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| Last Approved: | 06/2018 |
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| Next Review: | 06/2019 |
| Owner: | <i>Margaret Keyes-Howard</i> |
| Policy Area: | <i>Customer Service</i> |
| References: | <i>MDHHS, MDHHS-EQR STANDARD VI, NCQA QI 6, NCQA UM 10, NCQA UM 13</i> |

Member Experience

POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) to conduct continuous assessments of member experience for identification of improvement opportunities.

PURPOSE

The purpose of this policy is to ensure that the service/treatment requirements and expectations of members are being met satisfactorily and that the engagement of members throughout our system is welcoming, positive, and meaningful. The Member Experience policy also supports adequate opportunities for tracking trends, complaints and systemic problems that may affect outcomes of a member's experience or quality of care. It is the intent for continuous and various assessments to be administered so that a proper analysis of data can be conducted. A course of action for improvements will be recommended to the QISC Committee to enhance the member's experience with DWMHA as a system and to thus promote a healthy, supported recovery and continuum of care for all members.

APPLICATION

1. The following groups are required to implement and adhere to this policy: All DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Mobile Crisis Stabilization Team, Crisis Call Center.
2. This policy serves the following populations: Adults, Children, I/DD, SMI, SEI/SED, SUD, Autism
3. This policy impacts the following contracts/service lines: Medicaid, MI-HEALTH LINK, SUD, Autism, Grants, and General Fund.

KEYWORDS

1. Member
2. Member Experience
3. Meaningful engagement of member

STANDARDS

1. DWMHA responsibilities:

- a. Using valid methodology, DWMHA's Customer Service department annually conducts a member survey in addition to evaluating member Complaints/Grievances and Appeals.
 1. Any member feedback activity conducted or administered by other DWMHA staff or its departments is to be coordinated with the Customer Service department designee.
 2. All DWMHA units and divisions shall coordinate findings and share analysis with and through Customer Service unit for coordinated recommendation to the Quality Improvement Steering Committee (QISC) within 60 days after the completion of an activity, but no later than October 31st, for information from the preceding Fiscal Year.
 3. Upon analysis of the survey, questions receiving a score below 80% will be reviewed and the issue addressed, whether in a current improvement activity or a new improvement activity, and re-reviewed in the subsequent survey.
 - b. Member Experience instruments may include, but are not limited to the following:
 1. Surveys (in-person, mail, phone, online)
 2. Complaint/Grievance and Appeal data
 3. Focus groups, forums, and other activities that may initiate feedback and assessments from members, applicants of services, family members, and stakeholders.
 - c. All Member Experience instruments/tools shall be reviewed, registered and branded as DWMHA material before distribution or use.
 - d. Survey tools should be inclusive of scope and areas that address:
 1. Services
 2. Accessibility
 3. Availability
 4. Acceptability
 5. Billing
 6. Finance
 7. Quality of Practice
 8. Office Site
 - e. Member Complaint/Grievance and Appeal data are to be aggregated by the following categories:
 1. Quality of Care
 2. Access
 3. Attitude of Service
 4. Billing and Financial Issues
 5. Quality of Practitioner Office Site
2. MCPN/Provider responsibilities:
- a. An approved member experience assessment is to be conducted minimally once each Fiscal Year by each MCPN, alone or in conjunction with DWMHA. All findings must be submitted to DWMHA Customer Service unit within 60 days after the completion of an activity, but no later than October 31st, for information from the preceding Fiscal Year.

1. It is required that MCPNs oversee the implementation of this policy and coordinate with their contracted Providers, other affiliates, and contractors.
- b. MCPNs, Providers and subcontractors are required to report findings and analysis to DWMHA unless otherwise advised.
 1. Feedback, reports with outcomes including summary of trends, plans of improvement, intervention, and implementation schedules are submitted to DWMHA's Customer Service department.
- c. Survey, focus groups and other activities where member feedback is received are to be aggregated into the following categories:
 1. Access to Staff
 2. Access to Services
 3. Clinical Issues
 4. Customer Service
 5. Delivery of Service
 6. Environmental
 7. Billing and Financial Issues
 8. Interpersonal
 9. Program Issues
 10. Quality of Care
 11. Transportation
- d. Member Complaint/Grievance and Appeal data is to be aggregated by the following categories:
 1. Quality of Care
 2. Access
 3. Attitude of Service
 4. Billing and Financial Issues
 5. Quality of Practitioner Office Site
- e. MCPNs, Network Providers, Sub-contractors, Carve-Out and other Specialty providers will participate in other survey activities as required by the DWMHA including annual surveys such as the REE, NCI, MHSIP, RSA, ECHO ®, or other NCQA required standardized surveys, State and Federal Surveys as mandated or as deemed beneficial.
- f. Carve-out contractors not affiliated with an MCPN shall conduct an annual pre-approved member experience activity, and submit their report directly to the Customer Service Unit designee in accordance with established procedures connected to this policy 60 days after its completion, but no later than October 31st for information from the preceding Fiscal Year. This may be in conjunction with DWMHA and its annual review.
- g. Any MCPN, contracted, subcontracted and/or affiliate provider will cooperate with any designated subcontracted vendors representing DWMHA to facilitate such survey/feedback activity, including peer operated businesses and other vendors.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. MDHHS Contract

