



Community Health &
Research Center

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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 3/31/22

I. POLICY

The policy of the ACCESS Community Health and Research Center (CHRC) to meet all state and federal regulations and contractual requirements regarding Customer Service as established.

II. PURPOSE

To provide procedural operational guidance on the following Customer Service functions:

1. Welcome and orient individuals to services and benefits available, and to the provider network
2. Provide information about how to access mental health, primary health, and other community services
3. Provide information about how to access the various Recipient Rights processes
4. Help individuals with problems and inquiries regarding benefits
5. Assist people with and oversee local complaint and grievance processes
6. Track and report patterns of problem areas for the organization
7. Oversee and monitor all Customer Service functions provided by the Service Providers, health plans, their affiliates, and contracted entities doing business with DWIHN
8. Assist people in making informed choices regarding their treatment, and when necessary, on how to make changes

III. APPLICATION

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS Community Health and Research Center. It specifically involves the Customer Service Department members:

1. HR and Operations Generalist
2. MH Office Administrator
3. Intake and Health Benefits Specialists

This policy serves the following populations: Adults, Children, I/DD, SMI, SEI/SED, SUD, Autism

This policy impacts the following contracts/service lines: Medicaid, MI-HEALTH LINK, SUD, Autism

IV. PROCEDURES

1. ACCESS' designated Customer Service employs one full-time (FTE) employee dedicated to Customer Service functions
2. ACCESS' designated toll-free Customer Service telephone line 1-833-774-0002 and access to a Teletypewriter (TTY) phone number

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3. As required, ACCESS materials are compliant with all contractual, regulatory, and accreditation requirements in regard to reading level (at or below 4th-grade level), font, type size, format, and language.
4. ACCESS will meet reasonable accommodations as required by the American with Disabilities Act (ADA), Limited English Proficiency (LEP), and Cultural Competency guidelines. These services are provided at no cost to the member
 - 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 other funding sources
 - b. Upon request, ACCESS will provide materials in alternate formats to meet the needs of vision and/or hearing-impaired 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 member, upon request
 - d. Interpreter services and toll-free numbers that have adequate TTY and interpreter capability.
5. Telephone calls to and from the Customer Service Department:
 - a. Shall be answered by a live "Welcoming" voice during normal business hours between the hours of 9:00AM and 5:00 PM.
 - b. Staff shall identify themselves by name, title, and organization
 - c. Calls shall be answered within three (3) rings
 - d. Calls that are placed on hold in excess of three (3) minutes must be offered an option to be called back
 - e. Call back responses are to occur within one business day
 - f. Crisis calls during normal business hours shall be transferred to the Mental Health Department without the caller having to re-dial
6. The Customer Service Department will monitor member claim status inquiries upon receipt and provide one call resolution in relation to stage, amount paid, amount approved, the member's cost and amount paid
 - a. After Hour Calls: Call received by ACCESS' Customer Service Department after normal business hours will be addressed within the next business day.
 - b. Calls received on a business day after midnight are answered on the same day
7. Walk-in requests for Customer Service must be handled in a welcoming and prompt manner. Those that require urgent and or emergent assistance are handled and provided the appropriate referral and intervention, i.e. clinical personnel consultation, crisis center, ambulance or police, etc.
8. The hours of the Customer Service Department Operations and the process for assessing information from Customer Service outside of those hours shall be publicized
9. The DWIHN Member Handbook is to be used by the Customer Service Department for orienting consumers
10. The Member Handbook contains the following (among other topics)
 - a. State, Federal, contractual, and accreditation required topics
 - b. Date of publication and revisions
 - c. Balanced Budget Act compliant consumer information relative to beneficiary rights, protections and grievance and appeals processes
 - d. Medicaid Health Plan and the State's description of each service

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- e. Affiliate CMHSP, or network provider names, addresses, phone numbers, TTYs, email, and web addresses
 - f. Information on how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in DWIHN's service area
11. The Customer Service Department shall maintain current listings of other providers, organizations, and practitioners, with whom DWIHN has contracts, the services they provide, languages they speak, and any specialty for which they are known. This list shall also include Independent Person-Centered Planning facilitators and Certified Peer Support Specialists
 12. Consumers shall have access to information about ACCESS including annual report, current organization chart, board member list, meeting schedule and minutes that are available to be provided in a timely manner to an individual upon request
 13. Upon request, the Customer Service Department shall assist beneficiaries with grievance and appeals, local dispute resolution processes, and Medicaid Fair Hearings. The Customer Service Department will coordinate rights inquiries where appropriate with the Office of Recipient Rights.
 14. Customer Service staff
 - a. Shall be trained on Customer Service procedures within thirty (30) days of hire and annually thereafter
 - b. In addition, staff will be expected to attend continuous staff training
 - c. Shall be trained to welcome and orient new members to the public mental health system and the rights, benefits, and services to which they are entitled
 - d. Must have a current working knowledge, or know where in the organization detailed information can be obtained for the following:
 - i. The populations served (serious mental illness, serious emotional disturbance, intellectual developmental disability and substance use disorder) and eligible criteria for various benefits (e.g., Medicaid and MI Health Link [Medicare-Medicaid])
 - ii. Benefits and service array (including substance use treatment services), medical necessity requirements, and eligibility criteria for and referral to specialty services
 - iii. Person Centered Planning
 - iv. Self-Determination
 - v. Recovery & Resiliency
 - vi. Peer Support Specialists
 - vii. Grievance and Appeals, Fair Hearings, Local Dispute Resolution processes and Recipient Rights
 - viii. Limited English Proficiency and Cultural Competency
 - ix. Information and referral about Medicaid covered services within the Medicaid Health Plans, Fee-for-Services Practitioners, and Department of Human Service
 - x. organization of the Public Mental Health System
 - xi. Balanced Budget Act relative to the Customer Service functions and beneficiary rights and protections
 - xii. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
 - xiii. Public Health Code for substance use treatment recipients if not delegated
 - xiv. Confidentiality and family access to information
 - xv. Coordination of Care

