MSHN

Mid-State Health Network

SUBSTANCE USE DISORDER (SUD) PROVIDER SATISFACTION SURVEY

FY18

The MSHN Provider Satisfaction Survey was administered to contracted SUD providers during December and January of 2018. Three new questions were added to the survey, with several demographic indicators removed to ensure anonymity. The SUD Provider Advisory Committee was offered the opportunity to provide feedback on changes to the survey, including methods to increase the response rate. The survey was administered via the MSHN Constant Contact, along with direct outreach to program administrators. In addition to announcing the release of the survey at an SUD Quarterly Provider meeting, MSHN staff who routinely interact with providers included a link in their email signature during the response period. The number of responses more than doubled over last year, with ninety-two (92) responses received.

Carolyn T. Watters
Director of Provider Network Management Systems

SUD providers at all levels of the organization were encouraged to respond based on experiences with MSHN during fiscal year 2018 with 'very satisfied' considered to mean, 'I would not make major changes to MSHN on the issue' and 'very dissatisfied' to mean, 'I have considered ending my contract with MSHN based on the issue.' Respondents who did not have experience with a particular issue were asked to indicate 'no experience.' The charts in this report represent the weighted average for each question with 5 indicating 'very satisfied' and 1 indicating 'very dissatisfied'. Each chart also includes the total respondents in parenthesis following the year (e.g. 2018 (92))

Question 1: Respondents were asked to rate satisfaction with MSHN in the areas related to **administration and organization**. The following charts represent matters based on functional area. Some matters cross over functional areas and may be represented on multiple charts.

