



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.

If you are a Medicaid enrollee or an Uninsured/Underinsured individual, you have the right to file a grievance at any time. 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 DWHN directly at 1-888-490-9698 or ask your service provider.

WHO CAN FILE A GRIEVANCE?

A grievance can be filed by you, a parent of a minor child, a legal guardian or an authorized 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 business days of receipt for Medicaid and Underinsured/Uninsured members and 3 calendar days for MI Health Link members. For Medicaid members, your grievance will be resolved as soon as possible, but can take up to 90 calendar days to resolve. For Uninsured/Underinsured members, your grievance will be resolved no later than 60 calendar days from the receipt of your grievance. For MI Health Link members, your grievance will be resolved no later than 30 calendar days from when we receive your grievance. In some cases, you may request and may be granted an expedited grievance. 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

TTY: 711





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/delayed 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 you're underinsured/uninsured. Your appeal will be acknowledged in writing within 5 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. MI Health Link appeals are acknowledged in writing within 3 calendar days while Medicaid/Healthy Michigan appeal requests are acknowledged within 5 calendar days.

If you feel that the decision made will cause harm you or greatly affect the way that you live, you can request an expedited/fast appeal. 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/fast appeal requests within 72 hours.

After your appeal has been reviewed and a decision is made, you will be notified of the decision both verbally and in writing. If you disagree with the outcome of your appeal, there are second level appeal options either through Michigan Department of Health and Human Services or an Independent Review Entity, depending upon your insurance.

Please note DWHN or your provider can assist you in completing appeal forms.

For additional information,
please contact Customer Service at:

Detroit Wayne Integrated Health Network

707 W. Milwaukee St.

Detroit, Michigan 48202

1-888-490-9698