

# HMOs of BCBSIL Reference Guide

Developed by the Provider Affairs Operations/Education/Communications Department

Product Description	Network & Service Area	Membership Procedures	Referrals	Emergency Medical Services	Billing & Reimbursement
<p>There are two HMO products:</p> <ul style="list-style-type: none"> <li>▪ <b>HMO Illinois</b>—is one of the most experienced HMOs in the State of Illinois, contracting with employer groups having over 100 employees.</li> <li>▪ <b>BlueAdvantage HMO</b>—was originally developed for smaller employer groups. Members have similar benefits as those in HMO Illinois, but select from a smaller network of Medical Groups/IPAs.</li> </ul> <p>Both received accreditation from the National Committee for Quality Assurance (NCQA).</p> <p>BCBSIL HMOs contract with Medical Groups, IPAs and PHOs to provide extensive benefits for medical care and services including:</p> <ul style="list-style-type: none"> <li>▪ Primary care</li> <li>▪ Preventive care</li> <li>▪ Specialist care</li> <li>▪ Emergency care</li> <li>▪ Diagnostic testing</li> <li>▪ Mental health</li> <li>▪ Chemical dependency*</li> <li>▪ Prescription drugs*</li> <li>▪ Vision *</li> </ul> <p>Note: Members receive the full benefits of their HMO coverage by selecting and coordinating all medical care through their Primary Care Physician (PCP) from an HMO contracted Medical Group or IPA.</p> <p>*These are benefits not coordinated by the Medical Group, IPA and PHO.</p>	<p><b>HMO Illinois:</b> Chicago Metropolitan (including northwest Indiana and 5 collar counties) Rockford, Kenosha Wisconsin Kankakee, Peoria Southwestern and Central Illinois (Springfield)</p> <p>HMO Illinois contracts with Medical Groups/IPAs, representing approximately 200 sites. These groups include over 9,000 Primary Care Physicians and Specialists. HMO Illinois also has agreements with a wide range of Hospitals, Skilled Nursing Facilities/Home Health Care Centers/Out-patient Surgi-Centers/DME vendors and pharmacies.</p> <p><b>BlueAdvantage HMO:</b> Chicago Metropolitan (including northwest Indiana), Peoria and Springfield.</p> <p>BlueAdvantage HMO contracts with Medical Groups/IPAs, representing approximately 120 sites that include over 5,000 Primary Care Physicians and Specialists. The BlueAdvantage HMO network includes the same ancillary vendors as HMO Illinois.</p>	<p>All subscribers and their dependents must select a Medical Group (MG), IPA or PHO, and then select a PCP from within the chosen MG/IPA.</p> <p>Female members can also select an OB/GYN physician or family practitioner, apart from their chosen PCP selection. This program is designated as a Woman's Principal Health Care Provider (WPHCP), and must be in the same MG/IPA as their PCP.</p> <p><b>How Members Access Care:</b></p> <ul style="list-style-type: none"> <li>▪ Members choose a PCP/WPHCP in their MG/IPA that provides and coordinates their care.</li> <li>▪ If the member's medical condition requires a specialist, the PCP/WPHCP will write a referral. (Note: referrals may first need to be approved by the member's MG/IPA.)</li> <li>▪ The specialist provides services ordered on the member's referral.</li> <li>▪ If additional services are needed, the member will need to obtain an additional referral from their PCP/WPHCP. Note: the PCP can authorize a 'Standing Referral' for a member who requires an ongoing course of treatment. (Access to Specialists provision)</li> </ul> <p><b>Guest Membership:</b> Is a courtesy enrollment in another participating BCBS HMO. The guest member enjoys the full range of benefits offered by the Host HMO. An HMO member can obtain a guest membership if they plan to stay in the Host location for 90 or more consecutive days (Limit: a maximum of 180 days). This is available to dependents for up to 1 year and is renewable on their anniversary date. The 3 types of memberships are:</p> <p><b>Families Apart</b> – available to spouses and dependents living away from the Home HMO's service area, and residing in a participating HMO's service area.</p> <p><b>Long Term Traveler</b> – available to members with dual residences or long term work assignments, however the subscriber is limited to 6 months out of area.</p> <p><b>Students</b> – available to dependents who go away to school out-of-state.</p>	<p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li>▪ Referrals must be in writing, with the reason for the referral, the number of visits and the extent of treatment covered by the referral stated.</li> <li>▪ The referral must state that it does not authorize benefits for Non-Covered Services.</li> <li>▪ A copy of the referral must be provided to the member.</li> <li>▪ Any denial of a referral must be communicated to the member in writing and must include a clearly documented reason for the denial, recommended treatment alternatives, and the mechanism for appeal.</li> </ul> <p>Note: These are just some of the referral requirements. Refer to the BCBSIL Provider Manual for more requirements.</p>	<ul style="list-style-type: none"> <li>▪ BCBSIL HMO recommends that members contact their Medical Group/IPA or PCP/WPHCP for treatment advice in any medical emergency. All HMO Medical Groups/IPAs have 24-hour service for responding to urgent care situations and emergencies.</li> <li>▪ If the member cannot contact their Medical Group/IPA or PCP/WPHCP, they should go directly to the nearest hospital emergency room, and notify their PCP of any treatment received.</li> <li>▪ Benefits will be provided for the hospital and physician services.</li> <li>▪ The Medical Group/IPA will be responsible for all professional fees within 30 miles of their service area, and the HMO is responsible for the hospital facility fees.</li> <li>▪ The member's PCP/WPHCP must provide or coordinate any follow-up care, and coordinate any inpatient hospital care, if the emergency room visit results in an admission.</li> </ul>	<p>BCBSIL HMOs share financial responsibility with MG/IPAs. MG/IPAs are paid a monthly capitation fee for all HMO members enrolled with their group. (Refer to the reverse side of this reference guide for the HMO &amp; MG/IPA Reimbursement Chart.)</p> <p><b>Claims Payment</b> All Medical Group/IPA responsibility services can be submitted directly to the appropriate group for payment. All HMO responsibility claims should be submitted electronically to BCBSIL.</p> <p>The member's Medical Group/IPA will adjudicate claims received and offer the following dispositions:</p> <p><b>Group Approved (GA):</b> Medical Group/IPA pre-authorized the services.</p> <p><b>Non-Group Approved (NGA):</b> PCP/WPHCP Medical Group/IPA did not authorize the services.</p> <p>Members who go outside the network assume the cost of care.</p>

