

MSHN FY21 - Board of Directors and Operations Council - Balanced Scorecard

Target Ranges								
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level			
BETTER HEALTH	The percentage of consumers 18-64 years of age with schizophrenia or bipolar disorder, who are monitored for diabetes.	2019 HEDIS Measure Specifications; FY19 PIHP/MDHHS Contract, Attachment P7.9.1 (QAPIP)		A 7 percent increase over previous measurement period		>=39%	0	<36%
	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%	78.5% (2017 National data)		>=78.5%	54.4%-78.4%	<54.4%
	Expand SUD stigma reduction community awareness	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION						
	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.	0	2		3	2	1
	Increase rate of follow-up care individuals receive within 30 days following an emergency department visit for alcohol or other drugs	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	NEW					
BETTER CARE	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following a psychiatric hospitalization (adults and children)	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	NEW					
	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews.	MDHHS Technical Requirement for Behavior Treatment Plans.	NEW	95% or greater		95-100%	90-94%	<90%
	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: 64.66% Engagement: 48.44% (10/1/19-9/30/20) (updated 1-20-2021)	Above Michigan 2020 levels; I: 40.8%; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
	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		2		3	2	1
	Service utilization remains consistent or increases over previous year due to improved access to services through the use of telehealth	MSHN Strategic Plan FY19-FY20	NEW	0% Decrease over FY20		1-10% Decrease	11-19% Decrease	20% or more Decrease
	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		100%		>=50%	25%-49%	<25%

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Target Ranges								
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level			
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%		> 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	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%
	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY19-FY20, Federal Parity Requirements		<= 5%		<=5%	6%-10%	>=11%
Better Provider Systems	Providers demonstrate increased compliance with the MDHHS/MSHN Credentiaing and Staff Qualification requirements. (SUD Network and CMHSP Network)	QAIP Goal; HSAG and MDHHS reviews	Awaiting HSAG 2021 review	80%		>80%	70-79%	<70%
	Managed Care Information Systems (REMI) Enhancements	Provider portal, Patient Portal, GAIN, Authorization Data, Site Review Module, WSA, Critical Incidents/Grievance and Appeals Module		4		3	2	1
	MSHN and its CMHSP participants develop and implement a regional provider application	Reciprocity & Efficiency Standards	75%	100%		100%	70-99%	<70%
	Improve data availability	MSHN FY20-21 Strategic Plan - Staff, Consumers, Providers, and Stakeholders						
	CMHSP Participants fully implement Electronic Visit Verification in accordance with MDHHS requirements (CMHSP Network)	Committee Goals; Cures Act, CMS	awaiting MDHHS	12		12	8-11	<8

MSHN FY21 - CCBHC Metrics - Balanced Scorecard

							Target Ranges		
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level				
CCBHC Metrics									
	Follow-Up After Hospitalization for Mental Illness (adult age groups)	CCBHC Concept Paper - March 2021; NCQA/HEDIS							
	Follow-Up After Hospitalization for Mental Illness (child/adolescents)	CCBHC Concept Paper - March 2021; NCQA/HEDIS							
	Adherence to Antipsychotics for Individuals with Schizophrenia	CCBHC Concept Paper - March 2021; NCQA/HEDIS							
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	CCBHC Concept Paper - March 2021; NCQA/HEDIS							
	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	CCBHC Concept Paper - March 2021; AMA-PCPI							
	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	CCBHC Concept Paper - March 2021; AMA-PCPI							
<i>Note: Per March 2021 concept paper, CMS is currently revising the metrics utilized in the CCBHC Demonstration, which could alter the measures; thus, they should be considered tentative</i>									
Other PHIP Reporting									
	Monitor, collect, and report grievance, appeal, and fair hearing information	Contractual Reporting Oversight							
	Collect and report access data quarterly to include, by CCBHC, the number of individuals requesting services and the number of individuals receiving their first service	Contractual Reporting Oversight							
	Develop a process to collect CCBHC "encounters" for the non-Medicaid population	Contractual Reporting Oversight							
CCBHC Timeliness Standards									
	Screening identifies an emergency/crisis need; Mobile crisis response is delivered within 3 hours	CCBHC Concept Paper - March 2021							
	Screening identifies an urgent need; Initial evaluation completed within 1 business day	CCBHC Concept Paper - March 2021							
	Screening identifies routine needs; Initial evaluation completed within 10 business days	CCBHC Concept Paper - March 2021							
	Completion of comprehensive evaluation; Within 60 days of first request for services	CCBHC Concept Paper - March 2021							
	Initiation of Ongoing Services; Within 14 days of completion of initial evaluation	CCBHC Concept Paper - March 2021							
	Update of initial assessment; Every 90 days	CCBHC Concept Paper - March 2021							

