

**NORTHERN MICHIGAN REGIONAL ENTITY  
CUSTOMER SERVICES PLAN  
PLAN #: 07-05-001-16**

**INTRODUCTION**

The Northern Michigan Regional Entity (NMRE) is the Medicaid specialty pre-paid inpatient health plan (PIHP) consisting of five Community Mental Health Services Providers serving the northern lower peninsula of Michigan. The five member Boards are: AuSable Valley Community Mental Health, Manistee-Benzie Community Mental Health d.b.a. Centra Wellness Network, Northeast Michigan Community Mental Health, North Country Community Mental Health, and Northern Lakes Community Mental Health.

**MISSION**

The mission of the NMRE is: Develop managed care structures to support publically funded behavioral health services.

**PURPOSE**

Customer Services is the ability of an organization to help meet the needs and wants of its customers. While the NMRE maintains a Consumer Relations Office (which is responsible for the Customer Services functions) to emphasize its commitment to a culture that is customer-centered, **good customer service is the job of all staff.**

The focus of Customer Services includes problem prevention and the resolution of grievances. Customer Services staff addresses issues brought by consumers and individuals seeking to access services. Staff also addresses issues that are not under the jurisdiction of the Office of Recipient Rights or an action subject to an appeal. To resolve issues, the Customer Services staff may process the issue or concern or refer the concern to the appropriate individual(s) within the organization. Customer Services staff also track and report patterns of service delivery concerns across the region.

**APPLICATION**

All staff of the PIHP and the provider network assists customers with their questions and concerns. Customer Services staff provides specialized assistance to address consumer concerns in an effort to increase consumer satisfaction. The Customer Services Plan will meet the Michigan Department of Health and Human Services (MDHHS) Customer Services Standards and the federal regulation and guidelines governing PIHPs. This Plan is applicable to all Medicaid services (including the Healthy Michigan Plan and MICHild) and recipients funded by the NMRE.

Goals of the Customer Services Program

1. Welcome and orient individuals to services and benefits available, and 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 rights processes.
4. Help individuals with concerns and inquiries regarding benefits.
5. Assist people with the complaint and grievance processes.
6. Process grievances.
7. Track and report patterns or trends with regard to customer service related inquiries for the organization.

Structure

Customer Services staff is the front door of the organization and is to convey an atmosphere that is welcoming, helpful, and informative. The Northern Michigan Regional Entity has an Office of Consumer Relations which is responsible for Customer Services functions. Each Member Board has an identified Customer Services staff to coordinate customer services activities at the local and regional level.

Obtaining Services

Telephone calls to Customer Services will be answered by a live voice during business hours. Telephone menus are not acceptable. All calls need to be responded to within one business day.

To access customer services coordinators during regular business hours, please contact:

AuSable Valley Community Mental Health	1.844.841.5627
Centra Wellness Network	1.877.398.2013
North Country Community Mental Health	1.800.834.3393
Northeast Michigan Community Mental Health	1.800.968.1964
Northern Lakes Community Mental Health	1.800.337.8598
Northern Michigan Regional Entity	1.800.834.3393

If needed or requested, a face-to-face contact will be arranged. Calls coming into Customer Services after business hours will have access to voicemail. Customers may also leave email messages for Customer Services 24 hours per day via the internet at [customerservices@nmre.org](mailto:customerservices@nmre.org).

Board-Level Functions and Services

1. Recognize Customer Services as an identifiable function of the member Board.
2. Answer all Customer Service related calls with a live voice.
3. Provide consumers with the *NMRE Guide to Behavioral Health Services* and Community Mental Health Provider Lists at first appointment, annually, and by request thereafter.
4. Provide consumers with information about how to access mental health, primary health, and other community services.
5. Provide consumers with information and assistance with the various rights protections, grievance and appeals processes, and administrative fair hearings procedures.
6. Process all consumer grievances and appeals, maintain grievance and appeals log, submit grievance and appeals log quarterly to the PIHP.
7. Provide consumers with assistance in navigating the provider system of benefits.
8. Maintain a log of all Customer Services contacts.
9. Understand the role of Customer Services and Recipient Rights Offices as delineated in policy and practice.

