

# Medical Coverage Policy



## BCBSRI use of Provider Performance Data for Healthcare Operations

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	1/31/2013	Policy Last Updated:	4/2/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

**NOTE:** The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that are established and do not indicate a change in the payment process.

### Description:

It has been the standard practice of BCBSRI to utilize provider performance data in various initiatives and programs over the past several years. The policy below reinforces the practice that providers allow BCBSRI to use this performance data.

### Medical Criteria

None

### Policy:

BCBSRI's network of individual practitioners, group practitioners, hospitals, and ancillary providers, which may include, but are not limited to; skilled nursing facilities, home health agencies, acute substance abuse residential treatment centers and rehabilitation facilities agree that BCBSRI may utilize provider performance data for health plan operations for all BCBSRI products. Examples of the use of provider performance data for health plan operations, include but are not limited to; quality improvement activities, credentialing activities and public reporting to consumers. Regarding initiatives that involve public reporting, BCBSRI will issue advance notice introducing the program to providers prior to implementation.

### Coverage

None

### Coding

none

### Also know as

None

### Related Topics

none

### Published

Provider Update, June 2013

**References**

None

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.