Chart 1: Provider Network

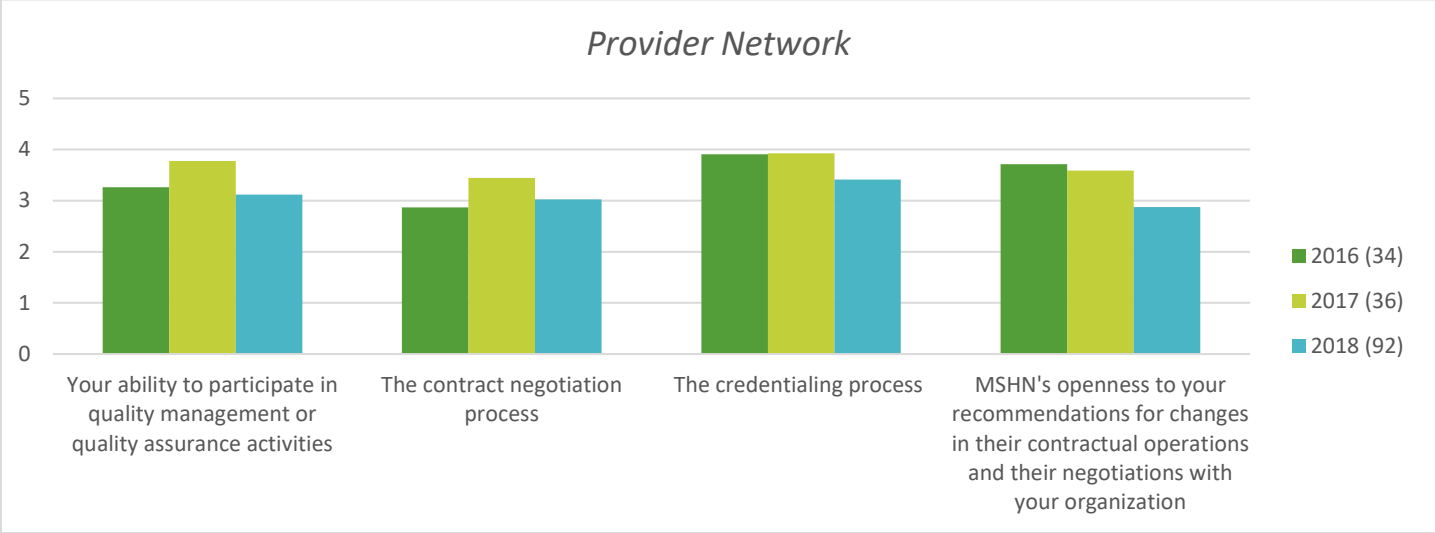


Chart 2: Quality and Compliance

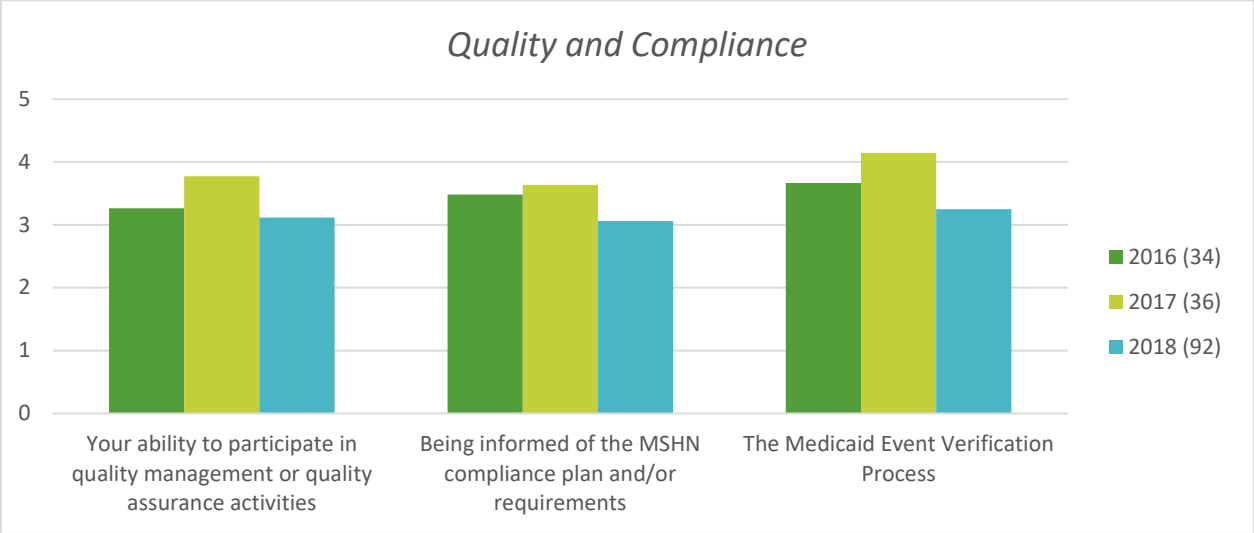


Chart 3: Treatment and Prevention

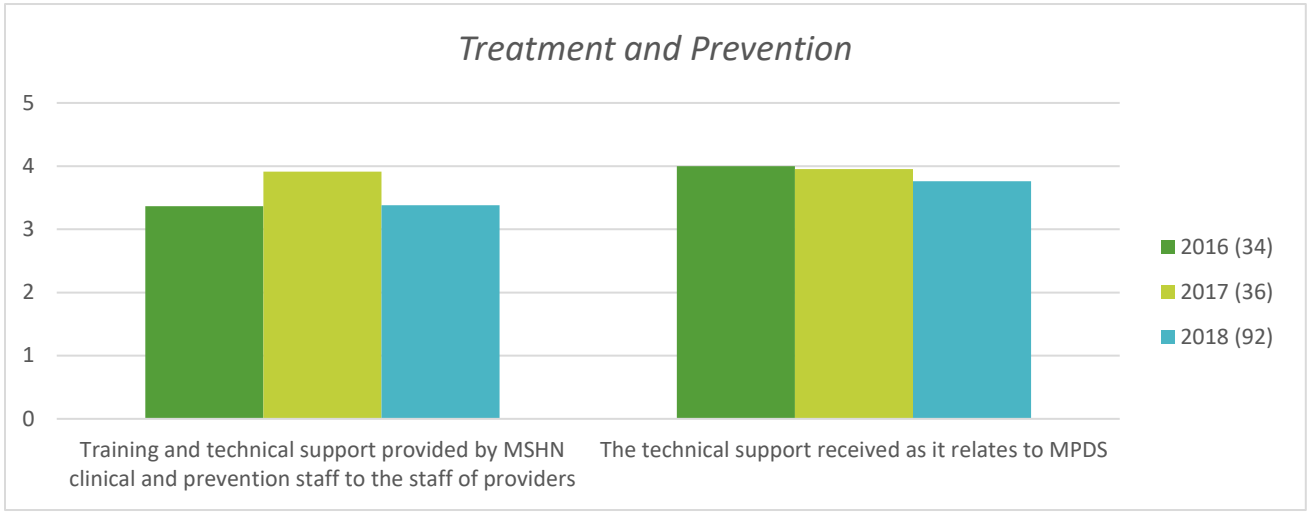


Chart 4: Utilization Management

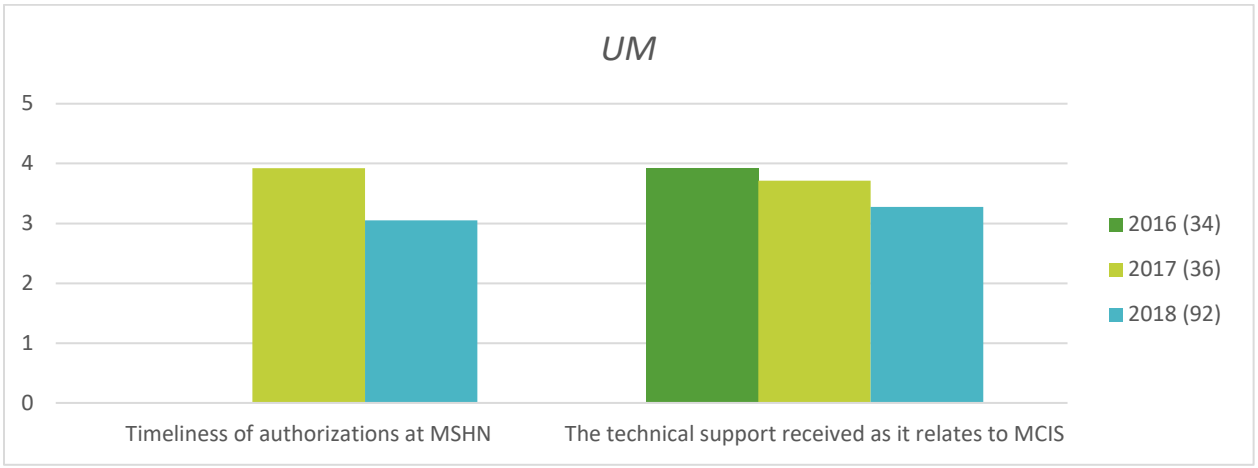


Chart 5: Finance and Claims

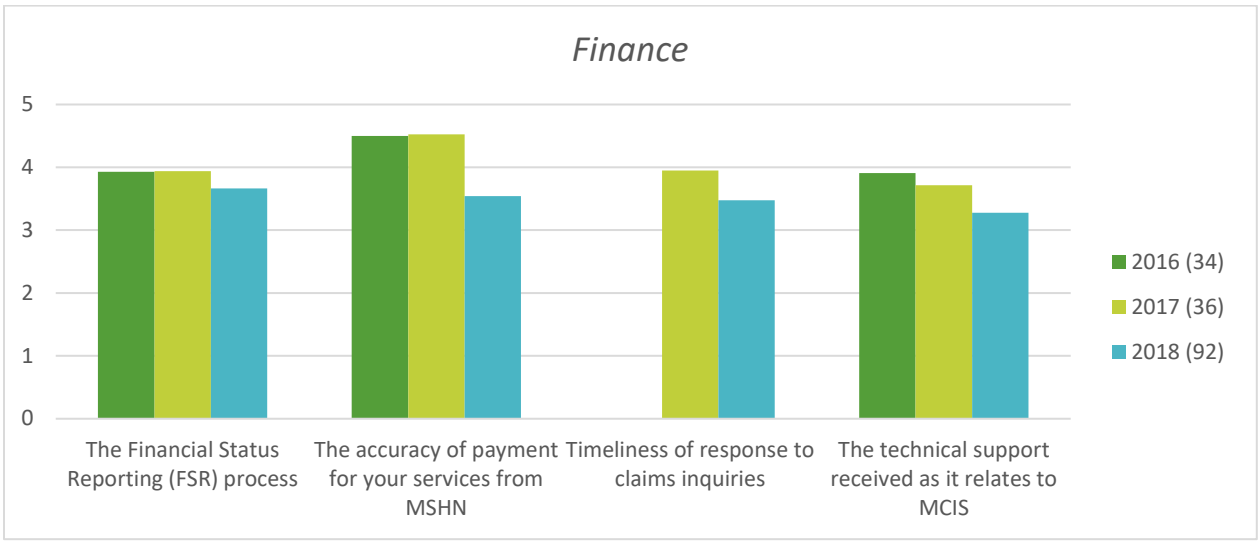


Chart 6: General

