



Current Status: *Active*

PolicyStat ID: 5720380



Origination:	04/2017
Effective:	10/2019
Last Approved:	10/2019
Last Revised:	10/2019
Next Review:	10/2020
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 Integrated Health Network (DWIHN) 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 DWIHN 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 DWIHN Staff, Contractual Staff, Access Center, 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. DWIHN responsibilities:
 - a. Using valid methodology, DWIHN'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 DWIHN staff or its departments is to be coordinated with the Customer Service department designee.
 2. All DWIHN 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 DWIHN 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. DWIHN Provider responsibilities:
- a. An approved member experience assessment is to be conducted minimally once each Fiscal Year by each provider, alone or in conjunction with 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.
 1. It is required that providers oversee the implementation of this policy and coordinate with their

contracted Providers, other affiliates, and contractors.

- b. Providers and subcontractors are required to report findings and analysis to DWIHN unless otherwise advised.
 - 1. Feedback, reports with outcomes including summary of trends, plans of improvement, intervention, and implementation schedules are submitted to DWIHN'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. Network Providers and their Sub-contractors will participate in other survey activities as required by the DWIHN including annual surveys such as the REE (Recovery Enhancing Environment Measure), NCI (National Core Indicators), MHSIP (Mental Health Statistics Improvement Program Consumer Survey), RSA (Recovery Self Assessment), ECHO® (Experience of Care and Health Outcomes), or other NCQA (National Committee for Quality Assurance) required standardized surveys, State and Federal Surveys as mandated or as deemed beneficial.
- f. Any provider, contracted, subcontracted and/or affiliate provider 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 DWIHN 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, 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

1. MDHHS Contract

RELATED POLICIES

1. [Member Experience Procedure](#)
2. 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:

