

**MSHN FY25- Board of Directors and Operations Council - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	67%	66.95%	68%	68%	>=75%	Yellow	75-100%	66-74%	<65%
	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MDHHS PIHP Contract: Performance Bonus Incentive Program	39%	39%	38%	Not Available	>=28%	Green	>=28%	24%-27%	<=23%
	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year. (Rolling 12 months)	Aligns with strategic plan goal improve population health and integrated care activities.	71%	72%	65%	65%	Michigan 2023: 70.31%	Yellow	70-100%	60-69%	<59%
	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.(FUH)	HEDIS-NCQA	87%	89%	89%	Not Available	70%	Green	>=70%	0	<70%
BETTER CARE	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner.	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	95%	94%	0%	96%	>=95%	Green	95-100%	90-94%	<90%
	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 46.04% (10-1-23 thru 9-30-2024)	Initiation: 47.29% (1-1-24 thru 12-31-24)	Initiation: 48.24% (7/1/2024 thru 6/30/2025)	Initiation: 48.13 % (10-1-24 thru 9-30-25)	Above Michigan 2020 levels; I: 40.8%	Green	Increase over National levels	No change from National levels	Drop below National levels
	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 28.65% (10-1-23 thru 9-30-2024)	Engagement: 30.30% (1-1-24 thru 12-31-24)	Engagement: 31.82% (7/1/2024 thru 6/30/2025)	Engagement: 31.59% (10-1-24 thru 9-30-25)	Above Michigan 2020 levels; E: 12.5% (2016)	Green	Increase over National levels	No change from National levels	Drop below National 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.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 89.11% Engagement: 48.93% (10-1-23 thru 9-30-2024)	Initiation: 88.77% Engagement: 55.96% (1-1-24 thru 12-31-24)	Initiation: 88.74% Engagement: 55.33% (7-1-24 thru 6-30-25)	Initiation: 88.54% Engagement: 49.74% (10-1-24 thru 9-30-25)	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)	Green	Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
	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. (Quarterly)	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: 41.63%; E: 23.60%	I: 41.06%; E: 22.28%	I: 42.40%; E: 24.40%	I: 42.01%; E: 24.22%	Increase over FY 2019 (I: 38.85%; E: 19.21%)	Yellow	increase over 2019	No change from 2019 levels	Below 2019 levels
	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, MSHN UM Plan; Measurement Portfolio NQF 1768	13.2%	Not Available	Not Available	14.3%	<=15%	Green	<=15%	16-25%	>25%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's BOARD APPROVED BUDGET	97%	97%	88%	95.0%	≥ 90%	Green	≥ 90%	> 85% and < 90%	< 85% or >100%
	MSHN reserves (ISF)	RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	4%	4%	5%	4.4%	7.5%	Red	> 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	2	2	Green	2	1	0
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	97%	Data Not Yet Available	0%	98%	95% or greater	Green	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 FY21-22, Federal Parity Requirements	1%	0.08%	0.05%	0.05%	<= 5%	Green	<=5%	6%-10%	>=11%

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									Green	Yellow	Red
	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.	Data not available	Data not available	Data not available	98.7%	85%	Green	≥ 90%	> 85% and < 90%	≤ 85%
	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MDHHS PIHP Contract: Performance Bonus Incentive Program	65%	60.0%	70%	78%	100%	Green	>=75%	50%-74%	<50%
BETTER PROVIDER SYSTEMS	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	NCI-Satisfaction Section	Not Applicable			91%	>=80%	Green	80%	75%-80%	75%
	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	1	2	2	2	4	Yellow	3	2	1
	Develop regionally standardized boilerplate and statement of work for: CLS / Specialized Residential Services	Strategic Plan - Better Provider Systems	Data not available for Dec and Mar	Data not available for Dec and Mar	Will not occur in FY 26	Will not occur in FY 26	Not Started	Grey	Complete	In Process	Not Started
	Improve data availability (Foster Care/child Welfare, SDoH, Employment & Housing, Autism Reporting, etc.)	MSHN FY24-25 Strategic Plan - MSHN will increase regional use of information technology data systems to support population health management.	71%	71%	73%	78%	100%	Green	75%	50%	25%
BETTER EQUITY	The disparity between the white population and at least one minority who initiated treatment (AOD) within 14 calendar days will be reduced. (IET-Initiation disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Black: 34.73% White: 38.90%	Data not available yet	Data not available yet	Data not available yet	Michigan FY 2023 Black: 35.65% White: 36.90%	Yellow	Significant Decrease from FY 23 levels	No Significant Change in Disparity	Significant Increase from FY 23 levels
	The disparity between the white population and at least one minority group who engaged in treatment (AOD or MAT) within 34 calendar days will be reduced. (IET-Engagement disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Black: 10.15% White: 14.60%	Data not available yet	Data not available yet	Data not available yet	MSHN FY 2023 Black: 10.85% White: 13.81%	Yellow	Significant Decrease from FY 23 levels	No Significant Change in Disparity	Significant Increase from FY 23 levels
	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities between the white and minority adults and children who receive follow-up care within 30 days following a psychiatric hospitalization (FUH)	MDHHS PIHP Contract: Performance Bonus Incentive Program	1	1	1	1	0	Yellow	0	1	2
	PIP 1 - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population (Yes=The disparity is not statistically lower than the White population and the index rate did not decrease)	EQR-PIP#1 Strategic Plan	No	0	0	Yes	Yes	Green	Yes	No change	No

**MSHN FY25 -Substance Use Disorder Health Home - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns With	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Performance Level	Target Ranges		
								Green	Yellow	Red
	<i>Please Note: * Indicates Pay for Performance Measure</i>									
BETTER CARE	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)*	CMS Health Home Core Set (2023)	N=0*	N=0*	N=0*	N=0*		<previous reporting period	no change	>previous reporting period
BETTER CARE	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)*	CMS Health Home Core Set (2023)	N=0*	N=0*	N=0*	N=0*		<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA 7)*	CMS Health Home Core Set (2023)	100.00%*	95.45%*	96.00%	Not Available		>58%		<58%
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA 30)*	CMS Health Home Core Set (2023)	100.00%*	100.00%*	100%	Not Available		>58%		<58%
BETTER CARE	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	CMS	Not Available - Discontinued by MDHHS							
BETTER HEALTH	Controlling High Blood Pressure (CBP)	CMS Health Home Core Set (2023)	66.67%*	71.43%*	40.00%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2023)	2.44%	1.61%	4.15%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)	N=0*	33.33%*	31.58%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2023)	0.00%*	50.00%*	96.00%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30)	CMS Health Home Core Set (2023)	75.00%*	87.50%*	84.62%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2023)	0.00%*	0.00%*	37.50%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM 30)	CMS Health Home Core Set (2023)	0.00%*	0.00%*	37.50%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2023)	100.00%*	100.00%*	99.25%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)	9.68%	12.50%	2.00%	Not Available		<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Prevention Quality Indicator: Chronic Conditions Composite (PQI 92)	CMS Health Home Core Set (2023)	234 per 1,000 beneficiaries	205 per 1,000 beneficiaries	Not Available	Not Available		<previous reporting period	no change	>previous reporting period
BETTER EQUITY	Admission to a Facility from the Community (AIF)	CMS Health Home Core Set (2023)	Not Available	Not Available	Not Available	Not Available				
BETTER CARE	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)	23 per 1,000 enrollee months	18 per 1,000 enrollee months	27 per 1,000 enrollee months	Not Available		<previous reporting period	no change	>previous reporting period

