BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Medical Service Agreement – Highlight and Process Summary 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

2024 Medical Service Agreement (MSA) Highlights

This is a summary document intended to highlight some of the significant revisions to the MSA. Refer to the actual Medical Service Agreement for all details.

- Page 34 in the Representation of IPA and IPA Providers section of the contract has the following edit:
    - Section I, Paragraph p; the phrase "HMO reserves the right to exclude any IPA Provider that does not comply with the terms of the Provider Manual" has been added.
- Pages 47-48 in the IPA Responsibilities Section has several edits including, but limited to:
    - Section I.C, Paragraph 9 (Reporting) has the following changes:
        - Submission of accurate and timely reporting of Encounter Data is required. This includes but is not limited to qualifying for Reinsurance payments, as referenced in Exhibit 2.B, and Quality Improvement Fund payments, as referenced in Exhibit 2.D, of this Agreement.
        - All Encounter Data submitted by IPA musty include all applicable diagnosis codes.
        - Encounter Data frequency was updated from semi-annual to quarterly.
        - IPA shall also provide such a report upon HMO request.
- Page 50 was edited to include the following phrase in Paragraph g section 2: IPA shall reimburse, indemnify, and hold harmless HMO for all costs, expenses, (including attorney's fees), damages and other losses resulting from any breach of this Section including, without limitation fines, penalties, or settlement amounts. IPA's obligation under this Section will survive the expiration or termination of the Agreement.
- Page 54; Page 70 was updated to increase the dollar amount in Paragraph f from $16,000 to $17,000; All tiers were updated for 2024; changes can be reviewed in their entirety on page 70.
- Page 62-63 was edited to include additional language in the HIPAA Business Associate Provision; The entirety of Paragraph 4 and its subsections were added for 2024.
- Pages 68-69 revises some of the Base Capitation Fee Payment Risk Adjustment Factors
- Page 74 has several updates to the Table of Units and Unit Values including, but not limited to:
    - Expanded coverage for Gastroenterology and Arthroscopy procedures.
- Page 75 has updated language for the timing of distribution of the Utilization Management Fund amount. This section now includes the phrase: An interim payment shall be made to the IPA on or about 14 months from the start of the Calendar Year and shall consist of one-half of the Utilization Management Fund amount due the IPA for such period.
- Page 82, Exhibit 2, Section D, subsection 4, paragraph a has updated language to include the phrase: or if other data abnormalities are detected.
- Pages 83-84 reflect the changes to the Generic Drug Management Fund. The language was updated to remove "compliance" and replace with "utilization." Utilization rates were adjusted and the base capitation fee available was changed to eight percent for all products. Paragraph 1.b was updated to include the following phrases:
    - Products on the prescription drug list and defined by a nationally recognized drug database as compared to the total number of paid claims filled for the Members enrolled with the IPA under the Member's prescription drug benefit.
    - Generic Drug Utilization reports shall be a Physician-specific for all prescribers for IPA Members. Note: Benefit related considerations may apply to the generic utilization calculation. Certain exclusions may apply. The HMO retains the right to make changes to the calculation at any time.
- Pages 84-85 reflect the changes to the Medication Adherence Management Fund. The base capitation fee available was increased to five percent of base capitation.
- Pages 87-100 reflect the changes to the Population Health Management and Quality Improvement Projects, including:

    - Updates to the Performance and Payment Increments formulas for
        - CM/CCM
        - 7 Day Follow Ups (After ER Visit and After Hospitalization)
    - GSD replaces A1c assessment for CDM cases and an update total percentage of available capitation.
    - Combined Diabetes Management has updated the capitation payment and the total percentage of capitation available.
    - Colorectal Cancer Screening has revised the age thresholds.
    - The Combined Children and Adolescent Immunizations (CIM) has updated the cap payment and the total percentage of capitation available.
    - The Depression Screening project has updated the cap payment and the total percentage of capitation available.
    - The Continued Opioid Use project has increased the cap payment and the total percentage of capitation available.
    - Use of Imaging Studies for Lower Back Pain Project and the Antibiotic Stewardship Project has increased the cap payment and the total percentage of capitation available.
    - The SDoH project is updating the capitation payment formula.
    - The Race/Ethnicity & Language Data Collection project is new for 2024.
- Page 101 adds language to reflect regulations that the relevant Exchange can do.

2024 IPA Submission Grid

	Monthly	As Indicated	5th of Each Month	Upon HMO Request	150 Days after FY End	1/31/2024	2/15/2024	4/30/2024	5/31/2024	7/31/2024	8/31/2024	10/31/2024	11/30/2024	1/31/2025	2/28/2025
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						X		X		X		X		X	
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									
278-216 Authorization File (Due 5th of each month)			X												

*Retired Reports 2024: CEHRT spreadsheet, Member complaint forms

2024 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. If you do not have access to the portal, complete and submit the form located here: https://www.bcbsil.com/docs/provider/il/standards/manual/hmo-user-access-request-form.pdf

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 > 2024
- **Report Due Dates:** 4/30/2024; 7/31/2024; 10/31/2024 and 1/31/2025
- **Email completed report to:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** 4/30/2024
- **Email completed report to:** HMOSubmissions@bcbsil.com

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)
- **Email Audit To:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** 4/30/2024
- **Email completed report to:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** 15th of every month.
- **Email completed report to:** HMOSubmissions@bcbsil.com; ILProviderRosterRequests@bcbsil.com; and your assigned PNC.

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 > 2024
- **Report Due Date:** 4/30/2024; 7/31/2024; 10/31/2024 and 1/31/2025
- **Email completed report to:** HMOSubmissions@bcbsil.com

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 2021 dates of service must be paid by June 30, 2023 and uploaded in July 2023.
- 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> Encounter Submission Companion Guide Aug 2018
- **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 > 2024
- **Report Due Date:** 1/31/2024, 4/30/2024, 7/31/2024, 1/31/2025 and upon HMO request
- **Email Completed Report to:** Donald_Bigeck@BCBSIL.com , Barbara_Hearne@bcbstx.com , and Leanne_Scheffler@BCBSIL.com via **Secure Email**

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 > 2024
- **Report Due Date:** 5/31/2024; 8/31/2024; 11/30/2024 and 2/28/2025
- **Email completed report to:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** 1/31/2024
- **Email Completed Report to:** HMOSubmissions@bcbsil.com

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 12/31/2023 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)
- **Email Audit To:** HMOSubmissions@bcbsil.com

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:** 1/31/2024
- **Email Insurance Documents:** HMOSubmissions@bcbsil.com

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> 2024> 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 > 2024
- **Report Due Date:** 4/30/2024
- **Email Completed Report to:** HMOSubmissions@bcbsil.com

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:** N/A
- **Letter Template Due Date:** 1/31/2024
- **Email Member Letter to:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** 7/31/2024 and 1/31/2025
- **Email Completed Report to:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** 1/31/2024
- **Email Completed Report to:** HMOSubmissions@bcbsil.com

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 > 2024
- **Report Due Date:** see comments above
- **Email Completed Report to:** see comments above

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 2/15/2024)*
    - 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> 2024
- **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 > 2024
- **Welcome Letter Template Due:** 1/31/2024
- **Email IPA Template to:** HMOSubmissions@bcbsil.com