New Member Orientation

POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) to establish and define the Customer Service function of orienting new members receiving behavioral health services to the benefits and services available. This includes how to access these services and/or programs within the system either through DWMHA, the Access Center, by Managers of Comprehensive Provider Networks (MCPNs), and contracted Service Providers.

PURPOSE

To establish standards and procedures for Customer Service related functions that ensure the proper orientation of all persons who are enrolled with DWMHA. DWMHA, the Access Center, MCPNs and contracted providers doing business on behalf of DWMHA are responsible for educating and informing enrollee/members of the process, expectations, and their rights as an enrollee/member.

APPLICATION

1. The following groups are required to implement and adhere to this policy: All DWMHA Staff, Contractual Staff, Access Center, Manager of Comprehensive Provider Network (MCPN) Staff, Network Providers, Mobile Crisis Stabilization Team, ProtoCall.

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. Access Center
2. Member
3. Informed Choice

STANDARDS

The DWMHA Customer Service Department is responsible for ensuring that Customer Service divisions of the Access Center, MCPNs, and contracted Service Providers comply with the following orientation procedures:
1. **Access Center Responsibilities:**
   a. During initial enrollment, all intended members are to be made aware of their need for an orientation to behavioral health services, benefits and how to access them within seven (7) business days.
   b. The Access Center is responsible for mailing SMI, I/DD, SED populations the following materials:
      1. Welcome/Appointment letter
      2. Advance Directives Pamphlet
      3. Advance Directives Pamphlet
      4. Customer Service Provider Directory, which consists of:
         i. Providers accepting new members
         ii. Hours of operation
         iii. Handicap accessibility
         iv. Provider Websites
         v. Non-English Speaking Providers
         vi. List of Enrollee Rights
      5. MDHHS Your Rights Booklet
      6. MyStrength introduction flyer
      7. Welcome to Behavioral Health pamphlet
   c. The Access Center is responsible for mailing SUD populations the following materials:
      1. Welcome/Appointment letter
      2. Advance Directives Pamphlet
      3. Appeals and Grievance literature
      4. Charitable Choice
      5. Customer Service Provider Directory
      6. Faith Based letter
      7. MyStrength introduction flyer

2. **Provider Responsibilities:**
   a. At the time of initial intake, the member shall receive an orientation packet which includes the following:
      1. DWMHA Member Handbook
      2. DWMHA Customer Service Brochures (six (6) brochures in total)
         i. How Customer Service Can Help You
         ii. Understanding Appeals and Grievances
         iii. How to Access Routine Mental Health Services
         iv. How to Obtain Emergency & After Hours Behavioral Health Services
         v. Advanced Directives for Medical & Behavioral Health Care
         vi. Kevin’s Law
b. Providers are responsible for educating new members about the information provided and how to navigate the system.
   1. Upon completion of this process, the member is to be given the applicable Customer Service related phone numbers and advised where to call for questions.
   2. The member is to be provided an opportunity to ask questions.
   3. Provider staff shall conduct the orientation by reviewing each document in the orientation packet and highlighting the entitled benefits, services, and process on how to access them.

3. DWMHA materials are compliant with all contractual, regulatory, and accreditation requirements in regards to reading level (at or below 4th-grade level), font, type size, format, and language.

4. DWMHA will meet reasonable accommodations as required by the American Disabilities Act (ADA), Limited English Proficiency (LEP), and Cultural Competence Guidelines.
   a. The availability of vital written information in the prevalent non-English languages in the service area in accordance with the LEP guidelines, Center for Medicare and Medicaid Services (CMS) and/or DWMHA's contract with the Michigan Department of Health and Human Services (MDHHS). Materials will meet the most stringent guideline.
   b. Upon request, DWMHA will provide materials in alternate formats to meet the needs of vision and/or hearing impaired enrollee/members, including large font (at least 18 point font), Braille, oral interpretation service, ASL, audio and visual formats.
   c. Translation services will be made available to the enrollee/member, upon request.
   d. Interpreter services and toll-free numbers that have adequate TTY/TDD and interpreter capability.
   e. All requests for written materials will be provided within five (5) business days at no cost to the enrollee/member.

