



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
PROCEDURE**

DEPARTMENT: Provider Performance	PROCEDURE NUMBER Administrative 33A	ORIGINAL EFFECTIVE DATE: 4/1/99
PROCEDURE 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 Procedure applies to ***Illinois Contracted HMO Commercial/Exchange and MA HMO Delegated Network IPAs. 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 Procedure 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
Medicare MAPD	x

II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies: 1. Administrative Policy 33 - Corrective Action for Failed ***Compliance with the BCBSIL HMO Utilization Management (UM) / Population Health Management Plan.*** 2. ***BCBSIL HMO Commercial/Retail um/PHM Plan.*** 3) ***BCBSIL HMO MA Plan.***

III. PROCEDURE

- a) ***The Clinical Delegation Coordinator performs all required BCBSIL HMO audits in accordance with BCBSIL MA and Commercial/Retail HMO UM/PHM Plan requirements***

- b) **All requirements of the UM Plan must be met at all times for the IPA to remain in compliance. Additionally, all audits must demonstrate a passing score of >90%. If the requirements are not met, a corrective action requirement will be initiated.**
- c) The Corrective Action Requirement (CAR) must meet guidelines established by the HMO and shall include the following:
- 1) A statement of the deficiency/deficiencies being addressed.
 - 2) A description of the steps which will be taken to correct the cited deficiencies.
 - 3) Timeframes for performing key steps in the Corrective Action Requirement process, including start-up and completion dates.
 - 4) Identification of the responsible parties for implementing and overseeing the corrective action process.
 - 5) A description of the new/revised procedures that will be implemented to prevent reoccurrence of the cited deficiency/deficiencies.
 - 6) Plans for monitoring compliance with revised procedures, including identification of the individual(s) responsible for oversight.
 - 7) Acknowledgment of the HMO planned re-audit, if indicated.
 - 8) Signature of the IPA Medical Director and IPA Administrator.
- d) When the Corrective Action Requirement is received, it is reviewed by **the Delegation Oversight Coordinator for completeness and for compliance with HMO requirements. The Corrective Action Requirement is then reviewed by the Director of Program Oversight and/or the HMO Medical Director (dependent on the nature of deficiency) for approval. Once the Corrective Action Response has been approved by the HMO, a letter of acceptance is sent to the IPA by the Clinical Delegation Coordinator and copied to the Director of Program Oversight, HMO Medical Director, and the Provider Network Consultant. IPA compliance should be documented in the HMO UM Workgroup minutes** If Corrective Action Requirement is approved by HMO, the Clinical Delegation Coordinator will monitor the Corrective Action Requirement until all noncompliant items meet HMO requirements. If Corrective Action Requirement by IPA does not meet guidelines as stated, written notification including deficiencies will be issued to IPA. IPA is required to provide revised Corrective Action Requirement within two weeks of date of notification of noncompliance.
- e) If the final Corrective Action Requirement is not received by the HMO within the 30- day period, an Administered Complaint will be issued. If a Corrective Action Requirement is not received within an additional two weeks, a second Administered Complaint will be issued and a meeting with HMO and IPA Management will be required to discuss the corrective action process.
- f) A monthly audit will be performed for a period up to three to six months after the date of the annual audit, based on the nature of the deficiencies and recommendations of the HMO Medical Director
If the re-audit results in a failure, the following will occur:
- The **Clinical Delegation Coordinator**, HMO Medical Director, Provider Network Consultant will meet with the IPA's senior management to discuss additional corrective action. One or more of the following may occur: closing the IPA to new enrollment, sending an HMO representative to their UM monthly meeting,

outsourcing UM to a reputable Contract Management Firm (CMF), sending of additional documentation or other activities as deemed necessary by HMO.

- g) IPAs who fail the Annual UM Adherence audit are not eligible for the UM Portion of the QI Fund. ***If a CAR is issued for a PHM audit deficiency, the PHM incentive may also be Impacted.***

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
<i>IL Provider Performance UM Senior Clinical Delegation Coordinators</i>	<i>The Clinical Delegation Coordinator Team monitors issued audit Corrective Action Requirement compliance and results via the established Corrective Action procedures</i>
<i>IL Provider Performance Committee</i>	<i>The Illinois Provider Performance Committee (an interdepartmental Committee) meets monthly to review all IL Network Delegated IPA Audit results and issued CAR responses (when required).</i>
<i>IL HMO UM Workgroup</i>	<i>The Illinois Provider Performance Work Group meets quarterly for discussion of all UM related performance issues.</i>

V. 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. CAR is for Commercial/Retail and Medicare Advantage.

VI. AUTHORITY AND RESPONSIBILITY

The Illinois Clinical Delegation team implements an IPA corrective action requirement for noncompliance with any aspect of the Um/PHM plan.

VII. RELATED DOCUMENTS

Admin-31 Policy: Corrective Action for Failed Oversight Audit of Participating IPAs Administered Complaint

VIII. IMPACTED BUSINESS AREAS

Provider Performance

IX. IMPACTED EXTERNAL ENTITIES

Impacted External Partners-II Network Contracted Delegated IPAs

X. PROCEDURE REVIEWERS

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

XI. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date

XII. PROCEDURE APPROVALS

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