**MSHN FY25 - Community Certified Behavioral Health Clinic - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns With	CCBHC Program	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
<b>CCBHC Reported Measures</b>												
<i>An asterisk (*) denotes a metric that is also a Quality Bonus Payment Measure. Please Note: The QBP is only pertinent to Medicaid CCBHC costs and beneficiaries.</i>												
BETTER CARE	1. Time to Services (I-SERV) *	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration				
			CEI	Not Available	Not Available	10.80%	Not Available					
			Lifeways	Not Available	Not Available	16.90%	Not Available					
			The Right Door	Not Available	Not Available	11.30%	Not Available					
			SCCMHA	Not Available	Not Available	23.00%	Not Available					
BETTER CARE	2. Depression Remission at Six Months (DEP-REM-6) * Ages 12+	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	0.60%	Not Available	0%	Not Available	Decrease	Red	>previous	no change	<previous
			Lifeways	0.00%	Not Available	0%	Not Available	No Change	Yellow	>previous	no change	<previous
			The Right Door	2.88%	Not Available	2.40%	Not Available	Decrease	Red	>previous	no change	<previous
			SCCMHA	3.85%	Not Available	5.10%	Not Available	Increase	Green	>previous	no change	<previous
BETTER HEALTH	3.A Preventive Care and Screening: Unhealthy Alcohol Use: Systematic Screening (ASC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	8.55%	Not Available	34.90%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	3.29%	Not Available	5.20%	Not Available	Increase	Green	>previous	no change	<previous
			The Right Door	67.87%	Not Available	74.20%	Not Available	Increase	Green	>previous	no change	<previous
			SCCMHA	67.52%	Not Available	75.70%	Not Available	Increase	Green	>previous	no change	<previous
BETTER HEALTH	3.B Preventive Care and Screening: Unhealthy Alcohol Use: Brief Counseling (ASC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	Not Available	Not Available	100.00%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	Not Available	Not Available	0%	Not Available	No Change	Yellow	>previous	no change	<previous
			The Right Door	Not Available	Not Available	0%	Not Available	No Change	Yellow	>previous	no change	<previous
			SCCMHA	Not Available	Not Available	51.70%	Not Available	Increase	Green	>previous	no change	<previous
BETTER HEALTH	4. Screening for Social Drivers of Health (SDOH) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	Not Available	Not Available	38.70%	Not Available					
			Lifeways	Not Available	Not Available	29.50%	Not Available					
			The Right Door	Not Available	Not Available	24.50%	Not Available					
			SCCMHA	Not Available	Not Available	35.50%	Not Available					
BETTER CARE	5. Screening for Clinical Depression and Follow-Up Plan (CDF-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	3.97%	3.89%	3.93%	Not Available	Increase	Green	>previous	no change	<previous
			CEI	0.97%	1.52%	0.71%	Not Available	Decrease	Red	>previous	no change	<previous
			Lifeways	1.23%	1.66%	0.61%	Not Available	Decrease	Red	>previous	no change	<previous
			The Right Door	5.62%	4.40%	1.35%	Not Available	Decrease	Red	>previous	no change	<previous
			SCCMHA	5.13%	4.17%	7.02%	Not Available	Increase	Green	>previous	no change	<previous
BETTER CARE	6. Screening for Clinical Depression and Follow-Up Plan (CDF-CH) Ages 12-17	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	5.60%	5.29%	Not Available	Decrease	Red	>previous	no change	<previous
			CEI	Not Available	0.28%	0.49%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	Not Available	0%	0.23%	Not Available	Increase	Green	>previous	no change	<previous
			The Right Door	Not Available	0%	3.03%	Not Available	Increase	Green	>previous	no change	<previous
			SCCMHA	Not Available	4.06%	6.42%	Not Available	Increase	Green	>previous	no change	<previous
BETTER HEALTH	7.A Preventive Care & Screening: Tobacco Use: Screening (TSC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	8.61%	Not Available	41.80%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	71.74%	Not Available	74.80%	Not Available	Increase	Green	>previous	no change	<previous
			The Right Door	35.85%	Not Available	66.00%	Not Available	Increase	Green	>previous	no change	<previous
			SCCMHA	40.65%	Not Available	66.20%	Not Available	Increase	Green	>previous	no change	<previous
BETTER HEALTH	7.B Preventive Care & Screening: Tobacco Use: Cessation Intervention (TSC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	Not Available	Not Available	51.30%	Not Available			>previous	no change	<previous
			Lifeways	Not Available	Not Available	61.10%	Not Available			>previous	no change	<previous
			The Right Door	Not Available	Not Available	73.40%	Not Available			>previous	no change	<previous
			SCCMHA	Not Available	Not Available	43.20%	Not Available			>previous	no change	<previous
BETTER CARE	8. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Adults) * MSHN Ages 18+	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	75.68%	Not Available	64.50%	Not Available	73.0%	Red	>73%	no change	<73%
			Lifeways	43.20%	Not Available	30.30%	Not Available	73.0%	Red	>73%	no change	<73%
			The Right Door	69.62%	Not Available	70.10%	Not Available	73.0%	Red	>73%	no change	<73%
			SCCMHA	72.58%	Not Available	97.00%	Not Available	73.0%	Green	>73%	no change	<73%
BETTER CARE	9. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Child) * MSHN Ages 6-17	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	83.14%	Not Available	82.30%	Not Available	57.0%	Green	>57%	no change	<57%
			Lifeways	26.72%	Not Available	10.60%	Not Available	57.0%	Red	>57%	no change	<57%
			The Right Door	82.80%	Not Available	80.20%	Not Available	57.0%	Green	>57%	no change	<57%
			SCCMHA	39.53%	Not Available	97.60%	Not Available	57.0%	Green	>57%	no change	<57%

