BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois Provider Manual

HMO IPA Submission Overview Section
2026

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

February 2026

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2026 IPA Submission Grid

2026 IPA Submission Grid

HMO Illinois®, Blue Advantage HMOSM, Blue Precision HMOSM, and BlueCare DirectSM

	Monthly	As Indicated	5th of Each Month	Upon HMO Request	150 Days after FY End	01/31/2026	02/15/2026	04/30/2026	05/31/2026	07/31/2026	08/31/2026	10/31/2026	11/30/2026	01/31/2027	02/28/2027
Admission Log				X											
Behavioral Health Referral Request Log				X											
Behavioral Health Telephone Access Standards Report						Q4		Q1		Q2		Q3		Q4	
Behavioral Health Vendor Attestation								X							
Case, Complex and Condition Management Forms	X														
CMF/BH Vendor Audited Financial Statement					X										
Contract Management Firm Attestation								X							
Contracted Provider Roster (Due by the 15th)	X														
Delegated Quarterly Oversight Report						Q4		Q1		Q2		Q3		Q4	
Denial Log & Files			X												
Encounter Data (Monthly) 1st submission due between 2nd - 8th 2nd submission due between 16th - 23th		X													
HMO Encounter Data Universe Validation						Q4		Q1		Q2		Q3		Q4	
Income Expense and Balance Sheet Report									Q1		Q2		Q3		Q4
Inpatient Physician Advisor Referral Log				X											
IPA Attestation						X									
IPA Audited Financial Statement					X										
IPA Liability Insurance						X									
Maximum Out of Pocket Expense Report (OPX)		X													
Member Access to PCP Services Attestation								X							
Member Notification Letter for Provider Termination						X									
Out of Network Referral Log		X													
PCP Member Detail Assignment Report						X				X				X	
Population Health Mgmt Referral Source Rpt (CM,CCM, Codition Mgmt	X														
Provider Service Agreement Attestation						X									
UM Plan							X								
URO License		X													
Welcome Letter Template (Member)						X									
NQTL Mental Health Parity Report (July)				X											

2026 Submission Grid Overview

Document Purpose: *the purpose of this document is to provide the HMO IPAs a reference guide on submitting required HMO information to BCBSIL per the Medical Service Agreement (MSA) between BCBSIL and IPA.*

All HMO report forms/templates are available via BCBSIL IPA Access Portal at https://ipa.bcbsilezaccess.com.

Behavioral Health Telephone Access Standards Report

Report Overview

- Pursuant to Section I (C)(3)(a) of the MSA, the IPA must meet the telephone access standards for behavioral health as set forth in the HMO Utilization Management and Population Health Management Plan.
- As per the UM and Population Health Management Plan, any delegated BH Organization or IPA providing BH services with a centralized triage and referral process, must submit telephone reports quarterly to the HMO.
- The reports must include the average speed of answer and the call abandonment rate.
- BH calls should include mental health and/or Substance Use Disorder related calls.
- Combined mental health and Substance Use Disorder telephone stats are acceptable.
- If the IPA does not use a centralized process, document this in the space provided on the report, and submit the report.
- All quarterly reports should be completed with data as it is reflected on the last month and/or day of the quarter.
- Additional instructions may be found on the report.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Dates:** 4/30/2026; 7/31/2026; 10/31/2026 and 1/31/2027
- **Upload completed report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Behavioral Health Vendor Attestation

Report Overview

- Per the MSA, CMF means a subcontractor retained by the IPA and approved by the HMO to perform certain management and administrative functions for the IPA. In this instance, the CMF is the BH Vendor.
- If the IPA does not use a BH Vendor, document this in the space provided on the attestation and submit the report.
- BH Vendor Service Agreement: Pursuant to Section I (C)(1)(r) of the MSA, the IPA agrees to submit a written service agreement between the IPA and a CMF, including Behavioral Health care CMF, if applicable. At a minimum, this agreement must describe the following:
    - Responsibilities of the parties, including which party is responsible for maintaining the ten (10) years of information required by the MSA in format that is acceptable to BCBSIL.
    - Extent of services to be provided by the BH Vendor
    - BH Vendor reporting process
    - IPA oversight process

