**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 |
| 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 |