5. Information must be provided to the member at least annually, or as indicated:
   a. Updated information on the Service Provider Network.
   b. Notification, at least annually, of the right to change MCPNs during an open enrollment period.
   c. Notification of any restrictions on the freedom of choice among network providers.
   d. Notifications of their right to a "Psychiatric Advance Directive."
   e. Information on the structure of DWMHA, the MCPN, or Service Provider upon request
   f. Information on after-hours and emergency coverage and how to access, including:
      1. Emergency medical services, the availability of emergency services and post-stabilization services.
      2. Prior authorization is not required for emergency services.
      3. Procedures for obtaining benefits, including authorization requirements.
      4. Proper use of the local 911 telephone system.
      5. The location of emergency medical settings and other locations at which providers and hospitals
furnish emergency services and post-stabilization services covered under DWMHA/MCPN Contract.

6. Information from the MCPNs and Service Providers about their after-hour and emergency services.

g. The amount, scope, and duration of benefits available under the contract in sufficient detail to ensure that members understand the benefits to which they are entitled.

h. The estimated cost to DWMHA of each covered support and service authorized by the community mental health system.

i. The enrollee/member’s right to obtain a second opinion from an appropriately qualified health care professional (a physician).

j. Information about the enrollee/member’s right to file a grievance or an appeal and the process by which to do so.

k. Enrollee/Members must be informed of their rights and responsibilities in accordance with state, federal and accreditation requirements, upon enrollment, at intake, upon request and at least annually thereafter.

l. All DWMHA, the Access Center, Manager of Comprehensive Provider Networks (MCPNs), and Service Provider employees shall acknowledge, uphold and demonstrate knowledge of the above Member Rights and Responsibilities Statement.

6. Upon completion of the orientation, the Member is provided a Member Orientation Feedback Form to complete.

a. The Member is expected to sign the Member Orientation Log Sheet and DWMHA’s Member Orientation Receipt Form.

1. Copies of the Member Orientation Log Sheets are to be tallied monthly and reported to the MCPN Customer Service Unit. MCPNs will then be expected to prepare a final orientation tally report and forward monthly to DWMHA Customer Service Department. Note: Upon request, original orientation log sheets are to be made available to DWMHA for Site Reviews or Audits.

2. Copies of the signed DWMHA Member Orientation Receipt Form are to be immediately filed in the Member’s Medical Record File and made available upon request for DWMHA site review purposes.

b. All Customer Service Units (DWMHA, Provider, MCPN, Access Center) are expected to prepare a monthly report highlighting performance monitoring, tracking, trends for quality improvement purposes.

c. Orientation presentations and materials, when applicable, must be modified to accommodate the special needs of the Member, i.e., persons with physical disabilities, hearing and/or visual impairments, Limited English Proficiency, and alternate forms of communication. See Standard 2.

7. MCPNs and Direct Contract Providers are expected to develop their policies in alignment with DWMHA directives.

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. Michigan Department of Health and Human Services/Community Mental Health Service Provider Managed Specialty Supports and Services Contract, Section 6.3.1 Customer Services, and Section 3.0 Access Assurance
3. Code of Federal Regulations, Title 42 Public Health, §438.100 Managed Care, Enrollee Rights
4. Michigan, Mental Health Code Chapter 7 Rights of Recipients of Mental Health Services and Chapter 7A Dispute Resolution
5. Michigan Mental Health Code, PA 258, MCO 330.1141A,
6. National Committee for Quality Assurance (NCQA)

**RELATED POLICIES**

1. Customer Service
2. Cultural Competence
3. Accommodations for Individuals with Visual and Mobility Impairments
4. Communication using the Telephone Deaf Device, Michigan Relay Center and/or other Communication Devices
5. Limited English Proficiency (LEP)
6. Early and Periodic Screening Diagnosis and Treatment (EPSDT)
7. Abuse and Neglect
8. Restraint
9. Seclusion
10. Services Suited to Condition in the Least Restrictive Setting
11. Treatment with Dignity and Respect

**RELATED DEPARTMENTS**

1. Customer Service
2. Integrated Health Care
3. Managed Care Operations (MCO)
4. Quality Improvement
5. Utilization Management
6. Office of Recipient Rights (ORR)
7. Substance Use Disorders (SUD)
8. Clinical Practice Improvement
9. Office for Peer Participant Advocacy

