



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Membership Information Section

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

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
.....	42
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/GYNE 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 HMOSM and Blue Precision HMOSM (Individual and Small Group) and Blue FocusCareSM 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


Confidential and Proprietary

HMO Illinois

 BlueCross BlueShield of Illinois <small>An independent licensee of the Blue Cross and Blue Shield Association</small>		HMO Illinois
Subscriber Name: ABC SAMPLE		Dependent Name: SAMPLE CARD
Identification Number: XOH123456789		
Group Number: 123456		Office Visit \$10 Emergency Room \$150 Specialist \$10 Wellness \$0
MG Name, #, Phone # and effective date appear here		RxBIN: 011552 RxPCN: ILDR
		 




www.bcbsil.com		
 BlueCross BlueShield of Illinois		Customer Service 1-800-892-2803 BlueCard Access 1-800-810-2583 Eligibility # 1-800-676-2583 Pharmacy Program 1-800-423-1973
Physicians: The enrollee named on this card, is entitled to benefits while enrolled. Medical services, except emergencies, must be preauthorized by the Individual Practice Association named on this card. To locate a Provider when traveling, call the BlueCard access number. Claims Filing Address: Blue Cross and Blue Shield of Illinois, PO Box 805107, Chicago, IL 60680-4112		A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross and BlueShield Association. Pharmacy Benefits Manager
		



Blue Advantage HMO

 BlueCross BlueShield		Blue Advantage HMO
Subscriber Name: SAMPLE CARD		Office Visit \$30 Emergency \$150 Specialist \$50 Wellness \$0
Identification Number: XOH111223333		
Group Number: 000000		RxBIN: 011552 RxPCN: ILDR
MG Name, #, Phone # and effective date appear here		 



www.bcbsil.com		
		
 BlueCross BlueShield of Illinois		Customer Service 1-800-892-2803 BlueCard Access 1-800-810-2583 Eligibility # 1-800-676-2583 Pharmacy Program 1-800-423-1973
Physicians: The enrollee named on this card, is entitled to benefits while enrolled. Medical services, except emergencies, must be preauthorized by the Individual Practice Association named on this card. To locate a Provider when traveling, call the BlueCard access number. Claims Filing Address: Blue Cross and Blue Shield of Illinois, PO Box 805107, Chicago, IL 60680-4112		A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross and BlueShield Association. Pharmacy Benefits Manager
		



Blue Precision HMO Individual

 BlueCross BlueShield of Illinois		HMO
Member Name SAMPLE ABC		BAV
Member ID XOL000111222		
Group No. IB1002 Effective Date 10/01/15		BIN 011552 Rx PCN ILDR Rx Generic Co-Ins 70%/70% Rx Brand Co-Ins 60%/50%/50% Emergency Copay \$600 PCP Copay \$25 Specialist Copay \$100
MG Name, #, Phone # and effective date appear here		 



www.bcbsil.com		
 BlueCross BlueShield of Illinois		Member Customer Service: 1-800-538-8833
Physicians: The enrollee named on this card, is entitled to benefits while enrolled. You or your doctor must call Blue Cross and Blue Shield for preauthorization before inpatient or skilled nursing facility admission, home health care or private duty nursing services. You or your doctor must contact Blue Cross and Blue Shield within 48 hours of Emergency care, maternity admission to a medical facility, or mental health or substance abuse admission.		A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association. Pharmacy Benefits Manager
		

Blue Precision HMO Small Group

	
Subscriber Name: ABC SAMPLE	
Identification Number: XOH0011222	
Group Number: R00507	Office Visit \$25
BAV	Emergency Room \$300
MG Name, #, Phone # and effective date appear here	Specialist \$45
	Wellness \$0
	RxBIN: 011552
	RxPCN: ILDR
	

www.bcbsil.com	
	
Physicians: The enrollee named on this card, is entitled to benefits while enrolled. Medical services, except emergencies, must be preauthorized by the Individual Practice Association named on this card. To locate a Provider when traveling, call the BlueCard access number. Claims Filing Address: Blue Cross and Blue Shield of Illinois, PO Box 805107, Chicago, IL 60680-4112	Customer Service 1-800-892-2803 BlueCard Access 1-800-810-2583 Eligibility # 1-800-676-2583 Pharmacy Program 1-800-423-1973
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross and BlueShield Association.	
 Pharmacy Benefits Manager	

Blue FocusCare

		HMO	Blue FocusCare SM
Member Name		BFC	
Member ID			
Group No. IG1701	BIN 011552		
Effective Date 01/01/17	Rx PCN ILDR		
PCP: MG Name 01/01/2017	Rx Generic Copay \$0/20%		
	Rx Brand Co-Ins 20%/30%/40%		
	Emergency Room \$600		
	PCP Copay \$25		
	Specialist Copay \$50		
			

www.bcbsil.com	
	
Physicians: The enrollee named on this card, is entitled to benefits while enrolled. Medical Services, except emergencies, must be preauthorized by the Individual Practice Association named on this card. Caution - Confirm your provider is in your plan's network. Got to www.bcbsil.com.	Member Customer Service: 1-800-538-8833
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and BlueShield Association.	
 Pharmacy Benefits Manager	

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.

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Sample Benefit Plan Listing

Benefit Matrix for HMO Illinois and Blue Advantage HMO

Revised: July 18, 2011

LOB: *HMOI and BA*

Includes all regions

Benefit Scope	PCP Office Services		Outpatient			Emergency	Inpatient	
	PCP Office Visit	* Non Serious Mental Health	Specialist	Surgery	Rehab Therapy		General	* Non Serious Mental Health
Plan : 08E00 Scope #: 35 Plan #: 735	100% \$0 office visit copay	\$20 copay 20 visits/CY 2:1 Group Therapy	\$0 office visit copay	\$0 copay	100% Limited to 60 visits	\$50 copay \$50 copay out of area - waived if admitted	\$0 copay per admission	\$0 copay per admission 20 days/CY
Effective: 09/01/09	All Types							
Cap Schedule: AD	<i>Wellness Visit</i> 100% \$0 wellness visit copay	<i>Substance Abuse</i> \$20 copay 20 visits/CY 2:1 Group Therapy	<i>Out of Pocket Max</i> \$1,500 per individual \$3,000 per family				<i>Substance Abuse</i> \$0 copay per admission 20 days/CY	
Metro/State Markets								
Plan : 09E10 Scope #: 46 Plan #: 146	100% \$10 office visit copay	\$20 copay 20 visits/CY 2:1 Group Therapy	\$10 office visit copay	\$0 copay	100% Limited to 60 visits	\$50 copay \$50 copay out of area - waived if admitted	\$150 copay per day for first 5 days	\$150 copay per day for first 5 days 20 days/CY
Effective: 09/01/09	All Types							
Cap Schedule: CD	<i>Wellness Visit</i> 100% \$10 wellness visit copay	<i>Substance Abuse</i> \$20 copay 20 visits/CY 2:1 Group Therapy	<i>Out of Pocket Max</i> \$1,500 per individual \$3,000 per family				<i>Substance Abuse</i> \$150 copay per day for first 5 days 20 days/CY	
Metro/State Markets								
Plan : 10F15 Scope #: 51 Plan #: 051	100% \$15 office visit copay	\$20 copay 20 visits/CY 2:1 Group Therapy	\$15 office visit copay	\$0 copay	100% Limited to 60 visits	\$75 copay \$75 copay out of area - waived if admitted	\$0 copay per admission	\$0 copay per admission 20 days/CY
Effective: 09/01/09	All Types							
Cap Schedule: DD	<i>Wellness Visit</i> 100% \$15 wellness visit copay	<i>Substance Abuse</i> \$20 copay 20 visits/CY 2:1 Group Therapy	<i>Out of Pocket Max</i> \$1,500 per individual \$3,000 per family				<i>Substance Abuse</i> \$0 copay per admission 20 days/CY	
Metro/State Markets								

* 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 benefits, including applicable office visit copayment, as any other medical condition (unlimited visits based on medical necessity criteria).

