



TUSCOLA BEHAVIORAL HEALTH SYSTEMS
Financial Administration Policies

Policy Section	Contracts	Policy Number	III-006-002
Subject	Monitoring	Issue Date	09/01/2008
		Revision Date	10/23/2020
		Approved By	<i>Shawn Bonds</i>
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POLICY

It is the policy of Tuscola Behavioral Health Systems (TBHS) to ensure that consumers receive the highest quality of care from the provider network through the establishment of a privileged and credentialed panel of organizations and licensed independent practitioners.

PURPOSE

The purpose of this policy is to define the process for ensuring the provision of quality and timely contractual services and to initiate timely remedial action when necessary.

APPLICATION

This policy shall be applicable to all TBHS contracted programs.

DEFINITIONS

n/a

PROCEDURES

1. TBHS shall monitor provider performance in accordance with the specific indicators identified in the contract between TBHS and the provider. The Contract Manager shall monitor for contract compliance with submission deadlines as required per the terms of the contract.
2. The Contract Manager shall monitor to ensure that licenses, insurances and credentials are current and that the contract expenditures are within the terms of the contract.
3. The Contract Manager and/or designated staff shall notify the Chief Financial Officer (CFO) and Chief Operating Officer (COO) (if applicable) when any contractual provider expenditures are over the contracted budgeted amount year to date (any time during the fiscal year) at which time a review of the budget will be initiated.
4. Contract providers who are not accredited by JCAHO, CARF or COA and provide services to 3 or more consumers at one time at one location will receive a formal site review annually. In addition, all in-county specialized residential homes (Type B and CLS contracts) will receive a formal site review annually regardless of the number of consumers served.

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5. Contract providers who are not accredited by JCAHO, CARF or COA and provide services to less than 3 consumers at one time at one location will receive an informal (desk) review annually. If during the informal audit a material issue is discovered, a full site review will be performed.
6. The Contract Manager will notify the contractor of the recommendations/review finding within 30 days of the completion of the review. The contractor will have 30 days to respond to any deficits identified with a corrective action plan. The corrective action plan will be reviewed by the Contract Manager in conjunction with other TBHS staff as appropriate. Once accepted, the Contract Manager shall monitor provider compliance with the plan for the remainder of the contract term.
7. Provider Performance Reports will be available via the TBHS Website within 30 days of the end of each fiscal year.
8. The contractor will have the opportunity to provide comments/feedback related to their site review findings.
9. The Contract Manger and/or designated staff will conduct billing verification of services on all independent contractors according to the service requirements contained in the contract through random sampling of claims received. The Contract Manager will notify the contractor of any findings in writing within 30 days of the review. The contractor will have 30 days to respond to any deficits identified and make corrections as necessary. The Contract Manager shall monitor provider compliance with the plan for the remainder of the contract term. Independent contractors will be evaluated for quality of service delivery through a peer review process, if appropriate. In addition, an annual feedback review will be conducted to evaluate performance as perceived by TBHS staff.
10. TBHS Providers who are contracted and who are not accredited, licensed or otherwise certified, shall be reviewed annually by the Contract Manager and/or designated staff, utilizing MDHHS guidelines.
11. All organizations and licensed independent practitioners will be required to meet performance expectations addressing competency as defined in the contract between TBHS and the Provider.
12. Contracts between TBHS and other Agencies or Agents from whom we receive funds for performance of tasks related to TBHS's programs or functional maintenance must be signed by both parties before payment of funds can be made, unless prior approval by CFO or designee is received.
13. All contracts must include language that Medicaid or non-Medicaid program supports/services or costs/claims, shall not be reimbursed by TBHS for unallowable costs/claims. This requirement shall survive the termination of the Agreement and the Provider shall make reimbursements at the time when TBHS discovers that it has made unallowable payments for unallowable Medicaid or non-Medicaid program supports/services or costs/claims and thereby financial paybacks by the Provider are required.

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RELATED FORMS & MATERIALS

Site Review and Provider Performance Monitoring Checklist
Annual Feedback Review

REFERENCES/LEGAL AUTHORITY

n/a

Revision Dates:

12/22/2009
07/29/2011
10/14/2014
05/02/2016
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03/19/2019
10/23/2020