



## SALISH BHO

### PROVIDER MONITORING POLICIES AND PROCEDURES

**Policy Name:** MONITORING OF CONTRACTORS

**Policy Number:** 9.02

**Reference:** 42 CFR 438.206, 207; WAC 388-865-0268;  
State Contract

**Effective Date:** 8/2004

**Revision Date(s):** 2/2013; 4/2016; 6/2017

**Reviewed Date:** 4/2016; 6/2017; 5/2018

**Approved by:** SBHO Executive Board

#### CROSS REFERENCES

- Plan: Quality Management Plan
- Policy: Corrective Action Plans
- Policy: Provider and Subcontractor Administrative Review

#### PURPOSE

The Salish Behavioral Health Organization (SBHO) shall monitor contracted providers for compliance with contract requirements and state and federal regulations.

#### PROCEDURE

1. The SBHO monitors contractor compliance and performance by a variety of means
  - Contractor licensing and certification is monitored during the routine SBHO administrative reviews.
  - Statistical monitoring is performed quarterly in the SBHO performance reports.
  - Contractor performance is compared to statewide standards on specific performance measures.
  - Timely access to services is monitored through MIS data reports.
  - A random sample of clinical files is reviewed annually, at a minimum totaling 500 charts in a year.
  - A standardized clinical chart review is utilized, as well as targeted/ focused chart reviews such as Practice Guidelines and zero PRATs.
  - Files are reviewed for data accuracy against the SBHO database.

- Grievance reports are compiled quarterly and monitored for patterns of grievances that bears investigation by SBHO staff and the Quality Improvement Committee.
  - SBHO monitors and oversees the agency semi-annual revenue and expense reports submitted to the SBHO.
  - SBHO conducts annual delegation agreement/plan reviews.
2. The SBHO conducts regularly scheduled SBHO provider and subcontractor administrative reviews, targeting areas of trend and corrective action from previous reviews.

The SBHO will:

- Deliver to the provider copies of the format of the review at the time of review, or earlier.
- Report the results of the review in writing to the provider, including areas needing improvement or other acts of non-compliance, within 30 calendar days of the completion of the review.
- Identify required redress or repair and the time limits, and the form or format or other evidence that the provider is required to submit in order to be considered compliant.
- Report to the provider the possibility of punitive response as may result from failure to comply.

## **MONITORING**

1. This policy is a mandate by contract and statute. This policy is monitored through use of SBHO:
- Regularly scheduled SBHO Provider and Subcontractor Administrative/Subdelegated Review
  - Annual Provider Chart Reviews
  - Grievance Tracking Reports
  - Biennial Provider Quality Review Team review
  - Quality Management Plan activities, such as review targeted issues for trends and recommendations.
  - Review of previous provider corrective action plans related to the Age and Cultural Competence policy, including provider profiles related to performance on targeted indicators.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval. Reference 9.11 SBHO Corrective Action Plan Policy.