Notes: Indicates a recently added Benefit Plan.

Page 1

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.

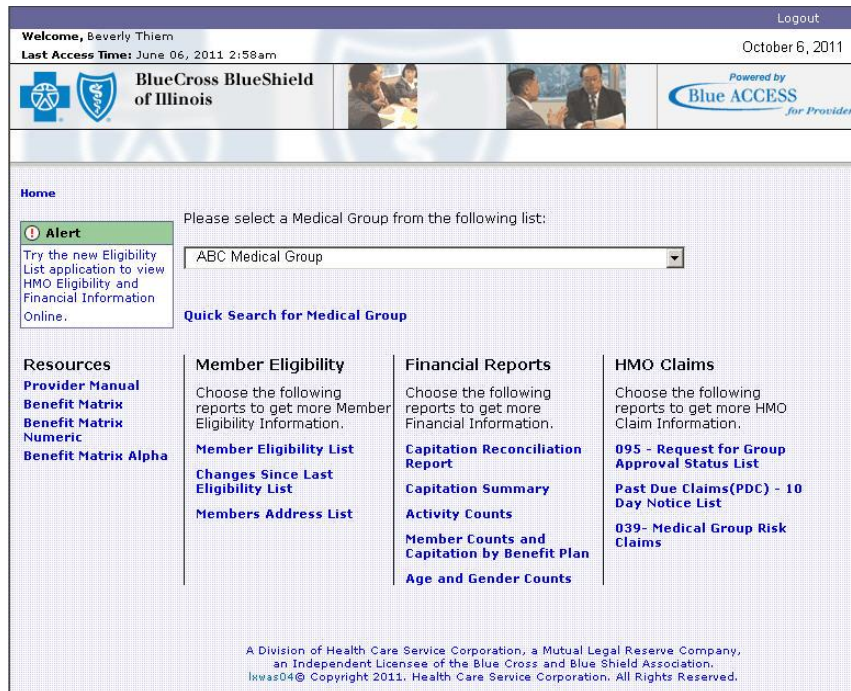
What If I forgot my password or my sign on?

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.

Home Page/General Features



Welcome, Beverly Thiem
Last Access Time: June 06, 2011 2:58am
October 6, 2011
Logout

BlueCross BlueShield of Illinois
Powered by Blue ACCESS for Providers

Home

Alert
Please select a Medical Group from the following list:
ABC Medical Group
Quick Search for Medical Group

Resources
Provider Manual
Benefit Matrix
Benefit Matrix Numeric
Benefit Matrix Alpha

Member Eligibility
Choose the following reports to get more Member Eligibility Information.
Member Eligibility List
Changes Since Last Eligibility List
Members Address List

Financial Reports
Choose the following reports to get more Financial Information.
Capitation Reconciliation Report
Capitation Summary
Activity Counts
Member Counts and Capitation by Benefit Plan
Age and Gender Counts

HMO Claims
Choose the following reports to get more HMO Claim Information.
095 - Request for Group Approval Status List
Past Due Claims(PDC) - 10 Day Notice List
039 - Medical Group Risk Claims

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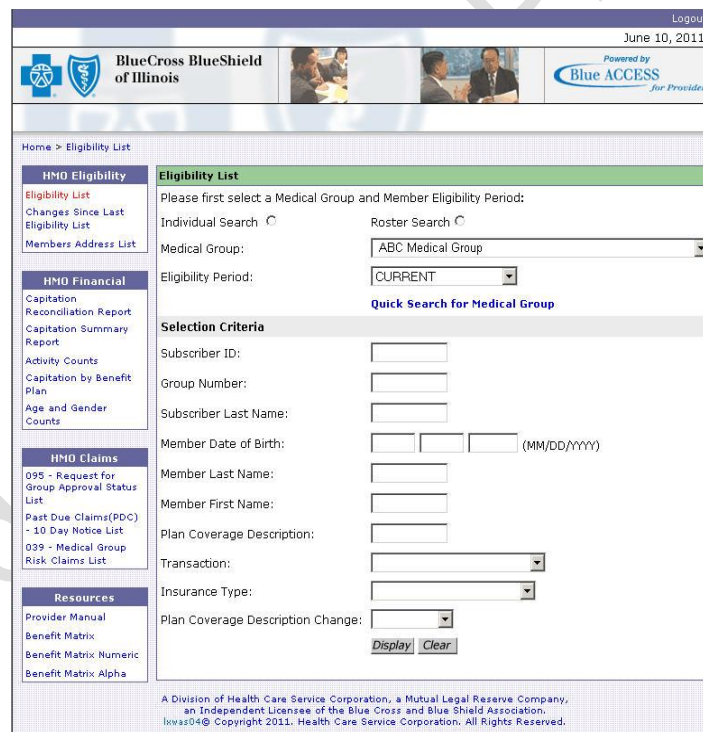
The HMO Eligibility List and Capitation Report allow a user to display a variety of reports and searches.

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 breadcrumbs are the same on every page. They will only be discussed here.



Home > Eligibility List

HMO Eligibility
Eligibility List
Changes Since Last Eligibility List
Members Address List

HMO Financial
Capitation Reconciliation Report
Capitation Summary Report
Activity Counts
Capitation by Benefit Plan
Age and Gender Counts

HMO Claims
095 - Request for Group Approval Status List
Past Due Claims(PDC) - 10 Day Notice List
039 - Medical Group Risk Claims List

Resources
Provider Manual
Benefit Matrix
Benefit Matrix Numeric
Benefit Matrix Alpha

Eligibility List
Please first select a Medical Group and Member Eligibility Period:
Individual Search Roster Search
Medical Group: ABC Medical Group
Eligibility Period: CURRENT
Quick Search for Medical Group

Selection Criteria
Subscriber ID:
Group Number:
Subscriber Last Name:
Member Date of Birth: (MM/DD/YYYY)
Member Last Name:
Member First Name:
Plan Coverage Description:
Transaction:
Insurance Type:
Plan Coverage Description Change:
Display Clear

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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.

HMO Eligibility
Eligibility List
Changes Since Last Eligibility List
Members Address List

HMO Financial
Capitation
Reconciliation Report
Capitation Summary Report
Activity Counts
Capitation by Benefit Plan
Age and Gender Counts

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.

Members Address List	
Please first select a Medical Group and Member Eligibility Period:	
Medical Group:	<input type="text" value="ABC Medical Group"/>
Eligibility Period:	<input type="text" value="06-01-2011 - 07-01-2011"/>
Quick Search for Medical Group	
Download Data Data Definition	
Selection Criteria	
<input checked="" type="radio"/> New Members Address <input type="radio"/> All Members Address	
Subscriber ID:	<input type="text"/>
Group Number:	<input type="text"/>
Subscriber Last Name:	<input type="text"/>
Member Last Name:	<input type="text"/>
Member First Name:	<input type="text"/>
Program :	<input type="text" value="--ALL--"/>
Display Clear	

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.

