will receive a message box.

   Internet Explorer: You will probably receive a File Download Dialog Box.

   Click on the ‘Save this File to Disk’ radio button and click on ‘OK’.

11. The Save As window will appear.

   **Note:** The File Name defaults to the Report Name, IPA Number and Eligibility Period. However, you can change this if you want.
12. Verify the location where the file will be saved by reviewing the Save in field at the top of the window. You can change this location as desired.

13. Click on the ‘Save’ button.

14. The file will be saved in a .txt format to the location selected.

Additional Functionality

Data Definition Table

15. To view a table with the data definitions of the report, click on the ‘Data Definition’ button.

   **Data Definition**

16. The Data Definition table will be displayed in a pop up window.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Data Type</th>
<th>Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROV_ID</td>
<td>Number</td>
<td>9</td>
<td>Contracting Entity Number.</td>
</tr>
<tr>
<td>PROV_SEQ_NBR</td>
<td>Number</td>
<td>4</td>
<td>Medical Group Number.</td>
</tr>
<tr>
<td>PGM_ID</td>
<td>Character</td>
<td>2</td>
<td>Member Managed Care Program/Network. &quot;01&quot; = HMO1; &quot;02&quot; = BlueAdvantage.</td>
</tr>
<tr>
<td>BEN_PLAN_ABBR_CD</td>
<td>Character</td>
<td>6</td>
<td>HMO1/BlueAdvantage Benefit Plan.</td>
</tr>
<tr>
<td>ROW_TYP_CD</td>
<td>Character</td>
<td>1</td>
<td>Indicator for row type contents. D=Members detail row, M=Medicare members detail row, P=Benefit Plan total, T=Program total.</td>
</tr>
<tr>
<td>FR_AGE</td>
<td>Character</td>
<td>4</td>
<td>Minimum Age on Range. This field contains 9999 in Program Total Amount and Benefit Plan Total Rows.</td>
</tr>
<tr>
<td>TO_AGE</td>
<td>Character</td>
<td>4</td>
<td>Maximum Age on Range. This field contains 0 in Program Total Amount and Benefit Plan Total Rows.</td>
</tr>
<tr>
<td>MALE_CNTS</td>
<td>Number</td>
<td>9</td>
<td>Male Member Counts.</td>
</tr>
<tr>
<td>MALE_CAP_TOT_AMT</td>
<td>Decimal</td>
<td>13</td>
<td>Capitation Amount for Male Members within the Benefit Plan.</td>
</tr>
<tr>
<td>FEMALE_CNTS</td>
<td>Number</td>
<td>9</td>
<td>Female Member Counts.</td>
</tr>
</tbody>
</table>

17. You can close the data definition pop up window in one of two ways:

   a) Click on the ‘Close’ button at the bottom of the window.

   Close

   b) Click on the ‘x’ button at the top of the window.
Age and Gender Counts Report Functionality
The following includes the steps for using the Age and Gender Counts Report.

Age and Gender Counts functionality includes the ability to view the age and gender counts for a selected IPA for the last three eligibility periods by product. This report includes the total number of members, female members and male members for a variety of age groups.

Assumptions
- User is currently logged on.
- User has access to the IPA they are trying to view the report for.
- User has access to financial reports.

Instructions
1. Select the IPA in which you want to see the Age and Gender Counts Report for by selecting that IPA in the drop down box. This can be selected from the Home page or any other page.

![Dropdown Box](image)

Note: You will only be able to see and select IPAs for which you have access.

2. Depending on which page you are on:
   a) Home page – select the ‘Age and Gender Counts’ link from the Financial Reports function area at the bottom left corner of the page.
   b) Any Eligibility Report or Financial Report page – select the ‘Age and Gender Counts’ link from the HMO Financial vertical navigation on the left side of the page.

