



HFS

**Illinois Department of
Healthcare and Family Services**

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763
Telephone: +1 217-782-1200, TTY: +1 800-526-5812



April 17, 2026

Nancy Wohlhart, CEO
Blue Cross Community Health Plans

RE: Blue Cross HCI Q1 CY2026 (January- March) Provider Resolution Portal Sanction Payment Notice

Dear Ms. Wohlhart:

This letter serves as written notification to Blue Cross Community Health Plans (Blue Cross) of sanction pursuant to Section 7.16.17 of the Contract for Furnishing Health Services by a Managed Care Organization between the Department of Healthcare and Family Services ("Department") and Blue Cross and pursuant to 89 Ill. Adm. Code 140.75.

These requirements state that within 30 calendar days after receiving a disputed claim from the Department's provider complaint portal, the MCO will develop a written proposal to resolve the disputed claims, which shall be electronically transmitted to the provider and uploaded to the provider complaint portal. Blue Cross HCI is in direct violation of 89 Ill. Adm. Code 140.75 by not providing a written response/resolution within the 30 calendar day timeframe for the following tickets:

Overdue Provider Resolution Ticket Details:

Ticket Ref No: MCP-260216-117206-02

Written Proposal Resolution Due Date: 3/19/2026

MCO Written Proposal Response Submission Date: 3/20/2026

Complaint Type: Coverage/Service Denials

Fine Due: \$5,000

Overdue Provider Resolution Ticket Details:

Ticket Ref No: MCP-260216-117208-02

Written Proposal Resolution Due Date: 3/19/2026

MCO Written Proposal Response Submission Date: 3/20/2026

Complaint Type: Payment/Claims

Fine Due: \$5,000

Therefore, the Department is issuing Blue Cross HCI a sanction in the amount of \$10,000. Blue Cross HCI is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday,

May 15, 2026. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Health Care Service Corp
ORIG ID: XXXXXXXXXXXX
ENTRY DESCR: this is to be left blank
ENTRY CLASS: CCD
TRACE NO: Bank Information
ENTRY DATE: yymmdd
IND ID NO: Bank Information
IND NAME: Meridian Health Plan Inc
REMARK: BCBS HCI Q1 CY26 Prov. Res. Sanction
ORIG BANK: Bank Name

*The information highlighted in yellow is specific to the Department and payment detail requirements, and shall not be changed or modified by the MCO.

*The information in gray is the banking information.

If you have any questions regarding this notification, please contact your HFS Account Management team Jessica Pickens at Jessica.Pickens@illinois.gov, or Leigh Anne Ochs at Leigh.A.Ochs@illinois.gov.

Sincerely,

Helena Lefkow, Deputy Administrator, Managed Care Performance
Division of Medical Programs

cc: Courtney Boileau, Steven Kesten, Lilia Velazquez, Keshonna Lones, Jessica Pickens, Leigh Anne Ochs, Amy Roberts, Rich Allen, and Adam Lewis