CLINICAL POLICY

No

INTERNAL/EXTERNAL POLICY

External

Attachments:

- Consent to Share Health Information
- DWMHA New Member Orientation Log Sheet
- DWMHA New Member Orientation Receipt form.pdf
- DWMHA Welcome Letter
- Estimated Cost of Services Template (2).docx
- MCPN Welcome Letter
- MDHHS Your Rights - English.pdf
- Member Flyer.pdf
- New Member Feedback Evaluation Form.docx
- Provider Flyer.pdf

Approval Signatures

<table>
<thead>
<tr>
<th>Approver</th>
<th>Date</th>
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<tr>
<td>Dana Lasenby: Chief Clinical Officer</td>
<td>07/2018</td>
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Applicability

Detroit Wayne Mental Health Authority
CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION
FOR CARE COORDINATION PURPOSES
Michigan Department of Health and Human Services

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault or stalking. A separate consent form must be completed with the person or agency that provided those services. (See FAQ at www.michigan.gov/bhconsent to determine if this restriction applies to you or your agency.)

<table>
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<tr>
<th>Individual’s Name</th>
<th>Date of Birth</th>
<th>Individual’s ID Number (Medicaid ID, Last 4 digits of SSN, other)</th>
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Under the Health Insurance Portability and Accountability Act (HIPAA), a health care provider or agency can use and share most of your health information in order to provide you with treatment, receive payment for your care, and manage and coordinate your care. However, your consent is needed to share certain types of health information. This form allows you to provide consent to share the following types of information.

- Behavioral and mental health services
- Referrals and treatment for an alcohol or substance abuse disorder

This information will be shared to help diagnose, treat, manage and get payment for your health needs. You can consent to share all of this information or just some information. (See FAQ at www.michigan.gov/bhconsent)

I. I consent to share my information among:

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  

II. I consent to share:

- [ ] All of my behavioral health and substance use disorder information
- [ ] All of my behavioral health and substance use disorder information except: (List types of health information you do not want to share below)

I understand that HIPAA allows providers and other agencies to use and share much of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.

III. By signing this form I understand:

- I am giving consent to share my behavioral health and substance use disorder information. Behavioral health and substance use disorder information includes, but is not limited to, referrals and services for alcohol and substance use disorders.
- My information may be shared among each agency and person listed above.
- My information will be shared to help diagnose, treat, manage and pay for my health needs.
- My consent is voluntary and will not affect my ability to obtain mental health or medical treatment, payment for medical treatment, health insurance or benefits.
- My health information may be shared electronically.
- Other types of my information may be shared with my behavioral health and substance use disorder information. HIPPA allows my providers and other agencies to use and share most of my health information without my consent in order to provide me with treatment, receive payment for my care, and to manage and coordinate my care.
- The sharing of my health information will follow state and federal laws and regulations.
- This form does not give my consent to share psychotherapy notes as defined by federal law.
- I can withdraw my consent at any time; however, any information shared with or in reliance upon my consent cannot be taken back.
- I should tell all agencies and people listed on this form when I withdraw my consent.
- I can have a copy of this form.
- My consent will expire on the following date, event or condition unless I withdraw my consent. (If expiration date is left blank or is longer than one year, the consent will expire 1 year from the signature date.)
I have read this form or have had it read to me in a language I can understand. I have had my questions about this form answered.

Signature of person giving consent or legal representative  
Date

Relationship to individual
☐ Self  ☐ Parent  ☐ Guardian  ☐ Authorized Representative

WITHDRAW OF CONSENT
I understand that any information already shared with or in reliance upon my consent cannot be taken back.

I withdraw my consent to the sharing of my health information:

☐ Between any of the following persons or agencies:

  
  
  
  
  OR

☐ For all persons and agencies:

Signature of person giving consent or legal representative  
Date

Relationship to individual
☐ Self  ☐ Parent  ☐ Guardian  ☐ Authorized Representative

Verbal Withdraw of Consent:
This consent was verbally withdrawn.

Signature of person giving consent or legal representative  
Date

☐ Individual provided copy  ☐ Individual declined copy


COMPLETION:  Is Voluntary, but required if disclosure is requested.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.
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Reviewed by Authority Customer Service Staff

Date:

Revised 06/22/16
DWMHA New Member Orientation Log Sheet

By initialing this log sheet, I hereby acknowledge that I was presented with an Orientation Packet and provided information on mental health benefits, services and how to access these services.

