



## WHAT IS A GRIEVANCE?

A grievance is an expression of dissatisfaction. If you are not happy with the way your services are being provided or how you are being treated, we would like to know! Your voice is important to us. A few examples of possible grievance concerns may include, Access to Services or Staff, Customer Service Issues, or Wait Time.

You have the right to file a grievance at any time: there are no time limits. Remember, filing a grievance will not affect your eligibility to receive services. Nor should there ever be any discrimination or retaliation towards you in response to filing a grievance. If you need help filing your grievance, do not hesitate to ask. You may contact DWIHN directly at 1-888-490-9698 or ask your service provider.

## WHO CAN FILE A GRIEVANCE?

A grievance can be filed by anyone receiving services or a representative on your behalf. Grievances can be filed in writing over the phone or in person at any time.

## TIMEFRAMES

Your grievance will be acknowledged in writing within 5 calendar days of receipt. Your grievance will be resolved as soon as possible, but can take up to 90 calendar days to resolve. If your grievance is related to your health condition, it will be resolved as quickly as your health condition requires. Once your grievance has been resolved, you will be notified in writing.

For assistance in filing a grievance or to ask any questions about grievances, you may contact Customer Service at:

**Detroit Wayne Integrated Health Network**  
707 W. Milwaukee St.  
Detroit, Michigan 48202  
**1-888-490-9698**





## WHAT IS AN APPEAL?

An appeal is a request for a review of an adverse benefit determination. If there are services that you would like to receive that have been denied or are currently receiving services that have been reduced, suspended or terminated for any reason, **YOU HAVE THE RIGHT TO APPEAL**. You can request an appeal in writing, over the phone or in person.

## WHO CAN REQUEST AN APPEAL?

An appeal can be requested by the enrollee, the enrollee's legal guardian, parent of a minor child, authorized representative, provider or representative of the deceased's estate.

## TIMEFRAMES

You can request an appeal within 30 calendar days of the mailing date on the adverse benefit determination if your services are covered under general fund dollars. Your appeal will be acknowledged in writing within 5 calendar days from the date DWHN receives the request.

If you have Medicaid/Healthy Michigan or MI Health Link insurance, you can request an appeal within 60 calendar days from the date on either the adverse benefit determination letter or the notice of denial of medical coverage. Standard MI Health Link appeals are acknowledged in writing within 3 calendar days while standard Medicaid/Healthy Michigan appeal requests are acknowledged within 5 calendar days.

If you feel that the decision made will cause harm to you or greatly affect the way that you live, you can request an expedited or fast appeal. DWHN will acknowledge the expedited appeal request within 24 hours. We will review the request and either grant the expedited appeal or turn the request into a standard appeal. You will be notified either way. We resolve expedited appeal requests within 72 hours.

If an extension is needed, it will be granted allowing DWHN an additional 14 days to make a decision or allowing you additional time to present information that you feel would help your case. After your appeal has been researched and a decision made, you will receive notification of the decision both verbally and in writing. If you disagree with the outcome of your appeal, you can request in writing a State Fair Hearing for services covered through Medicaid or an Alternate Dispute Resolution review for individuals covered by General Fund dollars. If you are a MI Health Link member, we will automatically forward your information to an independent review organization at no cost to you AND you can request a State Fair Hearing.

Please note your provider can help you complete local appeal request forms.

For additional information,  
please contact Customer Service at:

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