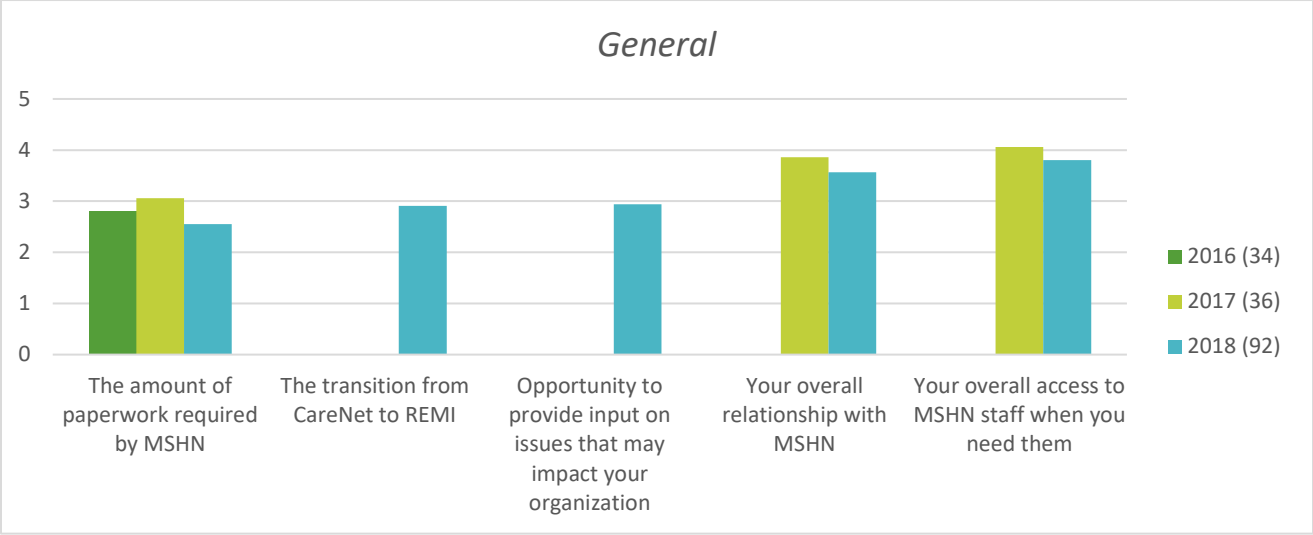


Chart 7: Communications

Question 2: Respondents were asked to rate satisfaction with MSHN in the areas related to **clinical care** (Treatment Providers only). The following charts represent matters based on functional area.

Chart 8: Utilization Management

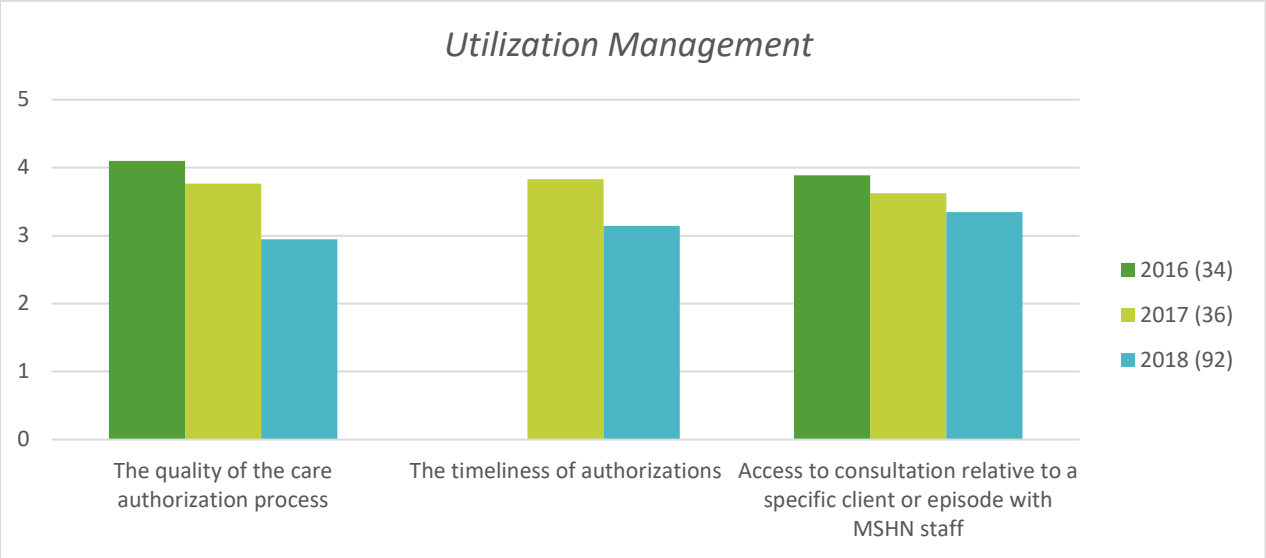
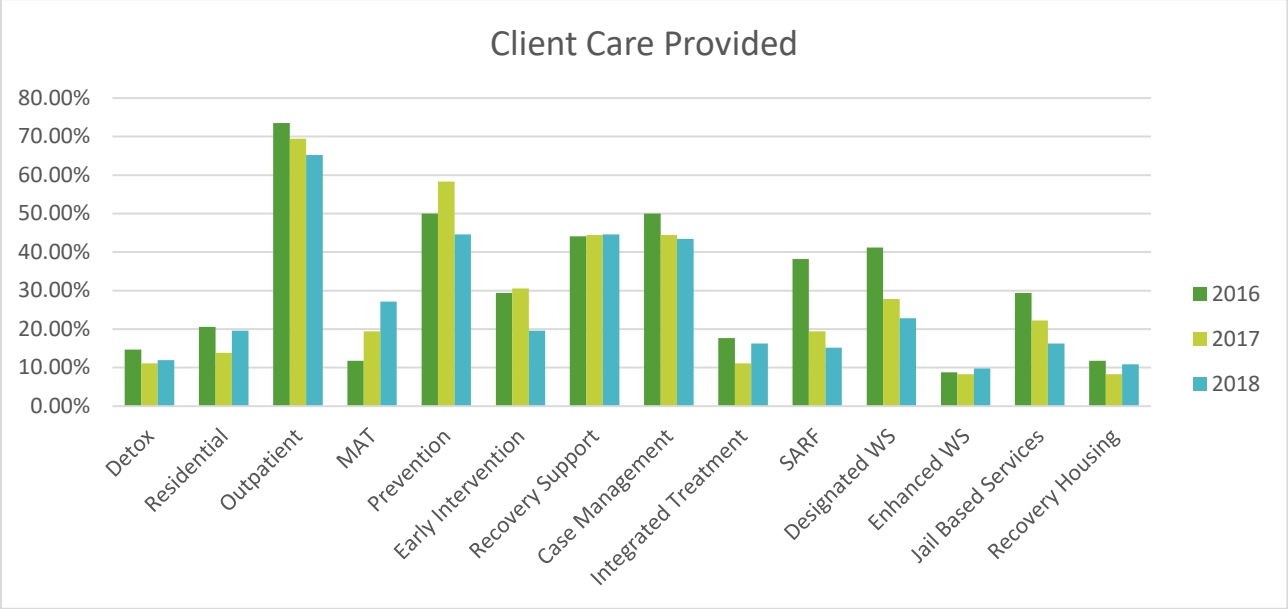