    - Agreement by the CMF to preserve patient confidentiality
    - Agreement to follow the HMO Standards stated in the HMO UM Plan
    - A copy of the approval letter for URO designation
    - Submission of any complex case management files as requested by the HMO
    - A 180-day termination notification
- BH Vendor Oversight Plan: Pursuant to Section I (C)(8)(B)(10) of the MSA, the IPA must submit a plan for monitoring the performance of a CMF, including Behavioral Health care CMFs, if applicable, to include oversight of all functions delegated to the CMF as set forth in the current HMO Utilization and Population Health Management Plan.
    - The IPA must describe in detail, all activities that it will be performing to ensure that the CMF is meeting the contractual requirements that have been sub-delegated.
    - The CMF Oversight Plan must be submitted when the IPA initially contracts with the CMF, and annually if there have been any revisions.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 4/30/2026
- **Upload completed report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

CMF/BH Vendor Audited Financial Statement

Report Overview

- Pursuant to Section I (C)(9)(f)(3) of the MSA, if the IPA utilizes a CMF, IPA shall cause CMF to submit a copy of the most recent audited financial statements for the CMF, including balance sheet, to the HMO.
- CMF audited financial statements must be submitted to HMO within 150 days after the end of the CMF's fiscal year.
- The report must be prepared using the accrual basis of accounting and prepared by an independent CPA who is not an employee of the IPA or CMF.
- Annual Audited Financial Statement is required if the IPA has a CMF and/or Behavior Health Vendor.

Submission Information

- **Report Template Location:** N/A
- **Report Due Date:** Annually (150 days after the end of the CMF/BH Vendor's fiscal year)
- **Upload Audit To:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Contract Management Firm Attestation

Report Overview

- Per the MSA, CMF means a subcontractor retained by the IPA and approved by the HMO to perform certain management and administrative functions for the IPA.
- If the IPA does not use a CMF, document this in the space provided on the attestation and submit the report.
- CMF Service Agreement: Pursuant to Section I (C)(1)(r) of the MSA, the IPA agrees to submit a written service agreement between the IPA and a CMF. At a minimum, this agreement must describe the following:
    - Responsibilities of the parties, including which party is responsible for maintaining the ten (10) years of information required by the MSA in format that is acceptable to BCBSIL.
    - Extent of services to be provided by the CMF

    - CMF reporting process
    - IPA oversight process
    - Agreement by the CMF to preserve patient confidentiality
    - Agreement to follow the HMO Standards stated in the HMO UM Plan
    - A copy of the approval letter for URO designation
    - Submission of any complex case management files as requested by the HMO
    - A 180-day termination notification
- CMF Oversight Plan: Pursuant to Section I (C)(8)(B)(10) of the MSA, the IPA must submit a plan for monitoring the performance of a CMF, to include oversight of all functions delegated to the CMF as set forth in the current HMO Utilization and Population Health Management Plan.
    - The IPA must describe in detail, all activities that it will be performing to ensure that the CMF is meeting the contractual requirements that have been sub-delegated.
    - The CMF Oversight Plan must be submitted when the IPA initially contracts with the CMF, and annually if there have been any revisions.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 4/30/2026
- **Upload completed report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Contracted Provider Roster

Report Overview

- Pursuant to Section I (C)(9)(i)(2) and Section I (C)(9)(j) of the MSA, the IPA must submit a complete updated roster, in a format acceptable to the HMO, of current contracted Providers and their specialties.
- The roster should include all providers that the IPA has a contract with including but not limited to (as outlined in Section I (C)(1)(a), (b) and (c)):
    - PCPs,
    - Specialists,
    - Therapy providers (i.e. speech, occupational and physical therapy),
    - Hospital-based physicians,
    - Behavioral Health providers
    - Chiropractor
    - Nurse practitioners and physician assistants working under the supervision of IPA PCPs
    - Ancillary providers (i.e. stand-alone MRI center, lab vendor, radiology vendor, etc.),
    - Surgi-centers, hospitals, etc.
- If the provider is employed by the IPA, they should be reporting on the Contracted Provider Roster and the Capitated or Salaried Provider Roster.
- Additional instructions may be found on the report which outlines all required data elements.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 15th of every month.
- **Email completed report to:** ILProviderRosterRequests@bcbsil.com; and your assigned PNC. Upload report to: IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Delegated Quarterly Oversight Report