[Home](#) > [Members Address List](#)

Logout

[Logout](#)

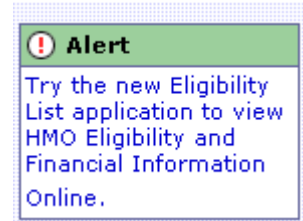
The logout button will appear in the upper right hand corner of all the pages. This allows the user to log out of the application at any point. Logging out ensures that another user cannot access the member information that the previous user was viewing. It also provides the user with additional advice 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.

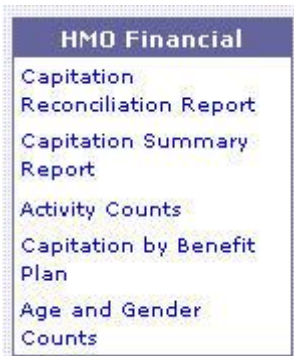
Note: On the date the eligibility list runs, no current information will be displayed for at least 24 hours.

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, Reinstate, 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:



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.

Welcome, Beverly Thiem Logout
Last Access Time: June 06, 2011 2:58am October 6, 2011

BlueCross BlueShield of Illinois

Home

Alert
Try the new Eligibility List application to view HMO Eligibility and Financial Information Online.

Please select a Medical Group from the following list:
ABC Medical Group

Quick Search for Medical Group

Resources Provider Manual Benefit Matrix Benefit Matrix Numeric Benefit Matrix Alpha	Member Eligibility Choose the following reports to get more Member Eligibility Information. Member Eligibility List Changes Since Last Eligibility List Members Address List	Financial Reports Choose the following reports to get more Financial Information. Capitation Reconciliation Report Capitation Summary Activity Counts Member Counts and Capitation by Benefit Plan Age and Gender Counts	HMO Claims Choose the following reports to get more HMO Claim Information. 095 - Request for Group Approval Status List Past Due Claims(PDC) - 10 Day Notice List 039- Medical Group Risk Claims
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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.

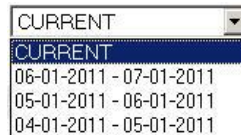
Instructions

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.



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.



Note: The Current period includes all data since the last period up until the day preceding 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

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

Display

- 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.

HMO/BlueAdvantage Eligibility List												
										Medical Group Number: 666		NPI: Not Available
										Medical Group Name: ABC Medical Group		
										Eligibility Period: CURRENT		
Row: 1 - 50 of 11606												Legends
Member Name	Rel	Gndr	Member Birthdate	Group Number	Subscriber Number	PLN COV DESC	Office Co-pay	PCP Effective Date	Medicare Elig	S/F Coverage	IPA Begin/End Date	MSG
DOE JOHN	SUB	M	03-26-1951	Z12345	123456789	K6E20	20.00	12-01-2007	U	S		
DOE JANE	DEP	F	02-12-1993	Z12345	123456789	CXM15	15.00	10-01-2008	U	F		
DOE JAKE	DEP	M	04-27-2004	Z12345	123456789	CXM15	15.00	10-01-2008	U	F		
CAT TOM	SUB	M	05-04-1973	C54321	987654321	6KF15	15.00	07-01-2007	U	F		
CAT LILY	SPS	F	12-10-1974	C54321	987654321	6KF15	15.00	07-01-2007	U	F		
SHOE TYRONE	SUB	M	05-30-1975	S65432	234567891	9AR10	10.00	12-01-2007	U	F		
SHOE TENNIS	DEP	M	06-20-2008	S65432	234567891	9AR10	10.00	06-20-2008	U	F		
SHOE NEW	SPS	F	05-11-1977	S65432	234567891	9AR10	10.00	12-01-2007	U	F		
STEIN SUSIE	SUB	F	03-19-1974	X66666	654987321	9AR10	10.00	12-01-2007	U	F		
STEIN FRANK	SPS	M	02-06-1973	X66666	654987321	9AR10	10.00	12-01-2007	U	F		
STEIN BEER	DEP	M	11-09-2007	X66666	654987321	9AR10	10.00	12-01-2007	U	F		

Note: Only 50 records will be displayed on each page.

- 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.

- The next page of results will be displayed.

To Filter List

- 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

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

Display

- 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.

HMO/BlueAdvantage Eligibility List												
						Medical Group Number: 666			NPI: Not Available			
						Medical Group Name: ABC Medical Group						
						Eligibility Period: CURRENT						
Row: 1 - 50 of 11606											Legends	
Member Name	Rel	Gndr	Member Birthdate	Group Number	Subscriber Number	PLN COV DESC	Office Co-pay	Effective Date	Medicare Elig	S/F Coverage	IPA Begin/End Date	MSG
DOE JOHN	SUB	M	03-26-1951	Z12345	123456789	K6E20	20.00	12-01-2007	U	S		
DOE JANE	DEP	F	02-12-1993	Z12345	123456789	CXM15	15.00	10-01-2008	U	F		
DOE JAKE	DEP	M	04-27-2004	Z12345	123456789	CXM15	15.00	10-01-2008	U	F		
CAT TOM	SUB	M	05-04-1973	C54321	987654321	6KF15	15.00	07-01-2007	U	F		
CAT LILY	SPS	F	12-10-1974	C54321	987654321	6KF15	15.00	07-01-2007	U	F		
SHOE TYRONE	SUB	M	05-30-1975	S65432	234567891	9AR10	10.00	12-01-2007	U	F		
SHOE TENNIS	DEP	M	06-20-2008	S65432	234567891	9AR10	10.00	06-20-2008	U	F		
SHOE NEW	SPS	F	05-11-1977	S65432	234567891	9AR10	10.00	12-01-2007	U	F		
STEIN SUSIE	SUB	F	03-19-1974	X66666	654987321	9AR10	10.00	12-01-2007	U	F		
STEIN FRANK	SPS	M	02-06-1973	X66666	654987321	9AR10	10.00	12-01-2007	U	F		
STEIN BEER	DEP	M	11-09-2007	X66666	654987321	9AR10	10.00	12-01-2007	U	F		

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.

- 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.

- The next page of results will be displayed.

Additional Functionality

Clearing Search Form

- To clear your search criteria, at any time, click on the 'Clear' button.

Clear

- 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.



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

- Click on the **'Display'** button on the bottom of the form.

Display

- 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.

HMO/BlueAdvantage Changes Since Last Eligibility List													
										Medical Group Number: 666		NPI: Not Available	
										Medical Group Name: ABC Medical Group			
										Eligibility Period: CURRENT			
Row: 1 - 50 of 358												Legends	
Member Name	Rel	Gndr	Member Birthdate	Group Number	Subscriber Number	Benefit Plan	Office Co-pay	PCP Effective Date	Alt. PCP Clinic	WPCP Effective Date	Alt. WPCP Clinic	Cat	Trans
LISA, MONA	SUB	F	03-23-1985	T12345	987654321	FLH30	30.00	06-01-2011					Elig Begin (Added)
CAT, BOB	SUB	M	05-19-1961	C54321	123456789	UYE10	10.00	06-01-2010					Elig End (06-01-2011)
STEIN, TYRONE	SUB	M	06-10-1978	P12345	654321987	ZQH15	15.00	04-01-2011				TI	Elig Begin (04-01-2011)
POTTER, HARRY	SUB	M	10-01-1952	Z98765	123789654	BAF20	20.00	02-01-2011					Elig Begin (Added)
ANGELO, MICHAEL	SUB	M	03-12-1985	Q12345	321987456	UYE10	10.00	03-01-2011					Elig End (06-01-2011)

Note: Only 50 records will be displayed on each page.