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										Green	Yellow	Red
BETTER PROVIDER SYSTEM	10. Patient Experience of Care Survey (PEC) (Annual comprehensive score) Ages 18+	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	80.00%	Not Available	Not Available	Not Available	TBD				
			Lifeways	NA	Not Available	Not Available	Not Available	TBD				
			The Right Door	81.00%	Not Available	Not Available	Not Available	TBD				
			SCCMHA	75.00%	Not Available	Not Available	Not Available	TBD				
BETTER PROVIDER SYSTEM	11. Youth/Family Experience of Care Survey (Y/FEC) (Annual comprehensive score) Ages <18	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	82.00%	Not Available	Not Available	Not Available	TBD				
			Lifeways	NA	Not Available	Not Available	Not Available	TBD				
			The Right Door	78.00%	Not Available	Not Available	Not Available	TBD				
			SCCMHA	84.00%	Not Available	Not Available	Not Available	TBD				
<b>State Reported Measures</b>												
<i>Note: State Reported Measures will be reported to the PIHP/CCBHC by MDHHS</i>												
BETTER CARE	12.A Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) Initiation Phase Ages 6-12	CMS Child Core Set (2021)	Michigan CCBHC Program	68.12%	62.48%	62.75%	Not Available					
			CEI	61.11%	72.05%	62.40%	Not Available	Decrease	>previous	no change	<previous	
			Lifeways	84.62%*	73.89%	63.49%	Not Available	Decrease	>previous	no change	<previous	
			The Right Door	77.78%*	75.28%	62.50%	Not Available	Decrease	>previous	no change	<previous	
			SCCMHA	84.62%*	69.96%	68.81%	Not Available	Decrease	>previous	no change	<previous	
BETTER CARE	12.B Follow-up care for children prescribed ADHD medication (ADD-CH) Continuation and Maintenance Phase Ages 6-12	CMS Child Core Set (2021)	Michigan CCBHC Program	68.12%	69.68%	62.75%	Not Available					
			CEI	61.11%	95.54%	74.07%	Not Available	Decrease	>previous	no change	<previous	
			Lifeways	84.62%*	96.94%	73.33%	Not Available	Decrease	>previous	no change	<previous	
			The Right Door	77.78%*	96.00%	72.22%	Not Available	Decrease	>previous	no change	<previous	
			SCCMHA	84.62%*	97.48%	76.67%	Not Available	Decrease	>previous	no change	<previous	
BETTER HEALTH	13.A Antidepressant Medication Management Acute Phase (AMM-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	51.75%	50.77%	52.11%	Not Available	Increase	>previous	no change	<previous	
			CEI	48.90%	50.00%	50.79%	Not Available	Increase	>previous	no change	<previous	
			Lifeways	49.72%	49.33%	56.44%	Not Available	Increase	>previous	no change	<previous	
			The Right Door	66.91%	68.00%	60.64%	Not Available	Decrease	>previous	no change	<previous	
			SCCMHA	48.50%	45.67%	47.69%	Not Available	Increase	>previous	no change	<previous	
BETTER HEALTH	13.B Antidepressant Medication Management Continuation Phase (AMM-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	30.27%	29.69%	31.01%	Not Available	Increase	>previous	no change	<previous	
			CEI	31.05%	28.32%	30%	Not Available	Increase	>previous	no change	<previous	
			Lifeways	28.25%	30.04%	33.33%	Not Available	Increase	>previous	no change	<previous	
			The Right Door	40.44%	40.00%	37.23%	Not Available	Decrease	>previous	no change	<previous	
			SCCMHA	23.61%	26.77%	27.69%	Not Available	Increase	>previous	no change	<previous	
BETTER CARE	14.A Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	55.71%	55.37%	57.53%	Not Available	Increase	>previous	no change	<previous	
			CEI	52.60%	50.38%	45.41%	Not Available	Decrease	>previous	no change	<previous	
			Lifeways	58.75%	55.81%	63.53%	Not Available	Increase	>previous	no change	<previous	
			The Right Door	65.52%	50.00%	47.06%	Not Available	Decrease	>previous	no change	<previous	
			SCCMHA	68.75%	60.40%	52.41%	Not Available	Decrease	>previous	no change	<previous	
BETTER CARE	14.B Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	36.83%	36.38%	38.27%	Not Available	Increase	>previous	no change	<previous	
			CEI	31.14%	30.68%	28.38%	Not Available	Decrease	>previous	no change	<previous	
			Lifeways	37.50%	33.72%	36.47%	Not Available	Increase	>previous	no change	<previous	
			The Right Door	41.38%	20.83%	47.06%	Not Available	Increase	>previous	no change	<previous	
			SCCMHA	51.79%	44.97%	39.76%	Not Available	Decrease	>previous	no change	<previous	
BETTER CARE	15.A Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA-CH) Ages 6-17	CMS Adult Core Set (2023)	Michigan CCBHC Program	36.83%	50.00%	57.14%	Not Available	Increase	>previous	no change	<previous	
			CEI	31.14%	25.00%	58.82%	Not Available	Increase	>previous	no change	<previous	
			Lifeways	37.50%	75.00%	50.00%	Not Available	Decrease	>previous	no change	<previous	
			The Right Door	41.38%	66.67%	100.00%	Not Available	Increase	>previous	no change	<previous	
			SCCMHA	51.79%	50.00%	50.00%	Not Available	No Change	>previous	no change	<previous	
BETTER CARE	15.B Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA-CH) Ages 6-17	CMS Adult Core Set (2023)	Michigan CCBHC Program	38.84%	31.25%	30.08%	Not Available	Decrease	>previous	no change	<previous	
			CEI	37.50%	12.50%	23.53%	Not Available	Increase	>previous	no change	<previous	
			Lifeways	40.00%	50.00%	50.00%	Not Available	No Change	>previous	no change	<previous	
			The Right Door	66.67%	66.67%	0.00%	Not Available	No Change	>previous	no change	<previous	
			SCCMHA	28.57%	30.00%	16.67%	Not Available	Decrease	>previous	no change	<previous	
BETTER CARE	16.A Follow-Up After Hospitalization for Mental Illness within 30 days (FUH-AD) * Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	69.71%	69.25%	70.82%	Not Available	75.0%	>75%		<58%	
			CEI	64.65%	62.84%	64.61%	Not Available	75.0%	>75%		<58%	
			Lifeways	73.31%	72.68%	70.80%	Not Available	75.0%	>75%		<58%	
			The Right Door	79.55%	81.40%	80.26%	Not Available	75.0%	>75%		<58%	
			SCCMHA	72.49%	73.26%	71.75%	Not Available	75.0%	>75%		<58%	
BETTER CARE	16.B Follow-Up After Hospitalization for Mental Illness within 7 days (FUH-AD) * Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	45.70%	45.69%	46.61%	Not Available	48.0%	>48%		<58%	
			CEI	43.57%	44.33%	42.91%	Not Available	48.0%	>48%		<58%	
			Lifeways	43.40%	42.90%	43.55%	Not Available	48.0%	>48%		<58%	
			The Right Door	46.59%	48.84%	51.32%	Not Available	48.0%	>48%		<58%	
			SCCMHA	47.13%	47.16%	46.28%	Not Available	48.0%	>48%		<58%	

