

Oversight of Contracted Infertility Provider

HMO Policy and Procedure

BLUE CROSS AND BLUE SHIELD OF ILLINOIS PROCEDURE

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

I. SCOPE

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]
HMO Commercial	Х
HMO Exchange	Х
Health Care Delivery QI HMO Commercial	
Health Care Delivery QI PPO Commercial	
Health Care Delivery QI HMO Exchange	
Health Care Delivery QI PPO Exchange	

II. PROCEDURE

A dated and signed contract, business associate agreement and delegation agreement clearly defining reporting and performance expectations for both BCBSIL and the Contracted Provider must be in place before delegated activities are performed.

The following are required of a Contracted Provider:

- To be in accordance with the delegation agreement the Infertility Provider must submit the following at least annually:
 - Policies and Procedures
 - Reports contractually required documents on a quarterly basis for delegated activities
 - Submission status of the Provider's Quality Improvement goals related to UM activities on a quarterly, semi-annual and/or annual basis
- All Contracted Providers must present semi-annually at the BCBSIL Quality Improvement Committee meetings.
- BCBSIL reserves the right to periodically participate in Contracted Providers' Quality Improvement Committee meetings.

Only those activities that are delegated as defined in the contracted Provider's delegation agreement are applicable for evaluation and scoring. BCBSIL will perform Provider oversight semi-annually using the attached oversight tools.

- 1. The BCBSIL HMO will review the Provider's Policies, Procedures and all required submissions prior to delegation.
- 2. The BCBSIL HMO will review the required submissions from the Contracted Provider for compliance with BCBSIL criteria and provides the Contracted Provider with the submission feedback. The results of the submissions are presented at a minimum -annually at the BCBSIL QI Committee for review and approval.
- 3. The Contracted Provider is required to respond to areas of deficiency within 30 days from receipt of the submission feedback results. The attached oversight review tools include mechanisms for corrective action and follow-up requests.
- 4. Consequences for failure to meet BCBSIL's requirements may include, but are not limited to:
 - development of corrective action plans,
 - BCBSIL audit, and/or
 - revocation of the delegation agreement.
- 5. Any follow-up or necessary action that needs to be taken relating to the above items will be documented by the BCBSIL HMO UM Department staff and reviewed by the BCBSIL QI Committee, as necessary.

* See Attachments 1 for audit tools used to evaluate delegated activities of contracted Providers.

Delegate Submissions Tool (Quarterly)

III. CONTROLS/MONITORING

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

IV. PROCEDURE REVIEWERS

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

V. PROCEDURE REVISION HISTORY

Description of Changes	Revision Date

VI. PROCEDURE APPROVALS

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

VII. PROCEDURE ATTACHMENTS / ADDITIONAL INFORMATION

ATTACHMENT 1

Provider:

UM Workgroup: <u><<Date>></u>

Reviewer: <u><<Name>></u>

Product: <<Product Specified>> QI Committee: <<<u>Date></u> Quarter: <<u><Quarter>></u>

