

**POLICIES AND PROCEDURE MANUAL**

<b>Chapter:</b>	<b>Quality</b>		
<b>Title:</b>	<b>Michigan Mission Based Performance Indicator System</b>		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 3	<b>Review Cycle:</b> Biennial  <b>Author:</b> Chief Compliance Officer	<b>Adopted Date:</b> 09.02.2014  <b>Review Date:</b> 11.10.2020	<b>Related Policies:</b> Quality Management Required Reporting

**Purpose**

To clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System (inclusive of Substance Use Disorder Programs) as reflected in the Mission statement, in Delivering the Promise, and in the needs and concerns expressed by consumers and the citizens of Michigan. Those domains are Access, Efficiency, and Outcomes.

- A. To develop a statewide aggregate status report, to address issues of public accountability for the public mental health system, to provide a data-based mechanism, and to assist the Michigan Department of Health and Human Services (MDHHS) in the management of Pre-Paid Inpatient Health Plan (PIHP) contracts that impact the quality of the service delivery system statewide.
- B. To the extent possible, facilitate the development and implementation of local quality improvement systems, link with existing healthcare planning efforts, and establish a foundation for future quality improvement monitoring within a managed health care system for consumers of public mental health services in the state of Michigan. (Medicaid Managed Specialty Supports and Services Contract: Attachment P7.7.1.1)

**Policy**

- A. The Provider Network is responsible for collecting and reporting to Mid-State Health Network (MSHN) all performance indicators as specified in the MDHHS Medicaid Specialty Supports and Services Contract.
- B. The Provider Network reports the performance indicator data as required to MSHN for analysis. MSHN then reports to the MDHHS the performance indicator data as required and in accordance with the Medicaid Managed Specialty Supports and Services Contract.
- C. MSHN will provide a summary report/analysis demonstrating performance to each Provider Network participant following the submission of the Michigan Mission Based Performance Indicator System (MMBPIS) to MDHHS. All Provider Network participants who exhibit performance below the standard for an indicator during the reported quarter will be subject to an improvement plan. The Provider Network is responsible for ensuring a process is in place to implement corrective action plans and quality improvement processes to improve the access, efficiency, and outcomes of services provided by the Provider Network participant as monitored through the performance indicator system. It is an expectation that the Provider Network manage their subcontractors to ensure compliance and to provide evidence of the reported data.
- D. Noncompliance with the above indicators and related improvement plans will be addressed per the contract provisions.
- E. Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.
- F. The Performance Indicators as defined by MDHHS:

**1. Access:**

- 1. The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours\*.
- 2. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (MI Adults, MI Children, DD Adults, DD Children) \*
- 2. (b) The percentage of new person during the quarter receiving a face to face service for treatment or supports within the 14 calendar days of a non-emergency request for service

for persons with Substance use Disorders (Persons approved for SUD services) \*\*

3. The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. (MI Adults, MI Children, DD Adults, DD Children).
4. (a) The percent of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days (All children and all adults (MI, DD)).  
(b) The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven (7) days (All Medicaid SUD\*).
5. The percent of Medicaid recipients having received PIHP managed services (MI adults/MI children/DD Adults/DD children, and SUD).\*\*

**2. Adequacy/Appropriateness:**

6. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one (1) HSW service per month that is not support coordination. \*\*

**3. Efficiency:**

7. The percent of total expenditures spent on managed care administrative function for PIHPs. \*\*

**4. Outcomes:**

8. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by the CMHSP who are in competitive employment. \*\*
9. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported employment, or sheltered workshop). \*\*
10. The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within thirty (30) days of discharge.
11. The annual number of substantiated recipient rights complaints per thousand Medicaid beneficiaries with MI and DD served in the categories of Abuse I and II and Neglect I and II.
12. The percent of adults with developmental disabilities served who live in a private residence alone or with spouse or non-relative(s). \*\*
13. The percent of adults with serious mental illness served who live in a private residence alone or with spouse or non-relative(s). \*\*
14. Percentage of children with developmental disabilities (not including children in the Children Waiver Program) in the quarter who receive at least one service each month other than Case Management and Respite. \*\*

\* Calculated by the PIHP from REMI.

\*\* MDHHS Calculates. The PIHP does not submit data through this process.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN's CMHSP Participants:  Policy Only     Policy and Procedure
- Other: Sub-contract Providers

**Definitions:**

CMHSP: Community Mental Health Service Plan

DD: Developmental Disability

HSW: Habilitation Supports Waiver

MDHHS: Michigan Department of Health and Human Services

MI: Mental Illness

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

MMBPIS: Michigan Mission Based Performance Indicator System

**Definitions** (cont.)

Provider Network: refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.

REMI: Regional Electronic Medical Information (MSHN's Managed Care Information System)

SUD: Substance Use Disorder

**Other Related Materials**

The MMBPIS Description of Project Study

The MMBPIS Detail Data Collection Instructions

**References/Legal Authority**

Medicaid Managed Specialty Supports and Services Contract, Attachment P7.9.1 and P.7.7.1.1

FY20\_PIHP\_PI\_Code Book

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
09.2014	New Policy	Chief Compliance Officer
11.2015	Annual review and update to MDHHS	Director of Compliance, Customer Service and Quality Improvement
08.2016	Annual Review	Director of Compliance, Customer Service and Quality Improvement
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
04.2020	Deleted Indicator 2 and 3. Replaced with new Indicators 2, 2a, and 3.	Director of Compliance, Customer Service and Quality