



**BlueCross BlueShield**  
of Illinois

Provider Performance – Ref 05- Professional Liability Insurance

## **BLUE CROSS AND BLUE SHIELD OF ILLINOIS PROCEDURE**

<b>DEPARTMENT: Provider Performance</b>	
<b>PROCEDURE NUMBER:</b> Ref 01	<b>PROCEDURE TITLE: Provider Handling of Member Inquiries, Complaints and Appeals</b>
<b>EXECUTIVE OWNER: Executive Director Provider Performance</b>	<b>BUSINESS OWNER: Manager Provider Performance</b>
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 10/1/2004	<b>COMMITTEE APPROVAL DATE:</b> 11/14/2024

### **I. SCOPE**

This Procedure applies to the following lines of business and products for BCBSIL:

Line of Business / Product Scope / Plan Scope / Contract Number (if applicable)	In Scope [x]
HMO Commercial	X
HMO IFM	X

### **II. PURPOSE**

Blue Cross and Blue Shield of Illinois (BCBSIL) ensure that participating providers are informed of the services available to members to request information, verbalize complaints and question appeal decisions.

### **III. PROCEDURE**

1. The provider should direct the member to call the customer service telephone number identified on the back of the member's identification card, for the following reasons:
  - a) benefit information
  - b) verification of coverage
  - c) information about BCBSIL
  - d) information regarding the status of a claim
2. If the member is dissatisfied with:
  - a) his/her medical care, or

- b) the decision(s) of BCBSIL,
3. The provider should direct the member to call the customer service telephone number identified on the back of the member's identification card to initiate the review/appeal process.
  4. At any time during this process, the member may request in writing that the provider or an authorized representative act on the member's behalf.
  5. During the course of the appeals process the provider may be requested to submit clinical care documentation (i.e., medical records).

Should you have questions or concerns about this policy, please contact the Provider Telecommunications Center at 800-972-8088 or your assigned Provider Network Consultant or send an email to the shared email account for the territory of your office location. This information is available on our website at [www.bcbsil.com/pdf/education/prov\\_network\\_consultant\\_list.pdf](http://www.bcbsil.com/pdf/education/prov_network_consultant_list.pdf)

#### **IV. AUTHORITY AND RESPONSIBILITY**

The BCBSIL Provider Performance team is responsible for reviewing documentation to ensure providers are compliant with the policy.

#### **V. IMPACTED BUSINESS AREAS**

Provider Performance

#### **VI. PROCEDURE REVIEWERS**

Person Responsible for Review	Title	Date of Review
Jessica Whaley, Rachel Schmitt	Provider Network Consultant	10/30/2024

#### **VII. PROCEDURE REVISION HISTORY**

Description of Changes	Revision Date
No changes	10/30/2024

#### **X. PROCEDURE APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBS IL P&P Committee			11/14/2024

IL Provider Performance	Geoff Guiton	Executive Director, Provider Performance	10/30/2024
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