Chart 9: Customer Services

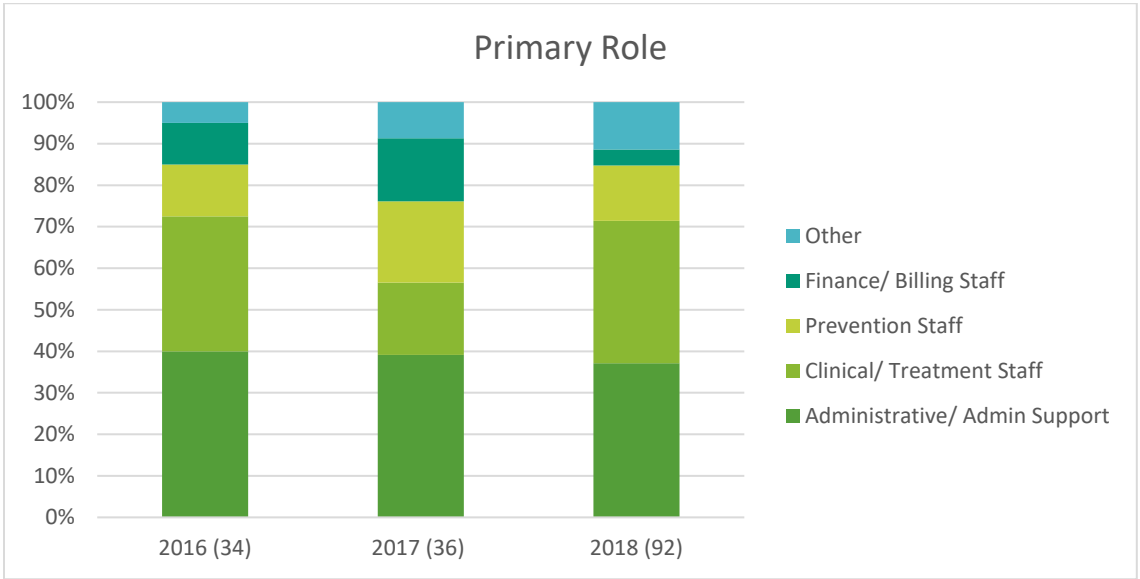
Question 3: Respondents were asked to report the type of care provided. Providers often provide many levels of care, so responses are duplicate.

Chart 10: Client Care Provided



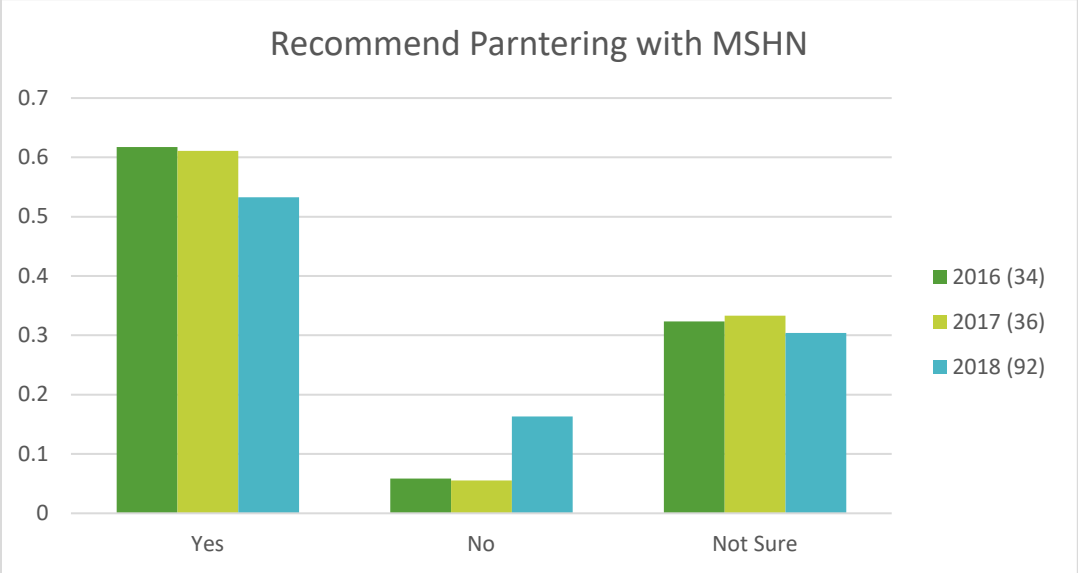
Question 4: Respondents were asked to identify their primary role within their organization. Chart 11 represents the role of the respondent. Administrative/administrative support staff historically represent the greatest number of responses. There was a marked increase in participation and feedback from clinical staff in 2018.

Chart 11: Role of respondent



Question 5: Respondents were asked if they would recommend partnering with MSHN to a provider colleague. The number of those indication yes, fell from 61% in 2017 to 53% in 2018.

Chart 12: Recommend partnering with MSHN



Comments: Respondents were given the option to provide open-ended comments. Comments were reviewed and tagged based on opportunity for improvement, strength, function area, or general theme such as documentation requirements, REMI system, and communications. NOTE: comments were not edited based on spelling or grammar.

