



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



January 2, 2026

Stephen Harris, CEO
Blue Cross Blue Shield MMAI Health Plans

RE: BCBS MMAI Additional CY2024 GAAP Financial Audit Sanction

Dear Mr. Harris:

This letter serves as written notification to Blue Cross Blue Shield MMAI Health Plan ("Blue Cross") of sanction pursuant to Section 5.3.14.1.11 of the Contract for the Medicare and Medicaid Alignment Initiative between the Department of Health and Human Services, acting by and through the Centers for Medicare & Medicaid Services (CMS), the State of Illinois, acting by and through the Department of Healthcare and Family Services (Department) and Blue Cross.

The Department previously sanctioned Blue Cross on October 9, 2025, for not submitting their CY2024 GAAP Financial Audit per the requirements of 42CFR 438.3(m) Illinois Medicaid Requirements. After sanctioning, Blue Cross requested an extension to the reporting due date of November 30, 2025. The Department granted the extension requested via email on October 27, 2025, titled "RE: BCBS HCI & MMAI CY2024 GAAP Financial Audit Sanction". Pursuant to the MCO SharePoint Reporting Policy 049 and MMAI Contract Section 2.16.2, Blue Cross did not submit their CY2024 GAAP Financial Audit into SharePoint, on or before November 30, 2025, and did not request an additional extension to the due date in advance of November 30, 2025. As such, the Department is fining Blue Cross \$25,000 for reporting non-compliance. Blue Cross is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, January 30, 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: **61236610**

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: Health Care Service Corp

REMARK: Addl MMAI CY24 GAAP 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: Dana Mott, Adam Eifler, Tamara Valdez, Amy Roberts, Keshonna Lones, Rich Allen, Leigh Anne Ochs, Stephanie Hunter, Adam Lewis, and Jessica Pickens.