



Section: <b>QAPI</b>	Policy Name: <b>Member Input &amp; Satisfaction of Provider Services</b>	Policy Number: <b>03.04</b>
Owner: <b>Director of QAPI</b>	Reviewed By: <b>Jonathan Gardner</b>	Total Pages: <b>5</b>
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> Other (please specify): <u>NCOA</u>	Final Approval By: <i>Jonathan Gardner</i>	Date Approved: <b>Jul 25, 2022</b>
Application: <input checked="" type="checkbox"/> SWMBH Internal Staff <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: <b>10/3/2014</b>

**Policy:** Southwest Michigan Behavioral Health (SWMBH) shall be committed to providing quality services driven by member input. It shall be the policy of SWMBH to regularly assess and evaluate member satisfaction, complaint and appeals in order to identify opportunities for improvement. SWMBH will encourage, obtain, monitor, and utilize input from all members and then use this information for quality improvement.

For processing input, three basic principles should always be present:

1. Listen to the member’s input
2. Act, as appropriate, on the input from members.
3. Assess reaction by listening again.

**Purpose:** A key component of SWMBH quality of health care services is member satisfaction. SWMBH will conduct monitoring and measuring of member satisfaction to improve service delivery.

**Scope:** All those who represent or contract with SWMBH.

**Responsibilities:** N/A

**Definitions:** None

**Standards and Guidelines:**

- A. Input from members will be:
  1. Responded to in a timely and respectful manner.
  2. Tracked and analyzed for trends and areas for improvement.



3. Used in decision making for the development and improvement of organizational processes and services, which includes:
  - a. Program planning
  - b. Performance improvement
  - c. Strategic planning
  - d. Organizational advocacy
  - e. Financial planning
  - f. Resource planning
4. SWMBH will decide which opportunities of improvement will be pursued, implement interventions to improve its performance, and determine the effectiveness of the interventions by remeasuring satisfaction to determine whether improvement has been achieved.

- B. Various mechanisms will be utilized to obtain input (i.e. phone, web, focus groups and other methods) from members including:
1. Input from members and member's peers/family
  2. Advocacy groups
  3. Staff
  4. Community
  5. Service providers
  6. Satisfaction surveys
  7. Complaints and Appeals

C. Survey Methodology:

1. The following is criteria/general guidelines that the Quality department uses to determine a survey sample size.
  - a. Run a service encounter - base report to determine individuals who have been served with submitted encounters during target time period (usually a 3-4-month period [so as to not survey individuals not served in recent past]. Note: this does not include individuals served with SUD services (due to protected health information (PHI) challenges for substance use disorder (SUD))
  - b. Determine case demographics. Select current demographic information from warehouse to determine Individual's age / population designation / Community Mental Health (CMH) affiliation / responsible party data attributes (if under age 18)
  - c. Apply filter criteria:
    - i. age ( $\geq$  5 years minimum)
    - ii. minimum service criteria (minimum 5 services in period)
    - iii. Overall percentage of inpatient related services is less than 25 percent of total services
      - Create individual's survey case number (create proxy for individual's case number that does not include phi)

D. Annual Satisfaction Assessments:

1. Member Experience Survey:



Annually SWMBH will provide the opportunity for a representative sample of members throughout the network/region to participate in a survey and/or focus group forum to report on their satisfaction with services provided.

- a. Scope of Survey: The member satisfaction survey includes questions on access, participation in treatment, overall satisfaction, social connectedness and outcomes.
  - b. Sample Size: SWMBH identifies the population, sample size, sampling technique and response rates. SWMBH has an outside vendor administer the survey to ensure validity of the data.
  - c. Improvement Activities: Once the survey is completed, the outside vendor submits the results to SWMBH's quality department for analysis. The quality department will analyze, identify opportunities for improvement, implement any necessary interventions and then remeasure at a later time to evaluate the effectiveness of these interventions. Quality will compare results to goals to identify as many opportunities as possible and prioritize them based on significance for concerns to members. The report will explain how opportunities for improvement were selected. For each opportunity or barrier identified, quality improvement (QI) department will document its reasons for acting or not acting. The quality department will explain any actions for improvement and any plans of implementation will be in the report. Results of the annual satisfaction survey will be shared with the Quality Management Committee (QMC) as well as other relevant Regional Committees. When a trend of declining scores in a specific category is identified, SWMBH will ask CMHSP's to discuss and document internal improvement efforts, to address consumer feedback. Consumer feedback and survey results can be vastly different for each CMHSP and in most circumstances, an individualized improvement plan is necessary.
  - d. Categories Evaluated: SWMBHs goal is to maintain constant measurable categories, which will allow for comparisons to internal, State and National Averages and benchmarks. This will allow SWMBH to gage overall improvement comparisons and determine appropriate improvement and outcome strategies. Although other categories may be selected dependent on the target population the primary survey categories that are selected consist of the following measures:
    - i. Access to Care
    - ii. Participation in Treatment
    - iii. Overall/General Satisfaction with Services
    - iv. Social Connectedness
    - v. Outcomes
    - vi. Quality and Appropriateness
2. Evaluation of Member Complaints and Appeals:
- a. Scope of Evaluation: SWMBH breaks down the complaint and appeal data into five categories: quality of care, access, attitude and service, billing and financial issues and quality of practitioner office site.
  - b. Sample size: SWMBH QI department collects, tracks and trends complaint and appeal data from all service areas.



c. Improvement Activities: On a monthly basis, QI department collects the data from its care management system and issues a report broken down into the five categories. On an annual basis, the QI department prepares a satisfaction report with the member complaint and appeal data broken down into the five categories. In the annual report, the quality department analyzes the data for trends and discusses opportunities for improvement. Any necessary interventions are implemented. Any barriers and actions for identified opportunities will be addressed in this report. The quality department will remeasure these interventions to determine the effectiveness.

3. A member's standing will not be adversely affected for expressing their opinions or dissatisfaction with a program.
4. The member satisfaction survey and evaluation of member complaints and appeals reports will be shared with all relevant members and stakeholders via newsletters, website, annual reports and other publications.

**References:** NCQA, MBHO Guidelines, Standard QI 5, Member Experience, Elements A-C

**Attachments:** None



**Revision History**

<b>Revision #</b>	<b>Revision Date</b>	<b>Revision Location</b>	<b>Revision Summary</b>	<b>Revisor</b>
Initial	6/11/2020	ALL Section A Section D	Converted content to new template Added language about validation Removed link	A. Wood
1	6/30/2022	Throughout	Annual Review	E. DeLeon








# 03.04 Member Input & Satisfaction of Provider Services

Final Audit Report

2022-07-25

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