- 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.

- The next page of results will be displayed.

To Filter List

- 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

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

Display

- 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.

HMO/BlueAdvantage Changes Since Last Eligibility List													
										Medical Group Number: 666		NPI: Not Available	
										Medical Group Name: ABC Medical Group			
										Eligibility Period: CURRENT			
Row: 1 - 50 of 358												Legends	
Member Name	Rel	Gndr	Member Birthdate	Group Number	Subscriber Number	Benefit Plan	Office Co-pay	PCP Effective Date	Alt. PCP Clinic	WPCP Effective Date	Alt. WPCP Clinic	Cat	Trans
LISA, MONA	SUB	F	03-23-1985	T12345	987654321	FLH30	30.00	06-01-2011					Elig Begin (Added)
CAT, BOB	SUB	M	05-19-1961	C54321	123456789	UYE10	10.00	06-01-2010					Elig End (06-01-2011)
STEIN, TYRONE	SUB	M	06-10-1978	P12345	654321987	ZQH15	15.00	04-01-2011				TI	Elig Begin (04-01-2011)
POTTER, HARRY	SUB	M	10-01-1952	Z98765	123789654	BAF20	20.00	02-01-2011					Elig Begin (Added)
ANGELO, MICHAEL	SUB	M	03-12-1985	Q12345	321987456	UYE10	10.00	03-01-2011					Elig End (06-01-2011)

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.

- 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.

- The next page of results will be displayed.

Additional Functionality

Clearing Search For

- To clear your search criteria, at any time, click on the 'Clear' button.

- 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.

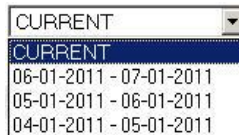
Instructions

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.



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

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

Display

- 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.

HMO/BlueAdvantage Address List Report							
		Medical Group Number: 666		NPI: Not Available			
		Medical Group Name: ABC Medical Group					
		Eligibility Period: 06-01-2011 to 07-01-2011					
Row: 1 - 50 of 306							Legend
Member Name	Street	City	State	Zip	Group	Subscriber	Address Type
SHOE, TYRONE	406 W 34ST APT 102	STEGER	IL	604751427	P12345	987654321	PR
POTTER, HARRY	4136 W 195TH ST	COUNTRY CLUB HILLS	IL	604785844	Z54321	654987321	PR
CAT, TOM	1331 SUPERIOR AVENUE	CALUMET CITY	IL	604095921	C12345	123456789	PR
CAT, LILY	1331 SUPERIOR AVENUE	CALUMET CITY	IL	604095921	C12345	123456789	PR

Note: Only 50 records will be displayed on each page.

- 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.

- The next page of results will be displayed.

To Filter List

- 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

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

Display

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.

HMO/BlueAdvantage Address List Report							
		Medical Group Number: 666		NPI: Not Available			
		Medical Group Name: ABC Medical Group					
		Eligibility Period: 06-01-2011 to 07-01-2011					
Row: 1 - 50 of 306							Legend
Member Name	Street	City	State	Zip	Group	Subscriber	Address Type
SHOE, TYRONE	406 W 34ST APT 102	STEGER	IL	604751427	P12345	987654321	PR
POTTER, HARRY	4136 W 195TH ST	COUNTRY CLUB HILLS	IL	604785844	Z54321	654987321	PR
CAT, TOM	1331 SUPERIOR AVENUE	CALUMET CITY	IL	604095921	C12345	123456789	PR
CAT, LILY	1331 SUPERIOR AVENUE	CALUMET CITY	IL	604095921	C12345	123456789	PR

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

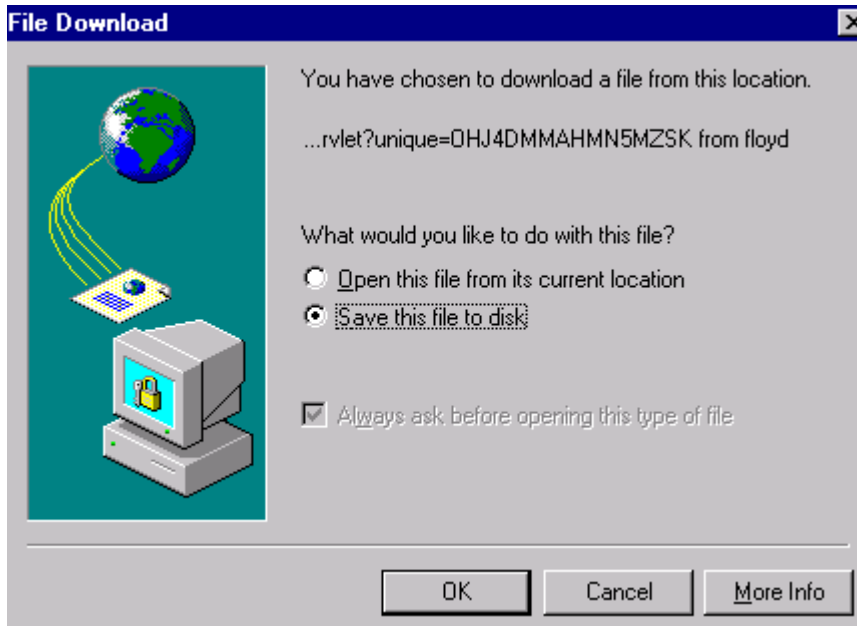
16. You can download (the full list) by clicking on the 'Download Data' button.

Download Data

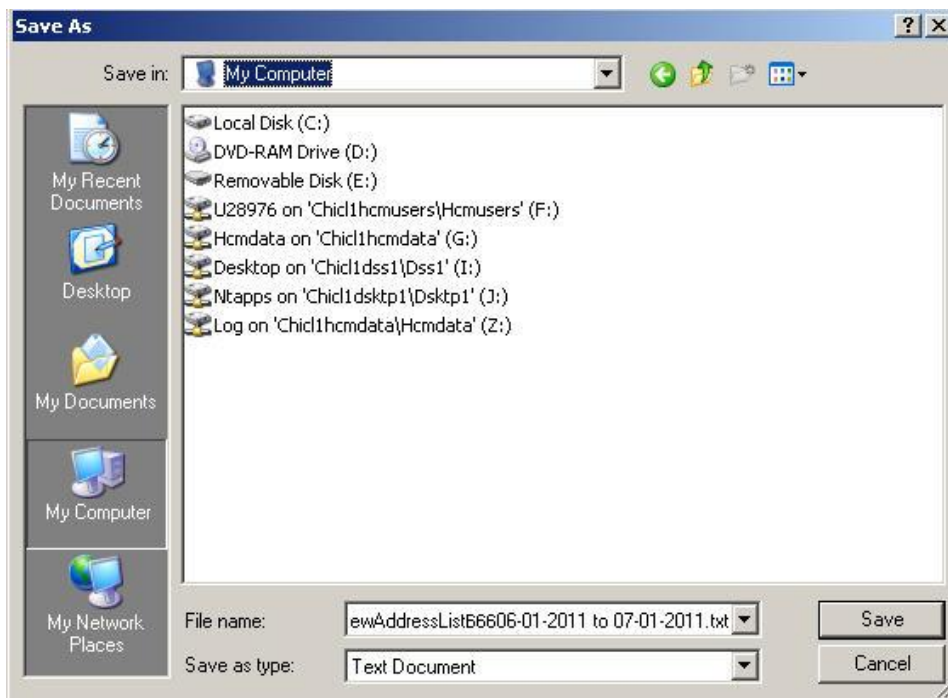
17. Depending on your browser, you will receive a message box.