	Comments	Tags
1	none	
2	So much happier as a member of the Prevention team now.	Strength
3	Your requirements for documentation are borderline ridiculous and decrease ability to address clients with their issues. You have provider meeting with your agenda's and do not allow for open discussion on problem areas. You dictate very well.	Documentation, Opportunity
4	I am new to the SUD treatment world, and I have not formulated an opinion strong enough to ensure a solid recommendation.	
5	for question 5 yes and no. yes because people need the help. no because the remi system sucks. and that is the nicest way i can say it	Opportunity, REMI
6	Happy to be a community partner with MSHN!	Strength
7	MSHN staff should not be gossiping with staff at individual clinics about other clinics. If concerns arise the agency in question should be addressed professionally with specific information and possible solutions. Additionally, many MSHN SUD staff are practicing outside of their scope of practice. There seems to be a disjoint in the heirarchy SUD portion of MSHN, no one is actually communicating with one another at MSHN or knows exactly what their job description is or responsibilities included. Very unorganized and unprofessional with communication. Recipient rights advisor does not care about consumers rights but with appeasing certain individual clinic operators.	Opportunity
8	With the amount of paperwork that is required, it feels like the focus is on the paperwork and we are losing focus on the client. There is always additional things to do and we spend sessions doing more paperwork with clients which takes the focus off why they are in session to begin with. It would be nice if MSHN would look a ways to do what we do with less intensive paperwork so we can do what we need to do with the client and provide the needed care and focus on what THEY need rather than on the paperwork for MSHN.	Documentation, Opportunity

9	Clarification regarding major process changes could be done before the process changes are implemented it would help with agency care delivery. Example: implementing the GAIN without any structural foundation (85% of the staff don't have training, payment for assessment extensions not formulated, lack of development of skills to deal with the re-traumatizing effect of the assessment itself).	Opportunity, Communication
10	It is challenging because I believe that MSHN is attempting to try and be client centered but that's not what's happening. The focus is on paperwork and admin processes as opposed to focusing on the specific needs of the clients. Prior to MSHN, I felt that the funder was there for the clients and meeting client needs was primary. It is no longer the case and causes great stress. It causes it to feel overwhelming to try and improve practices when the improvements, and everything else, is under such administrative scrutiny. I understand policies need to be followed and rules need to be upheld, but there has to be a medium ground. It just feels overwhelmingly nitpicky. I almost feel sorry for the staff (who I know are good people) who have to be so admin focused, they lose touch with client needs. That's who really pays though, isn't it? The clients.	Documentation, Opportunity
11	Higher level management at MSHN is judgmental and unaware of impact to providers and clients.	Opportunity
12	None	
13	You seriously need to "fix" your website. It is not user friendly whatsoever and it is next to impossible to find a form when you need one. I can give you a very good contact. Look at my website. (Seriously, call me! 989-388-4185) The fact that you "mandate" a full audit for a brand new agency that is hemorrhaging money for the first two years in business can just about guarantee financial failure. At a time when we need "MORE" providers, you are doing a pretty good job of trying to make a new one go out of business. The amount of paperwork required is simply ridiculous. After every site review we end up with more paperwork (often redundant paperwork). We already have limited time with each client. We need to be able to focus on clinical therapy, not more forms to complete. At a time when our entire Country is in a substance abuse crisis, we need to make this profession more welcoming to more agencies, so they can attract clinical staff who are really good in their field, not smother them with overwhelming paperwork and time consuming "contractually required" computer based assessments. I understand the importance of using evidence based treatments, but sometimes I wonder if this field is trying to create a computer program that can replace the years of insight and wisdom of a Master level therapist. I wish I could tell you how many times I have heard LMSW therapists say "You know, I heard they are hiring at Taco Bell." We all want to provide quality service and assist our clients to healthier lifestyles. My concern is that many of your "requirements" (many of which I have no say) are actually causing burnout in some of the best clinicians I have ever had the pleasure to meet. I have been in this field for sixteen years now. I have worked with Riverhaven, Mid-South, NMSAS, CEI & now MSHN. I remember completing the BSAP & the ASI with clients (a complete waste of time). The clients resented having to answer the same questions over and over and many questions did not even apply to their situation. I understand that we will all be required to apply another "new" computer based assessment that only Master level CAADC certified personnel will be allowed to administer. It is important to be held accountable for services, but we need to remember our first focus needs to be placed on effective treatment. Our entire Country is depending on us now more than ever. *NOTE: C. Watters contacted provider to assist with website navigation.*	Documentation, Opportunity, Communication
14	The amount of paperwork that is required is ridiculous as well as redundant in many areas. Especially now that clients need to have WEEKLY treatment plan reviews. I spend more time doing paperwork that with actual clients.	Documentation, Opportunity, UM
15	It appears there is much confusion among MSHN staff within different departments that impacts providers in a negative way due to conflicting views on how to uphold procedures. It is frustrating for providers as the inconsistencies impact our funding as claims will be denied but then similar claims approved by another. It does not feel as if MSHN front line staff and management staff are always on the same page. REMI has been helpful but there is much duplication in the process (doing the screening in the system but then having to put all that information also on our assessment or upload the same information in a different format). We are being asked to make level of care decisions at the front end without proper assessments. Assessments are taking longer due to more requirements however no adjustments in payment structures. The CMH side runs smoothly and has a established process. It seems the SUD side could have something similar that is more user friendly. I appreciate the support from [NAME], as she has been very helpful and has tried to clear up misunderstandings and ensure that the process is consistent.	REMI, Opportunity, Communication, Strength