**MSHN FY25 - Community Certified Behavioral Health Clinic - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns With	CCBHC Program	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER CARE	17.A Follow-Up After Hospitalization for Mental Illness within 30 days (FUH-CH) * Ages 6-17 (Child/Adolescent)	CMS Child Core Set (2023)	Michigan CCBHC Program	81.70%	82.50%	84.36%	Not Available	88.0%	Red	>88%		<88%
			CEI	89.09%	87.97%	91.04%	Not Available	88.0%	Green	>88%		<88%
			Lifeways	79.17%	81.01%	83.75%	Not Available	88.0%	Red	>88%		<88%
			The Right Door	88.24%	88.89%	100.00%	Not Available	88.0%	Green	>88%		<88%
			SCCMHA	76.53%	75.00%	81.82%	Not Available	88.0%	Red	>88%		<88%
BETTER CARE	17.B Follow-Up After Hospitalization for Mental Illness within 7 days (FUH-CH) * Ages 6-17 (Child/Adolescent)	CMS Child Core Set (2023)	Michigan CCBHC Program	60.13%	60.54%	61.93%	Not Available	60.0%	Green	>60%		<60%
			CEI	67.27%	67.72%	71.23%	Not Available	60.0%	Green	>60%		<60%
			Lifeways	55.56%	59.49%	58.75%	Not Available	60.0%	Red	>60%		<60%
			The Right Door	76.47%	61.11%	75.00%	Not Available	60.0%	Green	>60%		<60%
			SCCMHA	48.98%	50.00%	60.00%	Not Available	60.0%	Green	>60%		<60%
BETTER CARE	18.A Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	65.56%	65.14%	67.61%	Not Available	Increase	Green	>previous	no change	<previous
			CEI	52.46%	51.84%	57.26%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	85.86%	83.16%	79.55%	Not Available	Decrease	Red	>previous	no change	<previous
			The Right Door	73.53%	81.08%	66.67%	Not Available	Decrease	Red	>previous	no change	<previous
			SCCMHA	67.48%	66.67%	68.51%	Not Available	Increase	Green	>previous	no change	<previous
BETTER CARE	18.B Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM-AD) Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	46.39%	46.34%	49.03%	Not Available	Increase	Green	>previous	no change	<previous
			CEI	32.75%	33.82%	35.68%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	68.59%	70.53%	63.64%	Not Available	Decrease	Red	>previous	no change	<previous
			The Right Door	50.00%	56.76%	44.44%	Not Available	Decrease	Red	>previous	no change	<previous
			SCCMHA	46.34%	44.07%	50.87%	Not Available	Increase	Green	>previous	no change	<previous
BETTER CARE	19.A Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM-CH) Ages 6-17	CMS Adult Core Set (2023)	Michigan CCBHC Program	86.87%	85.30%	82.58%	Not Available	Decrease	Red	>previous	no change	<previous
			CEI	75.69%	73.02%	72.64%	Not Available	Decrease	Red	>previous	no change	<previous
			Lifeways	94.59%	91.67%	93.22%	Not Available	Increase	Green	>previous	no change	<previous
			The Right Door	94.44%	94.44%	94.74%	Not Available	No Change	Yellow	>previous	no change	<previous
			SCCMHA	71.77%	71.03%	68.33%	Not Available	Decrease	Red	>previous	no change	<previous
BETTER CARE	19.B Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM-CH) Ages 6-17	CMS Adult Core Set (2023)	Michigan CCBHC Program	71.41%	68.38%	63.76%	Not Available	Decrease	Red	>previous	no change	<previous
			CEI	55.56%	53.17%	51.89%	Not Available	Decrease	Red	>previous	no change	<previous
			Lifeways	78.38%	76.19%	76.27%	Not Available	No Change	Yellow	>previous	no change	<previous
			The Right Door	77.78%	72.22%	73.68%	Not Available	Increase	Green	>previous	no change	<previous
			SCCMHA	49.19%	48.28%	42.50%	Not Available	Decrease	Red	>previous	no change	<previous
BETTER CARE	20.A Hemoglobin A1C Control for Patients with Diabetes was controlled (<8.0%) (HBD-AD)	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Red	>previous	no change	<previous
			CEI	24.50%	22.06%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
			Lifeways	15.83%	25.21%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
			The Right Door	26.39%	28.69%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
			SCCMHA	30.24%	36.72%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
BETTER CARE	20.B Hemoglobin A1C Control for Patients with Diabetes was poorly controlled (>9.0) (HBD-AD)	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Red	>previous	no change	<previous
			CEI	12.18%	18.94%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
			Lifeways	5.07%	6.61%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
			The Right Door	17.18%	21.31%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
			SCCMHA	10.74%	17.43%	Not Available	Not Available	Rate is greater than or equal to the 25th percentile of the CCBHC demonstration	Green	>previous	no change	<previous
BETTER CARE	21.A Initiation of Alcohol and Other Drug Dependence Treatment (IET-AD) * Ages 13+	CMS Adult Core Set (2023)	Michigan CCBHC Program	41.36%	40.30%	40.89%	Not Available	41%	Red	>41%		<41%
			CEI	44.24%	44.05%	43.61%	Not Available	41%	Red	>41%		<41%
			Lifeways	31.56%	31.30%	30.77%	Not Available	41%	Red	>41%		<41%
			The Right Door	42.86%	46.30%	35.56%	Not Available	41%	Red	>41%		<41%
			SCCMHA	43.45%	43.30%	42.35%	Not Available	41%	Red	>41%		<41%
BETTER CARE	21.B Engagement of Alcohol and Other Drug Dependence Treatment MSHN (IET-AD) * Ages 13+	CMS Adult Core Set (2023)	Michigan CCBHC Program	13.83%	13.67%	14.19%	Not Available	14%	Red	>14%		<14%
			CEI	18.13%	18.17%	15.88%	Not Available	14%	Red	>14%		<14%
			Lifeways	10.03%	9.42%	7.40%	Not Available	14%	Red	>14%		<14%
			The Right Door	18.25%	21.30%	17.78%	Not Available	14%	Red	>14%		<14%
			SCCMHA	13.45%	16.20%	13.82%	Not Available	14%	Red	>14%		<14%
BETTER CARE	22.A Use of Pharmacotherapy for Opioid Use Disorder - any medication (OUD-AD) Ages 18-64	CMS Adult Core Set (2023)	Michigan CCBHC Program	65.94%	66.47%	66.82%	Not Available	10%	Green	>10%		<10%
			CEI	64.55%	65.66%	61.66%	Not Available	10%	Green	>10%		<10%
			Lifeways	47.37%	68.85%	53.23%	Not Available	10%	Green	>10%		<10%
			The Right Door	73.33%	70.00%	66.46%	Not Available	10%	Green	>10%		<10%
			SCCMHA	61.67%	52.08%	58.12%	Not Available	10%	Green	>10%		<10%
BETTER CARE	22.B Use of Pharmacotherapy for Opioid Use Disorder-buprenorphine (OUD-AD) Ages 18-64	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			CEI	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Lifeways	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			The Right Door	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			SCCMHA	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
BETTER CARE	22.C Use of Pharmacotherapy for Opioid Use Disorder - naltrexone (OUD-AD) Ages 18-64	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			CEI	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Lifeways	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			The Right Door	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			SCCMHA	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%

