BLUE CROSS BLUE SHIELD OF ILLINOIS

PROCEDURE

DEPARTMENT: Provider Performance Network Clinical Programs & Oversight	**POLICY NUMBER QI-11A**	**ORIGINAL EFFECTIVE DATE (IF KNOWN):**
POLICY TITLE: Investigation of Complaints related to Provider Office Site		**EFFECTIVE DATE: 5/1/2019** **LAST REVISION DATE: 5/1/2021**
EXECUTIVE OWNER: Director Program Oversight	**BUSINESS OWNER:** Manager, Government Provider Networks	**LAST REVIEW DATE: 5/1/2021**

I. SCOPE

This Procedure applies to the Delegation Oversight Team Onsite Audit Staff and applies to the following lines of business and products:

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]
HMO Commercial	X
HMO Retail	X

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

1. QI-11A- Investigation of Complaints related to Provider Office Site. Blue Cross and Blue Shield of Illinois (BCBSIL) has established standards for monitoring and investigating Member complaints related to the Provider office facility.

III. PROCEDURE

Upon receipt of a member complaint regarding the Provider Office facility, the AQRS will conduct an Onsite or Virtual Audit to include (but not limited to) applicable standards related to the nature of the complaint:

A. PHYSICAL ACCESSIBILITY

a. Ease of entry into the building or practice site. Curb ramps are present and at least 36 inches wide with a slope no greater than 1:12 ratio. Exterior entry

doors at least 32 in wide and opens to 90 degrees. Entry door hardware is operable with one hand.
   b. Accessibility of space within the building: Restrooms, doorways and hallways should be easily accessible; therefore, wide enough for wheelchairs and free from debris or other obstructions.
   c. There are restrooms for physically disabled members and handrails are present in the restrooms.
   d. Office hours are clearly posted within Provider office.

1. Physical Appearance:
   a. Waiting areas, exam rooms and floors should be clean, well-lit and uncluttered.
   b. Corridors leading to exits are clear; no storage of any kind.

2. Adequacy of waiting and exam room space:
   a. The waiting room should have adequate seating for the volume of patients seen per Provider. Minimum (2) chairs for every Provider.
   b. There should be an adequate number of exam rooms based on the number of practitioners. Minimum (1) exam room for every Provider.
   c. Exam room space includes provisions for privacy during examinations and procedures.

B. ADEQUACY OF MEDICAL RECORDS/TREATMENT

Medical records should document current, detailed and organized data to facilitate communication, coordination and continuity of care and promote efficiency and effectiveness of treatment.

1. Electronic:
   a. Health information and data is immediately accessible.
   b. The system allows for storing of prescription orders, test orders and other services ordered.
   c. Automatic reminder prompts or alerts to assist in member care and best clinical practices.
2. Paper:
   a. Medical records should be kept in a secure place, away from unauthorized individuals.
   b. Medical records are consistently organized, clearly marked and easily identified and located.

3. Safety Measures:

   a. The Provider and his/her staff should follow the OSHA & Centers for Disease Control and Prevention Universal Precautions guidelines when providing patient care.
   b. Bio-hazardous waste must be discarded according to Occupational Safety and Health Administration (OSHA) guidelines.

c. Sharp disposal containers must be available, and sharps are stored in restricted patient areas
d. Sample drugs, over-the-counter medications, prescription drugs, and vaccines should be stored in restricted patient areas.
e. Controlled substances, if present, should be stored in a locked area.
f. Prescription pads should be stored in restricted areas.

C. MONITORING

1. The Customer Assistance Unit (CAU) reviews complaints and forwards facility concerns to the Illinois Quality of Care Shared Mailbox. The QI Department's Clinical Reviewer and Medical Director will determine if an Onsite Audit needs to be conducted. Complaints requiring an Onsite Audit will be forwarded to the Manager of the Onsite Audit Team to schedule an Onsite or Virtual Audit.
2. The Onsite Audit team will investigate the member complaint, identify any deficiencies, and issue a Corrective Action Requirement (CAR) to the Provider/Office staff if required. The Onsite Team will monitor the CAR for timelines, responses, and report to the Quality Improvement Committee (QIC).
3. At the completion of the Onsite Audit, the following will be uploaded to the VRA database: Provider Onsite Audit form, the acknowledgement form, and the Audit tool. The Clinical Reviewer will be notified of completion of the Audit and the above three (3) documents will be forwarded to the IOC mailbox for review (Illinois_Quality_of_Care@bcbsil.com).

BlueCross BlueShield of Illinois

Provider Office Site Quality Audit Form

Date of Audit: _____

Auditor: _____

Provider Name: _____

Office Location: _____

_____

_____

Official Complaint Details:

_____

_____

_____

_____

_____

_____

Onsite Audit Findings:

_____

_____

_____

_____

_____

Audit Score: _____

Outcome Relating to Listed Complaint: Compliant or Noncompliant

Reviewed: 05/01/2020

Signature for Acknowledgement of Provider/ Facility Complaint

Date of Review: _____

Signature Acknowledging Complaint and Audit:

_____

Provider/ Office Representative

D. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
Illinois Quality Improvement Committee	Illinois QIC reviews and approves the annual Onsite Audit Reports.
IL Delegation Oversight	Onsite Audit Manager will monitor audit results and validate Corrective Action timelines and deadlines thru the Audit Database.

E. DEFINITIONS

AQRS	Associate Quality Review Specialist
CAU	Customer Assistance Unit
VRA Database	Vistar replacement application for the audit tools

F. AUTHORITY AND RESPONSIBILITY

The person(s) responsible for planning, coordinating and implementing the Procedure are the Director of Delegation Oversight, Manager of Government Provider Network, Associate Quality Review Specialist, and Data Analytics.

G. SOURCE/REFERENCES

Federal/State	Regulatory Requirements & References
State of IL Contract with HFS and HCSC 2018-24-101	5.40.4 Subcontractor oversight committee. Contractor shall have a Subcontractor 2018-24-101 (Blue Cross and Blue Shield of Illinois) Page 136 oversight committee that meets, at minimum, on a quarterly basis. This committee shall, at a minimum, conduct the following with regard to each Subcontractor: a pre-delegation audit, a quarterly delegation oversight review of Subcontractor performance by the Subcontractor oversight committee, monthly joint operation meetings, an annual audit of Subcontractors, regular monitoring of Enrollee Complaints, documentation of issues, and development of a Corrective Action Plan (CAP), as warranted, to improve performance.
State of IL Contract with HFS and HCSC 2018-24-101	There shall be evidence of continuous and ongoing evaluation and oversight of delegated activities, including approval of quality improvement plans and regular specified reports, as well as a formal review of such activities. Oversight of delegated activities must include no less than an annual audit, analyses of required reports and encounter data, a review of Enrollee complaints, grievances, Provider complaints, appeals, and quality of care concerns raised through encounter data, monitoring activities, or other venues. Outcomes of the annual audit shall be submitted to the Department as part of the QA/UR/PR Annual Report.

H. IMPACTED EXTERNAL ENTITIES

IL HMO Providers and IPA

I. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Kimberly J Dean	Manager of Government Provider Networks	4/16/21
Stephanie White	Director of Program Oversight	4/16/21

J. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Update the policy to the new template and split Policy from Procedure	5/1/2021

K. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date

L. PROCEDURE ATTACHMENTS / ADDITIONAL INFORMATION

Additional Information can be located on the Investigation of Complaints Related to Provider Office Site document (QI-11).