Report Overview

- Pursuant to Section C(9)(d) of the MSA, the IPA must submit a quarterly report of oversight activities performed by the IPA to oversee the functions delegated to a CMF, including Behavioral Health Care Services oversight.
- If the IPA has delegated functions to more than one CMF, a separate report must be submitted for each CMF.
- If a function has not been delegated to the CMF (e.g. Case Management) indicate N/A in the designated space.
- If the IPA does not use a CMF - document this in the space provided and submit the report.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 4/30/2026; 7/31/2026; 10/31/2026 and 1/31/2027
- **Upload completed report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Encounter Data

Report Overview

- Pursuant to Section I.C.9.b of the MSA, the IPA Shall provide a semimonthly Encounter Data file containing all data elements required by the HMO, in a format acceptable to the HMO and in timeframes as outlined in the Provider Manual and Encounter Data Companion Guide.
- Data is to be transmitted to Change Healthcare electronically via the Change Healthcare SFTP.
- There are two submitting timeframes each month
    - First submission each month is from the 2nd to the 8th
        - The first submission should include all claims paid from the 16th to the end of the previous month.
    - Second submission each month is from the 16th to the 23rd
        - The second submission should include all claims paid from the 1st to the 15th of the current month.
- To be considered for reinsurance, all claims must be paid by June 30 of the following year the service was incurred and submitted in the July upload. For example, all 2025 dates of service must be paid by June 30, 2026, and uploaded in July 2026.
- Data submitted for Physician services must have a valid specialty code other than multi-specialty, clinic or group practice, and must include all applicable diagnosis codes.
- With each submission, IPA must certify the data has been evaluated for accuracy and completeness.
- If the HMO becomes aware that the data is not accurate, complete, and/or timely, HMO may elect to impose penalties as outlined in this provision.
- IPA must correct and resubmit rejected records no later than 10 days from HMO notification to IPA of such error.

Submission Information

- **Encounter Data Companion Guide:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > HMO Reinsurance Information> 2018 CO-IFM Encounter Submission Companion Guide MAY 2025
- **Report Due Date:** Semi-monthly
    - 1st submission due between 2nd to the 8th
    - 2nd submission due between 16th to the 23rd
- **Submission Process:** refer to Encounter Submission Companion Guide

HMO Encounter Data Universe Validation

Report Overview

- Pursuant to Section I (C)(9)(b) of the MSA, upon HMO request, the IPA must provide to the HMO a quarterly report of claims/encounters submitted and adjudicated regardless of reimbursement methodology, in a format acceptable to the HMO.
- Validation will be done on a quarterly basis.
- This will help confirm that HCSC has received all encounters believed to have been submitted by the Medical Groups.

Submission Information

- **Report Template Location:** BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 1/31/2026, 4/30/2026, 7/31/2026, 1/31/2027 and upon HMO request
- **Submit Completed Report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]
- **Email** Donald_Bigeck@BCBSIL.com , Ariana_Guzman@bcbsil.com and Leanne_Scheffler@BCBSIL.com notification that the files have been submitted

Income Expense and Balance Sheet Report

Report Overview

- Pursuant to Section C(9)(f)(1) of the MSA, the IPA shall submit contract specific income and expenses on a calendar quarter-to-date basis and balance sheet as of the last day of the quarter within 60 days after the end of the quarter.

