



Quality Improvement Steering Committee (QISC)

February 25, 2025

10:30am – 12:00pm

Via Zoom Link Platform

Agenda

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|---|----------------------|
| I. Welcome | T. Greason |
| II. Authority Updates | S. Faheem |
| III. Approval of Agenda | S. Faheem/Committee |
| IV. Approval of Minutes | Dr. Faheem/Committee |
| ○ January 28, 2025 (Table) | |
| V. QAPIP Effectiveness | |
| <i>Customer Service</i> | |
| ○ Customer Service FY2024 Annual Report | M. Vasconcellos |
| ○ Grievance and Appeals Annual Report | D. Johnson |
| <i>Policy Review</i> | |
| ○ Procedure for Self-Directing Service Arrangements | N. Jones |
| ○ UM Provider Procedures for Prior Authorized Behavioral Services (Table) | M. Hampton |
| ○ UM Review Procedure for Substance Use Disorders (Table) | M. Hampton |



Quality Improvement Steering Committee (QISC)

February 25, 2025

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, DWIHN Provider Network QI Administrator

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: A new outpatient service location opened at 15400 W. McNichols Road on Friday, February 14th at 8am. will provide basic outpatient services and improve service accessibility. This location will provide greater access to integrated health services and offer resources for adults and children struggling with mental illness or substance use disorder. Providers continue to work on closing access gaps within DWIHN's provider network.

3) Item: Approval of Agenda: Agenda for February 25th, 2025 Meeting with added changes Approved.

4) Item: Approval of Minutes: Approval of QISC Meeting Minutes for January 28th, 2024 was tabled for the March, 2025 meeting.



5) Item: QAPIP Effectiveness

Goal: Customer Service

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# _____ UM # _____ CR # _____ RR # _____

Discussion		
<p>Michele Vasconcellos, director of Customer Service, discussed for approval the following reports:</p> <p>Customer Service Annual Report FY2024</p> <ul style="list-style-type: none"> ○ Units within Customer Service ○ Welcome Center/Reception Area ○ Customer Service Call Center ○ Member Education ○ Due Process ○ Family Support Subsidy ○ Member Engagement ○ Member Experience ○ Performance Monitoring ○ Quality Improvement and Compliance ○ Medical Records Request ○ Customer Service Key Functions ○ Ensuring appropriate engagement in choice of service and care. ○ Ensuring customers' enrollee rights. ○ Monitoring the satisfaction of customers. ○ Enhancing customer information awareness. ○ Meeting regulatory compliance expectations. ○ Customer Service Data Comparison for FY22-23 and FY23-24 ○ Reception/Switchboard <ul style="list-style-type: none"> ○ In comparison of the two Fiscal years for the Reception/Switchboard 23/24 showed a slight decrease in the number of calls offered and an increase in the number of calls answered. ○ The number of abandoned calls increased. The Abandonment percentage rate was also higher than the previous year, yet still below the less than 5% standard. ○ Speed answers have also increased significantly. The service level and percentage of calls answered were well above 80% standard. 		