<table>
<thead>
<tr>
<th>Member ID#</th>
<th>Date of Orientation</th>
<th>Orientation Facilitator</th>
<th>Evaluation</th>
<th>Beneficiary Initials</th>
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I hereby acknowledge that I was presented with an Orientation Packet and provided information on the benefits, services and how to access these services. I was also provided the opportunity to ask questions and given the phone number to call should I have any additional questions at a later time.

I Received the following Information:
(Please check all that apply)

- [ ] DWMHA Consumer Handbook
- [ ] Grievance and Appeals Pamphlet
- [ ] Recipient Rights Handbook
- [ ] Welcome letter from MCPN
- [ ] DWMHA Customer Service Brochures
- [ ] Service Provider Informational materials
- [ ] List of Non-English Language Providers
- [ ] List of Providers Not Accepting New Members
- [ ] Orientation Video Presentation
- [ ] Estimated Cost of Service Form

Name Printed: ____________________________
Signature: ______________________________
Date: _________________________________
Orientation Facilitator: ____________________
Date:
Consumer Name
Consumer Address
City, State, Zip Code
Member ID# XXXXX-Adult SMI/DD or Child SED/DD

Dear Member:

The Detroit Wayne Mental Health Authority (DWMHA) would like to thank you for participating in the Consumer Enrollment Program. Your application for mental health services has been processed. You are now a member of ______________________, the Manager of Comprehensive Provider Network (MCPN) you selected to provide your mental health services.

Your Effective Membership Date with (MCPN) is (Date)
Your Intake Appointment Date is (Day and Time)

Your appointment location is:
(Provider, address and phone number)

Your MCPN/Service Provider will arrange a New Consumer Orientation for you. This orientation will inform you of the services available, discuss your person centered plan, and provide you with an information packet about how to access services. If you do not receive an orientation within 14 business days, please give a (MCPN) Customer Service Representative a call at (MCPN phone number).

As proof of Wayne County Residency, please bring with you one of the following:
- Michigan Driver’s License
- Michigan State I.D. Card
- Copy of a Current Utility Bill in Your Name

If applicable, please provide proof of legal guardianship or legal representative documentation and a copy of your Advance Directive.

We have enclosed for your convenience a copy of the Welcome New Enrollee Pamphlet, Consumer Handbook, and the Customer Service Provider Directory. This directory includes a list of Non-English Language Providers, Service Providers, your Consumer Rights, and MCPN/Service Provider Web Addresses. If you have questions regarding an appointment with a provider, please call your assigned provider or a (MCPN) Customer Service Representative at (MCPN phone number).

Sincerely:

DWMHA Customer Service Unit

Enclosures: Welcome New Enrollee Pamphlet
Customer Service Provider Directory
Advance Directive Brochure
Estimated Cost of Services
(Keep For Your Records)

TO:

As part of your individual plan of service that you completed through the Person-Centered Planning process, listed below is the cost for each service and support.

**THIS IS NOT A BILL  □ Keep this notice for your records □**

SERVICES TO BE PROVIDED FROM DATE TO DATE □

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Dates of Services</th>
<th># of Units</th>
<th>Service/Supports (HCPCS/Revenue Codes)</th>
<th>Total Estimated Cost</th>
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For the goals that are listed in your individual plan of service, you may receive behavioral (mental health and/or substance use) services and supports that have costs that are covered by public funds.

If you have any questions about your individual plan of service and/or the estimated costs, please contact your service provider at:
MCPN New Enrollee Welcome Letter

Date:

Welcome New Member:

Thank you for choosing as your Managers of Comprehensive Provider Networks (MCPN). We are happy to offer you services and supports through our network of doctors, therapists, home providers, staffing agencies and employment providers.

During your orientation, you will be provided information that describes the array of services available through our provider network. You will also receive an orientation video presentation and information regarding the following:

- Advance Directives
- Emergency After-Hour Services
- Recipients Rights
- Grievances and Appeals
- Person Centered Planning
- Your Enrollee Rights
- Kevin’s Law
- Out of Network Services

Please feel free to contact a Customer Service Representative at our toll free number. Members with hearing impairments can contact our teletypewriter (TTY) at (866) . Once again, thank you for choosing . We look forward to serving your needs.

