



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

DEPARTMENT: Provider Performance Network	POLICY NUMBER Administrative - 32	ORIGINAL EFFECTIVE DATE: 7/11/1999
POLICY TITLE: Retroactive IPA Member Changes		EFFECTIVE DATE: 5/1/2022
		LAST REVISION DATE: 5/1/2019
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager Service Center	LAST REVIEW DATE: 5/1/2022

I. SCOPE

This Policy applies to the Blue Cross and Blue Shield of Illinois (BCBSIL) Health Management Organization (HMO) Customer Assistant Unit (CAU), Services Centers (SCs) /Health Care Management (HCM) for Commercial and Exchange health plan. It 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
PPO Commercial	
PPO Exchange	

II. PURPOSE

1. To ensure proper procedures are followed when members contact the HMO to request their IPA selection be made retroactive.
2. To ensure proper procedures are followed when notifying the IPA of the retroactive IPA change.
3. To provide guidelines and criteria for appropriate HMO staff to determine when a retroactive IPA change can be facilitated.
4. To provide guidelines and criteria for appropriate HMO staff to determine how to handle corrections for retroactive medical group changes.

III. POLICY

Blue Cross and Blue Shield of Illinois (BCBSIL) will provide established guidelines for appropriate HMO staff to facilitate all retroactive Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the "IPAs"), Primary Care Physician(s) (PCPs) change requests from existing HMO members.

IV. DEFINITIONS

An IPA change is considered retroactive if the HMO receives the request after the first day of the month, to be effective the first day of that month or any previous month.

V. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO Commercial and Exchange	Controls are described in Policy, Procedure Flow, Advanced Customer Engagement (ACE)

VI. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Bonnie Kovanda	Supervisor, Commercial Service Center	4/22/2021
Mindy Owens	Coordinator, Health Care Services Corporation	4/22/2021
Provider Network Consultant team and HMO Customer Assistant Unit	Provider Performance Network and Operations	4/22/2021

VII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Update the policy to the new template and split Policy from Procedure	4/22/2021

VIII. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			4/22/2021
BCBSIL P&P			4/28/2022