<ul style="list-style-type: none"> ○ Call Center <ul style="list-style-type: none"> ○ In comparison of the two Fiscal years for the Customer Service Call Center for 23/24 there was a significant increase in the number of calls offered and answered. ○ There was also an increase in the abandoned calls and abandonment percentage rate. Which at 5% did not meet the standard of less than 5%. This can be attributed to the new phone system implementation which had some glitches and staff training. Speed to answer was 10.7 sec., which also increased from the previous year. ○ The service level was 91.9%, which exceeded the 80% standard, and the percentage of calls answered was also above the 80% standard at 95.4%. ○ <i>Significant</i> <ul style="list-style-type: none"> ▪ Developed refresher Orientations for CS Call Center and Reception/Switchboard staff to reinforce expectations. ▪ Filled the CS Supervisor position which allowed for more oversight in call monitoring ○ Family Support Subsidy: <ul style="list-style-type: none"> ○ <i>Significant</i> <ul style="list-style-type: none"> ▪ Educational Initiatives: <ul style="list-style-type: none"> ▪ Increased presence at School Parent Teachers Meetings ▪ Direct contact with Social Security Administration ○ Direct contact with Neonatal Hospital Administration ○ Performance Monitoring: <ul style="list-style-type: none"> ○ Standard I: Members Rights and Responsibilities - Resulting primarily from lack of distribution and review of the DWIHN Handbook and member materials. ○ Standard IX : Grievance and Appeals – Resulting from failure to update policies and procedural documents that would provide staff with Grievance and Appeals information for assisting members. ○ CS Audit Tool:- Resulting from lack of member access to provider information, designated toll-free lines, etc. 		
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<ul style="list-style-type: none"> ○ Significant <ul style="list-style-type: none"> ▪ Provided training on: <ul style="list-style-type: none"> ▪ Preparation for Reviews (Instructions and Requirements) ▪ Member Materials Distribution and Review Process ▪ Hosted Quarterly Customer CRSP Service Provider meetings to ensure providers were advised of updates and the importance of Customer Service mandated standards. ▪ Performed the first Customer Service Performance Audit for the Access Center. ○ Goals for FY '25 <ul style="list-style-type: none"> ▪ Implementing the use of Mystery Shopping. ▪ Development of a Performance Monitor Provider Survey ○ Member Engagement: ○ Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion through various initiatives. In addition to promoting outreach, education and training, principles of advocacy are embraced via DWIHN's Constituent Voice Committee and focus groups. ○ Through these venues members share their issues, concerns and recommendations to DWIHN's key administration such as the CEO. ○ Member Engagement houses the Office of Peer Services which assists in training and peer care for Certified Peers, Recovery Coaches and Peer Mentors that work within the organization and throughout the system. ○ Member Experience: <ul style="list-style-type: none"> ○ The Customer Service Member Engagement/Member Experience Unit utilizes various tools, focus-groups, surveys, and other means of feedback to ensure that information (data) is collected, analyzed and studied. ○ Recommendations from the data are processed for discussion, research and deliberation to the Quality Improvement Steering Committee (QISC) to determine the next steps and interventions that are needed are forwarded to IPLT. 		
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<ul style="list-style-type: none"> ○ The Constituents' Voice or CV: ○ DWIHN supports advocacy and governance, which includes primary and secondary members. The Constituents' Voice, or CV, is an advisory council to the CEO and operates under the Customer Service and Member Engagement unit. ○ The Council's primary function is to participate in all aspects of policy and programmatic planning and assist with general recommendations to the CEO. ○ This process includes educational forums, training, discussions, planning with DWIHN departments, and assessing success and challenges. ○ Its function is also to support activities related to advocacy and wellness. ○ Two member co-leaders lead it with a staff liaison position to support action items and activities. The three main operating committees are Advocacy, Empower, and Engage <p>Please see attached handout "<i>Customer Service QISC Year End Presentation FY 2023.24.pptx</i>" for more information.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none"> 1. Will the customer service abandonment rate require the continuation of the Performance Improvement Project to avoid going over 5% for the current FY? 2. Concerning the limited availability of member materials. <p>Answers:</p> <ol style="list-style-type: none"> 1. First quarter data for 2025 shows improvement, bringing the abandonment rates down to 1%. 2. Some materials are being updated, and options for digital distribution are being explored. 		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved the Customer Service Annual Report FY2024 as written.	QISC	February 25, 2025



5) Item: QAPIP Effectiveness

Goal: Customer Service

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# UM # CR # RR #

Discussion		
<p>Dorian Johnson, Due Process Manager CS, discussed for approval the following reports: Grievances and Appeals Annual Report FY2024:</p> <ul style="list-style-type: none"> • Grievances: <ul style="list-style-type: none"> ○ A total of 228 combined grievances between FY23 and FY24. ○ Grievances continue to originate at either the PIHP level or the service provider. ○ There was a slight decrease in grievance from FY23 (121) to FY24 (107) (approximately 14%). ○ While grievances were less in FY24, the grievances categories exceeded that of FY23. There were a total of 204 issues, the most grievance issues in the last 3 FY. • Barriers and Opportunities for Improvement: <ul style="list-style-type: none"> ○ Continuation of consistent and relevant training/education to members and providers to address issues related to interpersonal and customer service issues. ○ More collaborative efforts with Member Engagement to provide outreach, education, advocacy and surveyance of member experiences. ○ Provide quarterly data interdepartmentally to highlight areas where there are identified needs for enhanced service provision within the network. • Appeals: <ul style="list-style-type: none"> ○ Small decline in appeals from FY 23 to FY 24. ○ The main reason for appeal continues to be termination due to lack of member engagement. This has remained consistent across fiscal years. ○ DWIHN continues to process appeals timely with the majority of appeals being resolved under 30 calendar days. ○ Adverse Benefit Determinations remained relatively stable for both fiscal years with FY24 showing a slight decrease. • Adverse Benefit Determinations (ABDs) <ul style="list-style-type: none"> ○ There was a slight decrease in provider reported Adverse Benefit determinations between Fiscal Years '23 and '24 in the Mental Health category. ○ There was relatively no change in the ABDs reported for the Applied Behavioral Analysis (ABA) category in fiscal years, 1,354 vs 1,351. 		



