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<b>Title 1</b>	<b>Northern Lakes Policies</b>
<b>Part 103</b>	<b>Managed Health Division</b>
<b>Subpart B</b>	<b>Contract Management</b>
<b>Policy No.</b>	<b>103.204</b>
<b>Subject</b>	<b>Provider Vetting</b>

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## **Applicability**

Policy applies to all Managed Health Division workforce members, Northern Lakes CMHA workforce members, and contract and network providers.

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## **Policy**

The Managed Health Division is responsible for continuous monitoring of the provider network to ensure access, quality of care, person-centered approach and customer satisfaction. Provider vetting is used by the Managed Health Division as a summary of certain measures of provider performance. Provider vetting is used to compare results across a peer group or to set a standard or expectation. The Managed Health Division will utilize the provider vetting tool to evaluate its network and to focus on quality improvement initiatives.

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## **Procedures**

1. The Managed Health Division develops standard measures of performance that are applied across the provider network. These measures are applied to areas such as utilization and cost, clinical outcomes, process, performance, and consumer satisfaction.
2. Data gathered from those measures are used to develop a profile of each provider through the vetting process.
3. The profiles are used as a tool to compare performance across the network and to ensure quality of network services.

Pertinent Data from provider vetting is documented and available to consumers and their families, providers, and the community. Information may be shared individually with providers or at general provider and/or consumer gatherings. Once a contract has been established between the provider and Northern Lakes CMHA, the provider will be posted on the Northern Lakes CMHA provider directory.

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**Adoption Date:** June 4, 2006

**Review Dates:** June 5, 2009  
March 28, 2012  
April 26, 2018

**Revision Dates:** April 30, 2018