



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS  
MEDICARE ADVANTAGE HMO POLICY**

<b>DEPARTMENT:</b> IL Provider Performance Management	<b>POLICY NUMBER:</b> GCS-IL-MA-19A	<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 01/01/2013
<b>POLICY TITLE:</b> Provider Complaint Inquiries Policy		<b>EFFECTIVE DATE:</b> 07/11/2023
		<b>LAST REVISION DATE:</b> 07/11/2023
<b>EXECUTIVE OWNER:</b> Exec Dir, Government Programs	<b>BUSINESS OWNER:</b> Manager, IL Provider Performance Management	<b>LAST REVIEW DATE:</b>  07/11/2023

**I. SCOPE**

This Policy applies to Provider Performance Management government product Medicare Advantage HMO and Medicare Advantage PPO.

This Policy applies to the following lines of business and products:

<b>Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)</b>	<b>In Scope [x]</b>
Medicare MAPD H3822/H8547/H8634	X
<b>Note:</b> Future fully executed contracts will fall under this policy.	

**II. PURPOSE**

The Medicare DPI-CTM team is responsible for the resolution of these complaints. However, from time to time, they will need to reach out to the Illinois Provider Performance Team for assistance.

**III. POLICY**

This policy is to provide guidelines and timeline requirements for the Illinois Provider Performance Team to respond to inquiries from the Medicare DPI-CTM Team to a complaint received from a Medicare Advantage member about a provider, or a complaint received from a provider.

Proprietary & Confidential

**IV. CONTROLS/MONITORING**

Control Document or Control Description	Control Owner
<p>Maintain a log for tracking purposes to track the date the complaint is received, the date the response is provided, and the overall number of complaints received per month. The Manager of Provider Performance monitors tracking log as complaints are received. – Manager, Provider Performance</p> <p>If a PNC on the team reaches out to the medical group and a response is not received timely, it is escalated to a manager or higher leadership. Leadership calls or email the IPA Administrator for a response. If an IPA is continuously not meeting deadlines for responses, it is addressed at a monthly provider meeting or a JOC leadership meeting. This process is done on an ad-hoc basis.</p>	<p>Manager, Illinois Provider Performance Management</p>

**V. RELATED DOCUMENTS**

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-19B	Provider Complaint Inquiries Procedure	GBS SharePoint Library

**VI. IMPACTED BUSINESS AREAS**

Department Name
Medicare DPI – CTM team

**VII. POLICY REVIEWERS**

Person Responsible for Review, Committee Reviewing as FYI	Title	Date of Review
Tawanna Smith	Manager, Medicare Operations and Oversight	06/26/2023
Lupita Monroy	Manager, IL Provider Performance Management	06/23/2023
Sandra Hopson	Provider Affairs Project Consultant, IL Provider Performance Management	06/22/2023

**VIII. POLICY REVISION HISTORY**

Description of Changes	Revision Date
Annual Review	06/22/2023
Annual Review	08/09/2022
New Policy Template	08/30/2021

**IX. POLICY APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			07/11/2023
IL Provider Performance Management	Joanne O'brien	Exec Dir, Government Programs	06/26/2023