

Data Analytics RFP Vendor Question & Answer

- 1) **QUESTION:** We have an interest in responding to the most recent RFP but want to ensure we have a clear understanding of what in a perfect world, the platform/analytics would provide. I read through the request but want to ensure that we understand the primary goal you all are looking for to a tee. Would MSHN please provide a scope of work or project description for this effort?

ANSWER: MSHN is utilizing a procurement process to consider software solutions that would allow for improved population health management (PHM) and business intelligence through refined data analytics (DA). Key to the success of this Population Health/Data Analytics RFP is the need to manage risk, support innovation, and ensure program and service adequacy, all while simultaneously providing a means for improved, person-centered care coordination and engagement. Specific data analytics functionality has been included in Exhibit A.

- 2) **QUESTION:** Would MSHN please provide some examples of use cases for this effort? This would provide helpful context for the requirements in Exhibit A.

ANSWER: MSHN encourages bidders to review the [MSHN website Data Page](#), which list:

- [Population Served](#)
- [Priority Measures](#)
- [Performance Indicators](#)
- **Others Measures MSHN monitors**

In addition, MSHN is looking to automate additional key performance indicators attached to this Q&A for reference. (Attachment A: MSHN Balanced Scorecard Reporting)

- 3) **QUESTION:** Would MSHN please clarify whether MSHN is looking for a vendor to provide analytics and quality reporting services, or if MSHN is looking for a vendor to provide tools and data engineering to enable MSHN personnel to perform analytics and quality reporting?

ANSWER: MSHN is looking for vendor to provide functions as identified in Exhibit A, along with vendor support to ensure data validation and accuracy of key performance indicators both HEDIS certified and state specific measures. MSHN would then need to the ability to adjust the parameters on the reports, including date range, age, gender, race, etc. The product should allow for filtering and sorting by any data point.

- 4) **QUESTION:** Is funding for this effort coming from the Michigan Health Grant funding for “Predictive Data for Mental Health & Substance Use Disorders” and limited to the \$300,000 grant funds?

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ANSWER: Funding from Michigan Health Endowment Fund (MHEF) is not applicable to MSHN's selection of a Data Analytics Software Vendor and thus the overall project is not limited to \$300,000.

5) QUESTION: What is the potential budget for this effort?

ANSWER: MSHN will evaluate vendor budgets along with other components of the RFP response during its selection process. MSHN has not set an arbitrary cap but budget reasonableness is a factor.

6) QUESTION: We have reviewed the RFP document and understand that the primary focus is on acquiring an off-the-shelf Behavioral Healthcare PHM/Data Analytics System. I wanted to share that while we don't currently offer a ready-made product, we are an AI-powered IT services firm specializing in application development, data analytics, cybersecurity, and process automation.

We would be delighted to explore a technology partnership with Mid-State Health Network, supporting enhancements to an existing product or providing other tailored IT services that align with your needs.

I'd appreciate hearing your thoughts on this approach and would welcome an opportunity to discuss how we might support your objectives.

ANSWER: MSHN's RFP is for a highly sophisticated system with an experienced vendor to provide population health data analytics. If additional technological support is needed, an RFP will be conducted for support services.

7) QUESTION: I don't see a spot for subcontractor information so does MSHN not want anything?

ANSWER: Information related to subcontractor can be included in 3) Relevant information about proposed software and/or services deemed important by the vendor

8) QUESTION: Can we get more clarity on Exhibit A lines 37-45: Is MSHN wanting consulting or also staffing to be provided?

ANSWER: MSHN is seeking a data analytics vendor but also support to ensure data validation, accuracy, updates to HEDIS and other state specific measures. See also Question 2 answer noted above.

9) QUESTION: what is the population size?

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ANSWER: Medicaid population 2024 is approximately 400,000 enrollees, prior years exceeded 550,000 enrollees due to continuous enrollment related to the public health emergency. See also Question 2 answer noted above under Population Served.

10) QUESTION: How many users will need access to the platform?

ANSWER: We currently have about 100 active users for our data analytics platform. We would also have the 12 CMHs system use the data feeds into their EHR, so depending on license set up the number could be significantly higher. Vendors should clearly identify license functionality (view, direct access) vs feed into electronic medical record.

11) QUESTION: Can you provide an example of how you envision the integration of evidence-based treatment protocols into measurement tools and reporting? A specific use case to ensure a solid understanding would be very helpful.

ANSWER: Example: A group of people are identified as potential hospitalization risks, what alternative evidence-based treatment protocols would be proposed to avoid those hospitalizations and a report that can track actual actions taken and compare results to the original cost estimates.

Evidence based practices can be identified through procedure codes. Evaluating the number of evidence-based practices provided and whether that treatment prevents hospitalizations in youth and adults. Answering the question at the Population Health level, do consumers receiving EBPs have fewer hospitalizations than those who don't.

12) QUESTION: We see you use PCE as a software vendor. Are you looking to add this functionality to your existing PCE system? Are you looking for a separate application to work along with your PCE system? Are you looking for a system to replace your existing PCE system?