Sincerely,

President & CEO
Company Name
Questions About Your Health Plan Enrollment

If you have questions, complaints or concerns about your health care or your health care provider, there are things you can do.

1. You can call or write a letter to your health plan about your complaint or concern. Often, they can help you immediately. If you are not satisfied, you have the right to file a grievance. Be sure to read your health plan’s member handbook for more instructions.

2. You can also write or call the Michigan Department of Health and Human Services (MDHHS) Beneficiary Helpline about your questions, complaints or concerns. You can request a change in health plans, ask for a medical exception, a For-Cause Disenrollment or a Beneficiary Complaint form.

You can appeal a health plan decision you do not agree with by sending a written request to:

Michigan Department of Health and Human Services
Medical Services Administration,
Beneficiary Helpline
PO Box 30470
Lansing, MI 48909-9753
or call: 1-800-642-3195

You can take any of these actions at any time.

Reporting Medical Beneficiary Fraud

You may be prosecuted for fraud if you:

• Withhold information on purpose or give false information when applying for health care coverage or other medical assistance programs,

• Do not report changes that affect your eligibility to your MDHHS specialist.

If you are found guilty under Federal law, you can be fined as much as $10,000 or can be sent to jail for up to a year or both.

You can also be prosecuted for fraud under State law. If you are found guilty, you can be sent to jail, fined and ordered to repay the State monies paid on your behalf for health care. And if you are convicted of a felony under the State law, your jail sentence may be up to four years.

Report cases of suspected fraud to the Michigan Department of Health and Human Services (MDHHS) Office of the Inspector General by calling 1-800-222-8558. You do not have to give your name.

Reporting Medicaid or Healthy Michigan Plan Provider Fraud

A health care provider who is enrolled in the Medicaid or Healthy Michigan Plan program is also subject to Federal and State penalties for Medicaid fraud. Report any provider you suspect of billing for a service he or she did not perform or providing a service that is not needed.

Report suspected provider fraud to:

Office of Health Services Inspector General
Beneficiary Helpline
PO Box 30062
Lansing, MI 48909
or call the 24-hour hotline:
1-855-MIFRAUD (1-855-643-7283)

Or visit the website at www.michigan.gov/fraud

You do not have to give your name.

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-642-3195 (TTY 1-866-501-5656)

Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

إذا كان لديك أي استفسال برجي الاتصال بخط المساعدة على الرقم المغيبي 1-800-642-3195.
Eligible for Medicaid or Healthy Michigan Plan

When you get Medicaid or the Healthy Michigan Plan, you are receiving health care benefits from the State of Michigan. It is important to know what your rights and responsibilities are for these programs.

You need to know these things to be sure you receive the best possible care and treatment.

Know the Process...

1. If you are found eligible for Medicaid or Healthy Michigan Plan, you will receive information and forms to fill out from MICHIGAN ENROLLS. This information will tell you how to sign up for a health plan.

2. You must choose a health plan that is listed in your area. If you have a serious medical condition under active treatment with a doctor who is not in a health plan, you may not be required to join a health plan. You should contact MICHIGAN ENROLLS with questions you have about this process.

3. You need to choose a primary care provider (PCP), like a doctor, who works with your health plan. If you do not choose, one will be assigned to you.

4. Complete the enrollment information and mail it to MICHIGAN ENROLLS, or call MICHIGAN ENROLLS at 1-888-367-6557, if you have questions.

5. You will receive a card and more information from the health plan you have chosen.

You Have the Right to:

- Be treated with respect.
- Receive quality health care.
- Be seen by a primary provider who will arrange the care you need.
- Get all the facts from your primary provider about your health and treatment.
- Know about all treatments even if they are not covered by Medicaid or Healthy Michigan Plan.
- Refuse treatment.
- A second medical opinion.
- Be told what services are covered by Medicaid.
- Know if a co-payment is required.
- Know how your health plan works and the services available.
- Know the names and backgrounds of your health care providers.
- Choose your primary care provider.
- Change your primary care provider by following the rules of the health plan.
- Change plans for any reason during the first 90 days of enrollment.
- Change plans during a certain time of the year.
- Request a disenrollment form to change your health plan if you have “good cause.”
- Get help with any special needs you may have.
- Get help with any special language needs you may have.
- Tell your primary care provider how you wish to be treated if you ever become too ill to decide for yourself.
- Be told in writing when and why benefits are being reduced or stopped.
- Have your medical records kept confidential, consistent with applicable law.
- Get a copy of your medical records, consistent with applicable law.
- Voice your concern about the service or care you receive.
- Contact your health plan with any questions or complaints that you may have.
- Use the health plan’s grievance procedure to resolve problems.
- Contact the Michigan Department of Health and Human Services with any questions or complaints that you may have.

