



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

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER GCS-IL-MA-23A	ORIGINAL EFFECTIVE DATE (IF KNOWN):
POLICY TITLE: Utilization Management Adherence Audit of Participating IPAs		EFFECTIVE DATE:1-1-2013
		LAST REVISION DATE: 4-23-2021
EXECUTIVE OWNER: Executive Director, Clinical Programs Strategy and Oversight	BUSINESS OWNER: Executive Director, Clinical Programs Strategy and Oversight	LAST REVIEW DATE: 4-23-2021

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
Medicare / Medicaid MMAI	
Medicare PDP	
Medicare Supplement	
Medicaid IL	
Medicaid NM	
Medicaid TX	

Line of Business / Product Scope / Plan Scope/Contract Numbers (if applicable)	In Scope [x]
Individual Marketplace Qualified Health Plans (QHPs)	
Individual Non-Marketplace Health Plans	
Individual Grandfathered Plans	
Individual Transitional Plans	
Individual Marketplace Stand-Alone Dental Plans (SADPs)	
Individual Non-Marketplace Dental Plans	
Individual Non-Marketplace Stand-Alone Vision	
Small Group Non-Marketplace Health Plans	
Small Group Grandfathered Plans	
Small Group Transitional Plans	
Small Group ASO	
Student Health Plans	
Large Group Grandfathered Health Plans	
Large Group Standard Fully Insured	
Large Group ASO	
Large Group Custom Fully Insured	
Federal Employee Program (FEP)	

NOTE* Future fully executed contracts will fall under this policy.

II. PURPOSE

To ensure IPAs effectively perform UM activities and follow CMS, Illinois Department of Insurance, URAC, NCQA and MA HMO requirements.

III. POLICY

Blue Cross and Blue Shield of Illinois performs a semi-annual Utilization Management (UM) Adherence Audit of participating Independent Physician Association (IPAs). The audited items are identified in the UM Adherence Audit Tool. The tool includes the evaluation of documenting and reporting of delegates UM Committee Activity as well as case file review.. Reporting tools are reviewed and updated annually, if necessary.

Each standard has specific scoring criteria as identified in the UM Adherence Audit Tool. Compliance with all elements with a score of ninety percent (90%) is required for a passing status. If a score of less than 90% is not achieved, the IPA is placed on a corrective action plan.

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
Medicare Advantage HMO , Illinois Provider Performance Management	Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify and amend this policy meets contractual requirements. Ensure Annual Audit Completed for each MA HMO IPA and Review Compliance Scores – Director, Program Oversight

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-23B	UM Adherence Audit Procedure	GBS SharePoint Library

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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
Tammy Wald, RN	Executive Director, Clinical Programs Strategy and Oversight	4-23-2021

VIII. POLICY REVISION HISTORY

Version No.	Revision Date
New Policy Template/revised some language to the policy section 3	4-23-2021

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
IL Provider Performance Management	Tammy Wald, RN	Executive Director, Clinical Programs Strategy and Oversight	4-23-2021

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