

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Michigan Mission Based Performance Indicator System		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance & Quality Officer	Adopted Date: 09.02.2014 Review Date: 03.04.2025	Related Policies: Quality Management Required Reporting

Purpose

To ensure Mid-State Health Network (MSHN) through its Provider Network is monitoring performance in the areas of access, efficiency, and outcomes through standardized performance indicators in accordance with the Michigan Department of Health and Human Services (MDHHS) established measures. To identify causal factors that may interfere with the provision of care and implement a quality improvement program to improve the healthcare received by those individuals served.

Policy

- A. MSHN is responsible for meeting the standards established by MDHHS for access, efficiency and outcomes, through an effective performance monitoring and quality improvement program.
- B. MSHN will report/submit to MDHHS, all data, as required, in accordance with the MDHHS/Pre-paid Inpatient Health Plan (PIHP) Contract and the Michigan Mission Based Performance Indicator System (MMBPIS) Codebook.
- C. The Provider Network will collect and report accurate data to MSHN for all performance indicators as specified by MSHN and MDHHS.
- D. MSHN will provide a regional analysis demonstrating the performance of the Provider Network.
- E. Remediation efforts will occur at the regional level for indicators that exhibit performance below the standard for the quarter. These remediation discussions and interventions will occur with the MSHN Quality Improvement Council.
- F. The Provider Network is responsible for ensuring a process is in place to implement corrective action plans and quality improvement processes to improve the access, efficiency, and outcomes of services provided by the Provider Network participant as monitored through the performance indicator system. It is an expectation that the Provider Network manage their subcontractors to ensure compliance and to provide evidence of the reported data.
- G. Noncompliance with the above indicators and related improvement plans will be addressed per the contract provisions.
- H. Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.
- I. The Performance Indicators as defined by MDHHS:
 1. **Access:**
 1. The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.
 2. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (Mental Illness (MI) Adults, MI Children, Intellectual/Developmentally Disabled (IDD) Adults, IDD Children) *
 3. The percentage of new person during the quarter receiving a face-to-face service for treatment or supports within the 14 calendar days of a non-emergency request for service for persons with Substance use Disorders (SUD) (Persons approved for SUD services) **

4. The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. (MI Adults, MI Children, IDD Adults, IDD Children).
 5. (a) The percent of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days (All children and all adults (MI, IDD)).
(b) The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven (7) days (All Medicaid SUD*).
 6. The percent of Medicaid recipients having received PIHP managed services (MI adults/MI children/IDD Adults/IDD children, and SUD).**
- 2. Adequacy/Appropriateness:**
1. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one (1) HSW service per month that is not support coordination. **
- 3. Efficiency:**
1. The percent of total expenditures spent on managed care administrative function for PIHPs. **
- 4. Outcomes:**
1. The percent of adults with mental illness, the percent of adults with an intellectual developmental disability, and the percent of dual MI/IDD adults served by the CMHSP who are in competitive employment. **
 2. The percent of adults with mental illness, the percent of adults with an intellectual developmental disability, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported employment, or sheltered workshop). **
 3. The percent of MI and IDD children and adults readmitted to an inpatient psychiatric unit within thirty (30) days of discharge.
 4. The percent of adults with an intellectual developmental disability served who live in a private residence alone or with spouse or non-relative(s). **
 5. The percent of adults with serious mental illness served who live in a private residence alone or with spouse or non-relative(s). **
- * Calculated by the PIHP from REMI.
** MDHHS Calculates. The PIHP does not submit data through this process.

Applies to:

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

Definitions:

- CMHSP: Community Mental Health Service Plan
- IDD: Intellectual Developmental Disability
- HSW: Habilitation Supports Waiver
- MDHHS: Michigan Department of Health and Human Services
- MI: Mental Illness
- MSHN: Mid-State Health Network
- PIHP: Prepaid Inpatient Health Plan
- MMBPIS: Michigan Mission Based Performance Indicator System
- Provider Network: refers to a CMHSP Participant and Substance use Treatment Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.
- REMI: Regional Electronic Medical Information (MSHN's Managed Care Information System)
- SUD: Substance Use Disorder

Other Related Materials

References/Legal Authority

Medicaid Contract
MDHHS FY25_PIHP_MMBPIS_Code Book

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
11.2015	Annual review and update to MDHHS	Director of Compliance, Customer Service and Quality Improvement
08.2016	Annual Review	Director of Compliance, Customer Service and Quality Improvement
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
04.2020	Deleted Indicator 2 and 3. Replaced with new Indicators 2, 2a, and 3.	Director of Compliance, Customer Service and Quality
10.2022	Biennial Review	Quality Manager
12/2024	Biennial Review – removed two indicators that are no longer required)	Chief Compliance and Quality Officer