## Reimbursement



Contracted medical groups and IPAs are paid a monthly capitation fee for all HMO members enrolled with their group. The following chart outlines the reimbursement responsibility for the IPA and HMO.

### HMO & Medical Group/IPA Reimbursement (Note: This list in not all inclusive.)

HMO Responsibility	Medical Group/IPA Responsibility*
<ul style="list-style-type: none"> <li>▪ Facility charges for:                             <ul style="list-style-type: none"> <li>-Inpatient stays</li> <li>-Outpatient surgery</li> <li>-Out of area (NGA services)</li> <li>-Emergency Room visit</li> </ul> </li> <li>▪ Observation Units</li> <li>▪ Professional Emergency Admission - Charges prior to IPA notification</li> <li>▪ Professional charges for out of area emergency room visits</li> <li>▪ Hospice</li> <li>▪ Skilled Nursing Facility</li> <li>▪ All charges for:                             <ul style="list-style-type: none"> <li>-Extraction of fully bony impacted teeth</li> <li>-Voluntary Sterilization</li> <li>-Organ Transplants (approved by HMO)</li> </ul> </li> <li>▪ Prescription Drugs</li> <li>▪ Vision Exam/Eyewear</li> <li>▪ Chemical Dependency (If referred to HMO Network Provider)</li> <li>▪ Durable Medical Equipment (If referred to HMO Network Provider)</li> <li>▪ Skilled Home Health (If referred to HMO Network Provider)</li> <li>▪ Orthotics/Prosthetics (O&amp;P) (If referred to HMO Network Provider. Note: Some O&amp;P items are always MG risk. Contact MG for more details.)</li> <li>▪ Medical Supplies (not from an MD office)</li> <li>▪ Ground Ambulance</li> <li>▪ ART/Infertility (If referred to HMO Network Provider)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Professional Fees for:                             <ul style="list-style-type: none"> <li>-Inpatient</li> <li>-Outpatient</li> <li>-In area Emergency Room visit</li> </ul> </li> <li>▪ Outpatient Diagnostics</li> <li>▪ Outpatient Rehabilitation</li> <li>▪ Medical Supplies from MD office</li> <li>▪ Injections</li> <li>▪ Immunizations</li> <li>▪ Well Child Care</li> <li>▪ Outpatient Mental Health</li> <li>▪ Periodic Health Exams</li> <li>▪ Dental - see Section II, C.2 of MSA</li> <li>▪ Orthotics/Prosthetics (O&amp;P) (If referred to Provider other than HMO Network Provider. Note: Some O&amp;P items are always MG risk. Contact MG for more details.)</li> <li>▪ Outpatient Radiation and Chemotherapy</li> <li>▪ Outpatient Inhalation (Respiratory) Therapy</li> <li>▪ Outpatient Hearing Screening</li> <li>▪ Outpatient Ancillary Services</li> <li>▪ Outpatient treatment (dialysis, etc.)</li> <li>▪ ART/Infertility (If referred to Provider other than HMO Network Provider)</li> <li>▪ Durable Medical Equipment (if referred to Provider other than HMO Network Provider)</li> <li>▪ Skilled Home Health (if referred to Provider other than HMO Network Provider or for an Ambulatory member)</li> <li>▪ Chemical Dependency Professional Charges (if referred to Provider other than HMO Network Provider)</li> </ul>