Submission Overview

- **Report Template:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 5/31/2026; 8/31/2026; 11/30/2026 and 2/28/2027
- **Upload completed report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

IPA Attestation

Report Overview

- Pursuant to Section I (C)(9)(i)(6) of the MSA, the IPA authorized representative must attest to the following:
  - Total number of IPA Physicians
  - Total number of IPA Physicians that utilize Certified Electronic Health Record Technology (CEHRT)
- Pursuant to Section I(C)(9)(i)(5) of the MSA, the IPA must submit a copy of the current IPA Operating or Management Agreement currently in effect, along with any amendments to the Operating or Management Agreement.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 1/31/2026
- **Upload Completed Report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

IPA Audited Financial Statement

Report Overview

- Pursuant to Section C(9)(e)(2) of the MSA, the IPA shall submit within 150 days after the end of the IPA's fiscal year:
    - Copies of IPA's audited financial statements prepared using the accrual basis of accounting by an in independent CPA who is not an employee of the IPA or CMF.
    - IPAs with a membership at or above 2,500 Members as of 12/31/2025 must submit either an audited statement or reviewed financial statement.
- IPAs submitting audited or reviewed financial statements of a parent or other related entity, as approved by the HMO, to fulfill its financial reporting requirements must include an HMO approved financial performance guarantee of IPA's financial obligations under the MSA.
- Report should be prepared according to Generally Accepted Accounting Principles (GAAP).

Submission Information

- **Report Template Location:** N/A
- **Report Due Date:** Annually (150 days after the end of the IPAs fiscal year)
- **Upload Audit To:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

IPA Liability Insurance

Report Overview

- Pursuant to Section C (4)(a), (b-c) of the MSA, the IPA shall maintain a valid current policy (or policies) of insurance covering professional liability of the IPA, its agents and employees, at a minimum of $1,000,000 per claim and $3,000,000 annual aggregate coverage.
- The IPA shall also carry such other insurance as shall be necessary to insure the IPA, its agents and employees, against any and all damages arising from the IPA's various duties and obligations.
- Annually, the IPA shall provide a copy of the policy (or policies) to the HMO.

Submission Information

- **Report Template Location:** N/A
- **Report Due Date:** 1/31/2026
- **Upload Insurance Documents:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Maximum Out of Pocket Expense Report (OPX)

Report Overview

- Pursuant to Section I (C)(9)(h) of the MSA, IPA must provide on a weekly basis a Maximum Out-of-Pocket Expense report.
- This report must be in the HMO required format and will be submitted using an SFTP server.
- The IPA must send an email to HMOCAUUnit@bcbsil.com if a file is not going to be submitted due to no OPX claim data for the week.
- For additional instructions on OPX process, please refer to the HMO Claims Processing Provider Manual via www.BCBSIL.com.

Submission Information

- **Report Location:** (BCBSIL IPA Access Portal) HMO Financial Reporting> Commercial & Exchange> HMO Financial and Reporting CE Documents> OPX Weekly Report> 2026> Month
- **Report Due:** Weekly
- **Report Submission Process:** SFTP Server

Member Access to PCP Services Attestation

Report Overview

- Pursuant to Section C (3)(c)(1) and (2), describes the IPAs contractual requirements for meeting Availability and Accessibility.
- Additional instructions may be found on the report.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 4/30/2026
- **Upload Completed Report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Member Complaint Forms

Report Overview

- There is an interactive complaint form on the BCBSIL IPA Access Portal to enter member complaints as they are received.
- Once the resolution of the complaint by the HMO has been communicated to the IPA, the IPA UM Committee must discuss at their next meeting.
- Complaint types include, but are not limited to:
    - Access
    - Administrative
    - Attitude and Service
    - Benefits
    - Case Management or Condition Management Programs
    - Claims
    - Complaints regarding the IPA Complex Case Management
    - Quality of Care
    - Quality of Practitioner Office Site
    - Referrals
- For additional instructions, please refer to the IPA Guidelines for Member Complaints, Inquiries, Appeals and Grievances HMO Policy and Procedure via BCBSIL.com.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Population Health Management> Commercial & Exchange> Complaint Form
- **Report Due Date:** within one (1) business day upon receipt of a member complaint
- **Email Completed Report to:** N/A

