POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Assessment of Member Experiences		
Policy: ☒ Procedure: ☐ Page: 1 of 2	Review Cycle: Biennial Author: Chief Compliance & Quality Officer, Quality Improvement Council	Adopted Date: 04.07.2015 Review Date: 03.04.2025	Related Policies:

Purpose
To ensure Mid-State Health Network (MSHN) and its Provider Network utilize members experience of care to assess the quality, availability and accessibility of care for all individuals served in adherence to the Michigan Department of Health and Human Services (MDHHS) Medicaid Contract and MDHHS Quality Assessment Performance Improvement Program (QAPIP) Policy.

Policy
MSHN shall ensure an assessment/survey of the member experience is received annually to improve the quality, availability, and accessibility of care provided by the MSHN Provider Network.

A. Assessments/surveys will be conducted in accordance with MDHHS contract requirements.
- May be qualitative and/or quantitative and include a consumer satisfaction survey or focus group.
- Shall be representative of all individuals served, including those currently receiving long term supports and services and/or individuals who have been discharged up to 12 months prior to their participation in the assessment/survey.

B. The Provider Network will be responsible for quality improvement of organizational assessment/survey findings.
- Take specific action on individual cases as appropriate, investigating individual sources of dissatisfaction for resolution.
- Outline specific action steps for follow up to the findings.
- Evaluate the effectiveness of the action steps to the findings.

C. MSHN will be responsible for quality improvement of regional assessment/survey findings.
- Aggregate the data and complete a regional analysis.
- Review the regional results with relevant MSHN committees/councils, including but not limited to the Quality Improvement Council (QIC), the Regional Consumer Advisory Council (RCAC), and the Substance Use Disorder (SUD) Provider Network for determining appropriate systemic action for quality improvement.
- Outline specific regional action steps for follow up to the findings.
- Evaluate the effectiveness of the action steps to the findings.
- Monitor improvement and compliance with assessment/surveys through reporting to the MSHN QIC, SUD Provider Network, RCAC, Operations Council, and Board of Directors.

D. The assessment/survey findings will be made available to the provider network, and the public through the website and/or upon individual request.

Applies to:
☒All Mid-State Health Network Staff
☒MSHN CMHSP Participant's
☒Other: Sub-contract Providers

Definitions:
CMHSP: Community Mental Health Service Programs
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
SUD: Substance Use Disorder
Provider Network: Refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements.
RCAC: Regional Consumer Advisory Council
QAPIP: Quality Assessment Performance Improvement Program
QIC: Quality Improvement Council

Other Related Materials
N/A

References/Legal Authority
MDHHS/PIHP Medicaid Contract
MDHHS Quality Assessment and Performance Improvement Program Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
03.2015	New Policy	Chief Compliance Officer, Quality Improvement Council
03.2016	Annual Review	Quality, Compliance and Customer Svc Director
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager
10.2022	Biennial Review	Quality Manager
11.2024	Biennial Review-clarify responsibilities	Quality Manager