BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE

DEPARTMENT: Provider Performance Network	**PROCEDURE NUMBER:** Administrative -32A	**ORIGINAL EFFECTIVE DATE: 7/11/1999**
PROCEDURE TITLE: Retroactive IPA Member Changes		**EFFECTIVE DATE: 5/1/2022**
		LAST REVISION DATE: 5/1/2022
EXECUTIVE OWNER: Director	**BUSINESS OWNER:** Manager,	**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. GUIDELINES

Retroactive IPA change requests can only be made by an HMO member and/or an authorized personal representative of the HMO member. The request must be made in writing or via telephone. The IPA change requests received by other HMO Departments must be routed to the HMO Service Centers (SC) via the Information Documentation Tool or IMAGE for processing.

The HMO SC, HMO CAU and Health Care Management (HCM) are the only areas that can approve a retroactive IPA change and determine the validity of the request.

The only situations that would qualify for a retroactive IPA request would be the following:

1. Member is assigned to a 597, 598 or 599 IPA.
2. Member has moved outside of the current IPA service area.
3. Member was assigned to the current IPA due to an error by the HMO Membership Department, Marketing, the member or the employer group.
4. Member is a newborn.

Making a retroactive IPA change does not guarantee payment of any unpaid or non-group approved claims the member may have incurred without proper authorization or referral from their IPA, Primary Care Provider (PCP) or Woman's Principal Health Care Provider.

Retroactive IPA changes for newborns should be handled based on the Newborn Policy and Procedure (ADM 31- Newborn Claim Responsibility) determined by the child's date of birth.

III. POLICIES IMPLEMENTED BY PROCEDURE

Scenario I - 597, 598 or 599

A. If the member is assigned to a 597, 598 or 599 IPA, the HMO SC or HCM staff will be required to verify the following information.

1) Check the member's file for any correspondence and telephonic history related to IPA selection.

2) Check for any claims processed for the member during the time period of the retroactive IPA request. If there are claims on file, the claims should be processed and sent to the selected IPA.

3) If a member is in a 597, 598 or 599 unassigned medical group status and the retroactive medical group assignment is approved, the member is effective with the new medical on the original effective date when placed in the 597, 598 or 599 status.

B. Staff will be required to ask the member or the authorized representative, the following questions.

1) Is the member currently hospitalized?
   i. If no, continue to next question.
   ii. If yes, staff must notify the selected IPA of the admission to coordinate care to discharge and the IPA would be responsible for any claims incurred effective the date of notification. Continue to the next question.

2) Is the member in their 3rd trimester of pregnancy when the IPA request is effective?
   i. If no, the retroactive IPA change can be completed.
   ii. If yes, staff must notify the selected IPA to coordinate the member's care. The selected IPA will be responsible for processing claims according to HMO guidelines effective the date of retroactive medical group change.

Scenario II – Moved Outside of IPA

A. If the member moved outside of the current IPA service area, staff will be required to verify the following information.

1. Check for any notes on ~~Dashboard~~ ~~***Siebel***~~***Inquiry Documentation Tool*** related to an IPA selection or address change.

2. Verify the current IPA selection and the address on file for the member. Staff must determine if the member has moved beyond the service area of the current IPA. The service area is a 30-mile radius from the IPA or IPA Affiliated Hospital in which the Member is enrolled.
   a. Was it determined that the member moved outside of the IPA service area?
      i. If no, the retroactive change cannot be made. The member will be offered the option of making the change effective the first day of the next month.

ii. If yes, the member may be eligible for a medical group change based on responses to the questions below in Section B.

B. Staff will be required to ask the member or the authorized representative the following questions.

1. Has the member received services at any other IPA during the time period of the requested retroactive IPA change?
   i. If no, continue to the next question.
   ii. If yes, the retroactive medical group change cannot be made.

2. Has the member received services at the selected IPA?
   i. If no, continue to the next question.
   ii. If yes, if the newly selected IPA is coordinating the care, the retroactive IPA change can be made, and the IPA is responsible for all claims incurred.