ANSWER: MSHN currently uses PCE as our PIHP Managed Care Information System. We are looking for a separate vendor product that can import/export data from any data source to conduct data analytics. MSHN works with 12 CMHSPs that use both PCE and Streamline as their E.H.R. The analytics product should be able to provide alerts, feeds, etc. to these systems.

13) QUESTION: Are you looking for an “off the shelf” product that has all of the functionality outlined in your RFP or are you interested in developing some of these modules?

ANSWER: MSHN is looking for a vendor/product that will be able to provide functionality as outlined in the RFP and Exhibit A. We understand some functionality might need to be developed. Vendors should note that as appropriate on Exhibit A.

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14) QUESTION: Do you expect to have development time to meet the requirements of your PHM/DA system?

ANSWER: Yes, MSHNs Project Plan includes development, validation and transition planning.

15) QUESTION: Do you have an internal development team or position? Do you have an internal data analytics team or position?

ANSWER: Yes, MSHN has team members designated to project management and data reporting, along with a regional data teams and a regional implementation team.

MSHN FY24- Board of Directors and Operations Council - Balanced Scorecard

Target Ranges												
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level				
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	72%	72%	69%	66%	Baseline year to set benchmark and target		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)	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	38%	39%	Not Available	Not Available	100%		>=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.	Report being built by MSHN IT	56%	67%	58%	Michigan 2023: 70.31%		Baseline Year			
	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		85%	85%	Not Available	Not Available	70%		>=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.	91%	89%	91%		>=95%		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: 47.74% (1-1-2023 thru 12-31-2023)	Initiation: 47.54% (3-1-2023 thru 2-29-2024)	Initiation: 47.01% (6-1-2023 thru 5-31-2024)	Initiation: 45.63% (10/1/2023 thru 9/30/2024)	Above Michigan 2020 levels; I: 40.8%		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: 29.75% (1-1-2023 thru 12-31-2023)	Engagement: 29.66% (3-1-2023 thru 2-29-2024)	Engagement: 28.91% (6-1-2023 thru 5-31-2024)	Engagement: 28.43% (10/1/2023 thru 9/30/2024)	Above Michigan 2020 levels; E: 12.5% (2016)		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: 86.80% Engagement: 47.49% (1-1-2023 thru 12-31-2023)	Initiation: 86.11% Engagement: 47.61% (3-1-2023 thru 2-29-2024)	Initiation: 85.75% Engagement: 47.03% (6-1-2023 thru 5-31-2024)	Initiation: 87.34% Engagement: 48.65% (9/1/2023 thru 8/31/2024)	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		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: 38.12%; E: 20.46%	I: 38.67%; E: 20.52%	I: 36.47%; E: 19.36%	I: 42.39%; E: 22.64%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		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		12.8%	13.0%	13.0%	12.5%	<=15%		<=15%	16-25%	>25%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	88%	88%	89%	88.6%	>= 90%		>= 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.	Data not available	Data not available	Data not available	7.5%	7.5%		> 6%	>= 5% and 6%	< 5%	
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.		2	2	2	2	2		2	1	0
	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.		94%	96%	96%	96%	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 FY21-22, Federal Parity Requirements		1%	0.08%	0.09%	0.01%	<= 5%		<=5%	6%-10%	>=11%

MSHN FY24- Board of Directors and Operations Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
									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	96.3%	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	77%	83%	71%	86%	100%	Green	>=75%	50%-74%	<50%
BETTER PROVIDER SYSTEMS	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	NCI-Satisfaction Section	Not Applicable	Not Applicable	Not Applicable	85%	>=80%	Green	80%	75%-80%	75%
	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	2	3	3	4	4	Green	3	2	1
	Determine feasibility of CLS/Specialized Residential services regional contract template and monitoring	Strategic Plan - Better Provider Systems	Data not available for Dec and Mar	Data not available for Dec and Mar	Data not available for June	Data not available for September	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.	33%	75%	90%	90%	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	Not Available	Not Available	Not Available	Not Available	TBD	Grey	TBD	TBD	TBD
	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	Not Available	Not Available	Not Available	Not Available	TBD	Grey	TBD	TBD	TBD
	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	Not Available	Not Available	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	Not Available	Not Available	Not Available	Yes	Red	Yes	No change	No

MSHN FY24 - Opioid Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2023	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Performance Level	Target Ranges		
<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)	86.21%	48%	No Value	Not Available	Not Available		<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)	82.76%	30%	No Value	Not Available	Not Available		<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%	100%	100%	Not Available	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%	100%	100%	Not Available	Not Available		>58%		<58%
BETTER CARE	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	CMS	Not Available	Discontinued by MDHHS during FY24	Discontinued by MDHHS during FY24	Discontinued by MDHHS during FY24	Discontinued by MDHHS during FY24				
BETTER HEALTH	Controlling High Blood Pressure (CBP)	CMS Health Home Core Set (2023)	33.3%	57%	56%	Not Available	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)	Not Available	Not Available	Not Available	Not Available	Not Available				
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)	Not Applicable	30%	No Value	Not Available	Not Available				
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2023)	100.0%	50%	33%	Not Available	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)	100%	100%	100%	Not Available	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)	20%	0%	0%	Not Available	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)	40%	0%	0%	Not Available	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)	Not Available	Not Available	Not Available	Not Available	Not Available				
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)	33%	7%	19%	Not Available	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)	102 per 1,000 beneficiaries	213 per 1,000 beneficiaries	193 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	Not Available				
BETTER CARE	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)	Not Available	Not Available	Not Available	Not Available	Not Available				

MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns With	CCBHC Program	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-7 Days (FUH - Adults) MSHN Ages 18-64.	CMS Adult Core Set (2023)	Michigan CCBHC Program	47.6%	46.2%	Not Available	Not Available	58.0%	Red	>58%		<58%
			CEI	42.4%	41.7%	Not Available	57%	58.0%	Red	>58%		<58%
			Lifeways	48.1%	46.8%	Not Available	49%	58.0%	Red	>58%		<58%
			The Right Door	49.0%	43.7%	Not Available	40%	58.0%	Red	>58%		<58%
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-30 days (FUH - Adults) MSHN Ages 18-64.	CMS Adult Core Set (2023)	SCCMHA	51.3%	48.0%	Not Available	40%	58.0%	Red	>58%		<58%
			Michigan CCBHC Program	72.4%	70.4%	Not Available	Not Available	58.0%	Green	>58%		<58%
			CEI	67.7%	64%	70%	73%	58.0%	Green	>58%		<58%
			Lifeways	82.2%	77.3%	79%	77%	58.0%	Green	>58%		<58%
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-7 days (FUH-Child/Adolescents) MSHN. Ages 6-17.	CMS Child Core Set (2023)	The Right Door	77.5%	78%	72%	70%	58.0%	Green	>58%		<58%
			SCCMHA	73.1%	71%	60%	64%	58.0%	Green	>58%		<58%
			Michigan CCBHC Program	60.9%	59%	Not Available	Not Available	70.0%	Red	>70%		<70%
			CEI	71.7%	73%	Not Available	70%	70.0%	Yellow	>70%		<70%
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-30 days (FUH-Child/Adolescents) MSHN. Ages 6-17.	CMS Child Core Set (2023)	Lifeways	64.0%	60%	Not Available	65%	70.0%	Red	>70%		<70%
			The Right Door	73.9%	79%	Not Available	41%	70.0%	Red	>70%		<70%
			SCCMHA	61.9%	53%	Not Available	45%	70.0%	Red	>70%		<70%
			Michigan CCBHC Program	83.4%	82.1%	Not Available	Not Available	70.0%	Green	>70%		<70%
BETTER CARE	Follow-Up After Hospitalization for Mental Illness 30 days (FUH-Child/Adolescents) MSHN. Ages 6-17.	CMS Child Core Set (2023)	CEI	90.8%	92%	85%	70%	70.0%	Yellow	>70%		<70%
			Lifeways	82.0%	81.4%	94%	94%	70.0%	Green	>70%		<70%
			The Right Door	100.0%	100%	75.0%	68.2%	70.0%	Green	>70%		<70%
			SCCMHA	85.7%	80%	74%	68%	70.0%	Red	>70%		<70%
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	CMS Adult Core Set (2023)	Michigan CCBHC Program	59.3%	57.8%	Not Available	Not Available	58.5%	Red	>58.5%		<58.5%
			CEI	62.0%	61%	68%	60%	58.5%	Green	>58.5%		<58.5%
			Lifeways	68.2%	62.9%	69%	61%	58.5%	Green	>58.5%		<58.5%
			The Right Door	75.7%	78%	71%	71%	58.5%	Green	>58.5%		<58.5%
BETTER CARE	Initiation of Alcohol and Other Drug Dependence Treatment MSHN. Ages 13+	CMS Adult Core Set (2023)	SCCMHA	58.1%	56%	60%	59%	58.5%	Green	>58.5%		<58.5%
			Michigan CCBHC Program	Not Available	41.5%	Not Available	Not Available	1-25%	Green	>25%		<25%
			CEI	52.9%	43%	46%	Not Available	1-25%	Green	>25%		<25%
			Lifeways	Not Available	24.0%	45%	Not Available	1-25%	Green	>25%		<25%
BETTER CARE	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Child) MSHN Ages 6-17.	SAMHSA Metrics and Quality Measures (2016)	The Right Door	38.9%	41%	51%	Not Available	1-25%	Green	>25%		<25%
			SCCMHA	50.0%	43%	45%	Not Available	1-25%	Green	>25%		<25%
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	23.9%	Green	>23.9%		<23.95%
			CEI	83.14%	84.10%	81.27%	Not Available	23.9%	Green	>23.9%		<23.95%
BETTER CARE	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Adults) MSHN Ages 18+	SAMHSA Metrics and Quality Measures (2016)	Lifeways	26.72%	16.67%	18.67%	Not Available	23.9%	Red	>23.9%		<23.95%
			The Right Door	82.80%	86.61%	90.32%	Not Available	23.9%	Green	>23.9%		<23.95%
			SCCMHA	39.53%	31.61%	50.56%	Not Available	23.9%	Green	>23.9%		<23.95%
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available	12.5%	Green	>12.5%		<12.5%
BETTER CARE	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Adults) MSHN Ages 18+	SAMHSA Metrics and Quality Measures (2016)	CEI	75.68%	75.73%	75.02%	Not Available	12.5%	Green	>12.5%		<12.5%
			Lifeways	43.20%	37.50%	19.32%	Not Available	12.5%	Green	>12.5%		<12.5%
			The Right Door	69.62%	68.57%	63.89%	Not Available	12.5%	Green	>12.5%		<12.5%
			SCCMHA	72.58%	73.85%	75.95%	Not Available	12.5%	Green	>12.5%		<12.5%
<i>Please Note: The QBP is only pertinent to Medicaid CCBHC costs and beneficiaries.</i>												
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness (FUM-7) Initiation. Ages 6+	CMS Adult Core Set (2023)	Michigan CCBHC Program	57.8%	56.4%	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	45.6%	45%	40%	Not Available		Red	>previous	no change	<previous
			Lifeways	68.0%	69.5%	61%	Not Available		Red	>previous	no change	<previous
			The Right Door	53.7%	60%	55%	Not Available		Red	>previous	no change	<previous
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness (FUM-30) Engagement. Ages 6+	CMS Adult Core Set (2023)	SCCMHA	53.8%	51%	51%	Not Available		Green	>previous	no change	<previous
			Michigan CCBHC Program	74.7%	73.3%	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	65.9%	63%	63%	39%		Red	>previous	no change	<previous
			Lifeways	85.7%	86.4%	85%	62%		Red	>previous	no change	<previous
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-7) Ages 13+	CMS Adult Core Set (2023)	The Right Door	75.9%	79%	75%	78%		Green	>previous	no change	<previous
			SCCMHA	73.9%	71%	73%	45%		Red	>previous	no change	<previous
			Michigan CCBHC Program	35.3%	36.1%	Not Available	Not Available		Green	>previous	no change	<previous
			CEI	33.1%	32.4%	Not Available	Not Available		Red	>previous	no change	<previous
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-7) Ages 13+	CMS Adult Core Set (2023)	Lifeways	25.7%	27.5%	Not Available	Not Available		Green	>previous	no change	<previous
			The Right Door	38.7%	36.4%	Not Available	Not Available		Red	>previous	no change	<previous
			SCCMHA	46.3%	49.4%	Not Available	Not Available		Green	>previous	no change	<previous
			Michigan CCBHC Program	35.3%	36.1%	Not Available	Not Available		Green	>previous	no change	<previous

MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns With	CCBHC Program	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-30) Ages 13+	CMS Adult Core Set (2023)	Michigan CCBHC Program	55.7%	55.0%	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	54.9%	52.2%	Not Available	Not Available		Red	>previous	no change	<previous
			Lifeways	51.4%	47.5%	Not Available	Not Available		Red	>previous	no change	<previous
			The Right Door	58.1%	57.6%	Not Available	Not Available		Red	>previous	no change	<previous
			SCCMHA	65.7%	68.4%	Not Available	Not Available		Green	>previous	no change	<previous
BETTER HEALTH	Plan All-Cause Readmission Rate (PCR-AD)^ Ages 18+	CMS Adult Core Set (2023)	Michigan CCBHC Program	10.0%	10.4%	Not Available	Not Available		Red	<previous	no change	>previous
			CEI	9.5%	10%	12%	14%		Red	<previous	no change	>previous
			Lifeways	9.4%	10.9%	11%	13%		Red	<previous	no change	>previous
			The Right Door	7.6%	9%	7%	9.5		Red	<previous	no change	>previous
			SCCMHA	8.7%	11%	15%	15%		Yellow	<previous	no change	>previous
BETTER CARE	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD-AD)^ Ages 18-64.	CMS Adult Core Set (2023)	Michigan CCBHC Program	82.3%	Not Available	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	86.3%	86%	78%	77%		Red	>previous	no change	<previous
			Lifeways	82.1%	Not Available	77%	78%		Green	>previous	no change	<previous
			The Right Door	84.6%	93%	78%	77%		Red	>previous	no change	<previous
			SCCMHA	86.2%	83%	80%	78%		Red	>previous	no change	<previous
BETTER CARE	Follow-up care for children prescribed ADHD medication. Initiation Phase (ADD-CH)^ Ages 6-12.	CMS Child Core Set (2021)	Michigan CCBHC Program	61.9%	61.0%	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	56.7%	59%	72%	72.15		Green	>previous	no change	<previous
			Lifeways	80.77%*	74.2%	68%	75%		Green	>previous	no change	<previous
			The Right Door	73.08%*	51.85%*	65%	70%		Green	>previous	no change	<previous
			SCCMHA	57.8%	55%	76%	76%		Yellow	>previous	no change	<previous
BETTER CARE	Follow-up care for children prescribed ADHD medication. C & M Phase (ADD-CH)^ Ages 6-12.	CMS Child Core Set (2021)	Michigan CCBHC Program	68.1%	67.5%	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	61.1%	65%	92%	96%		Green	>previous	no change	<previous
			Lifeways	84.62%*	68.75%*	100%	97%		Red	>previous	no change	<previous
			The Right Door	77.78%*	66.67%*	100%	98%		Red	>previous	no change	<previous
			SCCMHA	84.62%*	83%	98%	97%		Red	>previous	no change	<previous
BETTER HEALTH	Antidepressant Medication Management Acute Phase (AMM-AD) ^ Ages 18+.	CMS Adult Core Set (2023)	Michigan CCBHC Program	51.8%	52.2%	Not Available	Not Available		Green	>previous	no change	<previous
			CEI	48.6%	49.6%	30%	33%		Green	>previous	no change	<previous
			Lifeways	58.1%	56.2%	30%	32%		Green	>previous	no change	<previous
			The Right Door	59.2%	62%	30%	30%		Yellow	>previous	no change	<previous
			SCCMHA	46.8%	50.5%	29%	29%		Yellow	>previous	no change	<previous
BETTER HEALTH	Antidepressant Medication Management Cont. Phase (AMM-AD) ^ Ages 18+.	CMS Adult Core Set (2023)	Michigan CCBHC Program	32.2%	31.6%	Not Available	Not Available		Red	>previous	no change	<previous
			CEI	32.4%	31.0%	33%	35%		Green	>previous	no change	<previous
			Lifeways	36.2%	32.9%	35%	35%		Green	>previous	no change	<previous
			The Right Door	40.0%	39.2%	35%	39%		Green	>previous	no change	<previous
			SCCMHA	25.0%	22.9%	29%	33%		Green	>previous	no change	<previous
BETTER CARE	Engagement of Alcohol and Other Drug Dependence Treatment MSHN. Ages 13+.	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available		Green	>previous	no change	<previous
			CEI	44.6%	35%	39%	Not Available		Green	>previous	no change	<previous
			Lifeways	Not Available	Not Available	33%	Not Available		Green	>previous	no change	<previous
			The Right Door	30.6%	37%	43%	Not Available		Green	>previous	no change	<previous
			SCCMHA	43.1%	35%	33%	Not Available		Red	>previous	no change	<previous
BETTER CARE	Time to Initial Evaluation (I-EVAL): Percent of consumers with an initial evaluation within 10 Business Days. Total (all ages)	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available		Green	>previous	no change	<previous
			CEI	61%	56%	55.91%	Not Available	Increase	Red	>previous	no change	<previous
			Lifeways	80%	82%	76.67%	Not Available	Increase	Red	>previous	no change	<previous
			The Right Door	82%	79%	78.93%	Not Available	Increase	Yellow	>previous	no change	<previous
			SCCMHA	67%	67%	73.45%	Not Available	Increase	Green	>previous	no change	<previous
BETTER CARE	Time to Initial Evaluation (I-EVAL): Mean Number of Days until Initial Evaluaton	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available		Green	<=10 days		>10 days
			CEI	6	10	11.33	Not Available	<=10 days	Red	<=10 days		>10 days
			Lifeways	8	9	9.96	Not Available	<=10 days	Green	<=10 days		>10 days
			The Right Door	7	8	5.83	Not Available	<=10 days	Green	<=10 days		>10 days
			SCCMHA	13	13	12.29	Not Available	<=10 days	Red	<=10 days		>10 days
BETTER CARE	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available		Green	>previous	no change	<previous
			CEI	4%	4%	4.92%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	14.81%	7%	14.02%	Not Available	Increase	Green	>previous	no change	<previous
			The Right Door	30%	29%	26.79%	Not Available	Increase	Red	>previous	no change	<previous
			SCCMHA	33%	33%	37.57%	Not Available	Increase	Green	>previous	no change	<previous
BETTER CARE	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CHA) All ages	CMS Child Core Set (2023)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available		Green	>previous	no change	<previous
			CEI	1%	2%	1%	42%	Increase	Green	>previous	no change	<previous
			Lifeways	0%	0%	0%	56%	Increase	Green	>previous	no change	<previous

MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns With	CCBHC Program	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
										Green	Yellow	Red
	Activity for Children/Adolescents (WCC-CH) All Ages	(2023)	The Right Door	52%	52%	54%	27.1%	Increase	Red	>previous	no change	<previous
			SCCMHA	57%	61%	72%	53%	Increase	Red	>previous	no change	<previous
BETTER HEALTH	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available			>previous	no change	<previous
			CEI	9%	13%	24.11%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	72%	82%	67.52%	Not Available	Increase	Red	>previous	no change	<previous
			The Right Door	36%	39%	33.13%	Not Available	Increase	Red	>previous	no change	<previous
BETTER HEALTH	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	SCCMHA	41%	44%	48.13%	Not Available	Increase	Green	>previous	no change	<previous
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available			>previous	no change	<previous
			CEI	9%	12%	24.27%	Not Available	Increase	Green	>previous	no change	<previous
			Lifeways	3%	4%	4.32%	Not Available	Increase	Yellow	>previous	no change	<previous
BETTER CARE	Screening for Depression and Follow-Up Plan: Age 12+ (CDF-AD)	CMS Adult Core Set (2023)	The Right Door	68%	69%	67.59%	Not Available	Increase	Red	>previous	no change	<previous
			SCCMHA	68%	70%	67.69%	Not Available	Increase	Red	>previous	no change	<previous
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available			>previous	no change	<previous
			CEI	2%	3%	4.44%	Not Available	Increase	Green	>previous	no change	<previous
BETTER CARE	Depression Remission at Twelve Months (DEP-REM-12) Ages 12+	SAMHSA Metrics and Quality Measures (2016)	Lifeways	48%	34%	49.61%	Not Available	Increase	Green	>previous	no change	<previous
			The Right Door	37%	38%	38.19%	Not Available	Increase	Yellow	>previous	no change	<previous
			SCCMHA	37%	36%	30.32%	Not Available	Increase	Red	>previous	no change	<previous
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available			>previous	no change	<previous
BETTER CARE	Depression Remission at Twelve Months (DEP-REM-12) Ages 12+	SAMHSA Metrics and Quality Measures (2016)	CEI	1%	1%	0.90%	Not Available	Increase	Yellow	>previous	no change	<previous
			Lifeways	0%	*	0%	Not Available	Increase		>previous	no change	<previous
			The Right Door	3%	3%	5.71%	Not Available	Increase	Green	>previous	no change	<previous
			SCCMHA	4%	0%	1.83%	Not Available	Increase	Green	>previous	no change	<previous
BETTER PROVIDER SYSTEM	Patient Experience fo Care Survey (PEC) Ages 18+ (annual comprehensive score)	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	80%			Not Available	TBD				
			Lifeways	NA			Not Available	TBD				
			The Right Door	81%			Not Available	TBD				
BETTER PROVIDER SYSTEM	Youth/Family Experience fo Care Survey (Y/FEC) Ages <18 (annual comprehensive score)	SAMHSA Metrics and Quality Measures (2016)	SCCMHA	75%			Not Available	TBD				
			Michigan CCBHC Program	Not Available	Not Available	Not Available	Not Available					
			CEI	82%			Not Available	TBD				
			Lifeways	NA			Not Available	TBD				
BETTER PROVIDER SYSTEM	Youth/Family Experience fo Care Survey (Y/FEC) Ages <18 (annual comprehensive score)	SAMHSA Metrics and Quality Measures (2016)	The Right Door	78%			Not Available	TBD				
			SCCMHA	84%			Not Available	TBD				

