



HURON BEHAVIORAL HEALTH
OPERATIONAL POLICY

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

Rev. Date: 11/05/25
Page: 1 of 3

Title: Provider Network – Quality Monitoring of Purchased Services Policy

Prepared By: Chief Finance Officer

NOTE: This Document Copy is Uncontrolled and Valid on this date only: January 5, 2026. For Controlled copy, view shared directory I:\ drive

Purpose:

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

Scope:

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

Information:

HBH will make a good faith effort to define and monitor quality indicators for its contract providers.

Policy:

1. HBH will monitor the quality of service delivery from contracted providers. This is done by establishing objectives and performance indicators within the contracts.
2. On an annual basis, reviews will be conducted by the HBH Contract Manager to evaluate the established objectives and performance indicators based on contract requirements. All residential providers (100%) and a minimum of 50% of non-residential providers will be included in the audits/reviews.
3. Providers will be given a report card rating indicating their status following the provider audit/review which will state whether they are in:
 - full compliance,
 - substantial compliance
 - non-compliance
4. Providers who receive “substantial compliance” or “non-compliance” ratings will be required to submit a plan of correction.
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 Management Team for review and discussion (see also “[Management Team Procedure](#)” [QI.2.44](#)).
6. Management Team will determine whether HBH continues to contract with providers who are in less than full compliance. A full list of contract providers will be reviewed and approved by the Management Team to address providers not included in the current year’s review. Approval will be noted in the provider’s contract file.
7. Upon approval by the Management Team, 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. The Provider Review Summary Report will be posted on the HBH website (@ <http://huroncmh.org/provider-report-card/>) and shall also be made available upon request.
9. Other monitoring activities – contract providers 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 the services defined in the contract

Title: Provider Network – Quality Monitoring of Purchased Services Policy

Policy #: PM.1.02
Issue Date: 08/30/17
Rev. Date: 11/05/25
Page: 2 of 3

Prepared By: Chief Finance Officer

NOTE: This Document Copy is Uncontrolled and Valid on this date only: January 5, 2026. For Controlled copy, view shared directory I:\drive

- c. satisfactory progress toward fulfilling the terms of the contract
 - d. satisfactory insurance coverage
 - e. other areas, specific to their contract requirements, as appropriate
10. Monitoring Provider Training – the HBH Contract Manager will monitor the training requirements of each contract.
- a. Organizational providers who have access to HBH's on-line/internet training system (Relias) will have their trainings monitored through the Relias system. Providers who do not have access to Relias, they may be required to submit a semi-annual "[Human Resource \(HR\) – Personnel Training Log 90-744](#)) or equivalent that will list their employees and dates of completion for their required trainings. This will be verified during the annual audit review.
 - b. Individual providers have access to HBH's on-line/internet training system (Relias) - the HBH Contract Manager will monitor and verify completion of required trainings.
11. Other support activities for contract providers will be provided (as applicable):
- 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 services provided;
 - relevant federal and state policies;
 - 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.
12. When areas of concern are identified, the HBH Contract Manager will:
- a. develop an improvement plan in conjunction with the contract provider
 - b. ensure contract provider follow-up and corrective actions

Definitions/Acronyms:

CEO – Chief Executive Officer
CFO – Chief Finance Officer
COA – Council on Accreditation
COO – Chief Operations Officer
HBH – Huron Behavioral Health
HR – Human Resource

Forms:

[90-744 HR – Personnel Training Log](#)

Records:

Provider report cards and summaries of assessed providers retained by the Finance Department in accordance with "[HBH Financial Records Retention Policy](#)" *FM.1.03*).

Title: Provider Network – Quality Monitoring of Purchased Services Policy

Policy #: PM.1.02
Issue Date: 08/30/17
Rev. Date: 11/05/25
Page: 3 of 3

Prepared By: Chief Finance Officer

NOTE: This Document Copy is Uncontrolled and Valid on this date only: January 5, 2026. For Controlled copy, view shared directory I:\drive

Reference(s) and/or Legal Authority

COA standards

[FM.1.03 HBH Financial Records Retention Policy](#)

[QI.2.44 Management Team 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)
A	10/04/17	In "Policy" section #2 added second sentences, in #6 added second & third sentences, added #8 to comply with PIHP Delegated Managed Care Audit POC.
B	12/21/17	In "Policy" section 10a & 10b to comply with MSHN Audit findings and POC.
C	10/23/19	Changed "Administrative Workgroup" to "Management Team" throughout document (6 places), Changed "Administrative Workgroup Procedure QI.2.43" to "Management Team Procedure QI.2.44" (2 places), made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
D	08/12/21	In "Policy" section 10.a changed "quarterly" to "semi-annually" and added 90-744, in "Forms" section added 90-744, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
E	03/08/22	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
F	01/02/24	Changed "contractors" to "contract providers" throughout policy (3 places), made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
G	11/05/25	In "Acronyms" section removed "IS", in "Records" section removed "will be filed in contractor files" and removed "will be saved in a provider report card file in the contract files" & changed "maintained" to "retained", made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.