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Owner:	<i>Margaret Keyes-Howard</i>
Policy Area:	<i>Customer Service</i>
References:	<i>MDHHS, MDHHS-EQR STANDARD VI, NCQA UM 10, NCQA UM 13</i>

Provider Satisfaction

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to conduct annual provider satisfaction assessments from practitioners, care staff and various users of the DWIHN behavioral health system.

PURPOSE

The purpose of this policy is to ensure that the service requirements, knowledge base, efficiency and expectations of providers and practitioners are being met satisfactorily at various points they encounter the system. That the engagement with DWIHN and providers are met wholly and ethically based on specific contractual agreement and policy. Additionally the policy provides for supporting a mechanism for improving identified systemic deficiencies that may affect care to members, cost, efficacy, and or compliance.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
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 : MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

Practitioner

Care Staff

STANDARDS

1. DWIHN responsibilities:
 - a. DWIHN conducts an annual provider survey. Customer Service Department provides general assistance with the administering of all surveys at the advance request of Unit Directors. Managed Care Operations (MCO) has the distinct responsibility for ensuring annual satisfaction surveys with contracted providers.
 1. Any provider feedback activity conducted or administered by other DWIHN staff or departments is to

- be coordinated with the Customer Service unit designee.
2. All DWIHN division and units shall coordinate any findings and share analysis with Customer Service unit for coordinated recommendations to the Quality Improvement Steering Committee (QISC) no later than 60 days after the completion of 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. Provider feedback instruments include, but are not limited to the following:
1. Surveys (in-person, mail, phone, online)
 2. Complaint/Grievance and Appeal data
 3. Meetings, forums, and other activities that may initiate feedback and assessments from Providers.
- c. All instruments/tools used to solicit feedback or to measure satisfaction of the provider of service (from various levels) must be reviewed and approved before the instrument/tool is distributed.
- d. Provider feedback is coordinated at least annually, to address provisions that the care staff and or practitioner may experience and that may ultimately have an effect on the treatment, care and/or the recovery of a member. This includes but is not exclusive of, feedback related to:
1. Access of care and authorizations
 2. Timeliness and knowledge
 3. Utilization management and its efficiencies
 4. Claims process and payments
 5. Complex case management
 6. Integrated and coordination of care
 7. SUD services
 8. Process issues related to Complaints/Grievances and Appeals
 9. Specialty programs
 10. Trends appearing from other feedback activities and Incident Reports
 11. Casual reporting
 12. Other services that require monitoring
- e. DWIHN includes Provider Complaint/Grievance and Appeal and/or survey data in:
1. the assessment of provider experience
 2. identifying opportunities for improvement of the provider experience
 3. If analysis indicates that there are opportunities for improvement, DWIHN may implement interventions based on the causes identified.
2. Provider responsibilities:
- a. Providers and subcontractors are required to report findings and analysis of any provider experience activities that may be conducted to DWIHN unless otherwise advised.

1. Survey, focus groups and other activities where provider feedback is received are to be shared with DWIHN.
 2. A provider assessment may be conducted, alone or in conjunction with the DWIHN. All findings must be submitted to DWIHN 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.
- b. Network Providers and their Sub-contractors will participate in other survey activities as required by the DWIHN as mandated or as deemed beneficial.
 - c. Network Providers and their subcontractors will cooperate with any designated subcontracted vendors representing DWIHN to facilitate such survey/feedback activity, including peer operated businesses and other vendors.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN 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 providers, 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

DWIHN staff, network providers, 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 RELATED POLICIES

1. Member Experience Policy
2. [Provider Satisfaction Procedure](#)

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service/ OPA
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget

- 11. Purchasing
- 12. Quality Improvement
- 13. Recipient Rights
- 14. Substance Use Disorders

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

- [DWMHA Provider Network Satisfaction Survey-Organization.pdf](#)
- [DWMHA Provider Network Satisfaction Survey-Practitioner.pdf](#)
- [Provider Satisfaction Procedure.pdf](#)

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

12/2019

COPY

Approver	Date

COPY



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

Provider Satisfaction Procedure

PROCEDURE PURPOSE

To provide guidelines for the policy on Provider Satisfaction

EXPECTED OUTCOME

It is expected that this procedure will identify the process which those responsible will participate and submit data related to Provider Satisfaction, this includes surveys, focus groups, forums, casual feedback, and other activity that solicits or receives feedback from Providers, Practitioners, DWIHN workforce related to the multi-level operational aspects and functions of DWIHN.

PROCEDURE

- DWIHN will administer minimally an annual Provider Satisfaction Survey.
- Specific surveys that are subject to contractual requirements such as the Crisis Service Vendors will be give specific instructions for either validation or analysis purpose.
- Reports will be generated with applicable recommendations for process improvements.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Margaret Keyes-Howard-Team Lead
Department:	Customer Service
Frequency of monitoring:	Annually and as prescribed by Contractual Agreements
Reporting provided to:	Director of Customer Service, QISC Committee
Comments:	

Attachments:

Approval Signatures

Approver	Date
Michele Vasconcellos: Director, Customer Service	02/2019
Margaret Keyes-Howard	02/2019

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