RELATED POLICIES

Provider Satisfaction Policy

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Customer Service
5. Integrated Health Care
6. Legal
7. Managed Care Operations
8. Purchasing
9. Quality Improvement
10. Recipient Rights
11. Substance Use Disorders
12. OPA

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

[Member Experience Procedure.pdf](#)

Approval Signatures

| Approver | Date |
|---|---------|
| Dana Lasenby: Acting Chief Executive Officer | 06/2018 |
| Allison Smith: Project Manager, PMP | 05/2018 |
| Eric Doeh: Compliance Officer | 05/2018 |
| Darlene Owens: Director, Substance Use Disorders, Initiatives | 04/2018 |
| Lorraine Taylor-Muhammad: Director, Managed Care Operations | 04/2018 |
| Bessie Tetteh: CIO | 04/2018 |
| Donna Coulter: Dir. of OPA | 04/2018 |
| Bernard Hooper: Consultant | 04/2018 |
| Andrea Smith: Director of Clinical Practice Improvement | 04/2018 |
| Mary Allix: Director of Quality Improvement | 04/2018 |
| Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer | 04/2018 |
| Julia Kyle: Director of Integrated Care | 04/2018 |
| Brooke Blackwell: Communications Director | 04/2018 |
| Maha Sulaiman: Director of Utilization Management | 04/2018 |
| Kip Kliber: Director, Recipient Rights | 04/2018 |
| Jody Connally: Director, Human Resources | 04/2018 |
| Jean Alce: Interim Medical Director | 04/2018 |
| Corine Mann: Chief Strategic Officer/Quality Improvement | 03/2018 |
| crystal Palmer: Director, Children's Initiatives | 03/2018 |
| Stacie Durant: CFO Management & Budget | 03/2018 |
| Michael Rangos: Director of Procurement | 03/2018 |
| Sarah Sharp: Consultant | 03/2018 |
| Diana Hallifield: Consultant | 03/2018 |
| Michele Vasconcellos: Director, Customer Service | 03/2018 |
| Margaret Keyes-Howard | 03/2018 |



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| References: | MDHHS , MDHHS-EQR STANDARD VI , NCQA UM 13 |

Member Experience Procedure

PROCEDURE PURPOSE

To provide guidelines for the Member Experience Policy as it relates to conducting continuous assessments of member's experience.

EXPECTED OUTCOME

It is expected that this procedure will identify the process which those responsible will conduct and submit data related to Member Experience, surveys, focus group, forums and other activities that solicit or receive feedback from members, their families and or applicants of DWMHA system.

PROCEDURE

1. Under the coordination of the DWMHA Customer Service unit, all DWMHA staff will submit an intent notice for all mandated or desired surveys.
2. All DWMHA surveys will be branded and coordinated through the Customer Service designee to avoid over-saturation and to vet questions appropriate for the entire needs of the DWMHA. Surveys are to clearly identify the scope and what it will be addressing i.e. services, accessibility, availability, acceptability, billing, finance, quality of practice, office site, etc.
3. Any forums, focus groups, or other sources which solicit information directly from the member, their families and or guardians, about or related to their care, experience, and/outcomes of care and or treatment shall be coordinated no later than 60 days in advance with the Customer Service designee. In cases where emergency surveys or feedback are required, notification and coordination must be facilitated with the DWMHA Customer Service designee.
4. All analysis of feedback shall be submitted to Customer Service no later than 60 days following the completion of survey. Feedback should be reported with outcomes, including summary of trends, plans for improvements, interventions, and implementation schedule.
5. Customer Service will review submissions and prepare for appropriate monitoring and forwarding to Quality for QPIP Committee meeting reporting.
6. All MCPN's, Subcontractors, Carved-out or Specialty Providers, shall submit notice no later than 60 days in advance of any feedback activity, all surveys should be branded with DWMHA as the funding source on the body of the survey or related materials for forums, and/or focus groups. The intent should identify the

responsible designee, the length of time in which the feedback activity will occur, amongst which populations, and locations, the intent or the measurable activities intended regarding the feedback.

7. A copy of tool, if applicable, and expected date for aggregating and analysis of information should be included.
8. All DWMHA Member Experience related findings are to be aggregated into categories by Customer Service. These categories are to include Access to Staff, Access to Services, Clinical Issues, Customer Service, Delivery of Service, Environmental, Financial, Interpersonal, Program Issues, Quality of Care, and Transportation.
9. Member Complaints and Appeals survey data are to be aggregated by the following categories i.e. Quality of Care, Access and Attitude of Service.

PROCEDURE MONITORING & STEPS

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| Who monitors this procedure: | Margaret Keyes-Howard, Team Lead for Member Experience and Satisfaction Coordination |
| Department: | Customer Service |
| Frequency of monitoring: | Quarterly |
| Reporting provided to: | Director Customer Service, QPIP Committee with recommendations |
| Comments: | |

Attachments:

No Attachments

Approval Signatures

| Approver | Date |
|--|---------|
| Michele Vasconcellos: Director, Customer Service | 03/2017 |
| Margaret Keyes-Howard [AS] | 03/2017 |
| Margaret Keyes-Howard | 03/2017 |