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

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



18. 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.

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

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

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

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.

Close

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.

Clear

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.

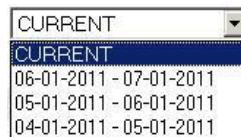
Instructions

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.



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 Reconciliation Report' 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 Reconciliation Report' 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 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 functionality, continue to step 22.

To Display the Full List

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

Display

- 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.

HMO/BlueAdvantage Capitation Reconciliation Report												
						Medical Group Number: 866		NPI: Not Available				
						Medical Group Name: ABC Medical Group						
						Eligibility Period: 06-01-2011 to 07-01-2011						
Row: 1 - 50 of 11635											Legends	
Member Name	Subscriber ID Number	Age	Gndr	Benefit Plan	PCP-MG Effective Date	WPHCP Effective Date	Change Reason	PCP-MG Capitation		WPHCP Capitation		Total Capitation
								Retro	Current	Retro	Current	
POTTER, MARY	123456789	60	F	CXM15	02-01-2011				\$124.81			\$124.81
STEIN, FRANK	987654321	60	M	K6E20	12-01-2007				\$124.81			\$124.81
DOE, JANE	654987123	18	F	CXM15	10-01-2008				\$124.81			\$124.81
DOE, JOHN	321654987	7	M	CXM15	10-01-2008				\$124.81			\$124.81

- 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.

- 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.

Display

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.

HMO/BlueAdvantage Capitation Reconciliation Report												
						Medical Group Number: 666		NPI: Not Available				
						Medical Group Name: ABC Medical Group						
						Eligibility Period: 06-01-2011 to 07-01-2011						
Row: 1 - 50 of 11635											Legends	
Member Name	Subscriber ID Number	Age	Gndr	Benefit Plan	PCP-MG Effective Date	WPHCP Effective Date	Change Reason	PCP-MG Capitation		WPHCP Capitation		Total Capitation
								Retro	Current	Retro	Current	
POTTER, MARY	123456789	60	F	CXM15	02-01-2011				\$124.81			\$124.81
STEIN, FRANK	987654321	60	M	K6E20	12-01-2007				\$124.81			\$124.81
DOE, JANE	654987123	18	F	CXM15	10-01-2008				\$124.81			\$124.81
DOE, JOHN	321654987	7	M	CXM15	10-01-2008				\$124.81			\$124.81

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

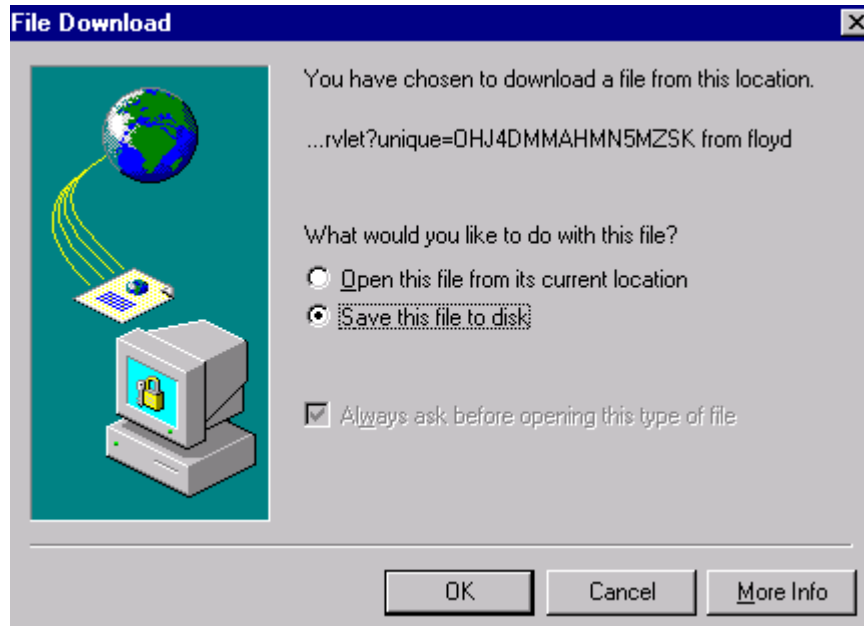
15. You can download (the full list) by clicking on the 'Download New Format Data' button.

Download Data

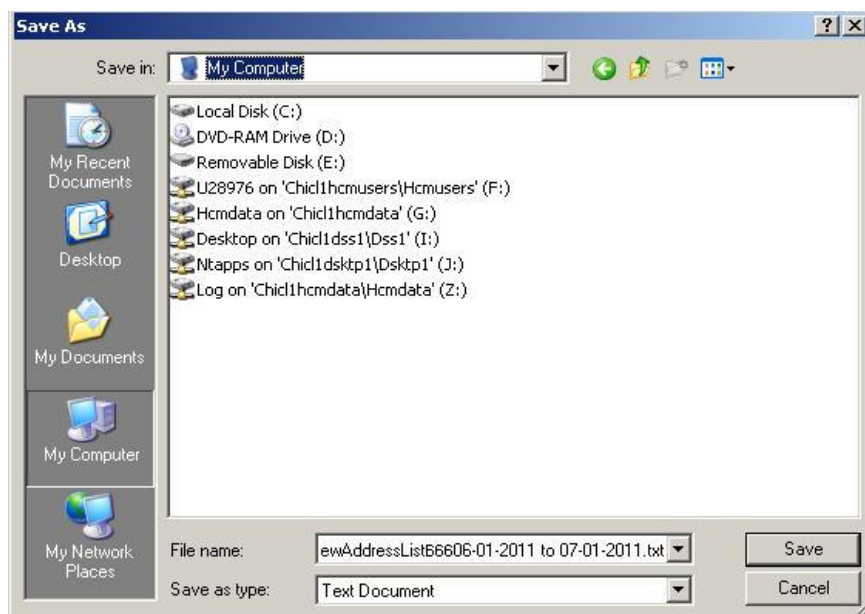
16. Depending on your browser, you will receive a message box.

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'.



17. 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.

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

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

Field Name	Data Type	Length	Description
PROV_ID	Number	3	Contracting Entity Number
PROV_SEQ_NBR	Number	3	Medical Group Number
GRP_NBR	Character	6	Group Number
SUB_LAST_NM	Character	20	Subscriber("Family")Last Name
SUB_ID_NBR	Character	12	Subscriber Number (SSN)
LAST_NM	Character	20	Member Last Name -Could differ from subscriber Last Name
FIRST_NM	Character	20	Member First Name
BEN_PLAN_ABBR_CD	Character	6	HMO/BA Benefit Plan

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.

Confidential and Proprietary

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.

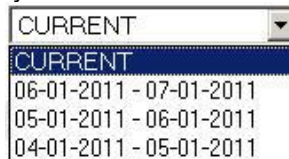
Instructions

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.



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.
 - b) Any Eligibility Report or Financial Report page – select the 'Capitation Summary Report' link from the 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 capitation summary.



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

Display

Name, and Eligibility Period will be displayed at the top of the page.