10. Assert that Customer Services staff has knowledge of or access to knowledge about specific training areas as listed in the Michigan Department of Health and Human Services Customer Services Standards (“Attachment A” to this Plan).
11. Maintain a log of Medicaid Service Denials (i.e., additional services to opened consumers, inpatient, hospitalizations, terminations, suspensions, and reductions).

#### PIHP-Level Functions & Services

1. Uphold the Michigan Department of Health and Human Services Customer Services Standards (“Attachment A” to this Plan).
2. Maintain and keep current the *NMRE Guide to Behavioral Health Services* (this handbook serves as a means to welcome and orient individuals to the services and benefits available, and to the provider network).
3. Provide consumers with information about how to access behavioral health, substance use disorder, primary health, and other community services.
4. Provide consumers with information and assistance with the various rights protections, grievance and appeals processes, and administrative fair hearings procedures.
5. Collect regional data on grievances, appeals, and second opinions and review the data for trends and report the findings to the PIHP Quality Improvement Committee.
6. Track and report patterns or trends with regard to customer service related inquiries for the organization.
7. Coordinate regional meetings of Customer Services staff.
8. Conduct annual site visits to review Customer Services functions at the member Boards.

#### Customer Services for Substance Use Disorder (SUD) Services

On October 1, 2014, the NMRE began direct coordination of substance use disorder services for consumers in the NMRE region. Coordination of SUD services had formerly been assigned to a “Coordinating Agency.” Customer Services standards for SUD services follow the same standards as other behavioral health services as noted in this Plan. The *NMRE Guide to Behavioral Health Services* is provided to all Medicaid beneficiaries (including those with the Healthy Michigan Plan and MICHild). Also available to SUD consumers and their families and all SUD provider sites and each of the member CMH Board offices, is the *NMRE Substance Use Disorder Services Guide*. Additionally, the unique rights of SUD Services recipients are covered in the *Know Your Rights* brochure from the Michigan Department of Licensing and Regulatory Affairs (LARA). The NMRE provides this brochure to SUD service providers who in turn distribute them to SUD service recipients. NMRE Customer Services for Behavioral Health and SUD services share the same toll-free number (800.834.3393), answered by a live voice between the hours of 8am and 5pm, Monday through Friday. The NMRE website (nmre.org) directs individuals to call this number for assistance with a mental health or substance use disorder need.

#### Evaluation

The Customer Services Plan will be reviewed annually. The program review will consist of an examination of the functions and services that fall under the heading of “Customer Services”, an analysis of the data collected on the utilization of customer services, and a breakdown of grievance and appeals data.

#### **REFERENCE**

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Wavier Program Attachment  
P 6.3.1.

REVISED: **February 25, 2015;**  
**February 24, 2016**

REVIEWED:

APPROVED: **March 26, 2014**

*Signed copy is on file with NMRE*

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Dave Schneider  
Northern Michigan Regional Entity Chief Executive Officer

\_\_\_\_\_  
Date

*Signed copy is on file with NMRE*

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Joe Stone  
Northern Michigan Regional Entity Board Chair

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Date

## PIHP CUSTOMER SERVICES STANDARDS

Revised: February, 2014

### *Preamble*

*It is the function of the customer services unit to be the front door of the pre-paid inpatient health plan (PIHP), and to convey an atmosphere that is welcoming, helpful, and informative. These standards apply to the PIHP and to any entity to which the PIHP has delegated the customer services function, including affiliate CMHSP(s), or its provider network.*

### Functions

- A. Welcome and orient individuals to services and benefits available, and the provider network.
- B. Provide information about how to access mental health, primary health, and other community services.
- C. Provide information about how to access the various rights processes.
- D. Help individuals with problems and inquiries regarding benefits.
- E. Assist people with and oversee local complaint and grievance processes.
- F. Track and report patterns of problem areas for the organization.

