

MSHN FY20 - Board of Directors and Operations Council - Balanced Scorecard

Target Ranges								
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level			
BETTER HEALTH	4. Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR DETOX SERVICES AND MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	100% MSHN has 24 MAT sites. Added Samaritas in Eaton County, and LIST in Tuscola County in FY20.	Increase contracted providers by 13% over FY18 (22 providers)		>=13%	<13% and >6%	<=6%
	Child and adolescent access to primary care.	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; Measurement Portfolio Engaging Primary Care	94%	100%		>=75%	50%-74%	<50%
	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use.	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	27.1% (at 6.30.20)	100%	#	>=41%	22%-40%	<21%
	Adult access to primary care.	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; Measurement Portfolio Engaging Primary Care	90%	100%	#	>=75%	50%-74%	<50%
	Consumers are screened for diabetes.	Measurement Portfolio NQF 1932; NQF 1934; NQF 1927; FY19 PIHP/MDHHS Contract, Attachment P7.9.1 (QAPIP)	74%	Increase over previous quarter		79%	77%	75%
	Consumers are monitored for diabetes.	2019 HEDIS Measure Specifications; FY19 PIHP/MDHHS Contract, Attachment P7.9.1 (QAPIP)	39%	A 7 percent increase over previous measurement period		>=39%		<36%
	Implement MCG Healthcare application to support compliance with Parity Rules	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	12	12		12	8	6
	10. Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.		Initiation: 63.71% Engagement: 47.61% (10/1/19-9/30/20)	Above National numbers; I: 40.8%; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
	Monitor and ensure compliance with new Provider Network Adequacy Standards	Develop and implement practice strategies for the MSHN provider network to comply with the new standards	Meets Requirements	Meets requirements		Meets Reqs		Does not Meet Req's
	Standard for Follow-up After Hospitalization for Adults with Mental Illness is met (FUH)	Measurement Portfolio NQF 0576; FY19 PIHP/MDHHS Contract, Section 8.4.2.1 (2019 Performance Bonus)	71%	58%		>=58%		<58%
	Standard for Follow-up After Hospitalization for Children with Mental Illness is met (FUH)	Measurement Portfolio NQF 0576; FY19 PIHP/MDHHS Contract, Section 8.4.2.1 (2019 Performance Bonus)	76%	70%		>=70%		<70%

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Target Ranges								
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level			
BETTER CARE	Percentage (rate per 100) of Medicaid consumers who are denied overall eligibility were resolved with a written notice letter within 14 calendar days for a standard request of service.	MDHHS PIHP Contract: Grievance and Appeal Technical Requirement	98%	100%		95%	91%-94%	90%
	The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter (30 calendar days) of a standard request for appeal.	MDHHS PIHP Contract: Grievance and Appeal Technical Requirement	98%	100%		95%	91%-94%	90%
	MSHN's provider network will demonstrate 95% compliance with trauma-competent standard in the site review chart tool.	Aligns with strategic plan goal that region has a trauma competent culture of care.	100%	increase over 2016		Increase over 2016	No change from 2016 levels	
	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.	MSHN Strategic Plan FY19-FY20, MSHN UM Plan	97%	100%		96-100%	94-95%	<93%
	Percent of providers who are in compliance with the HCBS Rule.	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan	100%	100%		>=76%	46%-75%	<45%
	Complete SIS Assessments for adult persons with IDD	MSHN Strategic Plan FY19-FY20	62%	100%		>=75%	50%-74%	<50%
	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan FY19-FY20, MSHN UM Plan; Measurement Portfolio NQF 1768	11%	<=15%		<=15%	16-25%	>25%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	98%	≥ 90%		≥ 90%	> 85% and < 90%	≤ 85% or >100%
	MSHN reserves (ISF)	MSHN WILL WORK WITH ITS CMHSPS AND BOARD OF DIRECTORS TO ESTABLISH A RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	7.5%	7.5%		> 6%	≥ 5% and 6%	< 5%
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	2	2		2	1	0
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization.	The MDHHS requirement of 95% slot utilization or greater.	95.60%	95% or greater		95-100%	90-94%	<90%
	Develop and implement consistent regional service benefit for all populations served	MSHN Strategic Plan FY19-FY20, Federal Parity Requirements	75%	100%		>=75%	50%-74%	<50%