<ul style="list-style-type: none"> ○ Substance Use Disorder notices experienced an increase for the second consecutive year. FY'23 showed a total of 1,131 while FY'24 was 1,239. ○ Notices for the Intellectual and Developmental Disability category showed a significant decrease in the number of notices reported between fiscal years, approximately 20%. The number of notices reported for FY'23 were 4,013 while FY'24 were only 3,347. ● Barriers and Opportunities for Improvement <ul style="list-style-type: none"> ○ The majority of the appeal requests received are overturned or approved. This can be largely attributed to members being connected and/or reconnected to services. ○ Barriers that members report when filling appeals appear to be a myriad of issues including but not limited to lack of engagement on both the member and provider side, inadequate staffing, delay of services or customer service/ interpersonal issues. ○ DWIHN is constantly evaluating their provider network to see where there are areas that can be fortified and offering solutions including technical assistance to providers regarding customer service issues, providing direct care services as well as engaging with the provider network to get their feedback. 		
Provider Feedback	Assigned To	Deadline
None provided.		
Action Items	Assigned To	Deadline
Dr. Faheem and the QISC approved the Grievances and Appeals Annual FY2024 report as written.	QISC	February 25, 2025



5) Item: QAPIP Effectiveness

Goal: Policy Review

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI CC# UM # CR # RR #

Discussion				
<p>Nicole Jones, UM, shared for discussion the following policy/procedure review for feedback and recommendations:</p> <p>Procedure for Self-Directing Service Arrangements</p> <ul style="list-style-type: none"> • Only three changes were made to this procedure: <ul style="list-style-type: none"> ○ Financial Management Service Agencies, GT. Independence was the only one of the four agencies that was updated for the new person in charge, Heather Quac. ○ One additional training was included which is Emergency Preparedness. ○ A link that will be put in for the Welcome meetings. 				
Provider Feedback		Assigned To	Deadline	
<p>Questions:</p> <ol style="list-style-type: none"> 1. Is the FMS the same as a fiscal intermediary? Is that what those agencies are? 2. How are members informed about the Self-Directing meetings? And how do they sign up to attend? 3. Is this updated policy already on the DWIHN website? <p>Answers:</p> <ol style="list-style-type: none"> 1. Yes, the FMS is the same as a Fiscal Intermediary. 2. The supports coordinator case manager sends DWIHN's UM Unit referral, once the referral is submitted, we then provide a link, and the SC or Case Manger then provides the family with the link. The family has to register, and once they register, they will get a link prior to the meeting along with notification about the meeting the UM Unit also does follow-ups as needed. If members missed the meetings or families missed the meeting or forget about the meetings, we do a lot of follow up to ensure we try to get them in. DWIHN also accommodates families with additional times that can be available. 3. The updated policy is currently going through the approval process and will be available after approval. DWIHN is bringing the policy to this committee for any additional input prior to approval 				
Action Items		Assigned To	Deadline	
After approval the Procedure for Self-Directing Service Arrangements will be available on DWIHN's website.		DWIHN UM unit.	April 1, 2025	

New Business Next Meeting: March 25, 2025

Adjournment: February 25, 2025



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Customer Service A Year In Review

**QISC Meeting
February 25, 2025**

Michele A. Vasconcellos MSA

Director, Customer Service



Units Within Customer Service

Welcome Center / Reception Area (Walk-ins, Switchboard)

Customer Service Call Center (General Information from Members Providers and Community)

Member Education (Orientation, Member materials)

Due Process: (Complaints / Grievances, Mediation, Appeals / Medicaid State Fair Hearings)

Family Support Subsidy (Application Assistance and submission)

Member Engagement (Outreach & Advocacy, Member Education/Training Member Experience)

Member Experience (Surveys; ECHO, NCI, MISP etc.)