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- xvi. Service Authorization
 - xvii. Rights Protections Processes
 - xviii. Enrollee Rights
 - xix. systems to assist individuals in accessing transportation services and necessary medical services including specialty services identified by Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
 - xx. MDHHS Customer Service Standards
 - e. Customer Service staff must be proficient in the following areas:
 - i. Welcoming and Gentle Treatment
 - ii. Conflict Resolution
 - iii. Consumer Advocacy
 - iv. Rights Protection, Grievance and Appeals processes
 - v. Cultural Competency
15. Performance Measurements
- a. ACCESS shall comply with all Customer Service standards, policies, protocols and monitoring procedures as dictated by DWIHN and its governing agencies
 - b. ACCESS shall report on specific areas of Customer Service performance measurements to assure accountability, effectiveness, and efficiency, i.e.:
 - i. Timeliness of new enrollees' orientation
 - ii. Timeliness of forwarding Grievance Process Letters of Acknowledgment (LOA) to grievant
 - iii. Tracking of continuing education training of Customer Service staff
 - iv. Peer-to-Peer Education on Recovery, PCP, Self-Determination and Welcoming Environment
 - v. Other performance measures as dictated by DWIHN
 - c. ACCESS shall maintain a system for documenting, monitoring, tracking and reporting on applicable Customer Service encounter activities, i.e.:
 - i. Customer Service calls
 - ii. Customer Service Walk-ins
 - iii. New member orientations
 - iv. New member orientation evaluations
 - v. Grievances and Appeals
 - vi. Customer Service staff training
 - vii. Consumer Education Classes
 - viii. Estimate Cost of Services and Supports
 - ix. EOBs
 - x. Rapid Response Inquiries
 - xi. Claim Inquiries
 - xii. ACCESS' Customer Service Department is expected to
 - 1. Collect and tally the aforementioned information and/or requested information monthly and submit the information to DWIHN's Customer Service Department.

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2. Track and report monthly on Customer Service activity in their provider network utilizing applicable monitoring tools as dictated by DWIHN (See Revised Performance Activity Log)
 - d. ACCESS' Customer Service Department will have scheduled site assessment reviews by DWIHN to assure compliance with Customer Service standards and policies and shall receive timely feedback and guidance on corrective action measures (See Standard VI FY 15_16)
 - e. ACCESS' Customer Service Department shall ensure a welcoming atmosphere, physical comfort and emotional safety for people served throughout its array of services and supports
16. ACCESS will make a good faith effort to give written Notice of Termination to each member who received his or her primary care from or was seen on a regular basis by the Terminated Staff within 15 days.

V. QUALITY ASSURANCE/IMPROVEMENT

ACCESS Quality Assurance manager shall review and monitor adherence to this policy as one element of the QAPIP Goals and Objectives. The QAPIP will include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy

VI. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS Employees, interns and volunteers 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 in effect and as amended.

I. LEGAL AUTHORITY AND REFERENCES

1. MDHHS and PIHP Customer Service Member Handbook Required Standards Topics, September 2006
2. MDHHS and CMHSP Managed Mental Health Supports and Services Contract: Attachment 3.1.1 (Access System Standards)
3. Michigan Department of Community Mental Health and Substance Abuse Services, MDHHS and PIHP Contract: Section 6.3.10F(4)10(f)6 (Information Requirements)
4. MDHHS and CMHSP Managed Specialty Supports and Services Concurrent 1916 (b)/(c) Waiver Program Attachment P6.3.2.1B.ii (Explanation of Benefits)
5. MDHHS and CMHSP Managed Mental Health Supports and Services Contract: Attachment C 3.4.1.1 (Person Centered Planning)
6. Medicaid Managed Specialty Supports and Services Concurrent 1915(b) (c) Waiver Program C 3.4.4 (Self-Determination)
7. Federal Register No. 68., No. 153/Friday 1, August 8/2003/ Notices (LEP)
8. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 200d et. Seq.
9. Balanced Budget Act of 1997, (P.L. 105-33) 42 CFR 438.10 (Information Requirements), Code of Federal Regulations.

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10. MDHHS, AFRR: Focusing a Partnership for Renewal and Recommitment to Quality and Community in the Michigan Public Mental Health System; Consultation Draft: October 3, 2008