MSHN FY20 - Board of Directors and Operations Council - Balanced Scorecard								
Target Ranges								
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level			
Better Provider Systems	Develop scope of work for provider portal implementation to include provider reporting requirements	FULLY IMPLEMENT THE REMI PROVIDER PORTAL TO FACILITATE PROVIDER SUBMISSION OF REQUIRED REPORTS, PLANS AND OTHER DATA/INFORMATION	100%	100%		>80%	70-75%	<70%
	Managed Care Information Systems (REMI) Enhancements	Provider portal, Patient Portal, GAIN, Authorization Data, Site Review Module, WSA, Critical Incidents/Grievance and Appeals Module	90%	100%		80%	60%	50%
	FY19 IPHU audits will demonstrate 95% performance standard; those under 95% (FY18 results) will improve performance by an additional 10%	MSHN successfully negotiates regional inpatient contracts resulting in improved rates and performance results.	3	9		9	8-6	<5
	Improve data availability	MSHN FY19-20 Strategic Plan - Staff, Consumers, Providers, and Stakeholders	88%	100%		75%	50%	25%
	Provider surveys demonstrate satisfaction with REMI enhancements (Audit module)	FULLY IMPLEMENT THE REMI PROVIDER NETWORK MONITORING (AUDIT) MODULE INCLUDING PROVIDER RESPONSE FEATURE TO STREAMLINE PROCESSES AND PROMOTE EFFICIENCIES (INCLUDING SUD AND CMHSP DELEGATED MANAGED CARE UNITS)	100%	80%		>80%	70-75%	<70%

MSHN FY20 - Clinical SUD - Balanced Scorecard

							Target Ranges			
Key Performance Areas		Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level				
BETTER HEALTH										
	1. Reduction in Opioid Prescriptions in region		MSHN WILL CONTINUE TO WORK WITH PREVENTION COALITIONS, MEDICAID HEALTH PLANS AND OTHER STAKEHOLDERS TO IMPACT THE REDUCTION OF OPIOID PRESCRIPTIONS IN MSHN'S COUNTIES.	In Development with TBD Solutions		Target to be determined based on data generated by TBD	In Development			
	2. Expand SUD stigma related community education		MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	161 completed as of Sept 30, 2019.		144 Community Presentations		>=144	<144 and >72	<=72
	3. Increase network capacity for Detox / Withdraw Management		CONTINUE TO ADDRESS NETWORK CAPACITY FOR DETOX SERVICES AND MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	Target Met-RFP process took place in Q3 (2019). Samaritan Health was chosen to help suport WM/detox and resi in Q4 (2019). Samaritan closed as a MSHN provider in March 2020. In April 2020, 8 residential providers were provisionally contracted with MSHN for MDOC residential supports until 9-30-2020. In FY21, two of those providers (New Paths & KPSP) will be recommended for contracts to continue to support MDOC residential needs and be evaluated for opening to the full SUD network. In Q2 of FY20, MSHN expanded its contract with Odyssey House to include their Flint Odyssey Village location and add Withdrawal Management services. In early FY21, MSHN sought out Flint Odyssey Village to expand the contract to include residential supports to assist with regional capacity needs during the pandemic.		Increase contracted providers by 5% over FY18 (18 providers)		>=5%	<5% and >2%	<=2%
	4. Increase network capacity for Medication Assisted Treatment		CONTINUE TO ADDRESS NETWORK CAPACITY FOR DETOX SERVICES AND MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	100% MSHN has 24 MAT sites. Added Samaritas in Eaton County, and LIST in Tuscola County in FY20.		Increase contracted providers by 13% over FY18 (22 providers)		>=13%	<13% and >6%	<=6%
	BETTER CARE									
5. Increase collaboration and coordination with treatment and recovery courts		Define preferred partnerships and implementation approaches	100.0%		100% of all Treatment courts partnered with an SUD Provider		>=100%	<100% and >50%	<=50%	
6. Increase access and service utilization for Veterans and Military members		MSHN ensures expanded SAPT and CMHSP service access and utilization for veterans and Military Families THROUTH IMPLEMENTATION OF THE REGIONAL AND STATEWIDE VETERAN AND MILITARY MEMBER STRATEGIC PLAN	Under development by TBD		Under development by TBD	In Development	Increase over 2018 levels	No change from 2018 levels	Drop below 2018 levels	
7. Increase the percentage of consumers moving from detox or residential that show for one appointment in the next LOC within 7 days, e.g. detox to appropriate lower level of care (per Performance Indicator #4), residential to outpatient, residential to recovery housing, detox to outpatient.			Initiation: 36.15% Engagement: 21.39% (10/1/19 - 9/30/20)		Increase over 2018 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2018 levels	No change from 2018 levels	Drop below 2018 levels	
8. Engagement of MAT Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of OUD within 30 days of the initiation visit.			Initiation: 89.96% Engagement: 56.05% (10/1/19-9/30/20)		Increase over 2018 levels (I: 76.17%; E: 46.64%)		Increase over 2018 levels	No change from 2018 levels	Drop below 2018 levels	
9. Percent of SUD providers trained and implementing the GAIN		REGIONALLY DEPLOY THE GAIN-I CORE, A STANDARDIZED ASSESSMENT FOR PERSONS WITH PRIMARY SUBSTANCE USE DISORDERS	79 Certified by GAIN Coordinator, 55 pending certification as of 8-20-2020; GAIN assessment training has been discontinued as of 8-1-2020. MDHHS has approved the ASAM Continuum as the Statewide assessment for implementation by 10-1-2021.		125 trained clinicians on GAIN		>=125	<125 and >60	<=60	
10. Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.			Initiation: 63.71% Engagement: 47.61% (10/1/19-9/30/20)		Above National numbers; I: 40.8%; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels	