Performance Monitoring (Provider Network compliance to mandated Customer Service Standards)

Quality Improvement and Compliance (Maintenance of CS Standards (HSAG, NCQA, and ICO's)

Medical Records Request (From Members, Providers, Guardians, Legal and Social Security)



Customer Service is charged with the following key functions:

Ensuring appropriate engagement in choice of service and care- Active participant in Provider Close Out Plan and sending timely members letters offering choice.

Ensuring customers' enrollee rights- Educating Members on their Rights via Member Educational materials and the Monitoring Provider Member Orientations to ensure these rights are communicated.

Monitoring the satisfaction of customers- ECHO Survey, NCI and MISIP. Also, via trends and patterns identified via our Due Process system.

Enhancing customer information awareness – Updating Member Materials hard copies and website as well as conducting member educational forums, utilizing advocacy via CV and Peer lead initiatives. And Quarterly Member Newsletters.

Meeting regulatory compliance expectations – HSAG, NCQA, ICO Audits and applicable Plans of Corrections



Customer Service Reception/Switchboard

Reception/Switchboard	Number of Calls Offered	Number of Calls Answered	Abandoned Calls	Abandonment Rate Standard <5%	Average Speed to Answer (ASA) <30 sec)	Service Level % Standard 80%	% of Calls Answered Standard 80%
FY-22/23	15,503	13,233	194	1.3%	07 sec.	100%	85.4%
FY-23/24	15,496↓	14,166↑	302↑	2.74%↑	8.61 sec.	95.9%↓	91.5%↑

Significant

- In comparison of the two Fiscal years for the Reception/Switchboard 23/24 showed a slight decrease in the number of calls offered and an increase in the number of calls answered.
- The abandoned calls was increased. The Abandonment percentage rate was also higher than the previous year, yet still below the less than 5% standard.
- Speed to answer had also increased significantly. The service level and percentage of calls answered were well above the 80% standard.

Customer Service Call Center

Customer Service Call Center	Number of Calls Offered	Number of Calls Answered	Abandoned Calls	Abandonment Rate Standard <5%	Average Speed to Answer (ASA) <30 sec)	Service Level % Standard 80%	% of Calls Answered Standard 80%
FY-22/23	3,764	3,589	175	4.6%	09 sec.	93.2%	95.4%
FY-23/24	9,148↑	8,126↑	396↑	5%*↑	10.7 sec.↑	91.9%↓	91.8%↓



- In comparison of the two Fiscal years for the Customer Service Call Center for 23/24 there was a significant increase in the number of calls offered and answered.
- There was also an increase in the abandoned calls and abandonment percentage rate. Which at 5% did not meet the standard of less than 5%. **This can be attributed to the new phone system implementation which had some glitches and staff training.** Speed to answer was 10.7 sec. which also increased from the previous year.
- The service level was 91.9% which exceeded the 80% standard as well as the percentage of calls answered was also above the 80% standard at 95.4%.

Significant

Developed refresher Orientations for CS Call Center and Reception/Switchboard staff to reinforce expectations.

Filled the CS Supervisor position which allowed for more oversight in call monitoring.



Family Support Subsidy

The Family Support Subsidy program is designed to provide financial help for families who are caring for their child with severe disabilities in the family home. Customer Service assists families with the application process to the State and potential appeals.

	Calls / Text Messages	Applications Received	Applications Processed
FY 23/24	9170↑	1490↑	1229↑
FY 22/23	7701	1407	847

Calls and Applications Increased in 23/24 as a result of increased efforts in educating the Community on the State's Family Support Subsidy program.

Significant

Educational Initiatives:

- Increased presence at School Parent Teachers Meetings
- Direct contact with Social Security Administration
- Direct contacts with Neonatal Hospital Administration



Customer Service Performance Monitoring

Annual Audits Resulting in a Plan of Correction

Fiscal Year	Standard I: Member Rights & Responsibilities	Standard IX: Grievance and Appeals	DWIHN Customer Service Audit Tool
FY '23	18 Providers	5 Providers	5 Providers
FY '24	8 Providers	0 Providers	7 Providers

- **Standard I: Members Rights and Responsibilities** - Resulting primarily from lack of distribution and review of the DWIHN Handbook and member materials.
- **Standard IX : Grievance and Appeals** – Resulting from failure to update policies and procedural documents that would provide staff with Grievance and Appeals information for assisting members.
- **CS Audit Tool:-** Resulting from lack of member access to provider information, designated toll-free lines, etc.



Customer Service’s Performance Monitors conduct annual audits with the 41 CRSP.

