

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

<b>DEPARTMENT:</b> Network Provider Performance	
<b>POLICY NUMBER:</b> Administrative 14	<b>POLICY TITLE:</b> Contract Management Firms: Confidentiality Agreement
<b>EXECUTIVE OWNER:</b> Executive Director, Provider Performance	<b>BUSINESS OWNER:</b> Manager, Provider Performance
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 12/01/1997	<b>COMMITTEE APPROVAL DATE:</b> 10/24/2024

## 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 IFM	x
PPO Commercial	
PPO Exchange	

## 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 Contract Managed Firm (CMF).

## III. POLICY

A Contract Management Firm (CMF) is a subcontractor retained by a Medical Group/Independent Physician Association or Physician Hospital Organization (hereinafter the "IPAs"), to perform certain management and administrative functions. A Confidentiality Agreement will be executed between the IPA, the CMF and Health Care Services Corporation (HCSC).

## IV. 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 obtains the signed documents and provides document to BCBSIL contracting and HMO Network Management.

## **V. RELATED DOCUMENTS**

Administrative 14A - Contract Management Firms: Confidentiality Agreement

## **VI. IMPACTED BUSINESS AREAS**

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

## **VII. POLICY REVIEWERS**

Person Responsible for Review	Title	Date of Review
Jessica Whaley	HMO Provider Network Consultant	10/08/2024

## **VIII. POLICY REVISION HISTORY**

Description of Changes	Revision Date
Transferred P&P to new P&P template	09/29/2021
Added revised Policy header.	10/08/2024

## **IX. POLICY APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Provider Performance	Geoff Guiton	Executive Director Provider Performance	10/18/2024
BCBSIL P&P Committee			10/24/2024

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

<b>DEPARTMENT:</b> Network Provider Performance	
<b>PROCEDURE NUMBER:</b> Administrative 14A	<b>PROCEDURE TITLE:</b> Contract Management Firms: Confidentiality Agreement
<b>EXECUTIVE OWNER:</b> Executive Director, Provider Performance	<b>BUSINESS OWNER:</b> Manager, Provider Performance
<b>ORIGINAL EFFECTIVE DATE (IF KNOWN):</b> 12/01/1997	<b>COMMITTEE APPROVAL DATE:</b> 10/24/2024

**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
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PPO Commercial	
PPO Exchange	

**II. POLICIES IMPLEMENTED BY PROCEDURE**

This Procedure implements the following Policy(ies):

Policy Name	Policy Number
Contract Management Firms: Confidentiality Agreement	Administrative 14

**III. 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.

**IV. CONTROLS/MONITORING**

Line of Business and/or Area	Control Requirements
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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.
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## **V. AUTHORITY AND RESPONSIBILITY**

HMO PNCs are responsible for coordinating and implementing the Procedure.

## **VI. IMPACTED BUSINESS AREAS**

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

## **VII. IMPACTED EXTERNAL ENTITIES**

- HMO IL IPAs
- Contract Management Firms

## **VIII. PROCEDURE REVIEWERS**

Person Responsible for Review	Title	Date of Review
Jessica Whaley	HMO Provider Network Consultant	10/08/2024

## **IX. PROCEDURE REVISION HISTORY**

Description of Changes	Revision Date
Transferred P&P to new P&P template	09/29/2021
Revised Procedure header, added Section II Policies Implemented by Procedure, and deleted Related Documents section.	10/08/2024

## **X. PROCEDURE APPROVALS**

Company, Division, Department and/or Committee	By: Name	Title	Approval date
Provider Performance	Geoff Guiton	Executive Director Provider Performance	10/18/2024
BCBSIL P&P Committee			10/24/2024