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Customer Service
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Policy Area Customer Service
References HSAG
Standard I,
Elements 4, 5,
8, 12, 13, 14,
15, NCQA RR
4 Element J,
NCQA RR 4,
Element F & J

Customer Service

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) to meet all state and federal regulations and contractual requirements regarding Customer Service as established for the Pre-Paid Inpatient Health Plan (PIHP). This is to apply to any entity which DWIHN has delegated the Customer Service function, including affiliate Community Mental Health Service Providers and Substance Use Service Providers

PURPOSE

To provide procedural and operational guidance on Customer Service functions to DWIHN, Crisis services vendor, and network providers. These functions are:

1. Welcome and orient individuals to services and benefits available, and to the provider network;
2. Provide information about how to access mental health, primary health, and other community services;
3. Provide information about how to access the various Due Process processes;
4. Help individuals with problems and inquiries regarding benefits;
5. Assist people with and oversee local complaint and grievance processes;
6. Track and report patterns of problem areas for the organization;
7. Oversee and monitor all Customer Service functions provided by the network providers, health

plans, their affiliates, and contracted entities doing business with DWIHN.

8. Assist people in making informed choices regarding their treatment, and when necessary, on how to make changes.

APPLICATION

1. The following groups are required to implement and adhere to this policy: All DWIHN Staff, Crisis services vendor and network providers.
2. This policy serves the following populations: Adults, Children, I/DD, SMI, SEI/SED, SUD, Autism
3. This policy impacts the following contracts/service lines: Medicaid, MI-HEALTH LINK, SUD, Autism, Grants, and General Fund.

STANDARDS

DWIHN's Customer Service unit shall assure that designated units are in full compliance with the state's mandated Customer Service Standards which include the following;

1. There shall be a designated unit called "Customer Service" unless contractually released from such function.
2. There shall be a minimum of one full-time employee (FTE) dedicated solely to the Customer Service unit. Customer Service staff are to perform all the primary functions as outlined in the Customer Service Standards as described below. Network providers as applicable shall have additional FTE's (or fractions thereof) as appropriate to sufficiently meet the needs of the service area/network.
3. There shall be a designated toll-free Customer Service telephone line that goes to the Customer Service unit only and answered by a live voice.
4. There shall be access to alternative telephonic communication methods (such as Relays, TTY, text messaging, emailing, etc) to the Customer Service unit.
5. The customer service numbers shall be displayed in all agency brochures, websites and all other public information materials.
6. As required, DWIHN materials are compliant with all contractual, regulatory, and accreditation requirements in regards to reading level (at or below 6.9 grade), no smaller than 12 point font, type size, format, and language. DWIHN will meet reasonable accommodations as required by the American with Disabilities Act (ADA), Limited English Proficiency (LEP), and Cultural Competency guidelines. These services are provided at no cost to the member. (HSAG: Standard I, Element 5a & b; Element 8a, b,& c)
 - a. The availability of vital written information in the prevalent non-English languages in the service area in accordance with the LEP guidelines, Center for Medicare and Medicaid Services (CMS) and/or DWIHN's contract with the Michigan Department of Health and Human Services (MDHHS). Materials will meet the most stringent guideline(s).
 - b. Upon request, DWIHN will provide materials in alternative formats to meet the needs of vision and/or hearing impaired members, including large font (at least 18 point font), Braille, oral interpretation service, ASL, audio and visual formats.