## HMO Identification Cards

HMO members are identified by the letter **H** in the third position of the alpha prefix (**XOH**).

 <p><b>BlueCross BlueShield of Illinois</b></p> <p><small>An Independent Licensee of the Blue Cross and Blue Shield Association</small></p>	<p><b>HMO Illinois</b> <i>A Blue Cross HMO</i></p>
Subscriber <b>SMITH, Mary</b>	www.bcbsil.com
Participant's Name <b>Mary Smith</b>	Group No. <b>H12345</b>
Identification No. <b>XOH851234435</b>	Copays: Office Visit \$10 Emergency \$50
Medical Group Number & Name 125 ABC MEDICAL CENTER (708) 444-4444 01-01-07	Benefit Plan: <b>B3E10</b> Plan Codes: 621/121
WPHCP 125 ABC MEDICAL CENTER (708) 444-4444 01-01-07	PRIME BIN: 011552 PCN: ILDR 

<p><b>IN CASE OF EMERGENCY – CALL YOUR MEDICAL GROUP/PRIMARY CARE PHYSICIAN PHYSICIAN</b></p>
<p><b>TO HOSPITALS OR PHYSICIANS:</b> The enrollee named on the face of the card, while currently enrolled, is entitled to benefits. All medical and hospital services, except emergencies, must be pre-authorized by the Medical Group/Individual Practice Association (IPA) named on the face of this card.</p>
<p><b>TO HOSPITALS OR PHYSICIANS:</b> Please file claims with your local BlueCross BlueShield Plan.</p>
<p><b>TO MEMBER:</b> If a provider does not submit your claim on your behalf, please file the claim to the address listed below. To locate a provider when you are out of your service area or when traveling call the BlueCard Access number listed below.</p>
<p>Customer Service #: 1-800-892-2803</p>
<p>Blue Cross and Blue Shield of Illinois P.O. Box 805107 Chicago, Illinois 60680-4112</p>
<p>Chemical Dependency Network #: 1-800-346-3986</p>
<p>BlueCard Access #: 1-800-810-BLUE</p>
<p>Pharmacy Program #: 1-800-423-1973</p>
<p>BlueCard Provider Eligibility #: 1-800-676-BLUE QB4103</p>
<p>HMO-WPHCP-w/Rx</p>

## Resources

Providers call (800) 972-8088 for:

- Claim Status
- Eligibility Verification
- Benefit Status
- Appeals

Members call (800) 892-2803 for:

- Claim Status/COB
- Membership Status/Changes
- Medical Group Changes
- Benefit Status

### Online:

Log on to the BCBSIL Web site at [www.bcbsil.com](http://www.bcbsil.com) for more product information.