

<b>Chapter:</b>	<b>Customer Service</b>		
<b>Title:</b>	<b>Customer/Consumer Service</b>		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 4	<b>Review Cycle:</b> Biennial  <b>Author:</b> Chief Compliance and Quality Officer, Customer Service Committee	<b>Adopted Date:</b> 12.03.2013  <b>Review Date:</b> 07.05.2022  <b>Revision Eff. Date:</b>	<b>Related Policies:</b> Customer Service

### **Purpose**

To ensure that primary and secondary consumers, as customers of Mid-State Health Network (MSHN), receive timely, accurate, understandable, and culturally competent services.

### **Policy**

MSHN delegates the responsibility for Customer/Consumer Services to its Community Mental Health Services Program (CMHSP) Participants and Substance Use Disorder (SUD) Provider Network. The CMHSP Participants/SUD Provider Network shall convey an atmosphere that is welcoming, helpful and informative for its customers.

MSHN Standards of Customer/Consumer Service ensure that CMHSP Participants/SUD Provider Network shall:

- A. Establish a Customer Services Unit which meets the needs of the Consumer/Customer served. The Customer Services Unit will provide Customer Services as defined by the Michigan Department of Health and Human Services (MDHHS) Pre-paid Inpatient Health Plan (PIHP) Customer Services Standards. Customer Services must convey an atmosphere that is welcoming, helpful and informative and will orient individuals to the services and benefits that are available, including providing the Provider Directory Listing in accordance with the MSHN Provider Network Directory – Information Requirements policy. These standards apply to the CMHSP Participants/SUD Providers and to any entity to which they have delegated the customer service function;
- B. When providing information electronically, it must be in a form that is readily accessible; it must be on the website in a location that is prominent and readily accessible; it must be in an electronic form which can be electronically retained and printed; Customer/Consumer must be informed that the information is available in paper form without charge and provided within 5 business days upon request; Ensure materials are written at the 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the grade level criteria);
- C. Provide information about how to access benefits, including authorization requirements, for mental health, primary healthcare, substance use disorder treatment and prevention, and other community-based services;

- D. Provide information on available treatment options and alternatives. Provide information on the amount, duration and scope of benefits available under the contract in sufficient detail to ensure beneficiaries understand the benefits to which they are entitled and the extent to which, and how, after-hours crisis services are provided;
- E. Provide information on cost-sharing, as appropriate;
- F. Provide information on how to access the various recipient rights processes;
- G. Assist customers with problems and inquiries regarding benefits;
- H. Assist customers with the local complaint and grievance processes;
- I. Provide information on local appeal and fair hearings processes, including expected timelines;
- J. Provide the rules for emergency and post-stabilization services;
- K. Provide information on quality and performance indicators and enrollee satisfaction;
- L. Track and report patterns of potential problem areas for the organization;
- M. Material must not contain false, confusing, and/or misleading information;
- N. Ensure all materials will be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHPs region. Such materials will be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002, Federal Register Vol. 65);
- O. Ensure that beneficiaries are notified that oral interpretation is available for any language and written information is available in prevalent languages and auxiliary aids, such as Teletypewriter/Text Telephone (TTY/TDY) and American Sign Language (ASL), services are available upon request at no cost, and how to access those services. All written materials for potential enrollees must include taglines explaining the availability of written translations or oral interpretation along with the toll-free telephone number of the entity providing services as required by 42 CFR 438.71(a);
- P. Ensure materials are available in alternative formats in accordance with the Americans Disability Act (ADA) and provide information on how to access information in the appropriate language format. Beneficiaries may access materials in a font size with a minimum font of 12pt and in large print in a font size no smaller than 18 point;

- Q. Provide required information at the time of admission and at least annually thereafter. The PIHP must give each individual written notice of any significant change in the information specified in 42 CFR 438.10(f)(6) at least 30 days before the intended effective date of the change;
- R. Make a good faith effort to give written notice of termination of a contracted provider, by the later of 30 calendar days prior to the effective date of the termination, or within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider;
- S. Annually (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost of each covered support and service he/she is receiving; and
- T. Provide an Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with the State and Federal regulations regarding release of information as directed by MDHHS.

**Applies to:**

- ☒ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
  - ☒ MSHN's CMHSP Participants: ☒ Policy Only ☐ Policy and Procedure
  - ☒ Other: Sub-contract Providers

**Definitions/Acronyms:**

CFR: Code of Federal Regulations

CMHSP: Community Mental Health Service Program

Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

Primary Consumer: An individual who receives or has received services from MDHHS or CMHSP Participant(s). This includes those who receive or have received the equivalent mental health services from the private sector

Secondary Consumer: A family member, guardian, or advocate of an individual who receives or has received services from MDHHS or a CMHSP. This includes family members, guardians, or advocates of a person who has received the equivalent mental health services from the private sector

SUD Provider Network: Refers to a Substance Use Disorder Provider that is directly under contract with the MSHN PIHP to provide services and/or supports

**References/Legal Authority:**

1. 42 CFR 438.10: Information Requirements
2. 42 CFR 438.400 Appeals and Grievances
3. State of Michigan/PIHP Contract: Schedule 1. General Requirements, M. Beneficiary Services, 2. Written Materials, b. Additional Information Requirements
4. State of Michigan/PIHP Contract: Schedule 1. General Requirements, B. Customer Services Standards

**Change Log:**

Date of Change	Description of Change	Responsible Party
12.03.2013	New policy	Customer Services Committee
11.2015	Annual review, format consistency	Director of Compliance, Customer Services & Quality Improvement
11.21.2016	Annual Review	Customer Service Committee
12.18.2017	Annual Review	Customer Service Committee
12.03.2018	Annual Review	Customer Service Committee
03.16.2020	Annual Review, language added to meet reference requirements	Customer Service Committee
11.15.2021	Bi-annual Review, language added to meet contract requirements	Customer Service Committee