



Section: QAPI	Policy Name: Member Input & Satisfaction of Provider Services	Policy Number: 03.04
Owner: Director of QAPI	Reviewed By: Jonathan Gardner	Total Pages: 5
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> Other (please specify):	Final Approval By: <i>Jonathan Gardner</i>	Date Approved: Apr 14, 2023
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	Effective Date: 10/3/2014

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, grievance 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: The purpose of this policy is to ensure SWMBH and its Provider Network utilize members experience of care to assess the quality, availability and accessibility of care for all members as required in the MDHHS Medicaid Contract. 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, timely access and programs for consumers served.

Scope: All SWMBH staff, Region 4 CMHSP Participants, SWMBH’s provider network and subcontracted providers



Definitions:

CMHSP: Community Mental Health Service Program

MDHHS: Michigan Department of Health and Human Services

Provider Network: SWMBH CMHSO Participants and SUD providers directly under contract with the SWMBH PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through subcontract arrangements.

QMC: SWMBH Quality Management Committee

SUD: Substance Use Disorder

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 2 or more 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 (QAPI) 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 and will be requested from each CMHSP partner location. CMHSP partner locations will be responsible for providing qualified evidence to SWMBH upon request; indicating that the survey analysis/results/improvement opportunities have been discussed during internal CMHSP quality workgroups/committees.
- d. Categories Evaluated: SWMBH's 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 gauge 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 organizes 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 QAPI department collects, tracks and trends complaint and appeal data from all service areas.
- c. Improvement Activities: On a monthly basis, the QAPI department collects the data from its care management system and issues a report broken down into the five categories. On an annual basis, the QAPI 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 QAPI 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 member and provider newsletters, SWMBH's website, annual reports, reporting to the SWMBH Quality Management Committee (QMC), the SWMBH Board of Directors, and other relevant committees/councils.

References: QAPI

MDHHS/PIHP Medicaid Contract

MDHHS Quality Assessment and Performance Improvement Program Technical Requirement

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
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
2	3/14/2023	Full review. Added definitions, updated references	Annual Review	Jonathan Gardner






03.04 Member Input & Satisfaction of Provider Services

Final Audit Report

2023-04-14

Created:	2023-04-14
By:	Megan O'Dea (megan.odea@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAgM7fu2HhjDq6BrZL3KjCyQDDMaKD-8hi

"03.04 Member Input & Satisfaction of Provider Services" History

-  Document created by Megan O'Dea (megan.odea@swmbh.org)
2023-04-14 - 12:27:47 PM GMT
-  Document emailed to Jonathan Gardner (jonathan.gardner@swmbh.org) for signature
2023-04-14 - 12:29:46 PM GMT
-  Email viewed by Jonathan Gardner (jonathan.gardner@swmbh.org)
2023-04-14 - 12:49:17 PM GMT
-  Document e-signed by Jonathan Gardner (jonathan.gardner@swmbh.org)
Signature Date: 2023-04-14 - 12:49:33 PM GMT - Time Source: server
-  Agreement completed.
2023-04-14 - 12:49:33 PM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.