- c. Translation services will be made available to the member, upon request.
 - d. Interpreter services and toll-free numbers that have adequate TTY and interpreter capability.
7. Telephone calls to and from the Customer Service Department:
- a. Shall be answered by a live "Welcoming" voice during normal business hours. Telephone menus nor phone trees are acceptable.
 - b. Staff shall identify themselves by name, Customer Service title, and organization.
 - c. Calls shall be answered within three (3) rings.
 - d. Calls that are placed on hold in excess of three (3) minutes must be offered an option to be called back.
 - e. Call back responses are to occur within one business day.
 - f. Crisis calls during normal business hours shall be transferred to the Crisis Information and Referral line without the caller having to re-dial.
8. Email Communications:
- a. The Customer Service Call Center upon receipt of email inquiries shall respond within one business day of submission.
 - b. All email correspondence shall be reviewed by Customer Service management staff prior to forwarding of response.
 - c. All email inquiries shall be documented on the Email Communication Log capturing the following data:
 - 1. Receipt of Inquiry Date
 - 2. Type of Inquiry
 - 3. Response for Management Review
 - 4. Actual Response Date
 - 5. Analysis and recommendations to address applicable deficiencies
 - d. Email communication inquiries shall be reported in the Monthly Customer Service report for addressing trends, patterns, and plans of correction.
9. Email inquiries received through DWIHN's website (i.e. Rapid Response) are forwarded to the Customer Service Department by the IT Department within one business of receipt for review and follow-up.
10. The DWIHN Customer Service Department will answer member claim status inquiries upon receipt and provide one call resolution in relation to stage, amount paid, amount approved, the member's cost and amount paid. Calls received by the Access Center after normal business hours will be forwarded to DWIHN's Customer Service Administrator for assignment and response within the next business day. Calls received on a business day after midnight are answered on the same day.
11. Walk-ins must be handled in a welcoming and prompt manner by the Customer Service staff. Those that require urgent and or emergent assistance are handled and provided the

appropriate referral and intervention, i.e. clinical personnel consultation, crisis center, ambulance or police, etc.

12. DWIHN operates a customer service call center during normal business hours of 8:00 a.m. to 4:30 pm (Eastern Standard Time). The Customer Service telephone number is 1-888-490-9698 or TTY 1-800-630-1044. After normal business hours, all DWIHN's customer service calls are transferred to the Access Center at 1-800-241-4949 or TTY 1-866-870-2599 which operates 24/7.
13. The Customer Services unit will operate minimally eight hours daily, Monday-Friday, except for holidays.
14. The process for assessing information from the Customer Service unit outside of the customer service hours shall be publicized.
15. The DWIHN Member Handbook is to be used by network providers for orienting members and is to be provided by DWIHN (See Attachments).
16. The Member Handbook must contain the following (among other topics):
 - a. State, Federal, contractual, and accreditation required topics.
 - b. Information that enables the member to understand how to effectively use the managed care program. (HSAG: Standard I, Element 12)
 - c. Date of publication and revisions.
 - d. Balanced Budget Act relative to customer service functions and beneficiary rights and protections.
 - e. Medicaid Health Plan and the State's description of each service.
 - f. Affiliate CMHSP, or network provider names, addresses, phone numbers, TTY number, email, and web addresses.
 - g. Information on how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in DWIHN's service area.
17. Service Providers in the DWIHN network are required to distribute the most recent edition of the DWIHN Member Handbook to each member within a reasonable time after receiving notice of the member's enrollment into services. (HSAG: Standard I, Element 11) This includes at the time of intake, annually thereafter, or sooner if substantial revisions have been made and/or upon request. The handbook may be provided by:
 - a. mailing a printed copy to the member's mailing address, (HSAG: Standard I, Element 13a)
 - b. email after obtaining the member's agreement to receive information by email, (HSAG: Standard I, Element 13b)
 - c. website of DWIHN and the network provider. Members are to be advised of its availability in paper or electronic form on the website. For persons with disabilities who cannot access the information on the website, auxiliary aids and services are provided upon request at no cost to the member, (HSAG: Standard I, Element 13c)
 - d. any other method that can result in the member receiving the information. (HSAG: Standard I, Element 13d)