HMO/BlueAdvantage Capitation Summary			
		Medical Group Number: 666	NPI: Not Available
		Medical Group Name: ABC Medical Group	
		Eligibility Period: 06-01-2011 to 07-01-2011	
Program HMOI		PCP-MG	WPHCP
Current Capitation	Current Capitation	\$1,288,538.44	\$0.00
	Medicare Primary	\$60,408.04	\$0.00
	Total Current Capitation	\$1,348,946.48	\$0.00
Retroactive Capitation	Regular Retroactive	\$16,405.81	\$0.00
	Medicare Primary	(\$374.43)	\$0.00
	Total Retroactive Capitation	\$16,031.38	\$0.00
Total Capitation	Total Regular Capitation	\$1,304,944.25	\$0.00
	Medicare Primary	\$60,033.61	\$0.00
	Total Capitation	\$1,364,977.86	\$0.00

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.

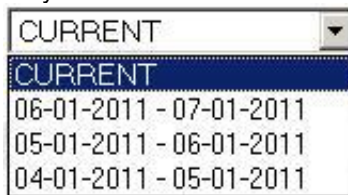
Instructions

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.



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.
 - b) Any Eligibility Report or Financial Report page – select the 'Activity 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 activity counts.



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

Display

Name and Eligibility Period will be displayed at the top of the page.

HMO/BlueAdvantage Activity Counts							
		Medical Group Number: 666		NPI: Not Available			
		Medical Group Name: ABC Medical Group					
		Eligibility Period: 06-01-2011 to 07-01-2011					
HMOI	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	Totals
TOTAL SUBSCRIBERS	0	4851	0	0	401	0	5252
TOTAL DEPENDENTS	0	5473	0	0	83	0	5556
TOTAL MEMBERS	0	10324	0	0	484	0	10808
NEW ADDITIONS	0	66	0	0	0	0	66
CANCELLATION	0	97	0	0	3	0	100
TRANSFER IN	0	68	0	0	1	0	69
TRANSFER OUT	0	50	0	0	1	0	51

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.

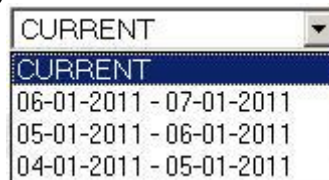
Instructions

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



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.



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.

Display

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.

HMO/BlueAdvantage Member Counts and Capitation by Benefit Plan						
		Medical Group Number: 866		NPI: Not Available		
		Medical Group Name: ABC Medical Group				
		Eligibility Period: 06-01-2011 to 07-01-2011				
Row: 1 - 50 of 1763						
HMO Benefit Plan	Age Range	Males	Current Capitation	Females	Current Capitation	Totals
BA720	2-4	0	\$0.00	1	\$124.81	
BA720	35-39	0	\$0.00	1	\$124.81	
BENEFIT PLAN TOTAL		0	\$0.00	2	\$249.62	\$249.62
BDH20	5-14	1	\$124.81	2	\$249.62	
BDH20	15-19	3	\$374.43	1	\$124.81	
BDH20	20-24	2	\$249.62	0	\$0.00	
BDH20	30-34	0	\$0.00	1	\$124.81	
BDH20	35-39	2	\$249.62	1	\$124.81	
BDH20	50-54	1	\$124.81	2	\$249.62	
BDH20	55-59	3	\$374.43	3	\$374.43	

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To Download Report

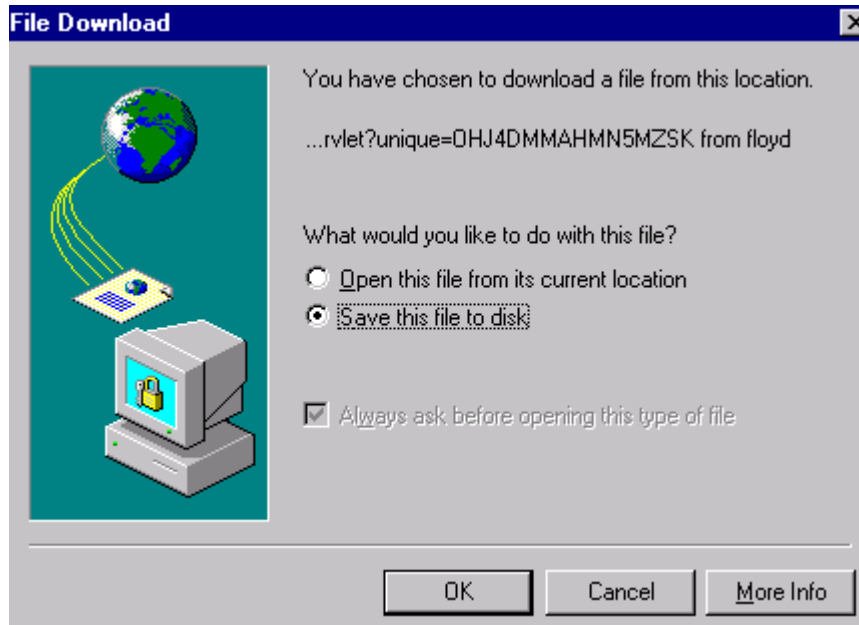
9. You can download (the full list) by clicking on the 'Download Data' button.

Download Data

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'.

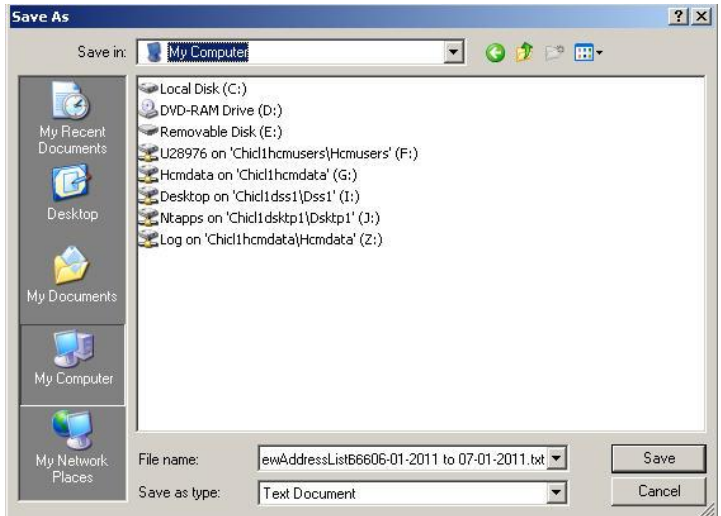


11. The Save As window will appear.



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.

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

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.



- 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.

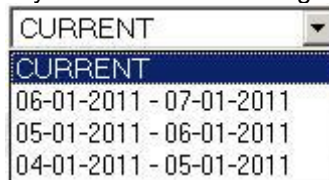
Instructions

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.



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.



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,

Display

IPA Name and Eligibility Period will be displayed at the top of the page.