MSHN FY24 - Behavioral Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of September 2023	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Performance Level	Target Ranges		
									Green	Yellow	Red
	<i>Please Note: * Indicates Pay for Performance Measure</i>		*N<30								
BETTER HEALTH	Controlling High Blood Pressure (CBP)*	CMS Health Home Core Set (2023)	100%*	100%*	50%*	Not Available	Not Available		<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	97.08%	92%	98.12%	Not Available	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)	Not Available	Not Available	Not Available	Not Available	Not Available				
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)	n=0*	58%	n=0*	Not Available	Not Available		<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%*	66.67%*	75%*	Not Available	Not Available		<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)	100%*	66.67%*	75%*	Not Available	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)	71.43%*	53.33%*	53.85%*	Not Available	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)	100%*	86.67%*	88.46%*	Not Available	Not Available		>58%		<58%
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2023)	100%*	45.45%*	56.25%*	Not Available	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)	100%*	72.73%*	75%*	Not Available	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)	CMS Health Home Core Set (2023)	25%*	50%*	37.50%*	Not Available	Not Available		>25%		<25%
BETTER CARE	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)	CMS Health Home Core Set (2023)	0%*	50%*	12.50%*	Not Available	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)	Not Available	Not Available	Not Available	Not Available	Not Available		<previous reporting period	no change	>previous reporting period
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)	Not Available	40%*	24%*	Not Available	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)	Not Available	62 per 1,000 beneficiaries	81 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	Not Available		<previous reporting period	no change	>previous reporting period
BETTER HEALTH	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)	Not Available	Not Available	Not Available	Not Available	Not Available		<previous reporting period	no change	>previous reporting period