Member Notification Letter for Provider Termination

Report Overview

- Pursuant to Section I (C)(1)(o), the IPA agrees to notify the HMO in writing at least ninety (90) days in advance of the discontinuance of any operation of any facility, Provider, or site to Members and transition Members under care to another Provider, as set forth in the Provider Manual.
    - As defined in the MSA, a Provider is, any licensed Physician, Advanced Practice Nurse, practitioner or facility, including, but not limited to, a physical therapist, psychologist, Hospital, health care facility,

laboratory, and any other health care practitioner providing medical or behavioral health services licensed in accordance with applicable Laws.

- The IPA must submit all template letter(s) annually and must be approved by the Provider Network Consultant prior to the letter being sent to the member.
    - If different letter templates are used for PCPs, Specialists and/or Ancillary providers, all letter templates should be submitted to HMO for approval.
- At the time of the provider termination, a dated copy of the letter must be submitted to the Provider Network Consultant prior to the member mailing.
    - Additionally, a copy of the provider termination email notice sent to BCBSIL HMO Network, must be submitted to the Provider Network Consultant.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Letter Template Due Date:** 1/31/2026
- **Upload Member Letter to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

PCP Member Detail Assignment Report

Report Overview

- Pursuant to Section C(9)(h) of the MSA, the IPA must provide a semi-annual detailed list of the IPA PCPs and assigned Members.
- The report must include the Member identification number, Member Name, assigned PCP and shall be provided in a format acceptable to the HMO.
- Additional instructions may be found on the report.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 7/31/2026 and 1/31/2027
- **Upload Completed Report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Provider Service Agreement Attestation

Report Overview

- Pursuant to Section I (C)(9)(g)(3) of the MSA, the IPA must submit a copy of each written agreement not previously provided to the HMO.
- Pursuant to Section I (C)(9)(g)(4) of the MSA, authorized IPA representative must attest that the written agreement between the IPA and all IPA Providers requires all IPA Providers to comply with the terms and conditions established in the MSA and Provider Manual.
- Providers Service Agreement: Pursuant to Section 1 (C)(1)(q) of the MSA, IPA agrees to provide a copy of the current written service agreements between the IPA and any or all current contracted IPA Providers.
- The IPA must submit a fully executed Service Agreement and/or Addendum for all providers including but not limited to:
    - PCPs,
    - Specialists,
    - Facilities,
    - Ancillary providers,
    - Hospital-based specialists listed in the MSA,

    - Non-targeted physicians and
    - Sub-specialists that have not been previously submitted to the HMO.
- A completed Provider Service Agreement Cover Sheet must be submitted with all new provider service agreements/addendums sent to BCBSIL.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** 1/31/2026
- **Upload Completed Report to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]

Provider Service Agreement Coversheet

Report Overview

- Pursuant to Section I (C)(9)(g)(3) of the MSA, the IPA must submit a copy of each written agreement not previously provided to the HMO.
- Completed Provider Service Agreement along with the executed Provider Service Agreement is required when submitting provider credentialing applications to HMO Network.

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Report Due Date:** see comments above
- **Email Completed Report to:** HMO_Network@bcbsil.com or DelegatedCredentialing@bcbsil.com

Utilization Management/Population Health Management Related Reports

Report Overview

- The following report descriptions and requirements are outlined in the HMO Utilization Management and Population Health Management Plan:
    - Admission Log
    - Behavioral Health Referral Request Log
    - Case, Complex and Condition Management Forms
    - Denial Logs and files
    - Inpatient Physician Advisor Referral Log
    - Out of Network Referral Log
    - Population Health Management Referral Source Report (CM, CCM, Condition Management)
    - UM Plan *(Due 2/15/2026)*
    - URO License

Submission Information

- **Report Template Location:** (BCBSIL IPA Access Portal) Population Health Management > Commercial and Exchange > Population Health Management CE Documents > Utilization Management> HMO UM Plan Supporting Documents> 2026
- **Report Due Date:** as indicated or upon HMO request
- **Submission Process:** See HMO Utilization Management and Population Health Management Plan