**MSHN FY25 - Community Certified Behavioral Health Clinic - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns With	CCBHC Program	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER CARE	22.D Use of Pharmacotherapy for Opioid Use Disorder - long-action, injectable naltrexone (OUD-AD) Ages 18-64	CMS Adult Core Set (2023)	CEI	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Lifeways	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			The Right Door	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			SCCMHA	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
BETTER CARE	22.E Use of Pharmacotherapy for Opioid Use Disorder - methadone (OUD-AD) Ages 18-64	CMS Adult Core Set (2023)	CEI	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Lifeways	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			The Right Door	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			SCCMHA	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	10%	Red	>10%		<10%
BETTER HEALTH	23. Plan All-Cause Readmission Rate (PCR-AD) * Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	10.53%	10.94%	11.28%	Not Available	10%	Green	>10%		<10%
			CEI	11.18%	10.82%	12.16%	Not Available	10%	Green	>10%		<10%
			Lifeways	9.83%	9.76%	12.14%	Not Available	10%	Green	>10%		<10%
			The Right Door	7.50%	9.16%	9.84%	Not Available	10%	Red	>10%		<10%
			SCCMHA	13.59%	14.32%	10.55%	Not Available	10%	Green	>10%		<10%
BETTER HEALTH	24. Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	CMS Adult Core Set (2023)	Michigan CCBHC Program	57.13%	55.93%	62.67%	Not Available	58.5%	Green	>58.5%		<58.5%
			CEI	61.05%	56.29%	62.88%	Not Available	58.5%	Green	>58.5%		<58.5%
			Lifeways	56.90%	56.40%	63.55%	Not Available	58.5%	Green	>58.5%		<58.5%
			The Right Door	79.17%	76.00%	66.67%	Not Available	58.5%	Green	>58.5%		<58.5%
			SCCMHA	57.73%	56.08%	62.82%	Not Available	58.5%	Green	>58.5%		<58.5%
BETTER CARE	25. Child and Adolescent Well-Care Visits (WCV-CH)	CMS Child Core Set (2021)	Michigan CCBHC Program	52.53%	52.60%	Not Available	Not Available	Increase	Green	>previous	no change	<previous
			CEI	47.68%	47.58%	Not Available	Not Available	Decrease	Red	>previous	no change	<previous
			Lifeways	58.40%	56.65%	Not Available	Not Available	Decrease	Red	>previous	no change	<previous
			The Right Door	52.91%	52.24%	Not Available	Not Available	Decrease	Red	>previous	no change	<previous
			SCCMHA	54.83%	53.39%	Not Available	Not Available	Decrease	Red	>previous	no change	<previous

**MSHN FY25 - Behavioral Health Home - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Performance Level	Target Ranges		
								Green	Yellow	Red
<i>Please Note: * Indicates Pay for Performance Measure</i>										
BETTER HEALTH	Increase in Controlling High Blood Pressure (CBP)*	CMS Health Home Core Set (2023)	64.86%	65.38%*	70.37%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER VALUE	Reduction in Ambulatory Care: Emergency Department (ED) Visits (AMB)	CMS Health Home Core Set (2023)	Not Available - Discontinued by MDHHS							
BETTER CARE	Access to Preventive/Ambulatory Health Services (AAP)*	HEDIS NCQA	98.92%	100.00%	100.00%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2023)	10.71%*	13.04%*	3.73%	Not Available	Red	<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)	0.00%*	N=0*	68.75%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA-7)	CMS Health Home Core Set (2023)	75.00%*	50.00%*	N=0	Not Available	Red	<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA-30)	CMS Health Home Core Set (2023)	75.00%*	50.00%*	N=0	Not Available	Red	<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH-7)*	CMS Health Home Core Set (2023)	44.12%	38.89%	58.33%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH-30)	CMS Health Home Core Set (2023)	88.24%	88.89%	100.00%	Not Available	Green	>58%		<58%
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM-7) Age 6 and over	CMS Health Home Core Set (2023)	61.90%*	73.68%*	75.00%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM-30) Age 6 and over	CMS Health Home Core Set (2023)	80.95%*	84.21%*	75.00%	Not Available	Red	<previous reporting period	no change	>previous reporting period
BETTER CARE	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment within 14 days (IET-14) Only MSHN Claims	CMS Health Home Core Set (2023)	42.86%*	38.89%*	50.00%	Not Available	Green	>25%		<25%
BETTER CARE	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET-34) Only MSHN Claims	CMS Health Home Core Set (2023)	14.29%*	11.11%*	8.33%	Not Available	Red	<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2023)	N=0*	N=0*	50.00%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)	18.75%	12.50%	4.08%	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Prevention Quality Indicator: Chronic Conditions Composite (PQI-92)	CMS Health Home Core Set (2023)	62 per 1,000 beneficiaries	90 per 1,000 beneficiaries	Not Available	Not Available	Green	<previous reporting period	no change	>previous reporting period
BETTER EQUITY	Admission to a Facility from the Community (AIF)	CMS Health Home Core Set (2023)	Not Available	Not Available	Not Available	Not Available	Grey	<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)	10 per 1,000 beneficiaries	10 per 1,000 beneficiaries	Not Available	Not Available	Yellow	<previous reporting period	no change	>previous reporting period

