



**BLUE CROSS BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Network Provider Performance	PROCEDURE NUMBER Administrative – 83A	ORIGINAL EFFECTIVE DATE: 04-01-2017
PROCEDURE TITLE: IPA Availability and Accessibility Requirements for Immediate Care Services		EFFECTIVE DATE: 02/01/2023
		LAST REVISION DATE: 02-01-2022
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Executive Director, Network Performance	LAST REVIEW DATE: 02-01-2023

I. SCOPE

This Procedure 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

II. PROCEDURE

If a Medical Group/Independent Practice or Physician Hospital Organization (hereinafter the “IPAs”) /Primary Care Physician (PCP) office is using an alternative arrangement to meet the Immediate Care standards, the IPA/PCP is responsible for the following:

- a. The welcome letter must include detailed information on how the member can access Immediate Care. It must be referenced that this care can be obtained without a referral being required.
- b. The IPA must notify all members in writing (letter or postcard) annually of the alternative access arrangements.
- c. The IPA must educate PCPs and office staff annually regarding the access arrangements.
- d. Signs must be posted in all PCP offices with the alternative access arrangements.
- e. A policy and procedure must state how the answering service notifies members of alternative arrangements (i.e., free standing facility etc.), how PCP offices will notify the members of availability and that no referral is required.
- f. Answering Services must be aware of the alternative access arrangements and must offer the information to the member at the time of the call.

- g. The alternative arrangements must be included on the IPA's website (if applicable).
2. All IPAs (regardless of if using an alternative arrangement to meet the immediate care standards) must conduct a monthly review of Utilization and/or Claim data identifying members who have frequent emergency room services (regardless of if admitted).
- Note:** Frequent emergency room services is defined as equal to or greater than three emergency room services within the last six months.
- The IPA and/or PCP should reach out to these identified members to notify them how to access Immediate Care Services, when appropriate.
 - The emergency room analysis and outreach activities must be discussed at the IPA UM committee and documented in the UM committee meeting quarterly.
3. The HMO will conduct an annual audit to ensure the IPA is meeting the Availability and Accessibility standards and has submitted all required documentation. A failure of the audit may lead to, but not be limited to:
- The IPA will not earn the Immediate Care related BlueStar.
 - The IPA's submission of a corrective action requirement.

III. CONTROLS/MONITORING

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

IV. AUTHORITY AND RESPONSIBILITY

HMO Provider Network Consultants are responsible for monitoring and ensuring their assigned IPAs are adhering to immediate care criteria.

V. IMPACTED BUSINESS AREAS

HMO Network Performance
Network Clinical Programs and Oversight

VI. IMPACTED EXTERNAL ENTITIES

HMO IPAs

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	Provider Network Consultant	January 5, 2022
Danielle Washington	Provider Network Consultant	December 13, 2022

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Change Corrective Action Plan to Corrective Action Requirement	January 27, 2022

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			01/27/2022
BCBSIL P&P			01/26/2023