16	Most of the dissatisfaction is based on things outside of MSHN's control, such as last minute changes the State makes, contract negotiations, the amount of paperwork required to do this job. I think MSHN goes out of it's way to make things as easy as possible and work with providers. REMI training was disappointing because the intricate details we need were not provided. We are losing thousands of dollars a month due to the complications in REMI that fixing takes hours to do so it becomes impossible to save the money or even sometimes to input it so we are not getting paid what we should be in a fee for service world. Again, a REMI issue that MSHN has little control over but continues to be a non-stop nightmare with attempting to get reauths or getting the units needed, etc.	Opportunity, REMI, UM
17	Figuring out rules and regulations, and structuring contracts more specifically for RCO's would be a boon	Opportunity, Contracts
18	Reimbursement rates need to increase in order to provide quality care. We've experienced rash decisions on part of upper management.	Opportunity, Finance
19	Keep up the good work. Great people at MSHN	Strength
20	There is confusion and disconnect between prevention and treatment from MSHN - too much silo activity. Need to explain the different funding streams and status of opportunities (SOR, SAR, PA2, etc.) - not everyone understands the difference and what this means downstream for reimbursement and reporting - there should be an overall flow sheet for transparency regarding these funds and where they come from and what they can be used for.	Opportunity, Communication, Finance
21	Could use improvement in some areas but overall very good to deal with. To much paperwork and process, most of us can't afford the staff to deal all of it. We really need more money for housing. Very good to deal with though.	Documentation, Opportunity, Strength
22	na	
23	There has to be, or should be a way to make corrections. I am very confused by this system and it takes too much time. If I could make corrections easily it would be better.	Opportunity, REMI
24	I feel that often times prevention staff at MSHN are VERY disconnected from what is happening in the field. Often times we get requirements handed down to us without prior talk about if it is a need in our community. Better planning and talk before requirements are handed down would be greatly appreciated.	Opportunity, Prevention
25	You guys rock!!!! :)	Strength
26	Most MSHN staff are friendly and helpful; however, [NAME] frequently seems irritated and annoyed in contact with myself and others.	Opportunity, UM
27	Would be helpful to have a written timeline for all things MSHN requires from us annually- especially with DYTUR items. Also, MPDS continues to be a disaster. The explanations at provider meetings is helpful, but it seems like we're being told different ways to do things every year and it's getting confusing.	Opportunity, Communication, Prevention
28	MEV audit is too strict. There are legitimate reasons why treatment planning is not as straight forward as the MEV audit expects. There are times where it takes a few service dates to complete effective treatment plans with clients in a client centered way. Even with documentation of what occurred in session, services are being disallowed due to no "active treatment plan". MSHN should re evaluate what "active treatment plan" should mean, considering the spirit, and not just dates that are on paper. Just because a target date to update is set, doesn't mean a plan shouldn't be allowed to be extended a few days while updates/reviewing are happening within the context of a few sessions. Treatment just doesn't stop just because it has been 91 days since there was an "update." Treatment plans often need to be reviewed by several people and although treatment planning may be occurring during a billable service, the client doesn't actually sign until this process is complete. This could take a few days, especially if it is the first review/update from the original plan. Please keep this in mind.	Opportunity, MEV
29	Getting clear direction/instructions has been difficult. Told one thing, then told another. I understand MSHN is still navigating SUD, but the demands and unclear and changing demands on providers takes the focus off the community/clients they are trying to serve.	Opportunity, Communication
30	Increase focus on prevention. Treatment still seems to drive the majority of MSHN efforts. If we have high quality prevention we can impact the need for treatment. We will not eliminate the need for treatment, but prevention should be as important to overall health and well-being as treatment.	Opportunity, Prevention

31	While REMI has it's merits, it is not nearly as user friendly as CareNet was and takes so much more time, work and energy to use. Early terminations make tracking authorizations a mess and the function to early terminate just one code within an authorization does not work properly as it early terminates the entire auth rather than just the selected auth. The site itself is not designed as efficiently as it could be, with room for improvement to remove much redundant and irreverent input fields (better if/then programming would help this greatly). It would be great if there was someone or somewhere that suggestions for improvements to the site itself could be made, but it doesn't presently seem like MSHN cares about the negative impact some of these things has on providers. It is also more difficult to get assistance from UM staff (they seem less available than in the past) and often, authorizations approvals and responses to inquiries are not received for up to a week. With REMI being a far less user friendly system than CareNet was, assistance for providers should be more readily available that it currently is.	Opportunity, REMI, UM
32	It would help if the messageing from MSHN on webinars and trainings was posted in a more timely fashion. Sometimes we recieve information 2 or 3 days before something is happening and cannot attend. There is an assumption that the other things we are doing are less important or that our schedules are not as important as the MSHN staff. This does not help when relationships are already strained.	Opportunity, Communication
33	Different standards a crossed MAT clinics, favoritism/bias evident for certain clinics. MSHN staff are not professional and objective in their communication with staff.	Opportunity, Communication
34	It appears the MSHN has unrealistic expectations over clinical staff in regards to the amount of paperwork and a time frame. When seeing a client once a week and discussing there UDS fitting time to see them the day there UDS comes back to discuss interventions that they are using when it was discussed a day prior is not reasonable for every clinician based on other paperwork that is expected. It does not appear that they want a person centered treatment. That the treatment is only person centered based off of there recommendations and not what is actually best for the clients. Most of the time it does not appear that MSHN is caring out the same expectation to all clinics that they focus on one clinic and they do not care about any other clinics. When realistically they need to be focused on major issues across the board with any clinic. When contacting MSHN for any technical issues or during trainings the staff appears to be bothered with questions and does not actually appear to have experience in the field. That they are very focused on minor concerns and cannot relate to where clinician are coming from. But if we are contacting individuals for a concern or during a training this is there job and they do not want to help in the manner.	Opportunity, Communication
35	Th utilization management specialists are rude ([NAME] and [NAME]) and speak as though they are bothered when called as though that is not their job. All MSHN staff should be required to work in MAT if they are regulating policies and procedures and handling grievances, a lack of understanding of the clientele and work environment is evident in the majority of staff including the CCO. Communication from MSHN staff is often rude and borderline aggressive, the mission/vision of "empowering" providers is laughable. There is a clear feeling of needing to assert power and authority over providers instead of working together to serve the population to the best of all of our abilities. MSHN should implement their own sponsored trainings in their own work and be required to attend, they do not practice what they preach and are miles away from behaving in a trauma informed manner with their SUD Provider staff. [NAME] has been the only consistently professional staff member who represents what MSHN should be and claims to be in their mission and vision statements. The information for filing a complaint or grievance AGAINST MSHN should be readily available for all providers.	Opportunity, Communication, UM, Strength
36	I appreciate the support that MSHN staff offers every time I reach out for support.	Strength
37	My team and I are very happy with the new REMI system, our Finance dept and treatment staff have both stated that it is very user-friendly. I have always found MSHN to be one of the few funders that wants to hear from providers - I am greatly appreciative of this! Improvement areas - at times there seems to be lack of communication between departments. An example would be treatment specialists saying we will be able to get auths for a new type of service or do things a certain way and then we feel that there has been a disconnect to the UM Department when we get kickbacks or refusals. But these are all items we are working through! Again, MSHN's openness to feedback significantly helps with this process.	Communication, REMI, Strength, Opportunity

