




Section: Customer Services	Policy Name: Medicare Member Services Responsibilities	Policy Number: MHL 06.05
Owner: Customer Service Manager	Reviewed By: Sarah Ameter	Total Pages: 3
Required By: <input checked="" type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): <u>3-Way Contract</u>	Final Approval By: 	Date Approved: <u>3/3/2020</u>
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <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 type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/1/20

Policy: Southwest Michigan Behavioral Health (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 (MHL) contractual obligations consistent with the Memorandum of Understanding (MOU) and Three-Way Agreement and National Council for Quality Assurance (NCQA) Standards.

Purpose: To ensure that Member Services are promoted and provided according to contract requirements throughout the SWMBH service area/network.

Scope: Member Services

Responsibilities: SWMBH Member Services department shall ensure compliance with the standards and guidelines outlined in this policy and guiding documents.

Definitions: None

Standards and Guidelines:

A. SWMBH Member Services has the responsibility to:

1. Provide members a welcoming orientation to services and benefits available and the provider network.
2. 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.
3. Assist members with understanding their rights with regard to choice of provider and participation in decision making about their health care.
 4. Provide information regarding various recipient rights processes
 5. Help members with problems and inquiries regarding benefits including discussing medically necessary treatment options regardless of cost or benefit coverage.
 6. Offer members information about the complaint process and various methods to provide input about services including assisting individuals with the grievance and appeal processes.
 - a. Manage local and regional complaint/grievance and appeal processes in accordance with SWMBH MHL Policy 06.07: Medicare Member Grievance, and SWMBH MHL Policy 06.08: Medicare Member Adverse Benefit Determination Appeal.
 - b. Track and report trends and patterns of problems for the organization.
 7. Discuss with members the expectations regarding active participation in their case and treatment
 8. Participate in ICO Advisory Council meetings

References:

- A. NCQA Standard: RR1 Statement of Members' Rights and Responsibilities; RR2 Policies for Complaint and Appeals
- B. MI Health Link 3-Way Contract
- C. SWMBH MHL Policy 06.04: Medicare Limited English Proficiency
- D. SWMBH MHL Policy 06.07: Medicare Member Grievance
- E. SWMBH MHL Policy 06.08: Medicare Member Adverse Benefit Determination Appeal

Attachments: None

