



**Oversight of Contracted
Infertility Provider**

HMO Policy and Procedure

**BLUE CROSS AND BLUE SHIELD OF ILLINOIS
POLICY**

DEPARTMENT: Provider Network Performance	POLICY NUMBER: Utilization Management 03	ORIGINAL EFFECTIVE DATE: 5/10/2001
POLICY TITLE: Oversight of Contracted Infertility Provider		EFFECTIVE DATE: 06/01/2022
		LAST REVISION DATE: 05/01/2021
EXECUTIVE OWNER: DSVP, IL Health Care Delivery	BUSINESS OWNER: Manager Clinical Operations	LAST REVIEW DATE: 06/01/2022

I. SCOPE

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]
HMO Commercial	X
HMO Exchange	x
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPOCommercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	

II. PURPOSE

To ensure that members are receiving medical services that are performed in accordance with contractual requirements and mutually agreed upon standards, including relevant accreditation standards.

III. POLICY

Blue Cross Blue Shield of Illinois (BCBSIL) is responsible for conducting oversight of medical services delegated to the contracted Infertility Provider. These delegated services may include, but are not limited to:

- Utilization Management for identified members
- Quality Improvement

IV. CONTROLS/MONITORING

Line of Business and/or Area	Control Requirements
HMO	Controls are detailed in the Policy itself.

V. SOURCES/REFERENCES

[Identify statutes, regulations, bulletins, manuals, and other regulatory guidance that are the basis for the Policy. If there are none, delete the entire section.]

Federal/State	Regulatory Requirements & References

VI.IMPACTED BUSINESS AREAS

[List any other departments, teams, or areas that are required to adhere to this policy or are materially impacted by it. If there are none, delete the entire selection.]

VII.POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Melissa Hetzel, RN	Sr. Clinical Delegation Coordinator	5/12/2022

VIII. POLICY REVISION HISTORY

Description of Changes	Revision Date

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
BCBSIL P&P			5/26/2022