3. You can repeat or change step 1 at this time, if desired.

4. Select the Eligibility Period for which you want to view the age and gender counts.

![Dropdown Box](image)
5. Select the product you want to see the age and gender for by clicking on the program’s radio button.
6. Click on the 'Display' button on the bottom of the form.
7. The age and gender counts for the selected IPA and Eligibility Period will be displayed. The IPA Number, IPA Name and Eligibility Period will be displayed at the top of the page.

<table>
<thead>
<tr>
<th>HMO/BlueAdvantage Age And Gender Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

IPA Name: ABC Medical Group
Eligibility Period: 06-01-2011 to 07-01-2011

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>21</td>
<td>26</td>
<td>47</td>
</tr>
<tr>
<td>1-4</td>
<td>124</td>
<td>140</td>
<td>264</td>
</tr>
<tr>
<td>5-9</td>
<td>267</td>
<td>264</td>
<td>531</td>
</tr>
<tr>
<td>10-14</td>
<td>376</td>
<td>418</td>
<td>794</td>
</tr>
<tr>
<td>15-17</td>
<td>319</td>
<td>300</td>
<td>619</td>
</tr>
<tr>
<td>18-24</td>
<td>203</td>
<td>229</td>
<td>432</td>
</tr>
<tr>
<td>25-29</td>
<td>164</td>
<td>236</td>
<td>400</td>
</tr>
<tr>
<td>30-34</td>
<td>207</td>
<td>332</td>
<td>539</td>
</tr>
<tr>
<td>35-39</td>
<td>390</td>
<td>436</td>
<td>826</td>
</tr>
<tr>
<td>40-44</td>
<td>390</td>
<td>552</td>
<td>942</td>
</tr>
<tr>
<td>45-49</td>
<td>409</td>
<td>613</td>
<td>1022</td>
</tr>
<tr>
<td>50-54</td>
<td>449</td>
<td>675</td>
<td>1124</td>
</tr>
<tr>
<td>55-59</td>
<td>438</td>
<td>592</td>
<td>1030</td>
</tr>
<tr>
<td>60-63</td>
<td>270</td>
<td>402</td>
<td>681</td>
</tr>
<tr>
<td>64-100</td>
<td>178</td>
<td>189</td>
<td>367</td>
</tr>
<tr>
<td>Totals</td>
<td>4560</td>
<td>5764</td>
<td>10324</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22-29</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30-39</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>40-49</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>50-59</td>
<td>10</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>60-69</td>
<td>91</td>
<td>128</td>
<td>219</td>
</tr>
<tr>
<td>70-79</td>
<td>85</td>
<td>114</td>
<td>199</td>
</tr>
<tr>
<td>80-89</td>
<td>20</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>90-94</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>95-99</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>100+</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>208</td>
<td>276</td>
<td>484</td>
</tr>
</tbody>
</table>
Importing Downloaded File – Microsoft Access
The following includes the steps to import a downloaded file into Microsoft Access.

**Assumptions**
- User has a database open in Microsoft Access.

**Instructions**

1. Open the database, in which you wish to import the data.

2. From the top menu, select ‘File – Get External Data – Import.’

3. Find and select the downloaded file you wish to import (make sure you are looking in the right directory and that you have file type selected at text files.

4. Click the ‘Import’ button.
5. Select the 'Delimited' file type radio button.

6. Click the 'Next' button.

7. Check the 'Semicolon' radio button for the delimiter.
8. Check the First Row Contains Field Names check box.

9. Click the ‘Next’ button.

10. Select where you want to import the data. You can:
    a) Import to a new table; or
    b) Select an existing table

11. Click the ‘Next’ button.

12. Optional step – if desired or necessary, you can specify information about your fields by selecting the options presented.

13. Click the ‘Next’ button.

14. Select your primary key, or allow Access to do it for you by selecting the appropriate radio button.

15. Click the ‘Next’ button.

16. Make sure the table name is correct that you want the data to be imported to.

17. Click the ‘Finish’ button.

18. You will receive an information success box that your data was imported successfully.
Importing Downloaded File – Microsoft Excel
The following includes the steps to import a downloaded file into Microsoft Excel.

Assumptions
- User has a database open in Microsoft Excel.

