MAKE YOUR HMO WORK FOR YOU – FOLLOW THESE EASY STEPS:

Choosing or changing your Primary Care Physician (PCP) from the enclosed list

- Make sure the PCP you have selected is on the enclosed list.
- Select or change your PCP by contacting our offices at 773-695-4800.

Choosing or changing your Woman's Principal Health Care Provider (WPHCP)

- A WPHCP is an Obstetrician/Gynecologist (OB/GYN) selected to be directly accessible for treating and coordinating a female Member's health care needs.
- The WPHCP must have a referral arrangement with the female Member's PCP.
- Please make sure the WPHCP you have selected is on the enclosed list.
- You do not need to notify us of your WPHCP selection if the WPHCP is on the enclosed list.

Call your Primary Care Physician for a get-acquainted visit

- Have your HMO Identification Card with you.
- Please be aware that co-payment amounts vary by HMO plan and are payable at the time of the visit.
- The availability of early morning, evening, and weekend hours vary by PCP. At your get acquainted visit your PCP will be able to discuss availability for routine and immediate care.

Behavioral Health Care Services including Substance Use Disorder (Chemical Dependency)

- If you are in the need of Behavioral Health Care services, you should contact your PCP for a referral to one of our providers. Except for emergent services, most PCP's will require an initial visit with a new patient prior to issuing a referral for Behavioral Health Care services. Remember to inform your PCP of all Behavioral Health Care Services
  you are receiving.

Transition from Pediatric Care to Adult Health Care Services

- If your dependent is currently assigned to a Pediatrician for their Primary Care Services, please note that by the age of 18 he/she will need to transition to an Internist or Family Practice Physician. Our office will send out notifications 90 days prior to a member's 18th birthday, if they are assigned to a Pediatrician, instructing them to begin the selection and transition to an Internist or Family Care Physician. We strongly encourage you to complete that transition as soon as possible to ensure the best continuity of care. Please contact our Member Services Department with questions or assistance during this transition.

Medical Records and Patient Confidentiality

- If you have medical records that need to be transferred to your PCP, please do so as soon as possible.
- If you need a copy of your medical records, you must contact your PCP/WPHCP directly and submit a written request for your records to be released.
- Medical Records are held in strict confidence.

Emergency Services

- Prior to seeking care in an emergency room, we recommend that you call your PCP for treatment advice.
- In situations where you feel you cannot call your PCP, such as when you think you are having a heart attack or a stroke, go directly to the nearest hospital emergency room. Notify your PCP as soon as possible of any treatment you receive.
- Please refer to the enclosed list of phone numbers to contact your PCP.

Immediate Care (early morning, evenings, weekends)

- If you need medical care for a nonlife-threatening emergency and your PCP's office is closed, please contact your PCP's answering service. The physician on-call will direct your care. You may also seek services at our

contracted Urgent Care Centers without a referral. A list of contracted Urgent Care Centers is available on the RPPG website at www.resurrectionphysicians.com .

A Referral May be required for services not directly provided by your PCP

- Your PCP will coordinate your overall health care and determine the need for specialty care referrals for medically necessary services.
- All referrals undergo a review process.
- If a referral is denied, the reason for the denial, the alternative treatment, a telephone number for questions, and the mechanism for appeal will be communicated to you in writing.
- Be sure to verify the date and type of referral you receive.

Utilization Management Process

- Pre-Admission Certification and Concurrent Review are two programs established to ensure that you receive the most appropriate and cost-effective health care.
- Your PCP must obtain approval from your Participating IPA prior to all inpatient hospital admissions other than emergency situations. Your participating IPA may recommend other courses of treatment that could help you avoid an inpatient stay.
- It is your responsibility to cooperate with the recommendations made by your PCP.
- Concurrent Review ensures that your length of stay is appropriate given your diagnosis and treatment.
- You may contact us to discuss the Utilization Management Process or any issues regarding it by calling (773) 695-4800. Collect calls are accepted.

Access to Utilization Management (UM) Staff

- The RPPG UM Staff is available from 8a.m. to 4:30 p.m., Monday to Friday, for inbound, collect, or toll-free calls regarding UM issues.
- A UM Staff member can be reached regarding UM issues after regular business hours by calling (847) 655-2200.
- The RPPG UM Staff will identify themselves by name, title, and organization name when making or returning calls regarding UM issues.
- If you use a TTY, call 711.
- Language assistance is available, during regular business hours, free of charge to discuss UM issues.

Who Makes Decisions About Your Care

- Utilization Management decisions are based on medical necessity, which includes appropriateness of care and services, and available benefits. RPPG does not reward health care providers or other individuals for issuing denials of coverage, care, or service. RPPG does not provide financial incentives for UM decisions that encourage underutilization. RPPG also confirms that there is no conflict of interest between themselves and the UM decision makers.

Population Health Management Program

Managing your chronic or even temporary medical conditions can be overwhelming. That's why RPPG has an extensive Population Health Management Program designed to assist you with monitoring and improving your overall health. If you or your PCP feels you qualify for one of the following programs, please contact our Population Health Management Department at (773) 695-4800. You may also be identified for these services by RPPG. You may decline these services during the initial contact from RPPG and/or you may dis-enroll from the program at any time by contacting RPPG:

- Condition Management – targeted at monitoring and improving a chronic condition, such as diabetes or asthma
- Case Management (CM) – designed to assist the member and their PCP coordinate and manage the overall care of a temporary medical condition, such as a member who needs assistance transitioning to home after a hospital stay or in navigating the health care system. A member or their caregiver can ask to enroll in the CM program, a hospital or other discharge planner can referral a member to the CM program, a member's PCP or other Practitioner can refer a member to the CM program, or a referral can be issues by the RPPG Utilization Management Program.
- Complex Case Management (CCM) – designed for members facing multiple or complicated medical conditions. The CCM program will assist the member and their PCP coordinate and manage their overall care.

- Wellness and Prevention Program – designed to optimize member participation in wellness programs to ensure overall health and wellness. These programs include:
    - Annual influenza vaccination
    - Breast cancer, cervical cancer, and colorectal cancer screening programs
    - Childhood and adolescent Immunizations
    - A depression screening program

Inquiries, Complaints and/or Grievance Process

- Communication with your physician is an important part of your health care. If you do not understand any course of your care, please discuss this with your PCP.
- If you have an Inquiry, you also can contact our Patient Advocate at 773-695-4800. The role of the Patient Advocate is to help with Member questions or concerns that cannot be resolved through normal channels.
- If you have a complaint or grievance, you should contact your Health Plan via the phone number on the back of your ID card.

Appeal Process

- As an HMO member, you have the right to appeal any payment or denial of covered services by contacting Blue Cross and Blue Shield of Illinois at the number located on the back of your identification card or in writing at the address listed below:
    - If you are a HMO Illinois®, Blue Advantage HMO ℠, or a Blue Precision HMO℠ Member (group number on your ID card begins with an R) or a BlueCare Direct℠ Member (group number on your ID card begins with an A)

Blue Cross and Blue Shield of Illinois
Claims Review Section
P.O. Box 2401
Chicago, IL 60690

    - If you are a Blue Precision HMO℠, Blue FocusCare ℠, or a BlueCare Direct ℠ Member (group number on your ID card begins with an I)

Blue Cross and Blue Shield of Illinois
Claims Review Section
P.O. Box 3122
Naperville, IL 60566-9744

- Following an adverse determination for a clinical service, procedure or treatment that is not reviewed as medically necessary, any involved party may request an independent review.