

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 2	Continuous Quality Improvement		
Section: 1	Data Integrity		
Topic: 8	Performance Indicator Report		
Page: 1 of 4	Supersedes Date: Pol: 12-18-03 Proc: 4-23-17, 10-30-14, 3-25-13, 1-9-09, 6-20-06, 12-18-03	Approval Date: Pol: 3-20-15 Proc: 12-14-2020	<hr style="border: 0; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 2/4/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to send a quarterly Performance Indicators (PI) Report to the Michigan Department of Health and Human Services (MDHHS) in a timely manner as indicated in the Medicaid Managed Specialty Services and Supports Contract.

Purpose

This policy and procedure is established to provide a clear and defined process for sending Medicaid (PIHP) Performance Indicator Reports to Mid-State Health Network and General Fund/Medicaid (CMHSP) Performance Indicator Reports to Michigan Department of Health and Human Services.

Education Applies to:

- All BABHA Staff
 Selected BABHA Staff, as follows: Management Staff All Contracted Providers:
 Policy Only Policy and Procedure
 Selected Contracted Providers, as follows:
 Policy Only Policy and Procedure
 BABHA's Affiliates: Policy Only Policy and Procedure
 Other:

Definitions

N/A

Procedure

The MDHHS PI Report delineates the dimensions of quality that are to be addressed by the public mental health system. The data is used to develop a statewide aggregate status report for the purposes of public accountability, contract management, and quality assurance. The data is

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 2	Continuous Quality Improvement		
Section: 1	Data Integrity		
Topic: 8	Performance Indicator Report		
Page: 2 of 4	Supersedes Date: Pol: 12-18-03 Proc: 4-23-17, 10-30-14, 3-25-13, 1-9-09, 6-20-06, 12-18-03	Approval Date: Pol: 3-20-15 Proc: 12-14-2020	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 2/4/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

also used to facilitate the development and implementation of performance improvement systems and initiatives internal to the Pre-Paid Inpatient Health Plan (PIHP) and/or Community Mental Health Services Program (CMHSP).

The MDHHS PI Report is produced and submitted four times annually and is due on the last day of the third month following each quarter. The first quarter covers October through December, the second covers January through March, the third covers April through June, and the fourth covers July through September. PI Reports are submitted to MDHHS in the form of an MS Excel file that is electronically submitted via email.

Data Review Process:

1. Bay Arenac Behavioral Health Authority (BABHA) and its contracted clinical service providers enter data into the electronic health record through clinical processes utilizing the consumer calendar, appointment status, appropriate clinical documents, and service activity logs (SALS) from the electronic health record. Specific detailed instructions are located in the BABHA PI Logic document referenced in the related forms.
2. Mid quarter, the Quality Manager or designee runs the Performance Indicators by Period report (Data Quality Control) in the Phoenix system.
3. This report identifies individuals who are eligible to be included in the (MMBPIS) report for each performance indicator. A list of individuals that are identified as “outside of the standard or non-compliant” and any anomalies from being reported are reviewed by the Quality Manager or Designee to ensure accuracy. If additional information needs to be obtained the records are then forwarded to the appropriate program for further review for accuracy and follow-up to ensure corrections are made.
4. Authorized staff from BABHA and the clinical contracted service providers review their data and correct/revise as necessary within the correct location of the electronic health record.
5. Four (4) weeks prior to the submission date, the Quality Manager or Designee will submit the PIHP (Medicaid only) MMBPIS Report to MSHN or MSHN Contract

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 2	Continuous Quality Improvement		
Section: 1	Data Integrity		
Topic: 8	Performance Indicator Report		
Page: 3 of 4	Supersedes Date: Pol: 12-18-03 Proc: 4-23-17, 10-30-14, 3-25-13, 1-9-09, 6-20-06, 12-18-03	Approval Date: Pol: 3-20-15 Proc: 12-14-2020	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 2/4/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

designee as required per MSHN policy. Corrective action will be completed in collaboration with the respective program and the Quality Manager or Designee based on the performance of each indicator consistent with MSHN policy.

6. The Quality Manager or Designee will provide BABHA and its contracted clinical service providers a report which will include the CMHSP (all funding sources) MMBPIS Report to be submitted to MDHHS. The report will include any need for corrective action based on the performance of each indicator by clinical service provider and program. Corrective action will be submitted to the Quality Manager or Designee within 30 days of the report distribution date utilizing the Follow up to Data Analysis Form. The corrective action may be completed in collaboration with the Quality Manager and/or Designee and the program.
7. The template used for submission to the MDHHS CMHSP Performance Indicator submission is located on the MDHHS Website under the Reporting Requirements, Michigan’s Mission-Based Performance Indicator System (Updated 2/21/20).
8. The Quality Manager or Designee will provide additional detail data upon request.

The production of the MDHHS MMBPIS report is a multi-step process using data from the Phoenix System and a review protocol of the Performance Improvement process. All MMBPIS eligibility criteria is performed within the Phoenix (PCE) system using specific source codes established and maintained by PCE.

MMBPIS indicators and methodology are located in the MMBPIS PIHP and CMHSP Codebooks and can be found as related materials to this policy and procedure.

Attachments

- MMBPIS BABH Project Description
- MMBPIS MSHN Project Description

Related Forms

- Follow-up to Data Analysis Form

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 2	Continuous Quality Improvement		
Section: 1	Data Integrity		
Topic: 8	Performance Indicator Report		
Page: 4 of 4	Supersedes Date: Pol: 12-18-03 Proc: 4-23-17, 10-30-14, 3-25-13, 1-9-09, 6-20-06, 12-18-03	Approval Date: Pol: 3-20-15 Proc: 12-14-2020	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 2/4/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Summary Report Form

N/A

Related Materials

MMBPIS PIHP Reporting Codebooks
MMBPIS CMHSP Reporting Codebooks
Bay-Arenac Behavioral Health PI Logic 4-20-2020
PCE-BABH Source Code

References and/or Legal Authority

MDHHS Medicaid Managed Specialty Services and Supports Contract
MMBPIS PIHP/CMHSP Reporting Codebooks

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Wolber	J. Pinter	01/09/09	Revision	Procedure revised to include BABH contract agencies now on PI database.
V. Rossman M. Wolber	Corp. Compliance Payor Committee	03/25/13	Revision	Updated to reflect current practices
S. Gettel	Corp. Compliance Payor Committee	10/30/14	Revision	Implementation of electronic health record and reorganization of AAM/MSHN
S. Gettel J. Richmond	Quality Management J. Pinter	1/18/17	Revision	Modification to logic in PCE and PCE report 1/18/17
S. Gettel	J. Pinter	4/23/17	Revision	Triennial Review-Updated language to reflect agency position change
S. Holsinger	Janis Pinter	12/14/20	Revision	Triennial Review-Minor language changes-Removed some language from procedure.