38	In the beginning the authorization process with REMI was confusing and extremely difficult to guess what the new requirements were in order to obtain authorizations. The requirements are unrealistic for small organizations. The organization that do not meet standards or have problems with their operations are the ones who should be penalized by the amount of paperwork or the number of reports that are required. There are many days I ask myself why we continue to provide SUD treatment for Medicaid recipients.	Documentation, Opportunity, REMI
39	I am concerned that MSHN is becoming another bureaucratic monstrosity - exactly the type of organization that it was not supposed to be. My understanding was that one of the primary reasons for forming MSHN was to cut down on bureaucracy and allow more dollars to flow to providers. We seem to drifting away from that ideal.	Opportunity

2017 Survey Feedback - Improvement Initiatives

- MSHN website redevelopment with provider and consumer focus; sough input from providers via SUD-PAC Committee and SUD provider meetings.
- Quality Assurance and Performance Improvement (QAPI) staff identify regional performance improvement opportunities based on results of annual audits; recommend regional trainings to appropriate functional areas.
- QAPI staff provide on-site technical assistance during annual audits based on provider needs; communicate individual provider TA needs to treatment specialist for additional support.
- Contract review process included a formal venue for review of contract changes and provider feedback via SUD-PAC Committee.
- Training at SUD provider meeting specific to Grievance and Appeals and Compliance and REMI claims submission and clinical processes.
- Additional staff member (Recovery Specialist) added to Clinical Team to support programs providing Recovery Support Services.
- Credentialing training conducted annually during SUD Provider meetings. MSHN staff have created sample applications and checklists by compiling best practices in the region and regularly share with providers. One-on-one TA has been provided upon request.
- UM Implemented new authorization processing system midway through FY18 with a timeliness standard of 3 business day processing time. Since implementation, nearly all auths are processed within 3 business days. Provided education to network of auth process and 3-day business processing time to enhance their understanding of process.
- UM developed REMI training videos to address specific content areas; Revised user guides with additional details and troubleshooting; offer quarterly in-person trainings at SUD Provider meeting.
- UM established a departmental standard/expectation that all consumer calls are returned the same business day; provider calls are returned within 24 hours/1 business day.

2018 Survey Feedback – Next Steps

- Share results:
    - MSHN Leadership Review: January 23, 2019
    - MSHN All Staff Review: February 14, 2019
    - SUD-PAC Review: March 11, 2019
- Develop workplan to address opportunities for improvement including:
    - Identifying ways to reduce paperwork; eliminate duplication; review documentation requirements for efficiencies.
    - Address cross-functional collaboration to improve communications to providers.
    - Review feedback regarding REMI processes for possible improvement and/or provider education and training.

MSHN SUD Satisfaction Survey Action Plan

	Strategy/Action	MSHN Lead	Others Involved	Notes	Target Date
Provider Network					
1.1	Review required documentation and expectations to see if there are areas where **documentation and/or processess can be streamlined** and more efficient, specifically: 1. ways to reduce paperwork assoicated with agency credentialing process (i.e. prepopulate recredentialing where applicable) 2. ways to reduce paperwork associated with annual audit process	PN Staff			4/1/2019
1.7	SUD-PAC sub-group will develop a **standard guidance for regional distribution** that offers standard explanations and potentially examples.	Melissa	all functional leads	recommendation of SUD - PAC	9/30/2019
1.10 1.20	Provide additional **opportunities and venues for annual contract change** input; communicate annual review process and timeline; provide SUD-PAC more time for input.	Kyle	Carolyn, Jeanne, Jill	New process implemented in FY18	3/30/2019
1.11	Provide additional **education on MSHNs obligation to credentialing** provider agencies (FY19 is next major cycle).	Carolyn	Kyle		6/1/2019
1.11	Provide ongoing e**ducation and technical assistance relative to credentialing** and recredentialing processes in accordance with State policy; review findings and identify providers that have consistent findings in the area of credentailing. Determine the areas needed for improvement (i.e. applications, PSV, CBCs) and develop TA/resources/tools that is topic specific.	Amy	Carolyn		6/1/2019
1.11	Implement a **credentials verification system** in REMI to reduce invalid claims and subsequent financial recoupments.	Carolyn	Claims Staff	implementation plan in progress	4/1/2019
1.12	How-to Videos will be developed to assist providers with use of the **REMI Audit Module** Provider Response	Amy/Melissa	IT - proivde access to technology	NOTE: electronic manuals are currently available	5/31/2019
1.15	MSHN will continue to develop the Provider Network **webpage** to ensure information is easily accessible.	Carolyn	all functional leads		ongoing
1.7, 1.10, 1.11	**Revise provider satisfaction survey** to be more specific and ensure full understanding of provider needs, importance, and satisfaction.	Carolyn/Sandy	all functional leads	ex: drop in credentialing this year; however, minimal credentialing activities (2017 was last recredentialing for most providers)	9/30/2019
General	MSHN will develop internal functional area annual plans (inlcusive of provider responsibilities related to strategic projects/initiatives, and operational requirements such as audits, annual plans, reporting requirements, etc.) to **identify overlap and redundancy and opportunties for cross functional collaboration** to streamline processes (FY19/20 strategic priority)	Carolyn	All functional leads		4/1/2019
Utilization Management					
1.1	Review required documentation and expectations to see if there are areas where **documentation and/or processess can be streamlined** and more efficient				
1.14	Review with Tx team to **determine if revision is needed to the current weekly tx plan review** standard for residential LOCs (Source: ASAM; Not required State Policy or LARA)	Skye/Dani	TX and UM Teams		4/1/2019

