BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE

DEPARTMENT: Provider Performance Network	**PROCEDURE NUMBER:** Administrative 39A	**ORIGINAL EFFECTIVE DATE (IF KNOWN):** 7/01/1999
PROCEDURE TITLE: HMO Administered Complaints		**EFFECTIVE DATE: 6/1/2022** **LAST REVISION DATE: 6/1/2022**
EXECUTIVE OWNER: Executive Director	**BUSINESS OWNER:** Unit Manager, Professional Provider Network	**LAST REVIEW DATE: 6/1/2022**

I. SCOPE

This Policy applies to the Service Center (SC) divisions for Blue Cross and Blue Shield of Illinois (BCBSIL) Health Management Organization (HMO) Commercial and Exchange health plans and 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. POLICIES IMPLEMENTED BY PROCEDURE

1. The HMO inquirer's (i.e., Health Service Assistant (HSA), Provider Network Consultant (PNC) or ***Clinical Delegation Coordinator (CDC)*** complaint will be emailed to the IPA Administrator with a request for specific information needed related to the complaint. The response date will be clearly identified.
2. If a response is not received by the deadline indicated in the email, the HMO will follow-up with the IPA via a phone call. An extension will be granted for extenuating circumstances as determined by BCBSIL HMO to those IPAs who have requested additional time to do further investigation.

   Extenuating Circumstances include but not limited to:

   - Response is needed from physician and he/she is on vacation/ill.
   - Medical records are needed, and/or
   - Further investigation is needed to determine approval status.

3. If the IPA does not respond to the HMO within (three) 3 business days after calling the IPA Administrator, an HMO Administered Complaint is issued.

The HMO Administered Complaint is addressed to the IPA Administrator Copies are also distributed to the appropriate BCBSIL HMO staff.

- If there is no resolution within the (two) 2 business days, and the inquiry is a claim issue, the claim is paid and deducted from capitation. The complaint is categorized under “Failure to Pay”.
- HMO documents the final resolution and member notification is sent.

4. If the unresolved inquiry is an HMO Administered Complaint with the IPA other than a claim issue (i.e., problem with office staff, quality of care etc.), HMO continues to work with the IPA for final resolution.
   - Inquiry is given to the PNC or Internal PNC and/or appropriate department for final resolution with the IPA.

Upon receipt of the inquiry, the PNC or Internal Provider Network Consultant will provide a written response to the HSA within *the two* business days and the Inquiry Documentation Tool file is updated with the final resolution and member notification is sent.

5 A Quality of Care Complaint is investigated in accordance with the Quality of Care Policy and Procedure. An HMO Administered Complaint is issued for any Quality of Care inquiry determined to be either severity level 2 or severity level 3 A to C.

Reporting:

HMO Administered Complaint will be entered into the database. (**Attachment I**)

Biannual HMO Complaint Report is generated for the calculation of the Quality Improvement Fund. The HMO Complaints are compared to the average membership, and the number of HMO Complaints per 1,000 members per every six months is reported. The data is used to determine the Quality Improvement Fund.

III. CONTROLS/MONITORING

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

IV. AUTHORITY AND RESPONSIBILITY

Clinical Delegation Coordinator
Customer Assistance Unit
HMO Provider Network Consultant

V. IMPACTED BUSINESS AREAS

Clinical Delegation Coordinator
Customer Assistance Unit
HMO Provider Network Consultant

VI. IMPACTED EXTERNAL ENTITIES

HMO IPAs

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Danielle Washington	Provider Network Consultant	5/3/2022

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Replaced Nurse Liaison with Clinical Delegation Coordinator	5/3/2022

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			5/26/2022

X. PROCEDURE ATTACHMENTS / ADDITIONAL INFORMATION

ATTACHMENT I

_____ (Date)
_____ (IPA)
_____ (IPA Administrator)
_____ (City/State/Zip)

RE: (Member)
(ID#)

Service Request #:

Dear (IPA Administrator):

The following inquiry has been determined to be an HMO Administered Complaint in accordance to the terms of the Medical Service Agreement.

Category of Complaint

Administrative: _____

_____

Access to Care: _____

_____

Quality of Care: _____

_____

Failure to Pay: _____

_____

Please report this action to your Peer Review Committee so they are aware of the problem.

Sincerely,

_____

Health Services Assistant

cc:
HMO Provider Relations Manager
HMO Provider Network Consultant