HMO/BlueAdvantage Age And Gender Counts							
		Medical Group Number: 666		NPI: Not Available			
		Medical Group Name: ABC Medical Group		Eligibility Period: 06-01-2011 to 07-01-2011			
Non-Medicare Primary				Medicare Primary			
Age Range	Male	Female	Total	Age Range	Male	Female	Total
Under 1	21	26	47	Unknown	0	0	0
1-4	124	140	264	22-29	0	0	0
5-9	267	264	531	30-39	0	2	2
10-14	376	418	794	40-49	0	0	0
15-17	319	300	619	50-59	10	7	17
18-19	203	229	432	60-69	91	128	219
20-24	406	360	766	70-79	85	114	199
25-29	164	236	400	80-89	20	24	44
30-34	207	332	539	90-94	2	0	2
35-39	330	436	766	95-99	0	1	1
40-44	390	552	942	100+	0	0	0
45-49	409	613	1022				
50-54	449	675	1124				
55-59	438	592	1030				
60-63	279	402	681				
64-ME	178	189	367				
Totals	4560	5764	10324	Totals	208	276	484

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Importing Downloaded File – Microsoft Access

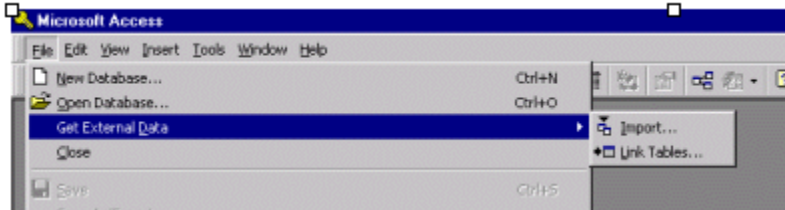
The following includes the steps to import a downloaded file into Microsoft Access.

Assumptions

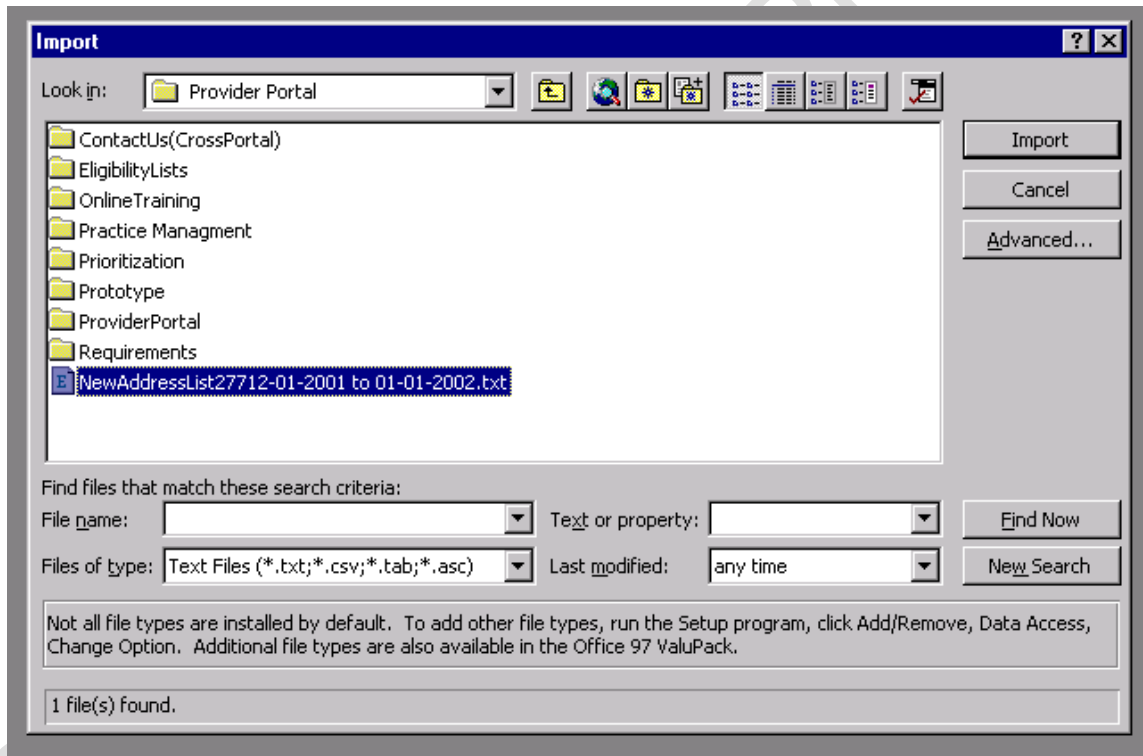
- User has a database open in Microsoft Access.

Instructions

1. Open the database, in which you wish to import the data.
2. From the top menu, select 'File – Get External Data – Import.'

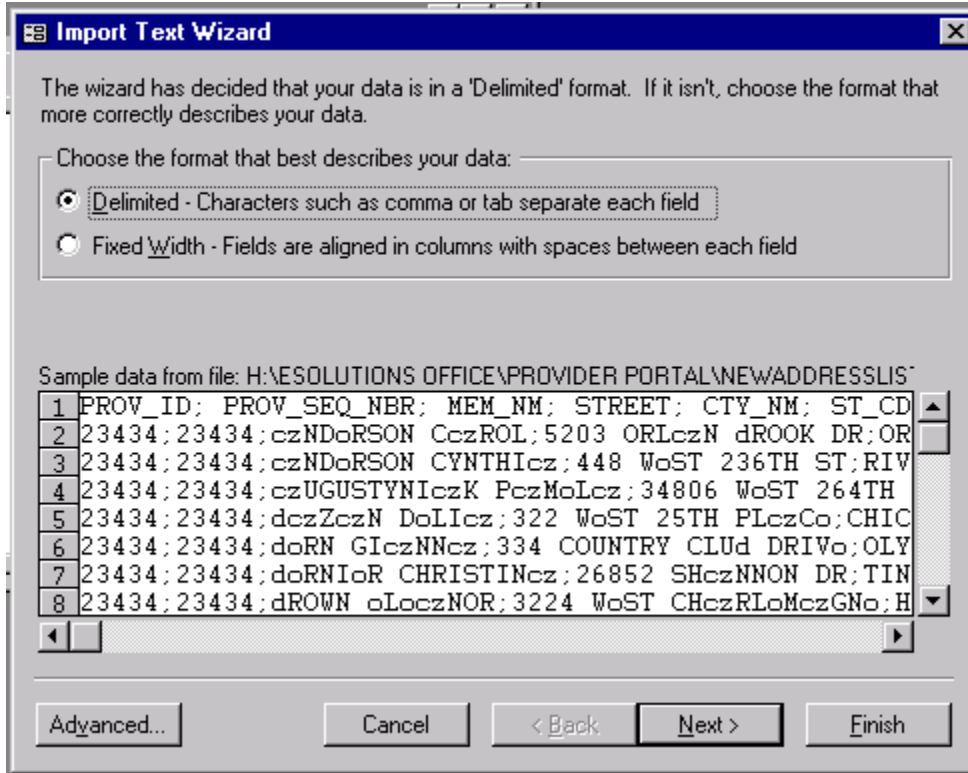


3. Find and select the downloaded file you wish to import (make sure you are looking in the right directory and that you have file type selected at text files).