Instructions
1. Open the file, in which you wish to import the data.
2. From the top menu, select ‘Open.’
3. Find the downloaded file you wish to import (make sure you are looking in the right directory and that you have file type selected at text files.
4. Click the ‘Open’ button. Select the ‘Delimited’ file type radio button.
5. Click the ‘Next’ button.
6. Select the ‘Semicolon’ check box for the delimiter.

7. Click the ‘Next’ button.

8. Select the column data format that you wish to use (general, text, date or do not import) for each column.

**Note:** For the Eligibility List (which is downloaded from the Capitation Reconciliation page) downloaded file and the Capitation by Benefit plan downloaded file, you must select text data format for the BEN_PLAN_ABR_CD field.

9. Click the ‘Finish’ button.

10. Your data will be imported to your open Excel spreadsheet.
Procedure If a Member Does Not Appear On the Eligibility List
Occasionally, an eligible member will not appear on the Eligibility List. This can be for a variety of reasons. If this occurs, the IPA should do the following:

1. Verify the subscriber’s name. The member’s surname may be different. Look on the list under the subscriber’s last name.

2. Check the online membership system. Or if applicable call the Customer Service number on the back of the ID card.

If membership is verified, the IPA should perform services for the member and should check the next month’s Eligibility List to verify capitation was received for the member. (See Retroactive Capitation in the Payment/Compensation to the IPA Section of this manual) If it is not, the IPA should use the Request for Manual Capitation Adjustment Form located in the HMO Payment/Compensation to the IPA section of this manual. This page is also available on the BCBSIL IPA Access Portal at: www.https://bcbsilezaccess.com/ipa_portal/default.aspx. If you do not have access to the website, complete and submit the form located here: https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf.

If membership cannot be verified, the IPA should:

1. Explain this to the member and have the member check with their employer or the Customer Service number on the back of their ID card to verify coverage; and

2. The IPA should either:

   a) Perform services and charge the member at the time of service. Refund the money to the member if they appear on the Eligibility List, or

   b) Perform services and bill the member if they do not appear on the next Eligibility List.
When the Member Has a Question about a Membership Issue

- If the member loses or needs a new ID card, the member should call the Customer Service number located on the back of the ID card.
- If the member wants to change their Primary Care Physician, the member should contact the IPA directly.
- If the member wants to change IPAs, the member should call the Customer Service number located on the back of the ID card. If the member calls by the end of the month, the member will become effective the first of the next month. For example, if the member calls on March 31, the member will be effective on April 1 with the selected IPA.
- If the member wants to add/delete a dependent and the Group number starts with an H, B, A or R, the member should contact the Benefits office of their Employer. If the Group number starts with an I, the member should contact the customer service number on the back of their ID card. Generally, the contract change must be made within 30 days of the qualifying event.

Typically, a subscriber may not add a dependent of a dependent (e.g., a grandchild) to the contract, unless the dependent has been legally adopted, or an interim court order of adoption for that dependent has been obtained. There are some Employer Groups that will allow the dependent of a dependent to be added. If the IPA becomes aware an individual listed as a dependent does not meet the definition of a dependent, the IPA should notify their Provider Network Consultant. Services should not be denied until such time as the individual has been removed from the Eligibility List.

Unassigned Members (597/598/599 IPA)

There are occasions where a member will be eligible with the HMO but does not have a valid IPA assignment. The HMO may place these members in the 597, 598 or 599 IPA.

A member may be placed in a 597 Status if:

1. The member does not indicate an IPA selection on the enrollment application.
2. If the member is asked out of an IPA and fails to select a new IPA in the designated time frame.
3. The HMO cannot determine the IPA selection on the enrollment application.
4. The member chooses an invalid IPA selection.

A member may be placed in a 598 Status if the member chooses a closed or non-affiliated IPA.

A member may be placed in a 599 status if an IPA closes.

The member will not receive an ID Card. The member will receive a package of information requesting them to choose an IPA. No ID card will be issued until an IPA has been chosen.