DELEGATE SUBMISSIONS TOOL

Document	Timeframe	Date Received	Points Possible	Points Earned
REPORTING				
1. Quarterly Reports	Quarterly		5 Points	
First Quarter Report	1ST		(awarded at the	
Second Quarter Report	2ND		end of the reporting year if all	
Third Quarter Report	3RD		four quarters are	
 Fourth Quarter Report (includes Annual) 	4TH		received)	
2. Presentation to the BCBSIL	Semi-		5 Points	
QI Committee	Annually		(awarded at the	
First semi-annual report	1ST HALF		end of the	
Second semi-annual report	2ND HALF		reporting year)	
CONTRACTUAL				
1. Signed contract			NA	NA
2. Signed delegation agreement			NA	NA
WHERE QUALITY IMPROVEMENT IS DELEGATE If not a delegated service, points in this section are not app				
1. QI Program Description-Annual	Annually		5 Points	
2. QI Work P lan-Annual	Annually		5 Points	
 QI Committee-Quarterly (meets at least quarterly with meeting minutes) 	Quarterly		5 Points	
First Quarter Report	1ST		(awarded at the end of the	
Second Quarter Report	2ND		reporting year if all	
Third Quarter Report	3RD		four quarters are received)	
Fourth Quarter Report (includes Annual)	4TH		(coolived)	
4. QI Study Summaries-Annual	Annually		5 Points	
5. QI Indicators-Quarterly	Quarterly		5 Points	
First Quarter Report	1ST		(awarded at the	
Second Quarter Report	2ND		end of the	
Third Quarter Report	3RD		 reporting year if all four quarters are 	
Fourth Quarter Report (includes Annual)	4TH		received)	
6. Provider Satisfaction Survey Results	Annually		5 Points	
WHERE MEMBER RIGHTS AND RESPONSIBILIT If not a delegated service, points in this section are not app		GATED:		
1. Member satisfaction survey	Annually		5 Points	N/A
2. Member inquiry, complaint and appeal policies and procedures	Annually		5 Points	N/A
3. Confidentiality policy and procedure	Annually		5 Points	
4. Member rights and responsibilities indicators	Quarterly			
Complaints/1000	1ST		- 5 Points (awarded at the	
• Number of member appeals by type and	2ND		end of the	
disposition	3RD		reporting year if all	

Provider: Provider Organization>

QI Committee: <u><Date></u>

Reviewer: <u><Name></u>

Product: <Product Specified> UM Workgroup Committee: <<u>Oate></u> Quarter: <<u><Quarter>></u>

DELEGATE SUBM	IISSIONS TOO	L - CONT'D		
Document	Timeframe	Date Received	Points Possible	Points Earned
WHERE UTILIZATION MANAGEMENT IS DELEGAT	TED: (If not a dele	egated service, poir	nts in this section are	not
applicable.) 1. UM Program Description	Annually		5 Points	
2. UM Statistics			JFOILIS	
ALOS	Quarterly 1ST		5 Points	
			(awarded at the end	
• Days/1000	2ND		of the reporting year if all four quarters	
Admits/1000	3RD		are received)	
Inpatient readmission rate	4TH			
3. UM Indicators	Quarterly		5 Points	
 Inter-rater reliability test results 	1ST		(awarded at the end	
Timeliness of UM decisions	2ND		of the reporting year if all four quarters	
Denials/1000	3RD		are received)	
	4TH			
WHERE MEMBER CONNECTIONS IS DELEGATED	: (If not a delegate	ed service, points ir	n this section are not a	applicable.)
1. Policy and Standard Operating Procedures and Other Documented Materials:				
 Quality Assurance (Accuracy of Information) 	Annually		5 Points 5 Points	
Pharmacy Benefit Information: Web site				
 Screenshots of Web site Functionality 			5 Points	
 Telephone Training Modules 			5 Points	
Reporting for QI Process on Accuracy of Information:				
Web Site Audit Results:	Quarterly			
First Quarter Report	1ST		5 Points (awarded at the end	
Second Quarter Report	2ND		of the reporting year	
Third Quarter Report	3RD		If all four quarters	
Fourth Quarter Report	4TH		are received)	
Telephone Audit Results:	Quarterly		5 Points	
First Quarter Report	1ST		(awarded at the end	
Second Quarter Report	2ND		of the reporting year if four quarters are received)	
Third Quarter Report	3RD			
Fourth Quarter Report	4TH			
3. Pharmacy Benefit Updates for Web site and Telephone (including but not limited to	Annually		5 Points	
recalls, formulary changes, withdrawals, etc.)	Annuany			
Documentation of Updates	1		1	
	Total Score	(Maximum Points Possible)	(Delegate Score)	% Percentage

*The total points possible will vary depending on the services delegated to the *Provider*. Therefore, the delegate score will be divided by the maximum points possible for a final percentage. Comments and follow-up: