



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



November 19, 2024

Nancy Wohlhart, CEO
Blue Cross Community Health Plans

RE: Blue Cross HCI Mental Health Parity Report Ad-Hoc Report Sanction

Dear Ms. Wohlhart:

This letter serves as written notification to Blue Cross Community Health Plans (Blue Cross) of sanction pursuant to Section 7.16.3 of the Contract for Furnishing Health Services by a Managed Care Organization between the Department of Healthcare and Family Services (“Department”) and Blue Cross.

In response to the Department’s ad-hoc Mental Health Parity (MHP) report request issued to the MCOs on Tuesday, September 17, 2024 at 7:33 AM, under the email title of “[External] IL Mental Health Parity Review: Activity Documents” Blue Cross failed to provide accurate data within its report submissions, on or before October 1, 2024. Prior to the submission deadline, HSAG emphasized on September 27, 2024, that the MHP review activity was on a very condensed timeline in response to Blue Cross request to delay the MHP webinar portion of the review an additional week. In addition, on October 7, 2024, BCBS requested Department approval to resubmit the “*IL2024_MHP_DtaSubTemplate_CLMSum_BCBSIL_HCI.xlsx*” report, as it miscounted some of the claims as denials when there was no denial of payment. On October 8, 2024, the Department in coordination with its External Quality Review Organization (EQRO) Subcontractor, advised resubmission would be granted and requested the corrected data file by end of day. Blue Cross submitted the corrected data file on October 15, 2024. As a result, the Department’s EQRO could not perform a comprehensive analysis of the MHP report. Therefore, the Department is sanctioning Blue Cross \$5,000. Blue Cross is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, December 20, 2024. 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: [REDACTED]
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: MHP Report 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 Keshonna Lones at Keshonna.Lones@illinois.gov, or Stephanie Hunter at Stephanie.Hunter2@illinois.gov.

Sincerely,

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

cc: Courtney Boileau, Caitlin Hutchinson, Amy Roberts, Keshonna Lones, Rich Allen, Leigh Anne Ochs, Stephanie Hunter, and Joe Merwin