MSHN FY21 - Quality Improvement/Customer Service - Scorecard									
Key Performance Areas	Key Performance Indicators	Aligns with		Actual Value (%) as of March 2021	Target Value	Performance Level	Target Ranges		
Better Care	Percent of all Medicaid Children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours	MDHHS PIHP Contract Reporting Requirements			95%		95%	94%	<94%
	Percent of all Medicaid 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			95%		95%	94%	<94%
	Percent of child discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract Reporting Requirements			95%		95%	94%	<94%
	Percent of adult discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract Reporting Requirements			95%		95%	94%	<94%
	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%		95%	94%	<94%
	Percent of MI and DD children readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract Reporting Requirements			0.0%		<=15%	>=15.1%	>=16%
	Percent of MI and DD adults readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract Reporting Requirements			0.0%		<=15%	>=15.1%	>=16%
	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.	Measurement Portfolio NQF 0576; PIHP/MDHHS Contract, 2021 Performance Bonus			58%		>=58%		<58%
	The percentage of discharges for adults who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	Measurement Portfolio NQF 0576; PIHP/MDHHS Contract, 2021 Performance Bonus			70%		>=70%		<70%
	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following a psychiatric hospitalization (adults and children)	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements		NEW	0		0	1	2
	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 THROUGH IMPLEMENTATION OF THE REGIONAL AND STATEWIDE VETERAN AND MILITARY MEMBER STRATEGIC PLAN		Baseline	Increase over 2020 rate		Increase over 2020 rate	No change from 2020 rate	Drop below 2020 rate
	Percentage of consumers indicating satisfaction with SUD services	MDHHS PIHP Contract: Qualitative and Quantative assessment of member experiences (QAPIP Technical Requirement)			80%		80%	75%-80%	75%
	Percentage of consumers indicating satisfaction with mental health services	MDHHS PIHP Contract: Qualitative and Quantative assessment of member experiences (QAPIP attachment)			80%		80%	75%-80%	75%
	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			Increase over 2020		95%	90.0%	85%

MSHN FY21 - Quality Improvement/Customer Service - Scorecard									
Key Performance Areas	Key Performance Indicators	Aligns with		Actual Value (%) as of March 2021	Target Value	Performance Level	Target Ranges		
	Medicaid Event Verification review demonstrates improvement of previous year results with the documentation of the service provided falls within the scope of the service code billed.	MDHHS PIHP Contract: Medicaid Services Verification Technical Requirement			Increase over 2020		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			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			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%		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%		95%	91%-94%	90%
Better Health									
	The percentage of consumers 18-64 years of age with schizophrenia or bipolar disorder, who are monitored for diabetes.	2019 HEDIS Measure Specifications; FY19 PIHP/MDHHS Contract, Attachment P7.9.1 (QAPIP)			A 7 percent increase over previous measurement period		>=39%		<36%

