



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

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER GCS-IL-MA-23B	ORIGINAL EFFECTIVE DATE (IF KNOWN): 1-1-2013
POLICY TITLE: Utilization Management Adherence Audit of Participating IPAs Policy		EFFECTIVE DATE:
		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 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
Medicare / Medicaid MMAI	
Medicare PDP	
Medicare Supplement	
Medicaid IL	
Medicaid NM	
Medicaid TX	

Line of Business / Product Scope / Plan Scope / Contract Number (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 procedure .

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

UM Adherence Audit Policy, GCS-IL-MA-23A. This procedures document ensures there is a documented process for UM Adherence Audit.

III. PROCEDURE

The MA HMO Nurse Liaison performs the semi-annual audit of IPA UM activities. The UM Adherence Audit Tool is used to measure compliance with MA HMO UM requirements. Audit scoring methods are reviewed with the IPA at the time of the audit.

The MA HMO requires an IPA compliance score of at least ninety percent (90%) for passing the UM Adherence Audit. 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. AUTHORITY AND RESPONSIBILITY

Tammy Wald, RN (Executive Director, Clinical Programs Strategy and Oversight)

VI. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Tammy Wald, RN	Executive Director, Clinical Programs Strategy and Oversight	4-23-2021

VII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
New Template	4-23-2021

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	4-23-2021