MSHN FY20 - Provider Network Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Target Ranges					
			Actual Value (%) as of September 2020	Target Value	Performance Level			
BETTER CARE								
	Monitor and ensure compliance with new Provider Network Adequacy Standards	Develop and implement practice strategies for the MSHN provider network to comply with the new standards	Meets Requirements	Meets requirements		Meets Reqs		Does not Meet Req's
	Develop an approved regionally standardized Autism Contract and Performance Monitoring Protocol	EXPAND REGIONAL AUTISM SERVICE CAPACITY TO ENSURE SUFFICIENT NETWORK CAPACITY TO MEET CONSUMER DEMAND.	100	100% complete		100%	71-99%	<70%
BETTER VALUE								
	Increase the number of data elements available to the consumers and public	MSHN publishes provider performance data to consumers and the public	3	3		3	2	1
	Regionally organized FI and inpatient monitoring and performance systems demonstrate a reduced administrative cost	Evaluate the effectiveness of regionally organized fiscal intermediary and inpatient provider performance monitoring systems developed in prior years	reduction from FY17	reduction from FY17		reduction from FY17	no change	increase over FY17
	Assess rates; develop an approved strategy to negotiate a regional rate for each hospital in the MSHN region	MSHN successfully negotiates regional inpatient contracts resulting in improved rates and performance results.	Discontinued	100% complete		100%	71-99%	<70%
Better Provider Systems								
	Provider surveys demonstrate satisfaction with REMI enhancements (Audit module)	FULLY IMPLEMENT THE REMI PROVIDER NETWORK MONITORING (AUDIT) MODULE INCLUDING PROVIDER RESPONSE FEATURE TO STREAMLINE PROCESSING AND ANALYSIS	100%	80%		>80%	70-75%	<70%
	Develop scope of work for provider portal implementation to include provider reporting requirements	FULLY IMPLEMENT THE REMI PROVIDER PORTAL TO FACILITATE PROVIDER SUBMISSION OF REQUIRED REPORTS, PLANS AND OTHER DATA/INFORMATION	100%	100%		100%	71-99%	<70%
	SUD providers satisfaction demonstrates 80% or above with the effectiveness and efficiency of MSHN's processes and communications	Deploy a survey tool to measure participating provider satisfaction and achieve 80% satisfaction with the effectiveness and efficiency of MSHN's processes and communications	70%	80%		>80%	70-75%	<70%
	FY19 IPHU audits will demonstrate 95% performance standard; those under 95% (FY18 results) will improve performance by an additional 10%	MSHN successfully negotiates regional inpatient contracts resulting in improved rates and performance results.	3	9		9	8-6	<5
	Conduct focus groups to inform an action plan that improves workforce	MSHN WILL COORDINATE/FACILITATE FOCUS GROUPS FOR PROVIDER NETWORK TO IDENTIFY PRIMARY WORKFORCE CONCERNS AND ISSUES	100%	100%		100%	71-99%	<70%

