



HURON BEHAVIORAL HEALTH
OPERATIONAL POLICY

Policy #: **PM.1.02**
Issue Date: **08/30/17**

Rev. Date:
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Title: Provider Network – Quality Monitoring of Purchased Services Policy

Prepared By: Chief Finance Officer

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Purpose:

To define the guidelines for the quality monitoring process for contracts with external providers and organizations (provider network) at Huron Behavioral Health (HBH).

Scope:

This policy applies to all providers and organizations which Huron Behavioral Health (HBH) contracts with for services or goods.

Information:

HBH will make good faith efforts to develop quality indicators for all contracts issued.

Policy:

1. HBH will monitor the quality of service delivery from contracted providers. This will be done by establishing objectives and performance indicators within the contracts.
2. On an annual basis, providers' performance will be evaluated based on the quality indicators included in the contracts.
3. Providers will be given a memo indicating their status following the provider monitoring process which will state whether they are in:
 - full compliance,
 - substantial compliance
 - non-compliance
4. Substantial compliance and non-compliance will require a plan of correction from the provider.
5. The Finance Department will prepare an annual summary report for contracted providers who have been assessed detailing their report card rating (as defined in #3 above). This report will be submitted to the Administrative Workgroup for review and approval. The Administrative Workgroup is composed of Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Finance Officer (CFO), Quality/Compliance Manager, Contract Manager, Reimbursement Coordinator, and Information Systems (IS) Manager (see also "[Administrative Workgroup Procedure](#)" QI.2.43).
6. The Administrative workgroup will determine whether HBH continues to contract with providers who are in less than full compliance.
7. Upon approval by the Administrative Workgroup, the summary report will be presented to the HBH Quality Council with details regarding corrective action activities which are being taken by the provider to address ratings of Substantial compliance and Non-compliance.
8. Other monitoring activities – Contractors will be monitored for:
 - a. Sufficient administrative capacity and financial resources to meet the terms of the contract
 - b. Required licenses/legal authorization to provide services defined in the contract
 - c. Satisfactory progress toward fulfilling the terms of the contract
 - d. Satisfactory insurance coverage
9. Other support activities for contractors – Contractors will be provided:

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- a. Comprehensive policies and procedures that elaborate on the contract and establishes:
 - agency mission, principles, practice model(s) and system-wide performance indicators;
 - policies and procedures specific to the service area or program;
 - relevant federal and state policy;
 - monitoring procedures;
 - technical assistance procedures;
 - other information necessary to establish consistent practice and policy implementation
 - b. Technical assistance, as needed, to:
 - ensure service continuity and quality;
 - implement new agency-identified best practices; and
 - participate in relevant practice initiatives.
10. When areas of concern are identified, the HBH Contract Manager will:
- a. develop an improvement plan in conjunction with the contractor
 - b. ensure contractor follow-up and remediation

Definitions/Acronyms:

CEO – Chief Executive Officer
CFO – Chief Finance Officer
COA – Council On Accreditation
COO – Chief Operating Officer
HBH – Huron Behavioral Health
IS – Information Systems

Forms:

N/A

Records:

Provider report cards will be filed in contractor files and summaries of assessed providers will be saved in a provider report card file in the contract files maintained by the Finance Department in accordance with "[Finance Record Retention Policy](#)" [FM.1.03](#)).

Reference(s) and/or Legal Authority

COA standards
[FM.1.03 Finance Record Retention Policy](#)
[QI.2.43 Administrative Workgroup Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None	08/30/17	New policy developed to document current practices and comply with COA standards (RPM 10)