### Standards

- 1. There shall be a designated unit called "Customer Services."
- 2. There shall be at the PIHP a minimum of one FTE (full time equivalent) performing the customer services function whether within the customer services unit or elsewhere within the PIHP. If the function is delegated, affiliate CMHSPs, substance abuse coordinating agencies and network providers, as applicable, shall have additional FTEs (or fractions thereof) as appropriate to sufficiently meet the needs of the people in the service area.
- 3. There shall be a designated toll-free customer services telephone line with access to alternative telephonic communication methods [such as Telecommunications Relay Service (TRS) 711 number]. The customer services numbers shall be displayed in agency brochures and public information materials.
- 4. Telephone calls to the customer services unit shall be answered by a live voice during business hours. Telephone menus are not acceptable. A variety of alternatives may be employed to triage high volume calls as long as there is response to each call within one business day.
- 5. The hours of customer services unit operations and the process for accessing information from customer services outside those hours shall be publicized. **It is expected that the customer services unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays.**
- 6. The customer handbook shall contain the state-required topics (as listed in the MDHHS/PIHP Contract Attachment P.6.3.1).
- 7. The Medicaid coverage name and the state's description of each service shall be printed in the customer handbook.
- 8. The customer handbook shall contain a date of publication and revision(s).

9. Affiliate CMHSPs, substance abuse coordinating agency, or network provider names, addresses, phone numbers, TRS: 711, emails, and web addresses, as well as whether the provider speaks any non-English language(s) and if they are accepting new patients, shall be contained in the customer handbook.
10. Information about how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in the PIHP service area shall be provided in the handbook. (Actual phone numbers and addresses may be omitted and held at the customer services office due to frequent turnover of plans and providers.)
11. Customer services unit shall maintain current listings of all providers, both organizations and practitioners, with whom the PIHP has contracts, the services they provide, languages they speak, and any specialty for which they are known, and whether they are accepting new patients. This list must include independent PCP facilitators. Beneficiaries shall be given this list initially and be offered it annually unless the beneficiary has expressly informed the PIP that accessing the listing through an available website or customer services line is acceptable.
12. Customer services unit shall have access to information about the PIHP including CMHSP affiliate annual report(s), current organizational chart, CMHSP Board member list(s), meeting schedule(s), and minutes. Customer services will provide this information in a timely manner to an individual upon request.
13. Upon request, the customer services unit shall assist beneficiaries with the grievance and appeals and local dispute resolution processes and coordinate as appropriate with the Fair Hearing Officers and the local Office(s) of Recipient Rights.
14. Customer services staff shall be trained to welcome individuals to the public mental health system and to possess current working knowledge, or know where in the organization detailed information can be obtained in, at least the following:
  - a. \*The populations served (serious mental illness, serious emotional disturbance, intellectual/developmental disability, and substance use disorder) and eligibility criteria for various benefit plans (e.g., Medicaid, Healthy Michigan Plan, MICHild);
  - b. \*Service array (including substance use disorder treatment services), medical necessity requirements, and eligibility for and referral to specialty services;
  - c. Person-centered planning;
  - d. Self-determination;
  - e. Recovery and resiliency;
  - f. Peer Specialists;
  - g. \*Grievances and appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights;
  - h. Limited English Proficiency and cultural competency;
  - i. \*Information and referral about Medicaid-covered services within the PIHP as well as outside Medicaid Health Plans, Fee-for-Services practitioners, and the Department of Human Services;
  - j. The organization of the Public Mental Health System;
  - k. Balanced Budget Act relative to the customer services functions and beneficiary rights and protections;
  - l. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies);
  - m. Public Health Code (for substance use disorder treatment recipients if not delegated to the PIHP).

*\*Must have a working knowledge of these areas as required by the Balanced Budget Act.*