



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

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 42	ORIGINAL EFFECTIVE DATE: 09/01/1999
POLICY TITLE: Past Due Claim (PDC) Process		EFFECTIVE DATE: 11/01/2022
		LAST REVISION DATE: 11/01/2021
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 11/01/2022

I. SCOPE

This Policy applies to Blue Cross and Blue Shield of Illinois (BCBSIL) Health Management Organization (HMO), and for 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

- To enhance timeliness and efficiency when processing claims that are the IPA’s financial risk.
- To improve member satisfaction by promptly processing claims and eliminating service-related issues.
- To improve communication between the HMOs and the IPAs.

III. POLICY

The HMOs of Blue Cross and Blue Shield of Illinois (BCBSIL) will pay eligible charges on claims that are the Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”), risk to pay if the claim has not been appropriately processed by the IPA.

IV. CONTROLS/MONITORING

The following criteria must be met to process a claim as a Past Due Claim (PDC):

1. Membership Status:
 - The member must have been assigned to a valid IPA at the time services were rendered.
2. Bill or Statement Received by Member:

- The claim is processed on HMO claim system via the 039 process and forwarded to the correct IPA more than 30 calendar days previous to member's bill/statement, or
 - The bill/statement date is more than 45 calendar days old from date of service, or
 - The claim is currently in collection status.
3. Statement Status:
- The date of service should be more than 45 calendar days and,
 - The claim in question should have a statement date that is less than 30 calendar days old,
 - Balance forward statements must be thoroughly reviewed and not solely used for PDC process. Balance forward statements may reflect copay amounts which are not eligible under the PDC process.

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the BCBSIL Procedure Flow .

V. RELATED DOCUMENTS

Administrative 42A - Past Due Claim (PDC) Process

VI.IMPACTED BUSINESS AREAS

Impacted areas include:

- HMO Commercial and HMO Exchange Service Centers
- HMO Network
- HMO Customer Assistance Unit
- Provider Network Financial Management

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
HMO Commercial and Exchange Service Centers	Bonnie Kovanda, Supervisor Customer Service	10/6/2021
HMO Commercial and Exchange Service Centers	Bonnie Kovanda, Supervisor Customer Service	09/7/2022

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Transferred P&P to new P&P template	09/29/2021

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P Committee			10/28/2021
BCBSIL P&P Committee			10/27/2022