MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	**Michigan Mission Based Performance Indicator System**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** Biennial **Author:** Chief Compliance & Quality Officer	**Adopted Date:** 09.02.2014 **Review Date:** 09.01.2026	**Related Policies:** Quality Management Required Reporting

Purpose

To ensure Mid-State Health Network (MSHN) through its Provider Network is monitoring performance in the area of access 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 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/Prepaid 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 of services provided by the Provider Network participant as monitored through the performance indicator system or through Network Adequacy reporting. 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 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 Indicator for FY26 as defined by MDHHS that will be submitted to REMI (MSHN's Regional Electronic Medical Record) is:
    1. MDHHS Indicator #2 (Access- Timeliness/First Request): 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].
        - Rates for this indicator are calculated by the PIHP from REMI.
J. In addition to the MDHHS Indicator 2, MDHHS Indicator 1 will no longer be collected via REMI and submitted to MDHHS on a quarterly basis; rather, the Provider Network is responsible for ensuring this data is collected and reported out during annual Network Adequacy reporting.
    1. MDHHS Indicator #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*.

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 Program
HSW: Habilitation Supports Waiver
IDD: Intellectual Developmental Disability
MDHHS: Michigan Department of Health and Human Services
MI: Mental Illness
MMBPIS: Michigan Mission Based Performance Indicator System
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	Biennual Review	Quality Manager
12/2024	Biennial Review – removed two indicators that are no longer required)	Chief Compliance and Quality Officer
10/2025	Deleted all Indicators no longer required by MDHHS for collection	Quality Manager