You Have the Responsibility to:

- Appeal most denials or reductions of Medicaid or Healthy Michigan Plan eligibility or services.
- Help with transportation if you don’t have a way to get to and from a doctor’s office or other medical service.
- Show your health plan and mihealth card to all providers before receiving services.
- Never let anyone use your cards.
- Choose a primary care provider. Then contact and make an appointment with the provider you have chosen.
- Make appointments for routine checkups and vaccinations (shots).
- Keep your appointments.
- Provide complete information about your past medical history.
- Provide complete information about current medical problems.
- Ask questions about your care.
- Follow your provider’s medical advice.
- Respect the rights of other patients and health plan employees.
- Use emergency room services only when you believe an injury or illness could result in lasting injury or death.
- Notify your primary care provider if emergency treatment was necessary and make an appointment for follow-up care if needed.
- Make prompt payment for services not covered by Medicaid or Healthy Michigan Plan.
- Report changes that may affect your coverage to the health plan and the local MDHHS office. This could be an address change, birth of a child, death of a family member, marriage, or divorce.
- Promptly apply for Medicare or other insurance when you are eligible.
- Report other insurance benefits you have to the Beneficiary Helpline 1-800-642-3195.
Detroit Wayne Mental Health Authority (DWMHA) offers many resources. This communication is about how things work at DWMHA and how to access services. Upon enrollment, one receives the following from DWMHA annually and upon request.

- Member Handbook
- Provider Directory
- Members Rights and Responsibilities Statement
- Covered and non-covered benefits and services
- How to obtain care and coverage when you are outside of DWMHA service area
- Benefit restrictions that apply to services obtained outside of DWMHA service area
- Co-payments and deductibles
- How to submit a claim, if needed
- How to obtain language assistance
- Availability of TTY services
- How to obtain outpatient care, partial and inpatient hospitalizations and other services.
- How to obtain emergency care, when to directly access emergency care or use 911 services
- How to obtain care after normal business hours
- How to obtain subspecialty care
- How to obtain list of network providers
- How to appeal a decision that adversely affects coverage, benefits or your relationship with DWMHA
- How to file a complaint, grievance and recipient rights violation
- Information about DWMHA’s Complex Case Management Program
- Information about DWMHA’s Quality Improvement program, including goals and annual results are available on our website www.dwmha.com

DWMHA Wants You to Know?

DWMHA, Managers of Comprehensive Provider Networks (MCPNs), Crisis Service Vendors and Access Center practitioners and employees who make Utilization Management (UM) decisions commit to the importance of ensuring that all consumers receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent or spouse by affirming the following:

- UM decision-making is based only on appropriateness of care, service, and existence of coverage.
- DWMHA, the Access Center, Crisis Service Vendors, and MCPNs do not reward practitioners or other individuals for issuing denials of coverage or service care.
- No Physicians or any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.
- Practitioners may freely communicate with members about their treatment, regardless of benefit coverage limitations.

For more information or to request a handbook or provider directory:

- Call or Visit: your Behavioral Healthcare Provider
- Online: go to DWMHA’s website, www.dwmha.com
- Call: DWMHA Customer Service at 888.490.9698
DWMHA Members’ Rights and Responsibilities Statement

We are committed to maintaining a mutually respectful relationship with our members and providers. The DWMHA Members’ Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while accessing behavioral health care services in Detroit-Wayne County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare.

You have the right to:

- Receive information about DWMHA, its Services, its Practitioners, and Providers, and Your Rights and Responsibilities.
- Be treated with respect and recognition of your dignity and the right to privacy.
- Participate with Practitioners in making decisions about your health care.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage and to freely communicate with your providers without restriction on any information regarding care.
- Voice complaints or appeals about DWMHA or the care provided.
- Make recommendations regarding DWMHA’s Members’ Rights and Responsibilities policy.