If a member does not choose an IPA within 30 days, the HMO will assign the subscriber (and dependents, if applicable) to an IPA based on geographic location. If a member wishes to change the IPA assignment, the member should call the Customer Service number on the back of the ID card.

IPA Request for Member Transfer (Ask Out Policy)

Refer to the HMO Policy and Procedure Section on the BCBSIL website for information on requesting that a member be transferred out of the IPA.
Discontinuance and Replacement Policy
The HMO Administrative office will be notified by the HMO Marketing Department when a member has Discontinuance and Replacement benefits. The HMO Administrative office will notify the IPA.

1. Discontinuance of Blue Cross Blue Shield HMO Coverage
   Under this employer group coverage benefit, if the entire employer group cancels its HMO policy, and there is a totally disabled subscriber (or totally disabled dependent of an eligible subscriber), the totally disabled member will be considered still eligible for HMO benefits. This policy only applies when the entire employer group cancels its Blue Cross and Blue Shield HMO policy, and not when an individual subscriber or family is terminated.
   - The member should have a statement completed by an attending physician identifying the total disability.
   - The member will keep their same group number and will be assigned section #7777.
   - The HMO is responsible for providing services rendered in connection with the disability, until the person is no longer disabled; or until the end of the prior policy’s discontinuance of coverage extension of benefits provision, or for a one (1) year period, whichever comes first.
   - The HMO Provider Network Consultant will notify the IPA that the member is eligible for limited benefits for a one year period.
   - The HMO will pay the IPA monthly capitation for a one year period (no exceptions).

2. Replacement of Discontinued Group Coverage
   When the HMO is replacing another carrier’s group policy, persons who are totally disabled on the effective date of this coverage will be eligible for coverage under the Blue Cross and Blue Shield of Illinois HMO plan.

   Such totally disabled persons will be entitled to all of the benefits under the HMO plan, to be coordinated with benefits under the prior group policy. The prior group policy will be considered the primary coverage for all services rendered in connection with the disability, until the person is no longer totally disabled, or until the end of the prior policy’s discontinuance of coverage extension of benefits provision, or the end of twelve months, whichever occurs first. Primary Care Physician referral remains in effect for such totally disabled persons.

   Blue Cross and Blue Shield of Illinois HMOs is responsible for providing all medically necessary services to the member, with the exception of those services previously identified under the disabling illness, injury or condition clause.

   If the dependent of an eligible member is still totally disabled at the end of the prior policy’s discontinuance of coverage extension of benefits period, the dependent’s coverage under the HMO will not be terminated.

   Should a subscriber continue to be totally disabled at the end of the prior policy’s discontinuance of coverage of benefits periods, such person’s coverage and the coverage of the dependents under the HMO plan will be terminated at that time.

3. If a member changes the Insurance Policy
   If an eligible HMO member’s policy is terminated on the date in which the member is hospitalized, the member’s coverage will be terminated on that date, unless the member’s employer group has purchased Extension of Benefits coverage.

   Likewise, if a new HMO member becomes effective on the date they are undergoing hospitalization, the IPA will be responsible for coordination of care at the time of notification to the IPA by the HMO of the member’s status.
Transition Policy for New and Prospective Members
Please refer to the HMO Policy and Procedure Section on the BCBSIL Provider website.

Transition Process for Current Members
When a provider leaves an IPA, the IPA must notify the affected members in writing. The process is outlined in the HMO MSA Highlights and Process Summary section of this manual.

Retroactive IPA Member Changes
Please refer to the HMO Policy and Procedure Section on the BCBSIL Provider website.

Verifying Membership
Call the Customer Service number located on the back of the ID card. Various online applications may be available as well. Contact your Provider Network Consultant for additional information.

Affordable Care Act (ACA) Grace Period Process (Blue Precision HMO, BlueCare Direct and Blue FocusCare)

Please refer to the Claims Processing Section of this manual for detailed information on the Affordable Care Act (ACA) Grace Period Process.