

Policy 6.0

POLICY TITLE: CUSTOMER SERVICE		POLICY # 6.0	ADAPTED FROM	
Topic Area: CUSTOMER SERVICE Applies to: LRE Staff, Member CMHSPs and Network Providers Developed and Maintained by: LRE CEO and Designee Supersedes: N/A		<u>ISSUED BY:</u> LRE Customer Services <u>APPROVED BY:</u> Chief Executive Officer	REVIEW DATES	
			2/1/15	9/21/17
			12/20/22	2/8/2023
			4/10/2024	12/31/24
		Effective Date: January 1, 2014	Revised Date: 2/8/2023	

I. PURPOSE

To ensure ongoing efforts are made by LRE and its member CMHSPs to enhance and improve relationships between the community, individuals receiving services, and other interested parties through effective and efficient, understandable, and culturally competent customer service operations.

II. POLICY

Lakeshore Regional Entity (LRE) and Community Mental Health Service Program (CMHSP) members shall convey an atmosphere that is welcoming, helpful, and informative for its customers.

LRE Standards of Customer/Consumer Service ensure that the following is available for individuals seeking services:

- A. Welcome customers and orient individuals to the services and benefits that are available, including providing Provider Directory Listings. This listing shall identify the provider names, as well as any group affiliation, locations, telephone numbers, web site URL (as appropriate), specialty (as appropriate), the provider's cultural capability, any non-English languages spoken, if the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This includes any restrictions on the beneficiary's freedom of choice among network providers. The listing will be available in the format that is preferable to the beneficiary and must be kept current and offered to each beneficiary annually. If providing the information electronically, customers must be informed that the information is available in paper form without charge and provided within 5 business days upon request.
- B. Ensure materials are written at the 6.9 grade reading level when possible (e.g. in some situations it is necessary to include medications, diagnosis and conditions that do not meet the 6.9 grade level criteria).

- C. Provide information about how to access benefits, including authorization requirements, for mental health, primary healthcare, substance use disorder treatment and prevention, and other community-based services.
- D. Provide information on available treatment options and alternatives. Provide information on the amount, duration, and scope of benefits available under the contract in sufficient detail to ensure beneficiaries understand the benefits to which they are entitled.
- E. Provide information on cost-sharing as appropriate.
- F. Provide information on how to access the various recipient rights processes.
- G. Assist customers with problems and inquiries regarding benefits.
- H. Assist customers with the local complaint and grievance processes.
- I. Provide information on fair hearings including expected timelines.
- J. Provide the rules for emergency and post-stabilization services.
- K. Provide information on quality and performance indicators and enrollee satisfaction.
- L. Track and report patterns of potential problem areas for the organization.
- M. Ensure all materials critical to obtaining or maintaining services will be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHPs region. Such materials will be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002, Federal Register Vol. 65).
- N. Ensure that beneficiaries are notified that oral interpretation is available for any language and written information is available in prevalent languages and how to access those services. All written materials critical to obtaining or maintaining services for enrollees and potential enrollees must include taglines explaining the availability of written translations or oral interpretation along with the toll-free telephone number of the entity providing services as required by 42 CFR 438.71(a). For persons with visual impairment, oral interpretation services will be provided free-of-charge to potential and existing customers in the service area.
- O. Ensure materials are available in alternative formats in accordance with the Americans Disability Act (ADA) and provide information on how to access information in the appropriate language format. Beneficiaries may access materials in a font size with a minimum font of 12pt and in large print in a font size no smaller than 18 point.
- P. Provide required information at the time of admission and at least annually thereafter. The PIHP must give each individual written notice of any significant change in the information specified in 42 CFR 438.10(f)(6) at least 30 days before the intended effective date of the change.
- Q. Make a good-faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.
- R. Annually (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost of each covered support and service he/she is receiving. A new

estimate is provided when the Individual Plan of Service (IPOS) is changed, modified, and/or addendums are added.

- S. Provide an Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with the State and Federal regulations regarding release of information as directed by MDHHS.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE and member CMHSPs.

IV. MONITORING AND REVIEW

The Chief Executive Officer or designee will review this policy on an annual basis.

V. DEFINITIONS

Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary's claim for services

Appeal: A review at the local level by the PIHP of an Adverse Benefit Determination, as defined above. 42 CFR 438.400.

CFR: Code of Federal Regulations

Beneficiary/Consumer/Customer: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid beneficiaries, and all other recipients of the PIHP and/or the CMHSP services. For the purpose of this policy, terms are used interchangeably.

State Fair Hearing: Impartial state-level review of the Medicaid Enrollee's appeal of an Adverse Benefit Determination presided over by a MDHHS Administrative Law Judge, also referred to as an "Administrative Hearing". The State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.

Grievance: The Enrollee's expression of dissatisfaction about the PIHP and/or the CMHSP services issues, other than an Adverse Benefit Determination. Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision. 42 CFR 438.400.

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Customer Service Policies and Procedures

VII. REFERENCES/LEGAL AUTHORITY

- A. MDHHS Medicaid Specialty Supports and Services Contract
- B. MDHHS Appeal and Grievance Resolution Processes Technical Requirement
- C. 42 CFR 438.10
- D. 42 CFR 438.400
- E. 42 CFR Part 431
- F. 42 CFR 438.71(a)

G. Executive Order 13166 of August 11, 2002, Federal Register Vol. 65

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
8.2021	Added additional policy language	Chief Executive Officer/Designee
5/19/22		Chief Executive Officer/Designee
2/8/2023	Updated reading level	Chief Executive Officer/Designee
11/21/24	Language added	Chief Executive Officer/Designee