BlueCross BlueShield of Illinois

IPA Guidelines for Member Complaints, Inquiries, Appeals and Grievances **HMO Policy and Procedure**

BLUE CROSS AND BLUE SHIELD OF ILLINOIS POLICY

DEPARTMENT: Network Provider Performance	**POLICY NUMBER: Administrative 22**	**ORIGINAL EFFECTIVE DATE: 4/1/2019**
POLICY TITLE: IPA Guidelines for Member Complaints, Inquiries, Appeals and Grievances		**EFFECTIVE DATE:04/01/2023** **LAST REVISION DATE: 04/01/2023**
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	**BUSINESS OWNER: Executive Director, Network Performance**	**LAST REVIEW DATE: 04/01/2023**

I. SCOPE

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

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO Exchange	x
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPOCommercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	

II. PURPOSE

- To ensure appropriate and timely resolution and response of member complaints including investigation of non-Quality of Care member complaints.
- To ensure timely acknowledgement of complaint to member/inquirer
- To ensure Medical and Behavioral Health Quality of Care complaints are forwarded to the Quality Improvement department for investigation of potential or reported problems in a provision of clinical care or service. See policy, Quality Improvement 26- Quality of Care Complaints and Occurrences.
- To ensure compliance with legislative mandates

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) HMO Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the IPAs) are responsible for responding according to HMO guidelines to all member complaints, inquiries, appeals and grievances in an efficient and timely manner.

IV. DEFINITIONS

Appeals – A request to change an adverse decision made by the organization. A member or authorized representative of a member may appeal any adverse decision.

Complaint - A complaint is an expression of dissatisfaction, either oral or written. Complaints can be related to but are not limited to the following:

- Claim related issues
- Accessibility/availability of services
- Membership issues
- Group and member billing
- Benefit related issues
- IPA, Primary Care Physicians, other providers Quality of Care, and HMO employees (service related).

Grievance- A wrong that is considered as grounds for a complaint or dispute that is related to benefits, policies and/or guidelines.

Inquiry - An inquiry is a general request for information regarding claim, benefit or membership information. These inquiries either are received via phone call, or written inquiry from various sources. Inquiries can include questions regarding, but are not limited to, the following: benefits, policies and procedures, enrollment, or claims processing.

Quality of Care Complaint – The degree to which health services received and desired health outcomes were not obtained based on consistent current professional knowledge.

Guidelines:
All supporting Complaint process documents are located on the BCBSIL IPA Access portal at:

Population Health Management > Commercial and Exchange > Population Health Management CE > Utilization Management > HMO UM Plan Supporting Documents > ***yyyy***

The documents include:

- Definitions of Complaints, Inquiries, Appeals and Grievances
- Examples of types of Complaints, Inquiries, Appeals and Grievances
- Frequently Asked Questions for Complaints, Inquiries, Appeals and Grievances
- Flow Chart for Complaints, Inquiries, Appeals and Grievances
- IPA Complaint check list for required documents

V. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself .

VI. IMPACTED BUSINESS AREAS

HMO Customer Assistant Unit
HMO Clinical Programs Strategy and Oversight
HMO Network Operations/Provider Performance
HMO Service Centers

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	March 2, 2022
Danielle Washington	Manager Provider Performance	March 21, 2023

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Updated the year	March 2, 2022
Updated year to yyyy	March 1, 2023

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			3/24/2022
BCBSIL P&P			3/23/2023