



**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
PROCEDURE**

DEPARTMENT: Network Provider Performance	POLICY NUMBER: Administrative 14A	ORIGINAL EFFECTIVE DATE: 12/01/1997
POLICY TITLE: Contract Management Firms: Confidentiality Agreement		EFFECTIVE DATE: 11/01/2022
		LAST REVISION DATE: 11/01/2019
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager, Provider Performance	LAST REVIEW DATE: 11/01/2022

I. SCOPE

This Policy applies to Blue Cross and Blue Shield of Illinois (BCBSIL) Health Management Organization (HMO), and for the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
HMO Commercial	x
HMO Exchange	x
PPO Commercial	
PPO Exchange	

I. PROCEDURE

1. A signed and dated Confidentiality Agreement will be executed by all parties (IPA, CMF and HCSC) and will 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.

II. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO IL	Controls for HMO IPAs, CMF, and HMO IL to sign Confidentiality Agreement is under HMO Network. The Assigned HMO Provider Network Consultant (PNC) obtains the signed documents and provides document to BCBSIL contracting and HMO Network Management.

III. AUTHORITY AND RESPONSIBILITY

HMO PNCs are responsible for coordinating and implementing the Procedure.

IV. RELATED DOCUMENTS

Administrative 14 - Contract Management Firms: Confidentiality Agreement

V. IMPACTED BUSINESS AREAS

- HMO IL Network and Operations
- BCBSIL Contracting
- HMO Utilization Management
- HMO Service Centers

VI. IMPACTED EXTERNAL ENTITIES

- HMO IL IPAs
- Contract Management Firms

VII. PROCEDURE REVIEWERS

Person Responsible for Review	Title	Date of Review
Mary Ellen Merbeth	HMO Provider Network Consultant	10/6/2021
Danielle Washington	HMO Provider Network Consultant	10/5/2022

VIII. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date
Transferred P&P to new P&P template	09/29/2021

IX. PROCEDURE APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P Committee			10/28/2021
BCBSIL P&P Committee			10/27/2022