Ensures compliance with mandated Customer Service standards. Plan of Corrections are addressed with designated timeframes for corrections. Repeat offenders are addressed with re-training and monitored throughout the year.

Significant

- Provided trainings on:
 - Preparation for Reviews (Instructions and Requirements)
 - Member Materials Distribution and Review Process
- Hosted Quarterly Customer CRSP Service Provider meetings to ensure providers were advised of updates and the importance of Customer Service mandated standards.
- Performed the first Customer Service Performance Audit for the Access Center.

Goals for FY '25

- Implementing the use of Mystery Shopping.
- Development of a Performance Monitor Provider Survey

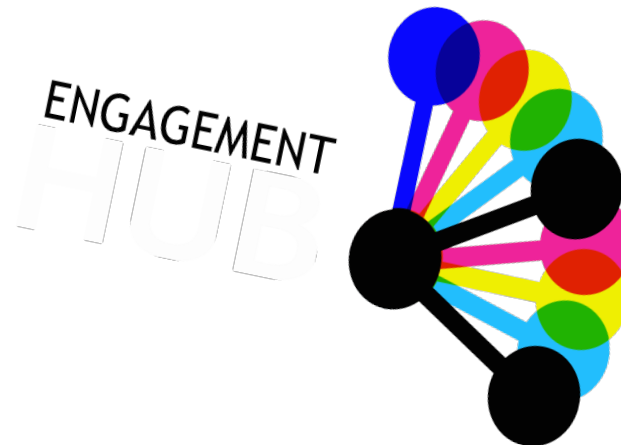


Member Engagement

Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion through various initiatives. In addition to promoting outreach, education and training, principles of advocacy are embraced via DWIHN's Constituent Voice Committee and focus groups.

Through these venues members share their issues, concerns and recommendations to DWIHN's key administration such as the CEO.

Member Engagement houses the Office of Peer Services which assist in the training and peer care for Certified Peers, Recovery Coaches and Peer Mentors that work within the organization and through out the system.



Constituents' Voice

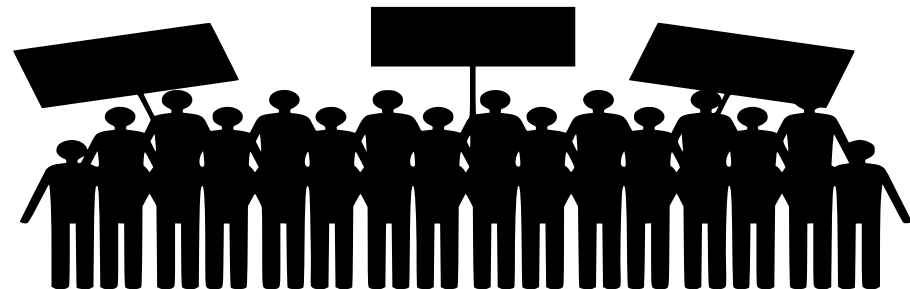
DWIHN supports advocacy and governance that includes primary and secondary members. **The Constituents' Voice or CV** is an advisory council to the CEO and acts under the operations of Customer Service, Member Engagement unit.

The Council's primary function is to participate in all aspects of policy and programmatic planning as to assist with generalized recommendations to the CEO.

This process includes educational forums, trainings, discussions, planning with DWIHN departments and assessing success and challenges.

Its function is to also support activities in advocacy and wellness.

It is lead by two consumer co-leaders with a staff liaison position to support action items and activities. The three main operating committees are Advocacy, Empower, and Engage.



Member Experience

The Customer Service Member Engagement/Member Experience Unit utilizes various tools, focus-groups, surveys, and other means of feedback to ensure that information (data) is collected, analyzed and studied.

Recommendations from the data are processed for discussion, research and deliberation to the Quality Improvement Steering Committee (QISC) to determine next steps and interventions that are needed are forwarded to IPLT.



Member Engagement

Significant

- Coordinated DWIHN's Annual participation in the state's Walk-A-Mile–In My Shoes at the capital. Over 300 DWIHN members were present. This is the second year one of our members was asked to MC the Agenda.
- Involved with the launch of the 2024 National Core Indicators Survey (NCI)- Focus on DD population. We provided 311 of the statewide family sampling of 638.
- Completed the evaluative stage of the Adult and Children's 2024 ECHO surveys.
- Assisted Peers with various opportunities to obtain necessary continuing education credits to meet the states mandated continued certification requirements.
- Published the quarterly Person Point of View member newsletter throughout the year which was member driven and provided DWIHN updates.
- Conducted various member venues in support of educating members on the importance of their right to vote and becoming registered.
- Conducted monthly member meetings at clubhouses and drop-in centers.



