

### A Woman's Principal Healthcare Provider

## **HMO Policy and Procedure**

# BLUE CROSS AND BLUE SHIELD OF ILLINOIS PROCEDURE

<b>DEPARTMENT:</b> Network	ARTMENT: Network POLICY NUMBER:		
Provider Performance	Administrative 44A	11/01/1999	
POLICY TITLE: A Woman's Principal Healthcare Provider		EFFECTIVE DATE:11/01/2022	
	LAST REVISION		
	DATE:11/01/2019		
<b>EXECUTIVE OWNER:</b> DSVP,	BUSINESS OWNER: Manager,	LAST REVIEW DATE:11/01/2022	
IL Health Care Delivery	Provider Performance		

### 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)	
HMO Commercial	х
HMO Exchange	х
PPO Commercial	
PPO Exchange	

### II. PROCEDURE

- 1. A female member may access a WPHCP for routine care without a referral from the PCP. However, the PCP and the WPHCP must both be within the member's selected IPA.
- 2. A female member may choose a WPHCP within the IPA they have selected for primary care services.
- 3. The IPA is required to inform the member of their right to choose a WPHCP and how to change a WPHCP via the new member Welcome letter.

### III. CONTROLS/MONITORING

The assigned Provider Network Consultant (PNC) for the IPA ensures the IPA understands WPHCP role as a PCP, resolves HMO member inquiries related to WPHCP and works with internal departments as needed.

Line of Business and/or	Control Requirements
Area	
HMO	HMO Medical Service Agreement defines the role of WPHCP and
	referenced in Procedure.

# IV. AUTHORITY AND RESPONSIBILITY

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

The HMO member's assigned IPA is responsible for ensuring a female member has access to WPHCP for routine care without a referral from the PCP.

## V. RELATED DOCUMENTS

Administrative 44 - A Woman's Principal Healthcare Provider

## **VI. IMPACTED BUSINESS AREAS**

- HMO Network
- HMO Utilization Management
- HMO Customer Assistant Unit
- BCBSIL Customer Service Centers

## VII. IMPACTED EXTERNAL ENTITIES

HMO Medical Groups

# VIII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	10-6-2021
Danielle Washington	HMO Provider Network Consultant	10-5-2021

## IX. PROCEDURE REVISION HISTORY

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

## X. PROCEDURE 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