MSHN FY20 - Clinical Leadership Committee - Balanced Scorecard

Target Ranges									
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level				
BETTER HEALTH									
	The percentage of children and adolescents (1-17 years of age) who were on two or more concurrent antipsychotic medications for an extended period during the year.	Aligns with strategic plan goal to establish clear criteria and practices that demonstrate improved primary care coordination and with Performance Measure Portfolio	2.3%	Decrease from FY2019 (3.1%)		>3% drop in the measure	2-3% drop in the measure	Any increase or <2% drop in the measure	
	The percentage of individuals 25 to 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication and who received a cardiovascular screening during the measurement year.	Aligns with strategic plan goal to establish clear criteria and practices that demonstrate improved primary care coordination and with Performance Measure Portfolio	46.1%	78.5% (2017 National data)		>=78.5%	54.4%-78.4%	<54.4%	
	ADHD medication follow up. This HEDIS measure reports the percentage of children newly prescribed ADHD medication who received at least three follow-up visits.	Aligns with strategic plan goal to establish clear criteria and practices that demonstrate improved primary care coordination and with Performance Measure Portfolio (Monthly)	Initiation: 75.82% ; C & M: 98.61%	Increase over FY 2018 (Initiation 72.86%; C & M 97.25%)		I: 74% C&M: 99%	I: 70% C&M: 95%	I: 65% C&M: 91%	
Better Care									
	MSHN's provider network will demonstrate 95% compliance with trauma-competent standard in the site review chart tool.	Aligns with strategic plan goal that region has a trauma competent culture of care.	100.00%	increase over 2016		Increase over 2016	No change from 2016 levels		
	MSHN's CMHSP partners will report completing at least one community education activity on fetal alcohol spectrum disorder (FASD) (Annual).	CLC recommendation.	25.00%	50%		>=50%	25-49%	0-24%	
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization.	The MDHHS requirement of 95% slot utilization or greater.	95.60%	95% or greater		95-100%	90-94%	<90%	
	REMOVE: Identify schools interested in participating in collaboration for the purpose of addressing mental health and prevention.	MSHN FY19-20 Strategic Plan	N/A (0)	Increase # schools		Increase over previous timeframe	No change	School withdraws	
	Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS.	MSHN FY19-20 Strategic Plan	92% (1255/1371)	95%		95-100%	90-94%	<90%	
BETTER VALUE									
	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional apts within 30 days of first step-down visit	Aligns with strategic plan goal that MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning.	I: 39.43%; E: 20.47%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels	

MSHN FY20 - Integrated Care - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of 9/30/2020	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Child and adolescent access to primary care.	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; Measurement Portfolio Engaging Primary Care	94%	100%		>=75%	50%-74%	<50%
	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use.	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	27.1% (at 6.30.20)	100%		>=41%	22%-40%	<21%
	Adult access to primary care.	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; Measurement Portfolio Engaging Primary Care	90%	100%		>=75%	50%-74%	<50%
BETTER CARE	Percent of care coordination cases that were closed due to successful coordination.	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	79%	100%		>=50%	25%-49%	<25%
BETTER VALUE	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	56%	100.0%		>=75%	50%-74%	<50%

