

HEALTHWEST

Procedure

No. 10-001

Prepared by:

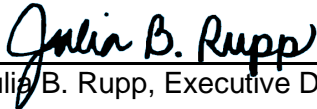
Judith E. Cohen, Network Manager

Effective Date: February 21, 1992

Revised Date: April 3, 2018

Approved by:

Subject: HealthWest Contracts and
Lease Agreements



Julie B. Rupp, Executive Director

I. PURPOSE

To establish procedures for the completion and routing of HealthWest contracts.

II. APPLICATION

Administrative and Network Management Staff.

III. PROCEDURE

1. Contracts are prepared by the Network Manager or Contract Specialist). The Network Manager/Contract Specialist prepares the contract, including any and all attachments for review and approval via the Action Transmittal (see **Attachment A**). The Network Manager/Contract Specialist completes the following items on the Action Transmittal: Contract Agency, Vendor/Provider Number, Contract Term, Preparer, and Authorization by the HealthWest Board (**Attachment A, Items 1-3**).
3. The Network Manager/Contract Specialist will then give the contract to the Chief Financial Officer for review (**Attachment A, Item 4**).
4. The contract will be returned to the Network Manager/Contract Specialist to complete Action Transmittal **Items 5 and 6**. The Network Manager/Contract Specialist will prepare a cover letter to the contract agency (see **Attachment B-1**) instructing the contract agency to sign both copies of the contract and return both to HealthWest for signature. If acceptable, the Executive Director may choose to sign the copies prior to sending them out to the providers. A copy of the cover letter and Action Transmittal are retained by the Network Manager/Contract Specialist (**Attachment B-2**).
5. The Network Manager/Contract Specialist will assure all required documentation has been received by HealthWest, i.e., required insurance certification, licensure, credentialing, and certification/accreditation documents prior to the contract being signed by the Executive Director or designee. (**Attachment A, Item 8**) (In the case of the Executive Director signing prior to mailing out the contract, the Network Manager/Contract Specialist will need only to send the additional signed Signature

Page and any attachments requiring completion by the provider. The signature letter will stipulate that the provider keep a fully signed copy of the contract and return only the additional signed signature page and a copy of the completed attachment.)

6. Returned contracts are forwarded to the Network Manager/Contract Specialist who will complete the process by forwarding the contracts to the Executive Director for signature (**Attachment A, Item 8**).
7. Upon final signature, the Network Manager will return one fully signed original contract to the contract agency with a cover letter (see **Attachment C**). The other original contract will be scanned in the provider's LaserFiche file by Administrative Support staff. Copies of the fully signed contract are routed appropriately according to persons identified on the Action Transmittal, **Items 9- 11**, as needed.
8. All contracts from sources other than HealthWest are to be routed through the HealthWest Network Manager for completion of the review/signing process.

/jec

Vendor# _____

HEALTHWEST

ACTION TRANSMITTAL FOR CONTRACT

Contract Provider: _____

Type of Contract: _____

Contract Term: **Start Date:** _____ **End Date:** _____

Status of Action Taken

Initials / Date

1. Review by Corporate Counsel: _____
2. Authorization by HealthWest Board: _____
- 3 Prepared by Provider Network Manager/Other: _____
4. Received required documentation:

☐ Insurance Certification (exp._____) ☐ Credentialing/Certification Documents

☐ Licensure (exp._____) ☐ Accreditation (exp._____) _____
5. Review by Chief Financial Officer: _____
6. Signed by HealthWest CEO/Board Chair/Designee _____
7. Sent to Contract Agency with Cover letter via:
USPS ☐ FAX ☐ Email ☐ Contract Software ☐ _____
8. Provider signature obtained and contract returned to HealthWest. _____
9. Signed copies forwarded to:

☐ (Specify) _____
Claims ☐
CFO ☐
10. Verify rates are entered into Contract Insight. _____
11. Completed Document placed into scanning _____

SAMPLE DOCUMENT

Attachment B-1

January 2, 2014

Kelly Rimbey, M.S., CCC-SLP
312 10 Mile Road, NE
Comstock Park, MI 49321

Dear Ms. Rimbey,

Enclosed are two original Community Mental Health Services of Muskegon County contracts, effective from October 1, 2013 through September 30, 2014, for Speech-Language Pathology Services.

Please sign both contract documents, and **return both** to me for signature by our Executive Director, Julia Rupp. One fully signed contract will then be returned to you for your records.

The return address is:

Community Mental Health Services of Muskegon County
Attn: Judith E. Cohen, Network Manager
376 E. Apple Avenue
Muskegon, MI 49442

Thank you for your continued cooperation in jointly serving the needs of Muskegon County residents.

Sincerely,

Judith E. Cohen, MA, LLP
Network Manager

/jec

Enclosures

SAMPLE DOCUMENT

Attachment B

January 31, 2014

Kelly Rimbey, M.S., CCC-SLP
312 10 Mile Road, NE
Comstock Park, MI 49321

Dear Ms. Rimbey,

Enclosed for your records is one fully signed original Community Mental Health Services of Muskegon County 2013/2014 contract for Speech and Language Services, effective October 1, 2013 through September 30, 2014.

Thank you so much for continuing to serve our CMH recipients of service. I am sorry for the delay in getting your contract out to you. Please free to contact me with any questions or concerns at 231-724-6055.

Sincerely,

Judith E. Cohen, MA, LLP
Network Manager

/jec

Enclosure