MSHN
Mid-State Health Network

Chapter:	Quality		
Title:	Michigan Misson Based Performance Indicator System Reporting		
Policy: ☐ **Procedure:** ☒ **Page: 1 of 4**	**Review Cycle:** Biennial **Author:** Quality Manager	**Adopted Date: 03.04.2025** **Review Date: 09.01.2026**	**Related Policies:** MMBPIS Policy

Purpose: To outline the process and responsibility for reporting standardized performance indicators established by the Michigan Department of Health and Human Services (MDHHS), and identify factors that may interfere with the provision of care, developing strategies aimed at improving healthcare
received by those individuals served are developed

Procedure: Mid State Health Network's (MSHN) Provider Network will report data for indicators as established by MDHHS in accordance with the MDHHS Michigan Misson Based Performance Indicator System (MMBPIS) Codebook and MSHN policy.

A. Data Submission

MDHHS requires the performance indicator data to be submitted on or before the last day of the quarter following the end of the reporting quarter. For example, FY26Q1 data is required to be submitted by March 31, 2026.

Submission Timelines

In order to ensure timely submission to MDHHS, it is required that each Community Mental Health Service Program (CMHSP) submit data to MSHN two weeks prior to MDHHS submission. The CMHSP Participant should complete quality checks to ensure accuracy and validity of the data. The data will then be submitted to MDHHS not more than one week prior to the set due date by MDHHS.

All data is due to MDHHS 90 days following the end of the reporting period. Any variance from the agreed upon protocol which includes timelines will be reported to the Prepaid Inpatient Health Plan (PIHP) staffed position for action to be determined by the PIHP on a quarterly basis. This action is to ensure timely submission of the performance indicators to MDHHS on behalf of MSHN.

Report Period	Due to MSHN	Due to MDHHS
Quarter 1: October – December	March 15	March 31
Quarter 2: January – March	June 15	June 30
Quarter 3: April – June	September 15	September 30
Quarter 4: July – September	December 10	December 31

CMHSP Submission Process

1. The performance indicator data is expected to be provided via Excel worksheet. One Excel worksheet with all the data elements should be submitted by each CMHSP. The required standardized template for CMHSPs should be used for the data submission. Data must be in the first tab of the file and it must use the standardized headers. All fields must strictly adhere to the format defined (dates/times must follow proper formatting, etc.)

   The instructions within the template document provides the necessary detail for each of the Performance Indicators and is organized according to the **required** column order within the worksheet. Standardized data elements are indicated and are identified within each Indicator.

Required column headings are included with a brief statement of what should be included for each indicator.

2. Uploading Performance Indicator File to MSHN's Regional Electronic Medical Information System (REMI)
    a. Choose ***Affiliate Submissions> View and Upload Performance Indicator (MMBPIS) Data Files***
    b. Click on ***Add MMBPIS Data Set***
        - Select Fiscal Period (Quarter) and Browse/Upload a file
        - File must strictly follow the format/template defined by MSHN. Data must be in the first tab of the file and it must have all necessary headers. All fields must strictly adhere to the format defined (dates/times must follow proper formatting, etc.)
        - Identify the correct Affiliate or CMH in the ***Select Affiliate /CMH Drop down***
        - Select the correct ***Fiscal Period Quarter***
    c. **Choose *File >Upload> Save***
        - After it is saved, the file will be processed. This is indicated by Queue and Data Processing.
        - Once processed it will indicate a Status:
            - Data Entry- Accepted with no errors
            - Rejected- File includes errors and has not been accepted.
        - To view the results of the file click on ***"1 File***"
        - This will provide the summary of records accepted, records rejected, number of errors.
        - Click on "***Errors***" and the listing of the specific errors will be identified. These errors must be corrected prior to finalization. REMI will not allow the file to be finalized with errors. After the errors have been corrected, please re-submit and delete the previous file.
    d. MSHN will review and finalize the file:
        - A finalized file cannot be changed once the MSHN regional data has been finalized and submitted to MDHHS.
        - In the event that it is necessary to revise the file prior to the MSHN regional file being submitted to MDHHS, the following steps should be taken:
            i. Changing the CMHSP File Status-Finalized to Data Entry
                - The CMHSP must contact the MSHN Quality Manager indicating the reason for a revised file to be uploaded.
                - MSHN Quality Manager will coordinate that change with the MSHN Information Technology (IT) Department.
                - The MSHN Quality Manager will locate the file number of the affected record and provide to IT staff.
                - The designated IT staff will change the status to "Data Entry" and notify the Quality Manager once completed.
                - The Quality Manager will communicate this to the CMHSP.
                - The CMHSP participant will delete the file and resubmit the revised file.
                - The MSHN Quality Manager will review the revised file and finalize.