MSHN FY24 - Quality Improvement Council - Scorecard

Key Performance Areas	Key Performance Indicators	Regulatory Requirement Source	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	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	98.58%	98.63%	98.22%	Not Available	>=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	99.67%	99.33%	99.67%	Not Available	>=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	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	MMBPIS FY24 Codebook Indicator 2	61.79%	63.16%	64.13%	Not Available	>=62.2%	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	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System	MMBPIS FY24 Codebook Indicator 3	59.72%	62.55%	64.13%	Not Available	>=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	94.67%	96.03%	100.00%	Not Available	>=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	95.20%	95.60%	97.16%	Not Available	>=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	9.36%	9.09%	6.38%	Not Available	<=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	10.73%	10.84%	12.79%	Not Available	<=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	Not Applicable	Not Applicable	87%	>=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	Not Applicable	Not Applicable	82%	>=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	Not Applicable	Not Applicable	80%	>=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	Not Applicable	Not Applicable	85%	>=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	Not Available	Not Available	Not Available	Yes	Red	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	Not Available	Not Available	Yes	Red	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	3.393	5.592	8.848	Not Available	FY23 9.550	Green	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	0.463	0.281	0.395	Not Available	FY23 1.109	Green	Decrease	No change	Increase
BETTER HEALTH	The percent of emergency intervention per person served will demonstrate a decrease from previous measurement period.	MDHHS PIHP Contract: QAPIP	MSHN QAPIP	0.77%	0.66%	0.74%	Not Available	Decrease previous quarter .77%	Green	Decrease	No change	Increase

MSHN FY24 - Customer Service Committee - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER CARE	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	98.97%	100.00%	98.30%	97.25%	95%	Green	95%	91%-94%	90%
BETTER CARE	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%	100%	97.05%	100%	95%	Green	95%	91%-94%	90%

MSHN FY24 - Regional Compliance Committee - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
BETTER CARE	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. CMHSP	MSHN QAPIP	Not available	Not available	Not available	Not available	Increase over 2023		Increase	No change	Decrease
BETTER CARE	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. SUD	MSHN QAPIP	Not available	Not available	Not available	Not available	Increase over 2023		Increase	No change	Decrease

MSHN FY24 - Provider Network Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER PROVIDER SYSTEM	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;	HSAG and MDHHS Reviews	25%	50%	75%	100%	90%	Green	>90%	70-89%	<70%
BETTER PROVIDER SYSTEM	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%
BETTER PROVIDER SYSTEM	Address recommendations from the 2023 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%
BETTER PROVIDER SYSTEM	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	Go-Live 9.3.24; Data not available for June	Go-Live 9.3.24; Data not available for September	Once Implemented	Yellow	Complete	In Process	Not Started
BETTER PROVIDER SYSTEM	Advocate for direct support professionals to support provider retention (e.g. wage increase; recognition)	Strategic Plan - Better Provider Systems	25%	50%	75%	100%	100%	Green	>90%	70-89%	<70%
BETTER PROVIDER SYSTEM	Determine feasibility of CLS/Specialized Residential services regional contract template and monitoring	Strategic Plan - Better Provider Systems	Data not available for Dec and Mar	Data not available for Dec and Mar	Data not available for June	Data not available for September	Not Started	Red	Complete	In Process	Not Started
BETTER PROVIDER SYSTEM	Develop and implement regionally approved process for credentialing/re-credentialing reciprocity	QAPIP Goal; HSAG and MDHHS reviews	Data not available for Dec and Mar	Data not available for Dec and Mar	100%; Online application available to be shared throughout region - as selected by provider	100%; Online application available to be shared throughout region - as selected by provider	In Process	Yellow	Complete	In Process	Not Started

MSHN FY24- Clinical Leadership Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	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.	Report being built by MSHN IT	55.56%	66.67%	57.64%	Michigan 2023: 70.31%	TBD			
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAAAD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	72.20%	71.8%	69.08%	65.87%	Baseline year to set benchmark and target		75-100%	66-74%	<65%
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.	90.90%	89.40%	91.00%	96.00%	>=95%		95-100%	90-94%	<90%
BETTER VALUE	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.	93.60%	95.5%	95.90%	95.70%	95% or greater		95-100%	90-94%	<90%
BETTER CARE	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews. (Quarterly)	MDHHS Technical Requirement for Behavior Treatment Plans.	94.00%	Not avail this quarter	50.00%	50.00%	95% or greater		95-100%	90-94%	<90%
BETTER CARE	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%	87.0%	88.00%	87.00%	95%		95-100%	90-94%	<90%
BETTER CARE	Percent of individuals enrolled in the 1915(i) State Plan Amendment. (Quarterly)	MDHHS enrollment of persons eligible for the 1915(i) SPA benefit and HCBS Rule.	100.00%	100.0%	100.00%	100.00%	>=95%		95-100%	90-94%	<90%
BETTER CARE	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: 38.12%; E: 20.46%	I: 38.67%; E: 20.52%	I: 36.47%; E: 19.36%	I: 42.39%; E: 22.64%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels
BETTER PROVIDER SYSTEM	MSHN Crisis Residential will be ready for full operation by 4/30/2024. (Cumulative Quarterly).	Aligns with strategic plan to increase access to acute care. Also aligns with MDHHS requirements for network adequacy.	59.00%	86.0%	100.00%	100.00%	25% growth per quarter		25% or greater growth	15%-24% growth	<15% growth

