



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

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER GCS-IL-MA-07B	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: 3-11-2020 5-11-2021
EXECUTIVE OWNER: Executive Director, Clinical Programs Strategy and Oversight	BUSINESS OWNER: Director, Program Oversight	LAST REVIEW DATE: 3-11-2020 5-11-2021

I. SCOPE

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

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]
Medicare MAPD H3822/H8547	X

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

Corrective Action for Failed Utilization Management Audit of Participating IPAs Policy, GCS-IL-MA-07A. This procedures document ensures there is a documented process for Corrective Action for Failed Utilization Management Audit of Participating IPAs.

III. PROCEDURE

1. The MA HMO Nurse Liaison semi-annually performs the UM Adherence Audit. The adherence audit results are provided via letter to the IPA following the time of the final annual audit.
2. IPAs that did not receive a passing score above 90% are required to provide a Corrective Action Requirement (CAR) within thirty (30) days of the date stated on the audit results letter addressing the deficient areas. The IPA shall direct all requests for assistance concerning the CAR to the MA HMO Nurse Liaison.

3. All Corrective Action Requirement (CAR) will be reported to the Illinois Provider Performance Committee and to the Governments Programs Compliance Department (if necessary).
4. The CAR must meet guidelines established by the MA HMO and shall include the following:
 - A statement of the deficiency/deficiencies being addressed;
 - A description of the steps which will be taken to correct the cited deficiencies;
 - Timeframes for performing key steps in the corrective action plan process, including start-up and completion dates;
 - Identification of the responsible parties for implementing and overseeing the corrective action process;
 - A description of the new/revised procedures that will be implemented to prevent reoccurrence of the cited deficiency/deficiencies;
 - Plans for monitoring compliance with revised procedures, including identification of the individual(s) responsible for oversight;
 - Acknowledgment of the HMO-planned Re-Audit; and
 - The signature of the IPA Medical Director.
5. When the CAR is received, it is reviewed by the Nurse Liaison for completeness and for compliance with MA HMO requirements.
6. Once the CAR is approved by the MA HMO, compliance should be documented in the IPA UM/Quality Improvement Committee minutes.
7. If the Re-Audit results in a failure, the following escalation process will occur:
 - The MA HMO Nurse Liaison and MA HMO Medical Director will meet with the IPA's senior management to discuss additional corrective actions. One or more of the following may occur: closing the IPA to new enrollment, sending an MA HMO representative to their IPA UM Monthly Meeting, outsourcing UM to a reputable Contract Management Firm (CMF), and sending additional documentation or other activities as deemed necessary by the MA HMO.
8. If the IPA fails the next annual UM Compliance Audit, the following steps will take place:
 - MA HMO Management will consider the issuance of a Medical Service Agreement (MSA) default letter. If a default letter is sent, the IPA will have thirty (30) days to cure the default, otherwise the IPA will be deparicipated from the network.
 - One or more of the following may occur: closing the IPA to new enrollment, sending an MA HMO representative to their UM Monthly Meeting, outsourcing UM to a reputable CMF, and sending additional documentation or other activities as deemed necessary by the MA HMO.

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. AUTHORITY AND RESPONSIBILITY

Stephanie White, (Director, Program Oversight)

VI. PROCEDURE REVIEWERS

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

VII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Annual Review: New Template	5-11-2021

VIII. PROCEDURE APPROVALS

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