POLICIES AND PROCEDURE MANUAL

Chapter:	**Customer Service**		
Title:	**Customer/Consumer Service**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** Biennial **Author:** Chief Compliance and Quality Officer, Customer Service Committee	**Adopted Date:** 12.03.2013 **Review Date: 07.07.2026**	**Related Policies:** Customer Service

Purpose

To ensure that primary and secondary consumers, as customers of Mid-State Health Network (MSHN), receive timely, accurate, understandable, and culturally appropriate 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 that 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, where individuals are oriented 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 their 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 that can be electronically retained and printed; Customer/Consumer must be informed that the information is available in paper form without charge and provided within five (5) business days upon request;

C. Ensure materials are written at the 6.9 grade reading level when possible (i.e., in some situations, it is necessary to include required terminology, medications, diagnosis, and conditions that do not meet the grade level criteria);

D. 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;

E. 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;

F. Provide information on cost-sharing, as appropriate;

G. Provide information on how to access the various recipient rights processes;

H. Upon request, assist customers with problems and inquiries regarding benefits; with local complaint and grievance processes; and local appeal and fair hearings processes, including expected timelines;

I. Provide the rules for emergency and post-stabilization services;

J. Provide information on quality and performance indicators and enrollee satisfaction;

K. Track and report patterns of potential problem areas for the organization;

L. Material must not contain false, confusing, and/or misleading information;

M. 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;

N. 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

O. 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 Affiliates: ☒ 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
EOB: Explanation of Benefits
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: Substance Use Disorder
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	Biennial Review, language added to meet contract requirements	Customer Service Committee
01.22.2024	Biennial Review, language added to meet contract requirements, removed content is present in the MSHN LEP Policy	Customer Service Committee
01.26.2026	Biennial Review, no changes	Customer Service Committee