Welcome Letter Template (Member)

Report Overview

- Pursuant to Section I (C)(10)(a) of the MSA, the IPA shall contact and orient newly enrolled Members within sixty (60) days from eligibility notification from the HMO via an HMO approved welcome letter.
- IPAs welcome letter template must be submitted to HMO for review and written approval prior to use.
    - Any changes to such letter must also be approved in writing by the HMO prior to use.
- The welcome letter must include, but not limited to:
    - IPAs expectation of the Member
    - Choosing or changing PCP
        - Process for choosing a PCP and notifying the IPA office of the PCP selection
        - How to change a PCP and any HMO restrictions that may apply
    - Choosing or changing WPHCP
        - Process for selecting a WPHCP and the Physician's role in coordinating care with the PCP
        - How to change a WPHCP and any HMO restrictions that may apply
    - Process for scheduling a get acquainted visit
    - The availability of preventive services
    - Procedures regarding obtaining Behavioral Health (BH) Care services, including a statement that the IPA encourages the member to discuss any BH services that are being received with their PCP
    - How an Adolescent Member will transition to Adult Health Care Services.
    - How to transition to other care when your Benefit ends
    - Medical Records and Patient Confidentiality
        - Assurance of patient confidentiality
        - How the Member can obtain access to their medical records
    - Procedures for Emergency, Routine and Immediate Care Services – must include detailed description
    - How the Member can access their HMO benefits; including how Member can access early morning, evening, and weekend office hours
    - Procedures regarding referrals
    - IPA's Utilization Management procedures
    - How the Member can discuss Utilization Management issues or the UM process by calling the IPA's toll-free number or by making a collect call to IPA
    - Access to Utilization Management (UM) Staff, including but not limited to the following statements:
        - UM Staff is available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues.
        - UM Staff can receive inbound communication regarding UM issues after normal business hours by calling (insert phone number or process)
        - UM Staff is identified by name, title and organization name when making or returning calls regarding UM issues.
        - Provide the TDD/TTY number or IL/711 Relay Services number and instructions services for members who need them.
        - Language assistance (free of charge) is available for members to discuss UM issues. (Language assistance does not apply to after-hours calls)
    - Who Makes Decisions About Member's Care
        - Utilization Management decisions are based on medical necessity, which includes appropriateness of care and services, and available benefits.

        - IPA does not reward health care providers or other individuals for issuing denials of coverage, care or service or provide financial incentives for UM decision makers that encourage decisions that result in underutilization.
        - IPA confirms that there is no conflict of interest between themselves and the UM decision makers.
    - Information about the IPA's Population Health Management Services that must include the IPA's process (include how members can use the service, how members become eligible to participate and how to opt out of the Program) for:
        - Condition Management, including at a minimum for members with asthma and diabetes
        - Case Management (CM), including at a minimum for members who need assistance transitioning to home after a hospital stay or in navigating the health care system. When advising members how they can access CM, must include:
            - The member or their caregiver can ask to enroll in the program
            - A hospital or other discharge planner referral to the program
            - The member's PCP or other Practitioner referral to the program
            - Referral through Utilization Management programs
        - Complex Case Management (CCM) including at a minimum for members facing multiple or complicated medical conditions
        - A Wellness and Prevention Program that offers age- and gender-appropriate wellness screenings for both children and adults.
        - A statement advising the member to contact the Health Plan to facilitate the handling of complaints, appeals or grievances-in compliance with applicable law, including The Managed Care Reform and Patient's Rights Act
            - Name and contact information of a designated Member representative of the IPA

Submission Information

- **Sample Welcome Letter Location:** (BCBSIL IPA Access Portal) Provider Network Management > Commercial & Exchange > MSA Required Submissions – Report Templates > 2026
- **Welcome Letter Template Due:** 1/31/2026
- **Upload IPA Template to:** IPA Home > Provider Network Management > Commercial and Exchange Document > Provider Submissions > [CE_xxx]