B. **Data Analysis:** Descriptive statistics will be used to analyze the data quarterly. A depiction of the data will be exhibited through charts, graphs, and/or tables, showing improvement or regression over time.
    - Quarterly: MSHN PIHP, will provide a summary report/analysis demonstrating performance to each CMHSP participant within 30 days following the submission of the MMBPIS to MDHHS.
    - Annually, MSHN Quality Improvement Council (QIC) will review the cumulative data and past fiscal year comparisons. The CMHSP/Providers will identify barriers/causal factors, improvement strategies, and measures of effectiveness.
    - 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 within QIC.
    - Additionally, QIC will discuss best practices within the region. This will be an opportunity to share resources and processes that have been effective.
    - Quarterly, MSHN QIC will monitor the improvement strategies/interventions to ensure progress towards the expected outcome and/or make modifications to address any negative impacts or adverse trends.

C. Provisions for Data Validations

1. CMHSP Participant Responsibilities
    a. Each CMHSP may use their own system or process for collection and compiling of the data based on regional instructions and definitions.
    b. The delegated review will monitor those processes to ensure validity and accuracy of data.
    c. The CMHSP will gather data consistent with clinical workflows, logic, and source code for their individual system. This may include an electronic medical record or manual entry.
    d. The CMHSP will ensure Medicaid eligibility, complete quality checks for exclusions, and/or exceptions, as applicable, and ensure specifications are consistent with the MDHHS Codebook, prior to submission to MSHN.
    e. Each CMHSP will submit an excel file containing a minimum set of standardized data elements providing detail to support the aggregated file. The file with detailed information will be uploaded through REMI (the managed care software information system). The detailed information will pass through a set of validations, and standard business rules prior to being accepted.
    f. The detail file will be processed and used to complete calculations, producing a single PIHP file to be submitted to MDHHS.
2. MSHN PIHP Responsibilities
    a. CMHSP Oversight-
        - Primary source verification will occur during the External Quality Review on records selected by the External Quality Reviewer.
        - If the primary source documentation review during any internal or external review demonstrates potential systemic issues, an additional targeted primary source verification will be completed prior to submission to MDHHS.
        - Each record chosen will be matched against the MMBPIS Codebook Criteria to ensure eligibility in the data set and the correct logic was used for determining the disposition. It is expected that evidence reviewed or provided during the chart review will support what was reported.
        - The findings of the primary source verification review will be summarized and provided to the CMHSP and the PIHP to take action as appropriate. Examples of documents reviewed for primary source verification to ensure they are consistent with what was reported to MDHHS are listed below.

Applies to:
☒All Mid-State Health Network Staff
☐Selected MSHN Staff as follows:
☒MSHN CMHSP Participants: ☐Policy Only ☒Policy and Procedure
☒Other: Sub-contracted providers

Definitions:
BH-TEDS: Behavioral Health-Treatment Episode Data Set
CMHSP: Community Mental Health Service Program
HSW: Habilitation Supports Waiver
IDD: Intellectual Developmental Disability
IT: Information Technology
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
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.
QIC: Quality Improvement Council
REMI: Regional Electronic Medical Information (MSHN's Managed Care Information System)
SUD: Substance Use Disorder
SUDTP: Substance Use Disorder Treatment Provider

Other Related Materials:
- Michigan Mission Based Performance Indicator System PIHP Codebook FY26
- CMHSP Affiliate Submission Process (page 8)
- MSHN MMBPIS Frequently Asked Questions (FAQ)
- MDHHS MMBPIS FAQ
- MSHN MMBPIS CMHSP Standardized Template
- Quality Policy-Monitoring and Oversight
- Quality Policy-MMBPIS Performance Indicator
- Quality Policy-Quality Management
- MDHHS PIHP Reporting Template

References/Legal Authority:
MDHHS/PIHP Contract
MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirements
MDHHS Critical Incident Reporting and Event Notification

Change Log:

Date of Change	Description of Change	Responsible Party
11.21.2024	New Procedure	Quality Manager
10/2025	Updates to MMBPIS requirements from MDHHS	Quality Manager