



**BlueCross BlueShield  
of Illinois**

## **Introduction and Guidelines for Benefits Interpretation**

This section includes a set of guidelines for HMO benefit interpretation (Scope of Benefits).

Each HMO member receives a HMO Certificate of Health Care Benefits upon enrollment with the HMO. Certificates vary with in accordance with benefits plans purchased by the member's employer or by the member directly.

To be eligible for the benefits of the policy, the services must be provided or ordered by the Primary Care Physician (PCP) or Woman's Principal Health Care Provider (WPHCP). There are a few exceptions to this rule, as documented in the appropriate Guidelines.

Many portions of the Certificate are standard for all HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> and Blue FocusCare<sup>SM</sup> enrollees, but benefits do vary from one benefit plan to another. Coverage Variations are noted as applicable on the following guidelines. Additional information can also be found in the Benefit Matrix. It has accurate details for each benefit plan including, but not limited to copayments, rehabilitation benefits, DME benefits and behavioral health benefits. The Benefit Matrix is located on the BCBSIL IPA Access Portal at [https://bcbsilezaccess.com/ipa\\_portal/default.aspx](https://bcbsilezaccess.com/ipa_portal/default.aspx) in the Provider Network Management – HMO Resources folder. 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](https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf)).

The IPA is responsible for providing or arranging for all covered Physician Services, IPA-approved Inpatient and Outpatient Hospital Services, Ancillary Services and non-hospital-based Emergency Services within the scope of benefits of the various Benefit plans.

All inpatient hospital admissions, (except those which occur out of area or begin as an emergency), Skilled Nursing Facility days and Home Health visits must be approved by the IPA to be covered by the HMO.

An HMO Contracted Provider should provide services. Under special circumstances, the IPA can prospectively request an exception to this. Requests related to a Durable Medical Equipment or Orthotic/Prosthetic provider would be requested from the HMO Customer Assistance Unit. There is a form located on the BCBSIL IPA Access Portal at [https://bcbsilezaccess.com/ipa\\_portal/default.aspx](https://bcbsilezaccess.com/ipa_portal/default.aspx). – in the Provider Network Management – HMO Report Templates folder. 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](https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf)).

For other types of services, contact your HMO Provider Network Consultant.

Only those services provided for under the Certificate are covered. When the IPA physician recommends non-covered services, the member's financial responsibility must be explained to him/her. The explanation should be documented.

This section is intended to provide a quick reference of covered and non-covered services. It includes frequently asked benefit issues and issues that have been misinterpreted in the past. However, it is not possible to include everything. Additional information regarding benefits and/or financial responsibility can be found in the Medical Service Agreement. The IPA may contact the Customer Assistance Unit Staff at 312-653-6600 for more help with benefits interpretation.