MSHN SUD Satisfaction Survey Action Plan

	Strategy/Action	MSHN Lead	Others Involved	Notes	Target Date
1.8, Comment 23	Develop "correction auth" form to **simplify the process** for providers to make corrections without resubmit an entire new authorization	Skye	Cammie, PCE	Submitted to PCE	3/1/2019
Comment 26 & 35	Advanced **customer service skills training** for UM staff; Implementation of standard response scripts for pended UM auths; Development of Supervisor 2nd Review Process to be used when an authorization needs to be pended a 2nd time	Skye	UM Team	Customer Service Training Scheduled for March 2019; Standard Response Scripts implemented in February 2019	4/1/2019
Clinical					
1.1	Review required documentation and expectations to see if there are areas where **documentation and/or processess can be streamlined** and more efficient	Dani, Jill, Trisha			
1.3, 1.15, 1.17	Recommend setting aside time at provider meetings during break-outs for SUD-PAC members to dialogue with providers, seek feedback, concerns and/or area where more information is needed.	Dani, Jill, Trisha	all functional leads	Recommend initiating process at March provider meeting	3/31/2019
1.7, 1.15, 1.20, 1.29, 1.37	To address **interdepartmental communication** and lack of consistency, treament and prevention joint team meetings are moving to weekly and Clinical Team will explore further inter-departmental coordination and alignment.	Dani, Jill, Trisha	all functional leads	Weekly Zoom meetings for TX & PX team to start in March	3/31/2019
1.6, 1.13, 1.21, 1.22	TX and PX specialists already solicit input re: what TA is needed from providers when doing Annual Plans. Moving forward, TX and PX specialists will **reach out individually to assigned providers on quarterly to seek feedback on TA needs**, how communication with MSHN is going and to let them know TA is available at any point.	Dani, Jill, Trisha			
Finance					
1.1	Review required documentation and expectations to see if there are areas where **documentation and/or processess can be streamlined** and more efficient				
1.2	The Financial Status Reporting (FSR) process - Current process and structure will remain in place	Leslie	Amy K.		Complete
1.3	The accuracy of payment for your services from MSHN - REMI claims benefit set-up dictate reimbursement. FSR payment information is extracted from each submission and reconciled prior to payment.	Leslie	Amy K.		Complete
1.4	Timeliness of response to claims inquiries - Remittance invoices are available in REMI. FSR payment inquiries are addressed as needed by Finance and Claims staff.	Leslie	Amy K.		Complete
Comment 18	**Rate analysis will be conducted and results communicated to providers** based on REMI claims submission information	Leslie	Amy K. and Leadership		4/30/2019
Comment 20	MSHN will develop a **written summary of the different funding streams** and status of opportunities (SOR, SAR, PA2, etc.) to educate the network on reimbursement and reporting.	Leslie	Amy and Grant leads		4/30/2019
Quality, Compliance, Customer Services					

MSHN SUD Satisfaction Survey Action Plan

	Strategy/Action	MSHN Lead	Others Involved	Notes	Target Date
1.1	Review required documentation and expectations to see if there are areas where **documentation and/or processess can be streamlined**, standardized and made more efficient.	Kim	Sandy/Shannon/Dan	This will be discussed at team meetings	Initiate by 6/30/2019-ongoing
1.7	Provide o**pportunties and venues for SUD staff to provide input into quality improvement efforts** for the provider network (SUD-PAC meetings, SUD quarterly meetings, Constant Contact)	Kim/Sandy/Melissa	SUD PAC	A process will be developed to solicit provider feedback.	initiate by 6/30/2019 - ongoing
1.8	Provide ongoing **education on the MSHN Compliance Plan** and other compliance related activities at SUD provider meetings and through the Constant Contact	Kim	N/A	A training will be developed for providers and completed annually.	initiate by 9/1/2019 - ongoing
1.9	Provide **education on MEV standards, technical requirements and trends** as well as provide opportunities for input on the MEV process and recocommended changes at SUD provider meetings and Constant Contact	Shannon	Kim	Education is provided during each provider review. Additional education will be provided in the Constant Contact and semi-annually at provider meetings.	initiate by 06/30/19-ongoing
1.19	Continue to **update the Quality, Compliance and Customer Services sections of the MSHN website** to ensure up to date information and that the website is easily navigated. Provider and consumer input will be sought to ensure the site is easy to navigate for stakeholders.	Kim	All Functional Leads	Input will be sought through the Consumer Advisory Council and other Councils and Committees	Ongoing
1.26, 1.29	Provide ongoing **education and training on the grievance and appeal process and enrollee rights** during the quarterly SUD provider meetings as well as through the Constant Contact	Dan	Kim	Constant Contact on a quarterly basis. A training will be completed at least annually during SUD provider meeting.	initiate by 09/01/19 - ongoing
Efforts to Keep You Informed					
1.15	SUD-PAC committee will receive **functional area updates** either in writing or in-person relative to matters that will impact the SUD provider organizations.	all functional leads	Jeanne/Jill		May meeting
1.16	On a monthly basis, the **constant contact will include a list of board approved policies/procedures** that impact the SUD network with a brief description of changes	All functional leads	Jennifer/Merre	Implemented in February	2/1/2019
1.16	MSHN **SUD-PAC will be added to the policy review process** for policies and procedures that apply to the SUD network	All functional leads	Jeanne/Jill		May meeting
1.19	When new content is added to the MSHN website, include a notice and link in the constant contact	all staff adding SUD content	Jennifer/Merre		Ongoing

nistration and Organization

The amount of paperwork required by MSHN
The Financial Status Reporting (FSR) process
The accuracy of payment for your services from MSHN
Timeliness of response to claims inquiries
Timeliness of authorizations at MSHN
Training and technical support provided by MSHN clinical and prevention staff to the staff of providers
Your ability to participate in quality management or quality assurance activities
Being informed of the MSHN compliance plan and/or requirements
The Medicaid Event Verification Process
The contract negotiation process
The credentialing process
The technical support received as it relates to MCIS
The technical support received as it relates to MPDS
The transition from CareNet to REMI
Efforts to keep you informed about issues that may impact MSHN or your organization
Efforts to keep you informed about changes to MSHN policies and procedures that impact your organization
Opportunity to provide input on issues that may impact your organization
Weekly constant contact
Ability to locate information on the MSHN website
MSHN's openness to your recommendations for changes in their contractual operations and their negotiations with your organization
Your overall relationship with MSHN
Your overall access to MSHN staff when you need them

al Processes

The quality of the care authorization process
The timeliness of authorizations
Access to consultation relative to a specific client or episode with MSHN staff
The grievance and appeal procedures at MSHN
The customer service provided by MSHN to clients and their families
The customer service provided by MSHN to providers and office staff
Do you feel that MSHN clients are well informed about enrollee rights and customer services