



IL Provider Performance Management - GCS-IL-MA-06A - Contract Management Firm Policy

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY**

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER: GCS-IL-MA-06A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 01/01/2013
POLICY TITLE: Contract Management Firm Policy		EFFECTIVE DATE: 08/09/2022
		LAST REVISION DATE: 08/09/2022
EXECUTIVE OWNER: Executive Director, Provider Performance	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 08/09/2022

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

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]
Medicare MAPD/ H3822/H8547	X
NOTE: Future fully executed contracts will fall under this policy.	

II. PURPOSE

To ensure that all information and data considered of a confidential nature (as defined in the Confidentiality Agreement) is acknowledged and preserved by the IPA and the CMF.

III. DEFINITIONS

NOTE: The terms defined below are only applicable within the scope of this document.

Contract Management Firm	Means a subcontractor retained by the IPA and approved by the HMO to perform certain management and administrative functions for the IPA as defined in this agreement.
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IV. POLICY

A Contract Management Firm (CMF) is a subcontractor retained by the Independent Physician Association (IPA) to perform certain management and administrative functions. A Confidentiality Agreement is executed between the IPA, the CMF, and Health Care Services Corporation.

Proprietary & Confidential

V. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Annual review of the Medicare Advantage Provider Manual to ensure the documented processes to review, modify, and amend this policy meets contractual requirements	Manager, Illinois Provider Performance Management

VI. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-06B	Confirmation Management Firm Procedure	GBS SharePoint Library

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/06/2022

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date
Annual Review	07/12/2022
Annual Review: New Policy Template	03/25/2021

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Medicare P&P Comm.			08/09/2022
IL Provider Performance Management	Joanne O'brien	Executive Director	06/08/2022
IL Provider Performance Management	Joanne O'brien	Executive Director	05/20/2021