You have a responsibility to:

- Provide, to the best of your knowledge, accurate and complete information regarding your medical history, including: present and past illnesses, medications, hospitalizations, etc. to DWMHA and its Practitioners and Providers in order to care for you.
- Follow your treatment plan of care and instructions. The plan of care is to be agreed upon by you and your provider.
- Ask questions about your care. This will help you to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For additional information and a complete list of our Members’ Rights and Responsibilities statement, you may contact Customer Service at 888.490.9698.

**WELLNESS TOOLS FOR YOU**

- Health management tools help you keep track of your health
- A secure tool to track your personal health record
- A free health & Wellness app
  - [www.myStrength.com](http://www.myStrength.com); (Access code is: DWMHAc)
New Member Feedback Evaluation Form (optional)

What: New Member Orientation to Services

Service Provider Name: _____________________________________

Where: __________________________________________________

How was your Orientation?

1. The orientation helped you to understand what services are available to you and how you can access them.
   - Yes: No:
   Comments: ________________________________________________

2. The orientation informed you about your enrollee rights.
   - Yes: No:
   Comments: ________________________________________________

3. Were you informed of your right that updated informational materials upon enrollment will be provided on an annual basis?
   - Yes No
   Comments ________________________________________________

   - Were you told how to obtain after-hour emergency services and that prior authorization is not required?
   - Yes No:
   Comments ________________________________________________

Date of Orientation: _______________________________

Thank you for completing this evaluation. This will help us in providing you with better service. Your information will remain confidential.

Provider Instructions: Please have the Consumer complete DWMHA CS New Member Orientation Feedback Form name and return to your Customer Service Representative for submission to your MCPN.
To Our Provider Partners

DWMHA Wants You to Know

As a valued partner of DWMHA, you have access to the latest and greatest information regarding topics that help you to provide excellent service to the members we serve.

Check out our website for information on the following and more:

- DWMHA Member Handbook
- DWMHA Provider Manual
- DWMHA Provider Directory
- Members Rights and Responsibilities
- Member Grievance and Appeal Information
- Provider Appeal Information
- Required Trainings for Staff
- Clinical Practice Guidelines
- HEDIS Measures
- Medical Necessity Criteria
- Complex Case Management Program
- Information about DWMHA’s Quality Improvement Program, including goals and annual results

DWMHA Affirmative Statement

The information below applies to all Providers and Practitioners

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  - UM decision-making is based only on appropriateness of care, service, and existence of coverage.
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  - No Physicians or any other staff making UM decisions are rewarded for issuing denials of coverage or service or reducing the provision of care which is deemed medically necessary.
  - Practitioners may freely communicate with members about their treatment, regardless of benefit coverage limitations."

For more information or to access the latest Member Handbook, Provider Directory or Provider Manual:

- Online: go to DWMHA’s website, [www.dwmha.com](http://www.dwmha.com)
- Call or email: your MCPN or DWMHA Contract Manager
- Call: DWMHA Customer Service at [888.490.9698](tel:888.490.9698)
To Our Provider Partners

WELLNESS TOOLS FOR YOUR MEMBERS

- See the Member tab, at www.DWMHA.com, for health management tools to assist your members and staff in tracking their health goals.
- A free Health & Wellness app is available at www.myStrength.com (Access code is: DWMHAc)
- myStrength is a secure tool for members and staff to track their personal health records.

DWMHA Members’ Rights and Responsibilities Statement

The information below is copied directly from DWMHA’s Member Handbook so that you may copy and share this information with your members, as needed. Please note, this is an abbreviated list. For additional information and a complete list of our Members’ Rights and Responsibilities, please contact DWMHA Customer Service at 888.490.9698.

We are committed to maintaining a mutually respectful relationship with our members and providers. DWMHA Members’ Rights and Responsibilities statement is provided to assist you in understanding and exercising your rights while assessing behavioral health care services in Detroit-Wayne County. This statement helps to minimize potential misunderstandings and promote compliance with all applicable statutory and regulatory requirements. Understanding your rights and responsibilities will help you to make informed decisions about your healthcare.

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