



Utilization Management Adherence
Audit of Participating IPAs

HMO Policy and Procedure

BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY

DEPARTMENT: Network Provier Performance	POLICY NUMBER Administrative-60	ORIGINAL EFFECTIVE DATE: 1/1/2000
POLICY TITLE: Utilization Management Adherence Audit of participating IPAs		EFFECTIVE DATE: 03/01/2022
		LAST REVISION DATE:03/01/2022
EXECUTIVE OWNER: DSP, IL Health Care Delivery	BUSINESS OWNER: Manager Clinical Operations	LAST REVIEW DATE: 03/01/2022

I. SCOPE

Blue Cross Blue Shield of Illinois (BCBSIL) HMO oversight and evaluation of the Individual Practice Association or Physician Hospital Organization (hereinafter the “IPAs”) Utilization Management (UM) case review and committee meeting minutes. During the semi-annual audit, the following case types will be audited:

- **Initial / Emergent Review Cases**
- **Concurrent Review Cases**
- **Behavioral Health/ Substance Use Disorder (SUD) Initial/ Emergent Cases**
- **Skilled Nursing Cases**
- **Home Health Cases**
- **Long stay Cases**
- **Cases not meeting nationally recognized and evidence based medical criteria that have been referred to the Physician Advisor for review**

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
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPOCommercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	
Medicare Advantage HMO	X

II. PURPOSE

To ensure IPAs effectively perform Utilization Management (UM) and are in compliance with HMO requirements according to regulatory and accreditation requirements.

III. POLICY

The HMOs of BCBSIL require a compliance score of at least ninety (90) percent for the audit. Anything under 90% will require a Corrective Action Plan. The HMO reserves the right to re-audit at any time at the HMO's discretion.

Line of Business and/or Area	Control Requirements
Medicare	Controls are detailed in the Policy itself or if the Controls are lengthy, a summary of the Controls is provided.
Model Audit Rule (MAR)	Controls are detailed in a separate Controls document and referenced within the Procedure.
Medicaid	Controls may be required depending on the nature of the policy and if needed, should be detailed in a separate Controls document (if lengthy) or in the Procedure (if short).
Other Business Areas	Controls may be required depending on the nature of the policy and if needed, should be detailed in a separate Controls document (if lengthy) or in the Procedure (if short).

IV. RELATED DOCUMENTS

20XX HMO Utilization Management and Population Health Management Plan

SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
	20XX HMO Utilization Management and Population Health Management Plan

V. IMPACTED BUSINESS AREAS

Network Clinical Programs and Oversight

VI. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Deidre Meyers		02/22/2022
Tammy Wald		02/22/2022

VII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Updated the Scope	2/22/2022

VIII. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			2/24/2022