MSHN FY24 - Clinical SUD - Balanced Scorecard											
Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	51 activities FY24-Q1	92 activities FY24-Q2	169 activities FY24-Q3	255 activities FY24-Q4	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	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: 71.77% Engagement: 44.06% (1-1-2023 thru 12-31-2023)	Initiation: 70.46% Engagement: 43.95% (2-1-2023 thru 1-31-2024)	Initiation: 68.35% Engagement: 43.60% (6-1-2023 thru 5-31-2024)	Initiation: 74.30% Engagement: 44.18% (8/1/23 thru 7/31/2024)	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: 86.80% Engagement: 47.49% (1-1-2023 thru 12-31-2023)	Initiation: 86.11% Engagement: 47.61% (3-1-2023 thru 2-29-2024)	Initiation: 85.75% Engagement: 47.03% (6-1-2023 thru 5-31-2024)	Initiation: 87.34% Engagement: 48.65% (9/1/2023 thru 8/31/2024)	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: 47.74% (1-1-2023 thru 12-31-2023)	Initiation: 47.54% (3-1-2023 thru 2-29-2024)	Initiation: 47.01% (6-1-2023 thru 5-31-2024)	Initiation: 45.63% (10/1/2023 thru 9/30/2024)	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: 29.75% (1-1-2023 thru 12-31-2023)	Engagement: 29.66% (3-1-2023 thru 2-29-2024)	Engagement: 28.91% (6-1-2023 thru 5-31-2024)	Engagement: 28.43% (10/1/2023 thru 9/30/2024)	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 PIHP Contract: Performance Bonus Incentive Program	Not Available	Not Available	Not Available	Not Available	TBD		TBD	TBD	TBD
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 PIHP Contract: Performance Bonus Incentive Program	Not Available	Not Available	Not Available	Not Available	TBD		TBD	TBD	TBD
BETTER CARE	Percent of discharges from a substance abuse withdrawal management unit who are seen for follow up care within seven days.	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System Indicator 4b	95%	98%	92%	Not Available	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 PIHP Contract: Access Standards.	34%	61%	88%	89%	>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 PIHP Contract: Michigan Mission Based Performance Indicator System Indicator 2e	72%	74%	73%	Not Available	>75.3%		>75.5%		<75.5%

MSHN FY24 Information Technology Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of Decemeber 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September	Target Value	Performance Level	Target Ranges		
									Green	Yellow	Red
BETTER VALUE	Unique consumers submitted monthly	Contractual Reporting Oversight	90.7%	92.6%	95.20%	97.0%	85%	Green	86.0%	85.0%	84.0%
BETTER VALUE	Encounters submitted monthly	Contractual Reporting Oversight	91.3%	96.9%	97.26%	97.7%	85%	Green	86.0%	85.0%	84.0%
BETTER VALUE	BH-TEDS submitted monthly	Contractual Reporting Oversight	91.2%	89.1%	88.28%	91.7%	85%	Green	86.0%	85.0%	84.0%
BETTER VALUE	Percentage of encounters with BH-TEDS	Contractual Reporting Oversight	98.5%	99.1%	99.32%	98.7%	95%	Green	95.0%	94.0%	90.0%
BETTER CARE	Integrate MiCANS Assessment Tool into REMI (MDHHS soft start 10/1/2024)	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	0.00%	0.00%	0%	0%	100%	Red	75%	50%	25%
BETTER HEALTH	Increase use cases with MiHIN (e-consents)	MSHN FY24-25 Strategic Plan - MSHN will pursue e-consent management opportunities to improve care coordination between behavioral health, physical health, and SUD systems of care.	1	1	1	1%	2	Yellow	2	1	0
BETTER HEALTH	Increase health information exchange/record sets OHH and BHH attribution files to ZTS, 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	2	2	2%	2	Green	2	1	0
BETTER PROVIDER SYSTEM	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	2	3	3	4	4	Green	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.	20%	45%	82%	90%	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	33%	75%	90%	90%	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%	100%	Red	75%	50%	25%

MSHN FY24 - Integrated Care - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements	38%	39%	Not Available	Not Available	100%		>=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	2	2	Not Available	Not Available	0		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	85.25%	85%	Not Available	Not Available	70%		>=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	69.34%	68%	Not Available	Not Available	58%		>=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	Not Available	Not Available	0		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		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		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	100%	40%	71%	100%	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	MDHHS PIHP Contract: Performance Bonus Incentive Program	76.70%	83.33%	71.43%	85.70%	100.0%		>=75%	50%-74%	<50%

MSHN FY24 - Finance Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	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.	Data not available	Data not available	Data not available	7.5%	7.5%	Green	> 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.	100%	100%	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	88.00%	88%	88.90%	88.6%	≥ 90%	Yellow	≥ 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	96%	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	100%	100%	Green	<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 FY24 - Utilization Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Actual Value (%) as of March 2024	Actual Value (%) as of June 2024	Actual Value (%) as of September 2024	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	Not Available	97.0%	Not Available	97.0%	100%	Green	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	72.73%	N/A	N/A	N/A	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	12.82%	13.01%	13.01%	12.51%	<=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	97.77%	96.60%	98.46%	Not Available	> 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%	0.09%	0.01%	<= 5%	Green	<=5%	6%-10%	>=11%