3. Is the member currently hospitalized or was the member hospitalized during the time period requested for the retroactive IPA change?
   i. If no, continue to next question.
   ii. If yes, staff must determine who is coordinating the member's care.
   a). If the newly selected IPA is coordinating the care and there are no claims incurred from the prior IPA, the retroactive IPA change can be made and the IPA is responsible for all claims incurred.
   The new IPA is notified of the admission to coordinate care to The time of discharge and the new IPA is responsible for any claims incurred effective the date of notification. Continue to the next question.
   b) If there were claims incurred by the member's current IPA, the retroactive medical group change cannot be made.

4. Is the member in their 3rd trimester of pregnancy when the IPA request is effective?
   i. If no, the retroactive IPA change can be completed.
   ii. If yes, the retroactive medical group assignment can be made per policy, ADMIN 37 - Third Trimester Pregnancy IPA Transfer.

<u>Scenario III – Incorrect IPA Assignment</u>

A. If the member was assigned to the current IPA due to an error by the HMO Membership Department, Marketing, the member or the employer group, staff will be required to verify the following information.

1) Verify the current IPA selection.

2) Check for an application on file with an IPA selection to verify the error.

3) Check for any previous ~~Dashboard~~ ***~~Siebel~~Inquiry Documentation Tool*** notes related to an IPA selection to verify the error.

4) Check for any claims processed for the member during the time period of the retroactive IPA request. If there are claims on file, staff will determine if the member was self-referred or if the care was coordinated by an HMO IPA physician. Continue to the next series of questions.

B. Staff will be required to ask the member or the authorized representative, the following questions.

1) Has the member received services at the current IPA during the time period of the requested retroactive IPA change?
   I. If no, the retroactive IPA change can be completed.
   II. If yes, the retroactive IPA change cannot be completed.

2) Is the member currently hospitalized or was the member hospitalized during the time period requested for the retroactive IPA change?
   i. If no, continue to next question.
   ii. If yes, staff must determine who is coordinating the member's care.
      a) If the newly selected IPA is coordinating the care, the retroactive IPA change can be made, and the IPA is responsible for all claims incurred.
      b) If the member was self-referred or a non-HMO IPA physician is coordinating the care, the retroactive IPA change can be made but the claims will be subject to HMO review.

         1. The new IPA is notified of the admission to coordinate care - after discharge. Continue to the next question.

3) Is the member in their 3rd trimester of pregnancy when the IPA request is effective?
   i. If no, the retroactive IPA change can be completed.
   ii. If yes, HMO SC or HCM staff must determine who is coordinating the member's care.
      a) If the newly selected IPA is coordinating the member's care, the retroactive IPA change can be made, and the IPA is responsible for all claims incurred.
      b) If the newly selected IPA is not coordinating the member's care, staff should contact the HMO Provider Network Consultant by using the appropriate internal procedure. Continue to the next question.

4) Has the member received services at the selected IPA?
   i. If no, continue to the next question.
   ii. If yes, if the newly selected IPA is coordinating the care, the retroactive IPA change can be made, and the IPA would be responsible for all claims incurred. Continue to the next question.

5) Has the member received services at any other IPA during the time period of the requested retroactive IPA change?
   i. If no, the retroactive IPA change can be completed.
   ii. If yes, the retroactive IPA can be completed. The prior claims incurred with any other IPA would then be subject to HMO review.

<u>Finalization</u>

- If a retroactive request is not approved, the HMO SC, HMO CAU or HCM will advise member of the appeal process for any claims incurred. The member will be offered the option of making the IPA change effective the 1st day of the next month.

- The IPA will be notified of the approved retroactive IPA change via the online and/or paper eligibility report with the effective date of the change. IPA will receive capitation for the retroactive months involved, and services provided or referred by the IPA will be the IPA responsibility to pay.

- The HMO SC, HMO CAU and HCM staff must document all pertinent information into Information Documentation Tool. See Departmental Guidelines.

IV. CONTROLS/MONITORING

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

V. AUTHORITY AND RESPONSIBILITY

HMO Service Centers (SCs) Commercial and Retail

VI. IMPACTED BUSINESS AREAS

HMO Service Centers

VII. IMPACTED EXTERNAL ENTITIES

HMO Members

VIII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Bonnie Kovanda	Supervisor, Commercial Service Center	4/15/2022
Mindy Owens	Coordinator, Health Care Services Corporation	4/15/2022

IX. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Replaced Dashboard Siebel with Documentation Inquiry Tool	4/15/2022

X. PROCEDURE APPROVALS

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