MSHN FY20 Information Technology Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Target Ranges					
			Actual Value (%) as of September 2020	Target Value	Performance Level			
Better Value								
	Unique consumers submitted monthly	Contractual Reporting Oversight	99.0%	85%		86.0%	85.0%	84.0%
	Encounters submitted monthly	Contractual Reporting Oversight	93.6%	85%		86.0%	85.0%	84.0%
	BH-TEDS submitted monthly	Contractual Reporting Oversight	92.6%	85%		86.0%	85.0%	84.0%
	Percentage of encounters with BH-TEDS	Contractual Reporting Oversight	99.0%	95%		95.0%	94.0%	90.0%
Better Care								
	Implement MCG Healthcare application to support compliance with Parity Rules	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	12	12		12	8	6
	Integrate standardized assessment tools into REMI	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	1	4		3	2	1
Better Health								
	Increase use cases with MiHIN	Health Information Exchange, including expanded number of use cases with MiHIN, occurs with other healthcare providers to assure appropriate integration and coordination of care	5	2		2	1	0
	Increase health information exchange/record sets	MSHN will improve and standardize processes for exchange of data between MSHN and MHPs; CMHSPs and MSHN. Using REMI, ICDP and CC360 as well as PCP, Hospitals, MHPs.	4	5		3	2	1
Better Workforce								
	Managed Care Information Systems (REMI) Enhancements	Provider portal, Patient Portal, GAIN, Authorization Data, Site Review Module, WSA, Critical Incidents/Grievance and Appeals Module	90%	100%		80%	60%	50%
	Improve data use and quality	MSHN FY19-20 Strategic Plan - Staff, Consumers, Providers, and Stakeholders	90%	100%		75%	50%	25%
	Improve data availability	MSHN FY19-20 Strategic Plan - Staff, Consumers, Providers, and Stakeholders	88%	100%		75%	50%	25%

MSHN FY20 - Finance Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level	Target Ranges		
BETTER VALUE	MSHN reserves (ISF)	MSHN WILL WORK WITH ITS CMHSPS AND BOARD OF DIRECTORS TO ESTABLISH A RESERVE S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	7.5%	7.5%		> 6%	≥ 5% and 6%	< 5%
	Regional Financial Audits indicate unqualified opinion	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	100.0%	100%		> 92%	< 92% and > 85%	≤ 85%
	No noted significant findings related to regional Compliance Examinations	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	100.0%	100%		> 92%	< 92% and > 85%	≤ 85%
	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	98.0%	≥ 90%		≥ 90%	> 85% and < 90%	≤ 85% or >100%
	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.	98.0%	85%		≥ 90%	> 85% and < 90%	≤ 85%
	Regional revenue is sufficient to meet expenditures (Savings estimate report)	MSHN WILL MONITOR TRENDS IN RATE SETTING TO ENSURE ANTICIPATED REVENUE ARE SUFFICIENT TO MEET BUDGETED EXPENDITURES.	103.0%	100%		<100%	> 100% and <105%	>105%
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	2	2		2	1	0

