



**IPA Process for Establishing
Out of Area for Emergency Services**

HMO Policy and Procedure

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 23	ORIGINAL EFFECTIVE DATE: 4/1/2019
POLICY TITLE: IPA Process for Establishing Out of Area for Emergency Services		EFFECTIVE DATE:04/01/2023
		LAST REVISION DATE: 04/01/2021
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

1. To ensure that claims related to emergency services are appropriately forwarded to BCBSIL when the services are more than a 30-mile radius of the IPA Physician or IPA Affiliated Hospital.
2. To provide a consistent method which the IPA can use to verify if the services are more than a 30-mile radius of the IPA Physician or IPA Affiliated Hospital.

III. POLICY

BlueCross BlueShield of Illinois (BCBSIL) requires the IPA to be financially responsible for professional claims related to emergency services provided to a member within a 30-mile radius of the IPA Physician or IPA Affiliated Hospital. Emergency services provided to a member more than a 30-mile radius of the IPA Physician or IPA Affiliated Hospital is the financial responsibility of BCBSIL. The IPA is responsible to verify if the services were provided more than a 30-mile radius of the IPA Physician or IPA Affiliated Hospital.

IV. DEFINITIONS

1. In-Area means those medical services and supplies provided within a 30-mile radius of the IPA Physician or IPA Affiliated Hospital in which the member is enrolled.
2. Out -of -Area means those medical services and supplies provided more than a 30-mile radius of the IPA Physician or IPA Affiliated Hospital in which the Member is enrolled.

V. CONTROLS/MONITORING

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

VI.IMPACTED BUSINESS AREAS

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 Professional Provider Performance	March 15, 2023

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date

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