

**ATTACHMENT F
PERFORMANCE INDICATORS**

Area of Compliance	Outcome	Performance Indicator	Benchmark	Data Collection Responsibility	Frequency Collected
Supports and Services	The Provider will provide services as defined in the Individual Plan of Service (IPOS)/ Treatment Plan.	The Provider will report successful implementation of the planned supports/services as electronically documented in an electronic MIS.	Per IPOS/ Treatment Plan	Provider	Annually
Quality Management	The Provider will document services provided to individual(s) in a manner that meets Medicaid standards, as monitored by the CMHSP and LRE.	Score achieved in annual Clinical Chart Review.	95% or better	LRE	Annually
MMBPIS	The Provider will demonstrate compliance with the MMBPIS Key Performance Indicators as defined in the MDHHS/PIHP Contract	Refer to the Michigan's Mission-Based Performance Indicator System, Codebook for detailed descriptions of key performance indicator standards	Refer to the Michigan's Mission Based Performance Indicator System, Codebook	CMHSP	Quarterly
Recipient Rights	The Provider will take appropriate remedial action whenever investigations/ reviews conducted by CMHSP Recipient Rights Office or LRE.	Written plan(s) for improvement from reviews or investigations will be submitted within the indicated time frame	100%	CMHSP	Ongoing
Credentialing Requirements	The Provider will demonstrate qualifications and assurances to perform contracted services.	The Provider will meet all credentialing requirements within 30 calendar days of notice of non-compliance.	100%	CMHSP or LRE	Monthly
Training Requirements	The Provider will ensure staff are trained on all required trainings as specified in Attachment I: Training Grid.	New hires and annually as specified in Attachment I	100%	CMHSP or LRE	Monthly

ATTACHMENT F

Area of Compliance	Outcome	Performance Indicator	Benchmark	Data Collection Responsibility	Frequency Collected
Financial Management	The Provider will electronically submit clean claims in a timely manner for processing in accordance with the requirements set forth in the Provider Service Agreement Section 3.03	80% of PROFESSIONAL claims submitted within 60 days, and 90% within 90 days. 60% of INSTITUTIONAL claims submitted within 90 days, and 80% within 120 days.	See Performance Indicator column	CMHSP and LRE	Monthly
Customer Satisfaction	Individuals receiving the service will report their assessment with the services received.	Individuals receiving services will indicate an overall score ranging from “strongly agree” to “strongly disagree” with the services they have received as evidenced by the results of the completed Regional Customer Satisfaction Survey	85% or greater	CMHSP	Quarterly