MSHN FY20 - Quality Improvement/Customer Service - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with		Actual Value (%) as of September 2020	Target Value	Performance Level	Target Ranges		
Better Care	Percent of all Medicaid Children and Adult beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours	MDHHS PIHP Contract Reporting Requirements		99.00%	100%		95.0%	94.9%	90.0%
	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (new indicator starting FY20Q3)	MDHHS PIHP Contract Reporting Requirements		71.69%		MDHHS Collecting Baseline data - no set standard			
	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. (new indicator starting FY20Q3)	MDHHS PIHP Contract Reporting Requirements		75.33%		MDHHS Collecting Baseline Data- no set standard			
	Percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract Reporting Requirements		97.90%	100%		95.0%	94.9%	90.0%
	Percent of discharges from a substance abuse detox unit who are seen for follow up care within seven days	MDHHS PIHP Contract Reporting Requirements		95.7%	100%		95.0%	94.9%	90.0%
	Percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract Reporting Requirements		10.72%	<=15%		<=15%	>=15.1%	>=16%
	Standard for Follow-up After Hospitalization for Adults with Mental Illness is met (FUH)	Measurement Portfolio NQF 0576; FY19 PIHP/MDHHS Contract, Section 8.4.2.1 (2019 Performance Bonus)		71.32%	58%		>=58%		<58%
	Standard for Follow-up After Hospitalization for Children with Mental Illness is met (FUH)	Measurement Portfolio NQF 0576; FY19 PIHP/MDHHS Contract, Section 8.4.2.1 (2019 Performance Bonus)		75.71%	70%		>=70%		<70%
	Medicaid Event Verification review demonstrates improvement of previous year results with the documentation of the service date and time matching the claim date and time of the service. CMHSP/SUD	MDHHS PIHP Contract: Medicaid Services Verification Technical Requirement		99.02%	Increase over 2019		95%	90.0%	85%
				94.05%					
	Medicaid Event Verification review demonstrates improvement of previous year results with the service being included in the persons individualized plan of service for SUD providers.	MDHHS PIHP Contract: Medicaid Services Verification Technical Requirement		97.50%	Increase over 2019		95%	90.0%	85%
	Percentage (rate per 100) of Medicaid consumers who are denied overall eligibility were resolved with a written notice letter within 14 calendar days for a standard request of service.	MDHHS PIHP Contract: Grievance and Appeal Technical Requirement		98.00%	100%		95%	91%-94%	90%
	The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter (30 calendar days) of a standard request for appeal.	MDHHS PIHP Contract: Grievance and Appeal Technical Requirement		98.00%	100%		95%	91%-94%	90%
	The percentage (rate per 100) of Medicaid second opinion requests regarding inpatient psychiatric hospitalization denials which are resolved in compliance with state and federal timeliness standards, including receiving a written provision of disposition	MDHHS PIHP Contract: Grievance and Appeal Technical Requirement		100%	100%		95%	91%-94%	90%
	The percentage (rate per 100) of Medicaid grievances are resolved with a written disposition sent to the consumer within 90 calendar days of the request for a grievance	MDHHS PIHP Contract: Grievance and Appeal Technical Requirement		100%	100%		95%	91%-94%	90%
Health	Consumers are screened for diabetes.	Measurement Portfolio NQF 1932; NQF 1934; NQF 1927; FY19 PIHP/MDHHS Contract, Attachment P7.9.1 (QAPIP)		74.25%	Increase over previous quarter		79.0%	77.0%	75.0%

MSHN FY20 - Quality Improvement/Customer Service - Scorecard									
Key Performance Areas	Key Performance Indicators	Aligns with		Actual Value (%) as of September 2020	Target Value	Performance Level	Target Ranges		
Better	Consumers are monitored for diabetes.	2019 HEDIS Measure Specifications; FY19 PIHP/MDHHS Contract, Attachment P7.9.1 (QAPIP)		39.07%	A 7 percent increase over previous measurement period		>=39%		<36%

MSHN FY20 - Utilization Management Committee - Balanced Scorecard

Target Ranges								
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2020	Target Value	Performance Level			
BETTER CARE								
	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.	MSHN Strategic Plan FY19-FY20, MSHN UM Plan	96.50%	100%		96-100%	94-95%	<93%
	Percent of providers who are in compliance with the HCBS Rule.	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan	100%	100%		>=76%	46%-75%	<45%
	Complete SIS Assessments for adult persons with IDD	MSHN Strategic Plan FY19-FY20	62%	100%		>=75%	50%-74%	<50%
	Percentage of adults receiving services within the regionally established recommended utilization range for their assessed level of care, including clinical overrides (per LOCUS)	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan	98%	100%		100%	90%-99%	<90%
	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan FY19-FY20, MSHN UM Plan; Measurement Portfolio NQF 1768	11.32%	<=15%		<=15%	16-25%	>25%
BETTER VALUE								
	Develop and implement consistent regional service benefit for all populations served	MSHN Strategic Plan FY19-FY20, Federal Parity Requirements	75%	100.0%		>=75%	50%-74%	<50%