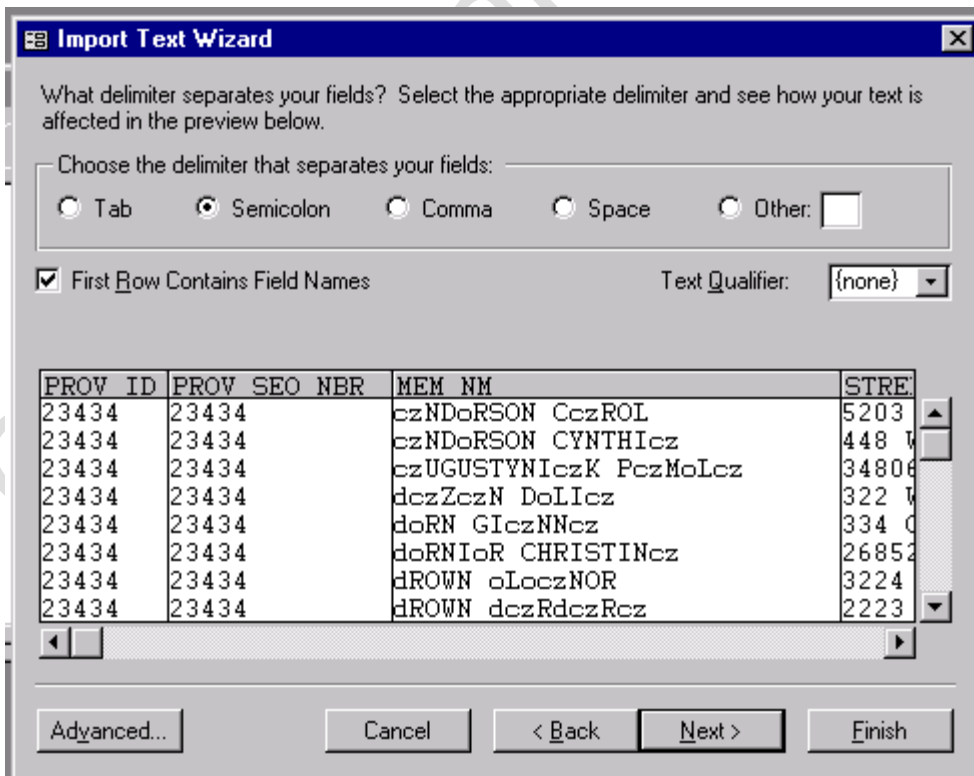


4. Click the 'Import' button.

- Select the 'Delimited' file type radio button.



- Click the 'Next' button.
- 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

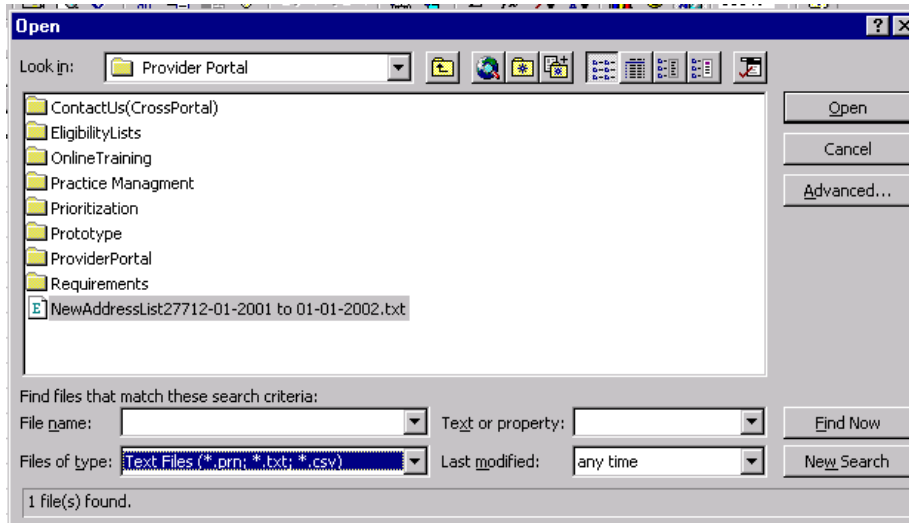
The following includes the steps to import a downloaded file into Microsoft Excel.

Assumptions

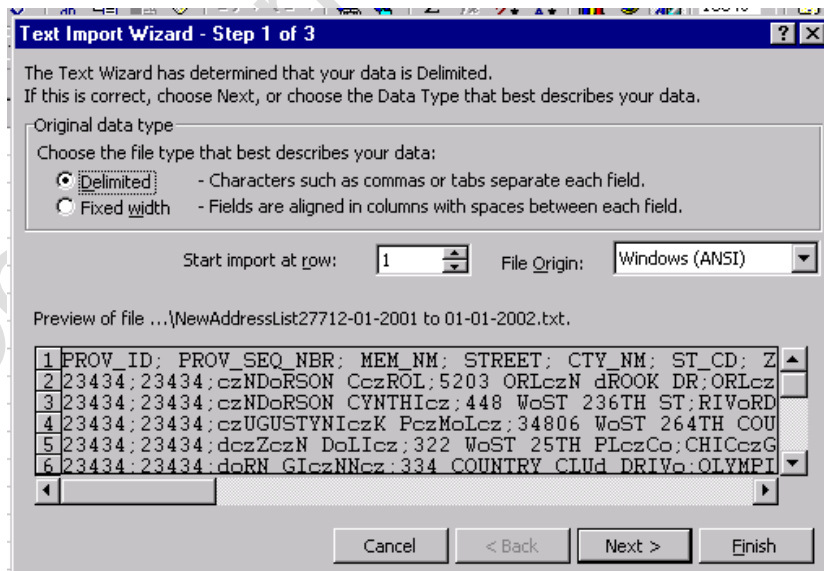
- User has a database open in Microsoft Excel.

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.

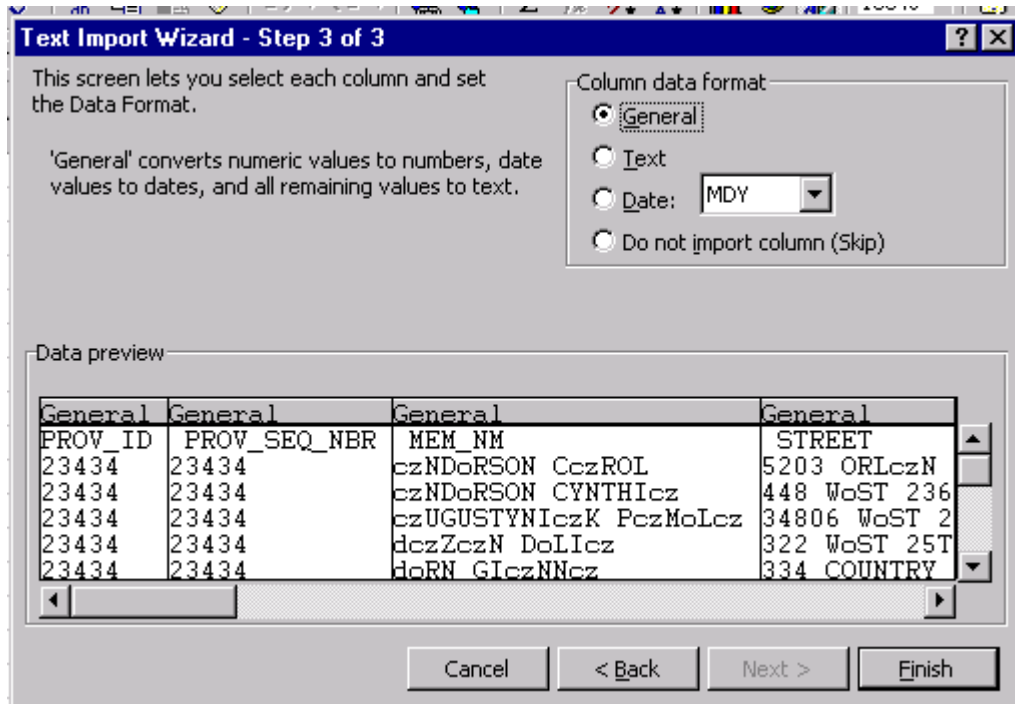


4. Click the 'Open' button. Select the 'Delimited' file type radio button.
5. Click the 'Next' button



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](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.