



Corrective Action Requirement for
Failed Compliance with the BCBSIL HMO
Utilization Management (UM)/Population
Health Management (PHM) Plan

HMO Policy and Procedure

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Provider Performance	POLICY NUMBER Admin 33	ORIGINAL EFFECTIVE DATE (IF KNOWN): 4/1/99
POLICY TITLE: Corrective Action Requirement for Failed compliance with the BCBSIL HMO Utilization Management (UM)/Population Health Management (PHM) Plan		EFFECTIVE DATE: 11/01/2021 LAST REVISION DATE: 11/1/2021
EXECUTIVE OWNER: Executive Director Clinical Programs Strategy and Oversight	BUSINESS OWNER: Tammy Wald/Carol Cole	LAST REVIEW DATE: 11/1/2021

I. SCOPE

This Policy applies to ***Independent Physician Association(s) – IPA who are delegated to manage Commercial/Retail, and Medicare Advantage HMO products. Independent Physician Association means an association of independent physicians or other organization that contracts with independent physicians for the provision of Covered Services to Members.***

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]
HMO Commercial	x
HMO Exchange	x
<i>HMO Medicare Advantage</i>	x

II. PURPOSE

- 1) To ensure compliance with the annual UM and PHM Plan of BCBSIL.
- 2) To ensure the correction of any UM and/or PHM deficiencies identified during the Audit.

III. POLICY

Blue Cross and Blue Shield of Illinois (HMO) requires a Corrective Action Plan from all Medical Group/Individual Practice Associations (herein after the “IPAs”) ***as a result of failure to comply with any aspects of the UM/PHM Plan.***

IV. DEFINITIONS

The Corrective Action Requirement (CAR) is a step taken by BCBSIL HMO to correct non-compliance with contractual, regulatory and or accreditation requirements. Ongoing performance monitoring of delegates ensures that compliance is maintained and that corrective actions are initiated and effective when indicated.

The BCBSIL HMO Clinical Delegation Coordinator performs the UM Adherence Audit semi-annually. Mid-year results include feedback, without scoring. The final UM Adherence Audit results are provided to the IPA following the final audit and include scoring for the entire year. The PHM audit is performed annually with ongoing monthly auditing of specific metrics related to Population Health Management.

V. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
Medicare Advantage	The requirements are outlined in the MA HMO annual UM/PHM Plan.
Provider Performance	Requirements are outlined in the HMO Commercial/Retail UM Plan.

VI. RELATED DOCUMENTS

Provider Performance Network Clinical Programs and Oversight... Standard Operating Procedure – HMO Corrective Action Requirement

VII. IMPACTED BUSINESS AREAS

Impacted Business Areas:

- Internal Partners- Illinois Provider Performance Team**
- External Partners-II Network Contracted Delegated IPAs**

VIII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Tammy Wald	Executive Director, Clinical Programs Strategy and Oversight	
Stephanie S. White	Director, Oversight Programs	

IX. POLICY REVISION HISTORY

Description of Changes	Revision Date
Internal review	10/1/2020

X. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			10/28/2021