MSHN FY21 - Provider Network Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level	Target Ranges		
Better Provider Systems								
	Provider surveys demonstrate satisfaction with REMI enhancements - Provider Portal (SUD Network)	Strategic Plan	Data Collection In progress	80%		>80%	70-79%	<70%
	Providers demonstrate increased compliance with the MDHHS/MSHN Credentialing and Staff Qualification requirements. (SUD Network and CMHSP Network)	QAPI Goal; HSAG and MDHHS reviews	Awaiting HSAG 2021 review	80%		>80%	70-79%	<70%
	SUD providers satisfaction demonstrates 80% or above with the effectiveness and efficiency of MSHN's processes and communications (SUD Network)	Deploy a survey tool to measure participating provider satisfaction and achieve 80% satisfaction with the effectiveness and efficiency of MSHN's processes and communications	Data Collection In progress	80%		>80%	70-79%	<70%
	MSHN and its CMHSP participants develop and implement a regional provider application	Reciprocity & Efficiency Standards	75%	100%		100%	70-99%	<70%
	Autism/ABA provider network will demonstrate satisfaction with regionally organized performance monitoring procedures (CMHSP Network)	Reciprocity & Efficiency Standards	Data Collection In progress	80%		>80%	70-79%	<70%
	CMHSP Participants fully implement Electronic Visit Verification in accordance with MDHHS requirements (CMHSP Network)	Committee Goals; Cures Act, CMS	awaiting MDHHS	12		12	8-11	<8
	All CMHSPs will have 100% of applicable trainings vetted in accordance with the training reciprocity plan (CMHSP Network)	Committee Goals; Reciprocity & Efficiency Standards and Training Reciprocity implementation guide	2	12		12	8-11	<8

MSHN FY21 - Clinical Leadership Committee - Balanced Scorecard

Target Ranges									
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level				
BETTER HEALTH									
	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)					
	The percentage of CMHSP completed REMI-documented SUD screenings/referrals will increase regionwide over the previous measurement period.	Aligns with other joint performance metrics (FUA).	NEW	Increase 10% over previous timeframe.					
	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%)					
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					
	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%					
	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					
	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews.	MDHHS Technical Requirement for Behavior Treatment Plans.	NEW	95% or greater					
	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%					
BETTER VALUE									
	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts 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%)					

MSHN FY21 - Clinical SUD - Balanced Scorecard

Key Performance Areas		Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level	Target Ranges		
BETTER HEALTH									
		Expand SUD stigma reduction community awareness	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION				>=144	<144 and >72	<=72
		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. -				>=13%	<13% and >6%	<=6%
BETTER CARE									
		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 MSHN 2020 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
		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: 89.17% Engagement: 54.28% (1-1-2020 - 12-31-2020) (updated 4-15-2021 by TT)	Increase over MSHN 2020 levels (I: 76.17%; E: 46.64%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
		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: 64.66% Engagement: 48.44% (10/1/19-9/30/20) (updated 1-20-2021)	Above Michigan 2020 levels; I: 40.8%; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels

MSHN FY21 Information Technology Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Target Ranges					
			Actual Value (%) as of March 2021	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								
	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		2		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		1		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.		2		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		4		3	2	1
	Improve data use and quality	MSHN FY20-21 Strategic Plan - Staff, Consumers, Providers, and Stakeholders		100%		75%	50%	25%
	Improve data availability	MSHN FY20-21 Strategic Plan - Staff, Consumers, Providers, and Stakeholders						

MSHN FY21 - Finance Council - Balanced Scorecard

			Target Ranges					
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level			
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%		> 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%		> 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%		> 92%	< 92% and > 85%	≤ 85%
	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	97.8%	≥ 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.		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.		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	1	0

MSHN FY21 - Utilization Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level	Target Ranges		
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		100%		96-100%	94-95%	<93%
	Service utilization remains consistent or increases over previous year due to improved access to services through the use of telehealth	MSHN Strategic Plan FY19-FY20	NEW	0% Decrease over FY20		1-10% Decrease	11-19% Decrease	20% or more Decrease
	Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person centered plan	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; MDHHS Site Review Findings 2019-2020		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		<=15%		<=15%	16-25%	>25%
BETTER VALUE	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY19-FY20, Federal Parity Requirements		<= 5%		<=5%	6%-10%	>=11%

MSHN FY21 - Integrated Care - Balanced Scorecard

							Target Ranges		
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of March 2021	Target Value	Performance Level				
BETTER HEALTH	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		100%		>=28%	24%-27%	<=23%	
	Increase rate of follow-up care individuals receive within 30 days following an emergency department visit for alcohol or other drugs	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	NEW						
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		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		100.0%		>=75%	50%-74%	<50%	