

IL Provider Performance Management - GCS-IL-MA-06B - Contract Management Firm Procedure

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

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

# I. SCOPE

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

This Procedure 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	Х
NOTE: Future fully executed contracts will fall under this procedure.	

#### II. POLICIES IMPLEMENTED BY PROCEDURE

This Procedure implements the following Policies:

Contract Management Firm Policy, GCS-IL-MA-06A. This procedures document ensures there is a documented process for Contract Management Firms.

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# III. PROCEDURE

- 1. A signed and dated Confidentiality Agreement must be executed by all parties (IPA, CMF, and
  - HCSC) and it must remain in effect for as long as the agreement between the IPA and CMF remains in effect.
- 2. Upon execution of a Confidentiality Agreement by the HMO, the IPA, and the CMF, the IPA may assign certain of its administrative and management responsibilities to a CMF.
- 3. Under the Medical Service Agreement, the IPA will be fully responsible and liable for the oversight and performance of any duties and functions delegated to a CMF on behalf of the IPA.

#### IV. 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	Manager, Illinois Provider Performance Management
meets contractual requirements.	

# V. AUTHORITY AND RESPONSIBILITY

• Lupita Monroy, (Manager, Illinois Provider Performance Management)

#### VI. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Lupita Monroy	Manager, IL Provider Performance Management	06/06/2022
Sandra Hopson	Provider Affairs Project Consultant, IL Provider Performance Management	06/03/2022

# VII. PROCEDURE REVISION HISTORY

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

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# VIII. PROCEDURE 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