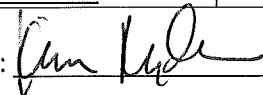


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Subject: Customer Services Roles and Delegation		Accountability: Customer Service	Effective Date: 1/1/2014	Pages: 3
REQUIRED BY: BBA Section _____ PIHP Contract Section Section 6.3, Attachment 6.3.1 NCQA/URAC Standard _____ Other _____		Last Reviewed Date: 1/10/17		Past Reviewed Dates: 12/13/16 4/24/15 3/1/15
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" 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 checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 1/10/17	Past Revised Dates: 12/13/16 4/24/15 3/1/15	
Approved :  7.18.17 Date: _____		Required Reviewer: Director of UM and ME		

I. Purpose

To ensure that Customer Services are promoted and provided according to Michigan Department of Health and Human Services (MDHHS) Contract requirements throughout the Southwest Michigan Behavioral Health (SWMBH) service area/network.

II. Policy

To ensure that a consistent and equitable process is used throughout the network, SWMBH will require that the delegated entity adhere to the same standards and criteria as SWMBH. SWMBH will provide oversight and monitoring of the delegated activities.

III. Standards and Guidelines

A. Customer Service Functions

1. Provide welcoming orientation to services and benefits, and the provider network.
2. Offer information regarding accessing mental health/substance use disorder/primary health and other community resources
3. Provide information regarding various Recipient Rights processes
4. Provide assistance with problems and inquiries regarding benefits
5. Assist individuals with grievance and appeal processes
6. Oversee local and regional grievance and appeal processes
7. Track and report patterns of problems for the organization

B. Customer Service Standards

1. There shall be a designated unit called "Customer Service."
2. There shall be at SWMBH, or Prepaid Inpatient Health Plan (PIHP), a minimum of one Full Time Equivalent (FTE) performing the customer services functions whether within the customer service unit or elsewhere within the PIHP. If the function is delegated, affiliate Community Mental Health Service Provider's (CMHSP), substance abuse coordinating agencies, and network providers, as applicable, shall have additional FTE's (or fractions thereof) as appropriate to sufficiently meet the needs of the people in the service area.

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3. There shall be a designated toll-free customer services telephone line with access to alternative telephonic communication methods (such as Relays, teletypewriter (TTY), etc.). The customer services numbers shall be displayed in agency brochures and public information material.
4. Telephone calls to the customer services unit shall be answered by a live voice during business hours. Telephone menus are not acceptable. A variety of alternatives may be employed to triage high volumes of calls as long as there is response to each call within one business day.
5. The hours of customer service unit operations and the process for accessing information from customer services outside those hours shall be publicized. It is expected that the customer services/unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays.
6. SWMBH will ensure the customer handbook shall contain the state-required topics (see P.6.3.1.1.A)
7. The Medicaid coverage name and the state's description of each service shall be printed in the customer handbook.
8. SWMBH will ensure that the handbook shall contain the date of publication and revision(s).
9. Organizations in the SWMBH network are required to distribute the most recent edition of the SWMBH handbook.
10. Affiliate CMHSP, substance abuse coordinating agency, or network provider names, addresses, phone numbers, TTY's, emails, and web addresses, as well as whether the provider speaks any non-English language and if they are accepting new patients, shall be contained in the customer handbook.
11. Information about how to contact the Medicaid Health Plans of Medicaid fee-for-service programs in the PIHP service area, including plan or program name, locations, and telephone numbers, shall be provided in the handbook.
12. Customer Services unit shall ensure that current listings are maintained of all providers, both organizations and practitioners, with whom the PIHP has contracts, the services they provide, any non-English languages they speak, any specialty for which they are known, and whether they are accepting new customers. This list must include independent PCP facilitators. Beneficiaries shall be given this list annually unless the beneficiary has expressly informed the PIHP that accessing the listing through an available website or customer service line is acceptable.
13. Customer Services unit shall have access to information about the PIHP including member list, meeting schedule and minutes. Customer Service's will provide this information in a timely manner to individuals upon their requests.
14. Upon request, the customer service unit shall assist beneficiaries with filing grievances and appeals, accessing local dispute resolution processes, and coordinate as appropriate with Fair Hearing Officers and the local Office of Recipient Rights.
15. Customer Service's staff shall be trained to welcome people to the public mental health system and to possess current working knowledge, or know where in the organization detailed information can be obtained in at least the following:
 - a. *The populations served (serious mental illness, serious emotional disturbance, intellectual/developmental disability and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Healthy Michigan Plan, MI Child, MI Health Link)
 - b. *Service array (including substance abuse treatment services), medical necessity requirements, and eligibility for and referral to specialty services
 - c. Person-Centered planning
 - d. Self-determination

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- e. Recovery and Resiliency
 - f. Peer 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 PIHP as well as outside to Medicaid Health Plans, Fee-for-Service practitioners, and Michigan Department of Health and Human Services
 - j. The organization of the Public Mental Health System
 - k. Medicaid Managed Care Regulations relative to the customer services functions and beneficiary rights and protections
 - l. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
 - m. Public Health Code (for substance abuse treatment recipients if not delegated to the substance abuse coordinating agency)
- *Must have working knowledge of these areas, as required by the Medicaid Managed Care Regulations.

C. Delegation

1. SWMBH delegates a portion of the responsibility for Customer Services roles/functions to Community Mental Health Services Programs who meet pre-delegation assessment standards. Provider entities do not have delegated managed care administrative functions.
 - a. Pre-delegation assessment/evaluation will be conducted with agencies by SWMBH. Evaluation will determine what CS functions an agency will be able to perform.
 - b. All Agencies with CS delegated function/ responsibilities will adhere to SWMBH policies that govern such delegated CS functions.
 - c. Performance of CS delegated functions will be monitored per SWMBH guidelines through a pre-delegation assessment and annual reviews.
 - d. If an agency is unable to fulfill CS functions as outlined in Delegation Agreements, a Plan of Correction will be provided to and reviewed by SWMBH for completeness by the agency.
 - e. Further corrective action and/or continued monitoring may be required of any delegate.

IV. Definitions

None

V. References

- A. MDHHS PIHP FY 17 contract
- B. Medicaid Managed Care Regulations

VI. Attachments

None