**MSHN FY25 - Quality Improvement Council - Scorecard**

Key Performance Areas	Key Performance Indicators	Regulatory Requirement Source	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
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: QAPIP	MMBPIS FY24 Codebook Indicator 1	98.09%	98.91%	98.71%	99.76%	>=95%	Green	>=95%	94%	<94%
BETTER CARE	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: QAPIP	MMBPIS FY24 Codebook Indicator 1	99.70%	99.58%	99.68%	99.36%	>=95%	Green	>=95%	94%	<94%
BETTER CARE	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non emergency request for service (Cumulative Populations)	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	MMBPIS FY24 Codebook Indicator 2	58.29%	59.01%	59.52%	66.74%	>=62%	Green	>=62.3%		<62.3%
BETTER CARE	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 (Cumulative Populations)	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	MMBPIS FY24 Codebook Indicator 3	61.76%	66.62%	65.08%	69.34%	>=72.9%	Red	>=72.9%		<72.90%
BETTER CARE	Percent of child discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract: QAPIP	MMBPIS FY24 Codebook Indicator 4a	95.48%	98.11%	96.18%	96.48%	>=95%	Green	>=95%	94%	<94%
BETTER CARE	Percent of adult discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MDHHS PIHP Contract: QAPIP	MMBPIS FY24 Codebook Indicator 4a	95.61%	95.81%	96.15%	96.21%	>=95%	Green	>=95%	94%	<94%
BETTER HEALTH	Percent of MI and DD children readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract: QAPIP	MMBPIS FY24 Codebook Indicator 10	8.56%	12.05%	9.28%	8.18%	<=15%	Green	<=15%	>=15.1%	>=16%
BETTER HEALTH	Percent of MI and DD adults readmitted to an inpatient psychiatric unit within 30 days of discharge	MDHHS PIHP Contract: QAPIP	MMBPIS FY24 Codebook Indicator 10	10.12%	12.92%	12.51%	10.40%	<=15%	Green	<=15%	>=15.1%	>=16%
BETTER PROVIDER SYSTEM	Percentage of adults indicating satisfaction with SUD services (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	SAMSHA 2005 MHSIP	Not Applicable			90%	>=80%	Green	80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of children/families indicating satisfaction with mental health services (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	SAMSHA 2005 YSS	Not Applicable			91%	>=80%	Green	80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of adults indicating satisfaction with mental health services (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	SAMSHA 2005 MHSIP	Not Applicable			91%	>=80%	Green	80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	MDHHS PIHP Contract: QAPIP	NCI-Satisfaction Section	Not Applicable			91%	>=80%	Green	80%	75%-80%	75%
BETTER EQUITY	PIP 1 - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population (Yes=The disparity is not statistically lower than the White population and the index rate did not decrease)	MDHHS PIHP Contract: QAPIP	EQR-PIP#1 Strategic Plan	No			Yes	Yes	Green	Yes	No change	No
BETTER EQUITY	PIP 2 - The racial or ethnic disparity between the black/African American minority penetration rate and the index (white) penetration rate will be reduced or eliminated (Yes=The disparity is not statistically lower than the white population group, and the index rate did not decrease)	MDHHS PIHP Contract: QAPIP	Strategic Plan	No			No	Yes	Yellow	Yes	No change	No
BETTER HEALTH	The rate of critical incidents, per 1000 persons served, will demonstrate a decrease from previous measurement period (CMHSP excluding deaths - Cumulative YTD)	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	3.098	4.130	3.83	4.61	FY24 8.759	Red	Decrease	No change	Increase
BETTER HEALTH	The rate, per 1000 persons served, of Unexpected Deaths will demonstrate a decrease from previous measurement period (CMHSP - Cumulative YTD)	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	0.344	0.154	0.21	0.12	FY24 .623	Green	Decrease	No change	Increase
BETTER HEALTH	The percent of physical interventions per person served will demonstrate a decrease from previous measurement period	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	0.53%	0.62%	0.51%	0.55%	Decrease from previous FY 1.45%	Yellow	Decrease	No change	Increase

**MSHN FY25 - Regional Compliance Committee - Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2025	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
<b>BETTER CARE</b>	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. CMHSP	MSHN QAPIP	91.24%	Not available	Not available	Not available	Increase over 2024		Increase	No change	Decrease
<b>BETTER CARE</b>	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. SUD	MSHN QAPIP	68.37%	Not available	Not available	Not available	Increase over 2024		Increase	No change	Decrease

**MSHN FY25- Clinical Leadership Committee - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
<b>BETTER HEALTH</b>	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year. (Rolling 12 months)	Aligns with strategic plan goal improve population health and integrated care activities.	71.43%	72.00%	65.46%	64.71%	Michigan 2023: 70.31%		70-100%	60-69%	<59%
<b>BETTER HEALTH</b>	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	66.97%	66.95%	68.15%	67.82%	>=75%		75-100%	66-74%	<65%
<b>BETTER CARE</b>	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner.	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	94.70%	94.30%		96.10%	>=95%		95-100%	90-94%	<90%
<b>BETTER VALUE</b>	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	97.40%	Data Not Yet Available		97.50%	95% or greater		95-100%	90-94%	<90%
<b>BETTER CARE</b>	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care (DMC) reviews. (Quarterly)	MDHHS Technical Requirement for Behavior Treatment Plans.	Under review due to annual MDDHS review	Under review due to annual MDDHS review		Data gathering ceased due to DMC review changes.	95% or greater		95-100%	90-94%	<90%
<b>BETTER CARE</b>	Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS. (Quarterly)	Monthly autism benefit reporting on timeliness.	87.00%	Data Not Yet Available		78.1% (see status column)	95%		95-100%	90-94%	<90%
<b>BETTER CARE</b>	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. (Quarterly)	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: 41.63%; E: 23.60%	I: 41.06%; E: 22.28%	I: 42.40%; E: 24.40%	I: 42.01%; E: 24.22%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels

**MSHN FY25 - Customer Service Committee - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
<b>BETTER CARE</b>	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: Appeal and Grievance Resolution Processes Technical Requirement	98.55%	96.43%	98.89%	95.92%	95%	Green	95%	91%-94%	90%
<b>BETTER CARE</b>	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: Appeal and Grievance Resolution Processes Technical Requirement	100%	96.15%	97.67%	97.56%	95%	Green	95%	91%-94%	90%

