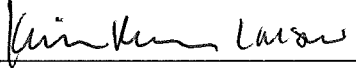


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Subject: Member Services Representatives Responsibilities		Accountability: Member Services	Effective Date: 1/1/2015	Pages: 2
REQUIRED BY: BBA Section <u>42 CFR 438.10</u> PIHP Contract Section <u>Part II (A) 6.3: Customer Services, Attachment P.6.3.1: PIHP Customer Service Standards</u> NCQA/URAC Standard <u>RR 1: Statement of Members' Rights and Responsibilities, RR 2: Policies for Complaint and Appeals, RR 3: Subscriber Information; RR 4: Practitioner and Provider Directories</u> Other _____			Last Reviewed Date: 6/5/17	Past Reviewed Dates: 8/26/15
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 6/5/17	Past Revised Dates:
Approved : <u> Larson 7.14.17</u>			Required Reviewer: Director of UM & ME	
Date: _____				

I. Purpose

To ensure that Member Services are promoted and provided according to contract requirements throughout the Southwest Michigan Behavioral Health (SWMBH) service area/network.

II. Policy

SWMBH will treat all members in a manner that respects their rights including identifying the member as well as SWMBH expectations. Member services will be provided in a uniform and equitable manner throughout the network according to Integrated Care Organization (ICO) -SWMBH MI Health Link contractual obligations consistent with the MOU and Three-Way Agreement and National Council for Quality Assurance (NCQA) Standards.

III. Standards and Guidelines

SWMBH Member Services has the responsibility to:

- A. Provide members a welcoming orientation to services and benefits and how to access them, through member information upon enrollment and annually thereafter.
- B. Offer members information in a format that can be easily understood by persons with limited English proficiency, or for those with developmental disabilities, cognitive impairments, or visual impairments, regarding accessing mental health, substance use disorder, primary health and other community services and resources.
- C. Assist members with understanding their rights with regard to choice of practitioner and participation in decision making about their health care.

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- D. Provide information regarding various recipient rights processes including being treated with dignity and respect and right to privacy.
- E. Provide assistance with problems and inquiries regarding benefits including discussing medically necessary treatment options regardless of cost or benefit coverage.
- F. Offer members information about the complaint process and various methods to provide input about services including assisting individuals with the grievance and appeal processes.
- G. Discuss with members the expectations regarding active participation in their case and treatment
- H. Manage local and regional complaint/grievance and appeal processes in accordance with SWMBH MHL Policy 6.7: Medicare Member Complaint-Grievance Policy, and 6.8: Medicare Member Appeal Policy.
- I. Track and report trends and patterns of problems for the organization.
- J. Participate in ICO Advisory Council meetings

IV. Definitions

None

V. References

- A. MDCH PIHP Contract
- B. ICO PIHP Contract
- C. NQCA Standard RR1, RR2, RR3, RR4
- D. Three Way Contract (MDHHS/ICO/CMS)
- E. MHL Policy 6.7: Medicare Member Complaint-Grievance and Appeal Policy

VI. Attachments

None