18. The [Member Handbook](#) must also be posted on DWIHN and all network providers' websites. (The handbook serves a similar function as the summary of benefits and coverage described in 45 CFR 147.200(a)).
19. DWIHN will give members notice of any change that the State defines as significant in the information specified in 42 CFR 438.10(g)(2) at least 30 days before the intended effective date. Significant is defined as any change that affects a beneficiary's Medicaid benefits, including but not limited to: Contractor contract information, authorization for services, covered benefits and copays.
 - a. DWIHN will obtain state approval in writing before publishing original and revised editions of the member handbook.
 - b. DWIHN will provide supplemental materials to the handbook (inserts/stickers), as needed, to ensure compliance with contractual requirements.
20. DWIHN shall ensure that current listings are maintained of all providers, practitioners, organizations and any group affiliation with whom DWIHN has contracts, street address(es), telephone number(s), website URL (if appropriate), the services they provide, cultural and linguistic capabilities (if they have completed cultural competency training), any non-English languages they speak (including American Sign Language), any specialty for which they are known, whether the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new customers. This list must include independent PCP facilitators. DWIHN must make this available in paper form upon request and electronic form such as the DWIHN's or network provider's website as applicable. Members shall be given this list annually unless the member has expressly informed DWIHN that accessing the listing through an available website or customer services line is acceptable. (NCQA RR 4, Element F, Factors 1 & 2) (HSAG Provider Directory Checklist)
21. The [Provider Directory](#) must be made available in paper and or electronic form upon request. The Provider Directory must be made available in a prominent, readily accessible location on DWIHN and network providers' websites in a machine-readable format. (HSAG: Standard I, Element 14)
22. Electronic provider directories must be updated no later than 30 calendar days after DWIHN receives provider information.
23. Paper provider directories must be updated monthly (if there is no electronic directory), or quarterly if there is an electronic directory available.
24. Member information may not be provided electronically unless all of the following are met:
 - a. The format is readily accessible; (HSAG: Standard I, Element 4a)
 - b. The information is placed in a location on website that is prominent and readily accessible; (HSAG: Standard I' Element 4b)
 - c. The information is provided in an electronic form which can be electronically retained and printed; (HSAG: Standard I, Element 4c)
 - d. The information is consistent with the content and language requirements of 42 CFR 438.10; (HSAG: Standard I, Element 4d) and

- e. The member is informed that the information is available in paper form without charge upon request and provides it within five (5) business days of request. (HSAG: Standard I, Element 4e)
25. The Customer Service unit shall have access to CMHSP affiliates annual report, the current organizational chart, board members': list, meeting schedule and minutes. Upon request, this information shall be made available, and provided in a timely manner to the individual.
 26. All Customer Service staff shall be trained on Customer Service standards within thirty (30) days of hire and annually thereafter. In addition, staff will be expected to attend continuous staff training.
 27. Upon request, the Customer Service unit shall assist beneficiaries with grievance and appeals, local dispute resolution processes, and State Fair Hearings. The Customer Service unit will coordinate rights' inquiries when appropriate with the Office of Recipient Rights.
 28. Customer Service staff shall be trained to welcome and orient new members to the public behavioral health system, all member rights, benefits, and services to which they are entitled.
 29. Customer Service staff must have a current working knowledge, or know where in the organization detailed information can be obtained for the following:
 - a. The populations served (serious mental illness, serious emotional disturbance, intellectual developmental disabilities and substance use disorders) and eligible criteria for various benefits (e.g., Medicaid and MI Health Link [Medicare-Medicaid])
 - b. Benefits and service array (including substance use treatment services), medical necessity requirements, and eligibility criteria for and referral to specialty services
 - c. Person Centered Planning
 - d. Self-Determination
 - e. Recovery & Resiliency
 - f. Peer Support Specialists
 - g. Grievance and Appeals, Fair Hearings, Local Dispute Resolution processes and Recipient Rights
 - h. Limited English Proficiency and Cultural Competency
 - i. Information and referral about Medicaid covered services within the Medicaid Health Plans, Fee-for-Services Practitioners, and Michigan Department of Health and Human Service (MDHHS)
 - j. The organization of the Public Behavioral Health System
 - k. Customer Service functions and beneficiary rights and protections in accordance with federal regulations
 - l. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
 - m. Public Health Code, Mental Health Code and Medicaid Provider Manual
 - n. Know which services are available directly in ASL and services that use an interpreter

- o. Confidentiality and family access to information
- p. Coordination of Care
- q. Service Authorization
- r. Rights Protections Processes
- s. Member Rights and Responsibilities
- t. Referral systems to assist individuals in accessing transportation services and necessary medical services including specialty services identified by Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

30. Customer Service staff must be proficient in the following areas:

- a. Welcoming: helpful and informative
- b. Conflict Resolution
- c. Member Advocacy
- d. Rights Protection, Grievance and Appeals processes
- e. Cultural Competency

31. Performance Measurements

- a. DWIHN and network providers are to comply with all Customer Service standards, policies, protocols and monitoring procedures per contractual and regulatory requirements.
- b. DWIHN requires the Clinically Responsible Service Providers (CRSPs) to report on specific areas of Customer Service performance measurements to assure accountability, effectiveness, and efficiency, i.e.:
 - 1. Timeliness of new enrollees orientation
 - 2. Timeliness of member notification of grievance receipt and resolution
 - 3. Tracking of continuing education training of Customer Service staff
 - 4. Peer-to-Peer Education on Recovery, PCP, Self-Determination and Welcoming Environment
 - 5. Other performance measures as required by DWIHN
- c. The DWIHN and CRSPs are expected to maintain a system for documenting, monitoring, tracking and reporting on applicable Customer Service encounter activities, i.e:
 - 1. Customer Service calls
 - 2. Customer Service calls resolved within 24 hours
 - 3. Customer Service Walk-ins
 - 4. New member orientations
 - 5. New member orientation evaluations
 - 6. Grievances and Advance Benefits Determination Notices

7. Customer Service staff training
 8. Member Education Classes
 9. Estimated Annual Cost of Services and Supports (HSAG: Standard I, Element 15)
 10. Rapid Response Inquiries
- d. Customer Service Departments are expected to collect and record the aforementioned and/or requested information monthly and submit it to DWIHN's Customer Service Department.
 - e. Customer Service Departments are expected to track and report monthly on Customer Service activities utilizing applicable monitoring tools as required by DWIHN (See Revised Performance Activity Log).
 - f. DWIHN's Customer Service Performance Monitors will conduct annual reviews to assure compliance with Customer Service standards and policies and will provide timely feedback and guidance on corrective action measures (See Standard I FY 21-22).
 - g. DWIHN and network providers shall ensure a welcoming atmosphere, physical comfort and emotional safety for individuals served throughout the DWIHN network..
32. Network providers are expected to develop their policies in alignment with DWIHN directives.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of network providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff and network providers are bound by all applicable local, State and Federal laws, rules, regulations and policies; all Federal waiver requirements; State and County contractual requirements and administrative directives, as amended.

LEGAL AUTHORITY

1. MDHHS and PIHP Customer Service [Member Handbook](#) Required Standards Topics, September 2006
2. MDHHS and CMHSP Managed Mental Health Supports and Services Contract: Attachment 3.1.1 (Access System Standards)
3. Michigan Department of Community Mental Health and Substance Abuse Services, MDHHS and PIHP Contract: Section 6.3.10F(4)10(f)6 (Information Requirements)
4. MDHHS and CMHSP Managed Specialty Supports and Services Concurrent 1916 (b)/(c) Waiver Program (10/1/2019- 9/20/2020 in effect, and as amended), Attachment P6.3.2.1B.ii

(Explanation of Benefits)

5. MDHHS and CMHSP Managed Mental Health Supports and Services Contract: Attachment C 3.4.1.1 (Person Centered Planning)
6. Medicaid Managed Specialty Supports and Services Concurrent 1915(b) (c) Waiver Program C 3.4.4 (Self-Determination)
7. Federal Register No. 68., No. 153/Friday 1, August 8/2003/ Notices (LEP)
8. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 200d et. Seq.
9. Balanced Budget Act of 1997, (P.L. 105-33) 42 CFR 438.10 (Information Requirements), Code of Federal Regulations.
10. MDHHS, AFRR: Focusing a Partnership for Renewal and Re-commitment to Quality and Community in the Michigan Public Mental Health System; Consultation Draft: October 3, 2008

RELATED POLICIES

1. Accommodations for Individuals with Communication Limitations and Impairments
2. Accommodations for Individuals with Visual and Mobility Impairments
3. Communication using the Teletype Deaf Device, Michigan Relay Services and other Communication Devices
4. Cultural Competency and Accommodations
5. Early and Periodic Screening Diagnosis and Treatment (EPSDT)
6. Grievance and Appeals
7. Limited English Proficiency (LEP)
8. [Member Claims Inquiry Procedure](#)
9. New Member Orientation
10. [Rapid Response Procedure](#)

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

[Claims Inquiry Data analysis FY form.docx](#)

[Customer Service Unit- Email Communication Log.docx](#)

[Customer Service Monthly Activity Performance Report Template.xlsx](#)

[DWIHN-Member HandBook-Oct 2022.pdf](#)

[Member Claims Inquiry Procedure.pdf](#)

[Member Claims Inquiry Status Log.docx](#)

[Rapid Response.pdf](#)

[Standard I_Member Rights and Information.docx](#)

Approval Signatures

Step Description	Approver	Date
Final Approval Policy	Eric Doeh: President and CEO	02/2023
Stakeholder Feedback	Allison Smith: Project Manager, PMP	02/2023

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