



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY**

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER GCS-IL-MA-07A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 1-1-2013
POLICY TITLE: Corrective Action for Failed Utilization Management Audit of Participating IPAs		EFFECTIVE DATE:
		LAST REVISION DATE: 5-11-2021
EXECUTIVE OWNER: Executive Director, Clinical Programs Strategy and Oversight	BUSINESS OWNER: Director, Program Oversight	LAST REVIEW DATE: 5-11-2021

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

This Policy applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
Medicare MAPD/ H3822/H8547	X

II. PURPOSE

- To ensure compliance with the HMO UM Plan, IPA UM Plan and regulatory agencies.
- To ensure the correction of any UM Program deficiencies.

III. POLICY

Blue Cross and Blue Shield of Illinois requires a Corrective Action Requirement (CAR) from all Medical Group/Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”) because of a failed Utilization Management (UM) Adherence Audit. All CAR’s are monitored at the Provider Performance Committee meeting on a monthly basis.

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Review and Monitor corrective action plan(s) from the IPA	Director, Program Oversight
Ensure semi-annual audit schedule and monitor the results	Executive Director, Clinical Programs Strategy & Oversight
Reviewing reporting on a monthly basis	Provider Performance Committee

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-07B	Corrective Action for Failed Utilization Management Audit of Participating IPAs Procedure	GBS SharePoint Library

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
N/A	Blue Cross Medicare Advantage (HMO) Provider Manual - MA HMO Policy and Procedure: https://www.bcbsil.com/pdf/standards/manual/ma_hmo_policy_and_procedure.pdf

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Stephanie White	Director, Program Oversight	5-11-2021

VIII. POLICY REVISION HISTORY

Version No.	Revision Date
Annual Review: New Policy Template	5-11-2021

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
IL Provider Performance	Tammy Wald, RN	Executive Director, Clinical Programs Strategy and Oversight	5-11-2021