Member Experience

Participated in numerous Survey and Assessment Activity:

- Annual Adult and Children's Satisfaction ECHO Surveys
- Annual National Core Indicators (NCI) -DD Survey
- 2024 Self Determination Survey
- 2024 Racial Disparity Assessment
- Annual Needs Assessment
- Biennial Needs Assessment Survey
- Satisfaction base line survey Non-Emergency Transportation
- Review of Electronic Directory Usage
- Data review of Service by zip code
- Data review of assessment of Long Term-Disabilities
- MHSIP Survey Mental Health Statistical Improvement
- Collaborated with Children's Initiative department with Linguistics study





Questions and Feedback





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QAPIP MEMBER GRIEVANCE AND APPEAL OVERVIEW

FEBRUARY 25, 2025

**PRESENTER: DORIAN JOHNSON, DUE
PROCESS MANAGER**



GRIEVANCES

- **There were a total of 228 combined grievances between Fiscal year '23 and Fiscal year '24.**
- **Grievances continue to originate at either the PIHP level or the service provider.**
- **There was a slight decrease in grievances from Fiscal year '23 (121) to '24 (107) (approximately 14%).**
- **While grievances were less in FY '24, the grievance categories exceeded that of FY '23. There were a total of 204 issues, the most grievance issues in the last 3 fiscal years.**



GRIEVANCES CONTINUED...

- **The most utilized grievance categories for FY' 23 in order of volume were: Interpersonal, Delivery of Service, Access to Service, Access to Staff and Customer Service. The most utilized grievance categories in order of volume for FY' 24 were: Interpersonal, Delivery of Service, Access to Service, Access to Staff and Customer Service.**
- **The least utilized grievance categories in fiscal years 2023 and 2024 were: Wait Time, Environment, Other and Program Issues.**
- **Grievance satisfaction rates have remained stable averaging around 71% for combined fiscal years (74% satisfaction in FY '23 and 69% in 2024).**

Barriers and Opportunities for Improvement

- **Barriers f**
- **Continuation of consistent and relevant training/education to members and providers to address issues related to interpersonal and customer service issues.**
- **More collaborative efforts with Member Engagement to provide outreach, education, advocacy and surveyance of member experiences.**
- **Provide quarterly data interdepartmentally to highlight areas where there are identified needs for enhanced service provision within the network**



Appeals

- **Small decline in appeals from Fiscal Year '23 to '24 (51 in FY'23 and 47 in FY'24).**
- **The main reason for appeal continues to be termination due to lack of member engagement. This has remained consistent across fiscal years.**
- **DWIHN continues to process appeals timely with the majority of appeals being resolved under 30 calendar days.**
- **Adverse Benefit Determinations remained relatively stable for both fiscal years with FY'24 showing a slight decrease (21,607 for FY'23 and 20,005 for FY'24)**

Adverse Benefit Determinations (ABDs)

- **There was a slight decrease in provider reported Adverse Benefit determinations between Fiscal Years '23 (21,607) and '24(20,005) in the Mental Health category.**
- **There was relatively no change in the ABDs reported for the Applied Behavioral Analysis (ABA) category in fiscal years, 1,354 vs 1,351.**
- **Substance Use Disorder notices experienced an increase for the second consecutive year. FY' 23 showed a total of 1,131 while FY'24 was 1,239.**
- **Notices for the Intellectual and Developmental Disability category showed a significant decrease in the number of notices reported between fiscal years, approximately 20%. The number of notices reported for FY'23 were 4,013 while FY'24 were only 3,347.**

Barriers and Opportunities for Improvement

- **The majority of the appeal requests received are overturned or approved. This can be largely attributed to members being connected and/or reconnected to services.**
- **Barriers that members report when filing appeals appear to be a myriad of issues including but not limited to lack of engagement on both the member and provider side, inadequate staffing, delay of services or customer service/interpersonal issues .**
- **DWIHN is constantly evaluating their provider network to see where there are areas that can be fortified and offering solutions including technical assistance to providers regarding customer service issues, providing direct care services as well as engaging with the provider network to get their feedback.**



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**TOP
WORK
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2023-2024

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