**MSHN FY25 - Provider Network Management Committee - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
<b>BETTER PROVIDER SYSTEM</b>	Develop an action plan to address repeat findings related to provider credentialing and recredentialing process requirements through training/technical assistance and monitoring; monitoring and oversight of CMHSPs demonstrate improvement in credentialing and credentialing systems; Advance use of MDHHS mandated CRM credentialing function	HSAG and MDHHS Reviews	25%	50%	75%	100%	90%	Green	>90%	70-89%	<70%
<b>BETTER PROVIDER SYSTEM</b>	Providers demonstrate increased compliance with the MDHHS/MSHN Credentialing and Staff Qualification requirements. (SUD Network and CMHSP Network)	QAPIP Goal; HSAG and MDHHS reviews	25%	50%	75%	100%	90%	Green	>90%	70-89%	<70%
<b>BETTER PROVIDER SYSTEM</b>	Address recommendations from the 2024 assessment of Network Adequacy as it relates to provider network functions; update the Assessment of Network Adequacy to address newly identified needs.	MDHHS Network Adequacy Requirements	25%	50%	100%	100%	100%	Green	>95%	80-94%	<79%
<b>BETTER PROVIDER SYSTEM</b>	Monitor and implement Electronic Visit Verification as required by MDHHS	MDHHS Reviews	Data not available for Dec and Mar	Data not available for Dec and Mar	Complete	Complete	Complete	Green	Complete	In Process	Not Started
<b>BETTER PROVIDER SYSTEM</b>	Advocate for direct support professionals to support provider retention (e.g. wage increase; recognition)	Strategic Plan - Better Provider Systems	25%	50%	100%	100%	100%	Green	>90%	70-89%	<70%
<b>BETTER PROVIDER SYSTEM</b>	Develop regionally standardized boilerplate and statement of work for: CLS / Specialized Residential Services	Strategic Plan - Better Provider Systems	Data not available for Dec and Mar	Data not available for Dec and Mar	Will not occur in FY 26	Will not occur in FY 26	Not Started	Red	Complete	In Process	Not Started
<b>BETTER PROVIDER SYSTEM</b>	Develop and implement regionally approved process for credentialing/re-credentialing reciprocity; Use of MDHHS mandated CRM Credentialing function	QAPIP Goal; HSAG and MDHHS reviews	CRM required as of 10.1.24; Data not available for Dec and Mar	CRM required as of 10.1.24; Data not available for Dec and Mar	Complete	Complete	Complete	Green	Complete	In Process	Not Started

MSHN FY25 - Clinical SUD - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER HEALTH	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	69 activities	113 activities	150 activities	223 activities	144		>=144	<144 and >72	<=72
BETTER HEALTH	Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	27 MAT Sites	27 MAT Sites	27 MAT Sites	27 MAT Sites	Increase MAT locations by 5% over FY20 (22)		>5%	No change	<5%
BETTER CARE	Increase percentage of individuals moving from residential level(s) of care who transition to a lower level of care within timeline of initiation (14 days) and engagement (2 or more services within 30 days subsequent to initiation).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 72.66% Engagement: 41.80% (10-1-23 thru 9-30-2024)	Initiation: 71.81% Engagement: 44.02% (1-1-24 thru 12-31-24)	Initiation: 73.52% Engagement: 42.69% (7/1/2024 thru 6/30/2025)	Initiation: 73.85% Engagement: 40.28% (10/1/2024 thru 9/30/2025)	Increase over MSHN 2020 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
BETTER CARE	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.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 89.11% Engagement: 48.93% (10-1-23 thru 9-30-2024)	Initiation: 88.77% Engagement: 55.96% (1-1-24 thru 12-31-24)	Initiation: 88.74% Engagement: 55.33% (7-1-24 thru 6-30-25)	Initiation: 88.54% Engagement: 49.74% (10-1-24 thru 9-30-25)	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
BETTER CARE	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 46.04% (10-1-23 thru 9-30-2024)	Initiation: 47.29% (1-1-24 thru 12-31-24)	Initiation: 48.24% (7/1/2024 thru 6/30/2025)	Initiation: 48.13 % (10-1-24 thru 9-30-25)	Above Michigan 2020 levels; I: 40.8%		Increase over National levels	No change from National levels	Drop below National levels
BETTER CARE	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 28.65% (10-1-23 thru 9-30-2024)	Engagement: 30.30% (1-1-24 thru 12-31-24)	Engagement: 31.82% (7/1/2024 thru 6/30/2025)	Engagement: 31.59% (10-1-24 thru 9-30-25)	Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
BETTER EQUITY	The disparity between the white population and at least one minority who initiated treatment (AOD) within 14 calendar days will be reduced. (IET-Initiation disparity)	MDHHS PHP Contract: Performance Bonus Incentive Program	Black: 34.73% White: 38.90%	Data not available yet	Data not available yet	Data not available yet	Michigan FY 2023 Black: 35.65% White: 36.90%		Significant Decrease from FY 23 levels	No Significant Change in Disparity from FY 23 levels	Significant Increase from FY 23 levels
BETTER EQUITY	The disparity between the white population and at least one minority group who engaged in treatment (AOD or MAT) within 34 calendar days will be reduced. (IET-Engagement disparity)	MDHHS PHP Contract: Performance Bonus Incentive Program	Black: 10.15% White: 14.60%	Data not available yet	Data not available yet	Data not available yet	MSHN FY 2023 Black: 10.85% White: 13.81%		Significant Decrease from FY 23 levels	No Significant Change in Disparity from FY 23 levels	Significant Increase from FY 23 levels
BETTER CARE	Percent of discharges from a substance abuse withdrawal management unit who are seen for follow up care within seven days.	MDHHS PHP Contract: Michigan Mission Based Performance Indicator System Indicator 4b	90.95%	95.27%	91.53%	93.83%	95%		95%	94%	<94%
BETTER CARE	The percentage of individuals identified as a priority population who have been screened and referred for services within the required timeframe.	MDHHS PHP Contract: Access Standards.	81.00%	83.4%	87.40%	86.53%	>42%		>42%	41-35%	<35%
BETTER CARE	The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with substance use disorders (SUD). (Cumulative)	MDHHS PHP Contract: Michigan Mission Based Performance Indicator System Indicator 2e	73.43%	69.93%	78.93%	80.43%	>75.3%		>75.5%		<75.5%

**MSHN FY25 Information Technology Council - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER VALUE	Unique consumers submitted monthly	Contractual Reporting Oversight	95.3%	97.6%	98.8%	98.4%	85%	Green	86.0%	85.0%	84.0%
BETTER VALUE	Encounters submitted monthly	Contractual Reporting Oversight	90.0%	95.0%	98.8%	97.2%	85%	Green	86.0%	85.0%	84.0%
BETTER VALUE	BH-TEDS submitted monthly	Contractual Reporting Oversight	85.0%	94.5%	95.7%	Not Available Yet	85%	Green	86.0%	85.0%	84.0%
BETTER VALUE	Percentage of encounters with BH-TEDS	Contractual Reporting Oversight	98.7%	97.8%	98.4%	97.5%	95%	Green	95.0%	94.0%	90.0%
BETTER CARE	Implementation of Vital Data Predictive Modeling Grant Project	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	50.0%	50.0%	65.0%	75%	100%	Yellow	75%	50%	25%
BETTER HEALTH	Complete RFP and selection of regional Data Analytics Platform	MSHN FY24-25 Strategic Plan - Increase regional use of information technology data systems to support population health management.	25.0%	Not Available Yet	Not Available Yet	Not Available Yet	100%	Red	75%	50%	25%
BETTER HEALTH	Increase health information exchange/record sets (OHH and BHH attribution files to ZTS, CMHSP autism data, etc.)	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.	1	1	1	1	2	Yellow	2	1	0
BETTER PROVIDER SYSTEM	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	1	2	2	2	4	Yellow	3	2	1
BETTER PROVIDER SYSTEM	Improve data use and quality (Race/Ethnicity Stratification, Measure Repository, Predictive Modeling, etc.)	MSHN FY24-25 Strategic Plan - Increase overall efficiencies and effectiveness by streamlining and standardizing business tasks and processes as appropriate.	55.0%	67.0%	70.0%	76%	100%	Green	75%	50%	25%
BETTER PROVIDER SYSTEM	Improve data availability (Foster Care/child Welfare, SDoH, Employment & Housing, Autism Reporting, etc.)	MSHN FY24-25 Strategic Plan - MSHN will increase regional use of information technology data systems to support	70.6%	70.6%	73.0%	78%	100%	Green	75%	50%	25%
BETTER PROVIDER SYSTEM	Research change management system applications for use in areas such as contracts, policies, MDHHS guidance, etc.	MSHN FY24-25 Strategic Plan - Provider systems are fragile and stressed due to the magnitude and frequency of change. Invest in improving change management systems at MSHN and across the region.	0.0%	0.0%	0.0%	0.0%	100%	Red	75%	50%	25%

**MSHN FY25 - Integrated Care - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER HEALTH	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MDHHS PIHP Contract: Performance Bonus Incentive Program	39%	39%	38%	Not Available	>=28%	Green	>=28%	24%-27%	<=23%
BETTER HEALTH	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use. (FUA)	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements	1	1	1	1	0	Yellow	0	1	2
BETTER CARE	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.(FUH)	HEDIS-NCQA	86.60%	88.65%	89.11%	Not Available	70%	Green	>=70%		<70%
BETTER CARE	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)	HEDIS-NCQA	68.91%	70.00%	70.00%	Not Available	58%	Green	>=58%		<58%
BETTER EQUITY	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities between the white and minority adults and children who receive follow-up care within 30 days following a psychiatric hospitalization (FUH)	MDHHS PIHP Contract: Performance Bonus Incentive Program	1	1	1	1	0	Yellow	0	1	2
BETTER EQUITY	Review and research BH-TEDS Housing Data - develop outcomes related to Housing	MDHHS PIHP Contract: Performance Bonus Incentive Program	In Progress	In Progress	Complete	Complete	Complete	Green	Outcome Reporting	Data Valadation	Data Collection
BETTER EQUITY	Review and research BH-TEDS Employment Data - develop outcomes related to Employment	MDHHS PIHP Contract: Performance Bonus Incentive Program	In Progress	In Progress	Complete	Complete	Complete	Green	Outcome Reporting	Data Valadation	Data Collection
BETTER CARE	Percent of care coordination cases that were closed due to successful coordination.	MDHHS PIHP Contract: Performance Bonus Incentive Program	81%	Not Available	Not Available	93%	100%	Green	>=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	MDHHS PIHP Contract: Performance Bonus Incentive Program	64.71%	60.00%	69.6%	77.8%	100.0%	Green	>=75%	50%-74%	<50%

**MSHN FY25 - Finance Council - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER VALUE	MSHN reserves (ISF)	RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.	4.3%	4.3%	4.6%	4.4%	7.5%	Red	> 6%	≥ 5% and 6%	< 5%
BETTER VALUE	Regional Financial Audits indicate unqualified opinion	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.	Data not available	Data not available	100%	100%	100%	Green	> 92%	< 92% and > 85%	≤ 85%
BETTER VALUE	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.	Data not available	Data not available	100%	100%	100%	Green	> 92%	< 92% and > 85%	≤ 85%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN'S BOARD APPROVED BUDGET	97.40%	97.40%	88.10%	95.0%	≥ 90%	Green	≥ 90%	> 85% and < 90%	≤ 85% or >100%
BETTER VALUE	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.	Data not available	Data not available	Data not available	98.7%	85%	Green	≥ 90%	> 85% and < 90%	≤ 85%
BETTER VALUE	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.	Data not available	Data not available	Data not available	103.3%	100%	Yellow	<100%	> 100% and <105%	>105%
BETTER VALUE	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	2	2	Green	2	1	0

**MSHN FY25 - Utilization Management Committee - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2024	Actual Value (%) as of March 2025	Actual Value (%) as of June 2025	Actual Value (%) as of September 2025	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER CARE	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.	MSHN UM Plan	97.0%	97.0%	95.0%	95.0%	100%	Yellow	96-100%	94-95%	<93%
BETTER CARE	Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person centered plan	MSHN Strategic Plan , MDHHS State Transition Plan; MDHHS Site Review Findings	65.00%	68.0%	Not Available	59.5%	100%	Red	100%	90%-99%	<90%
BETTER CARE	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 , MSHN UM Plan; Measurement Portfolio NQF 1768	13.24%	Not Available	Not Available	14.3%	<=15%	Green	<=15%	16-25%	>25%
BETTER VALUE	Service Authorizations Denials Report demonstrates 90% or greater compliance with timeframe requirements for service authorization decisions and ABD notices	MSHN QAPIP Plan	95.20%	93.50%	96.12%	93.70%	> 90%	Green	>90%	89-80%	<80%
BETTER VALUE	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements	1.00%	0.08%	0.05%	0.05%	<= 5%	Green	<=5%	6%-10%	>=11%