Notice of Grievance Resolution

**<SUD PROVIDER name and logo>**

**Important:** Read this notice carefully. If you need help, you can call one of the numbers listed on the next page under “Get help & more information.”

**Mailing Date:** <Mailing Date> **Member ID:** <SUD PROVIDER ID Number>

**Name:** <Member’s Name> **Beneficiary ID:** <Medicaid ID Number>

**This Notice is in response to a request that we received on <date received>**

**You Filed a Grievance**

We took your concerns seriously. Thank you for taking the time to bring this to our attention.

Your grievance concerned <subject of grievance> and involved <short summary of grievance>.

We have reviewed your grievance and an independent reviewer completed the review on <completion date>, which was <number of days> days from when your grievance was received.

Based upon our review we reached the following conclusion:

The action(s) which has/will be taken based upon your grievance:

**Medicaid Fair Hearing**

1. Medicaid enrollees have access to the State Fair Hearing process regarding Grievances when the provider fails to resolve the grievance and provide the notice of the Grievance Resolution within **90 calendar days** from the date of the initial grievance request. Customer Service would be happy to provide you a State Fair Hearing request form if the date of this letter is more than **90 calendar days** from the date of the initial grievance request or to assist you in any other way.

**Access to Documents**

You and/or your authorized representative are entitled to reasonable access to and a free copy of all relevant documents. You can make a document request by contacting Customer Services at the number below.

**Get help & more information**

**If you need additional help or do not understand any part of this Notice, please call**

**<SUD PROVIDER> Customer Service Department**

**<phone number>**

**For those with hearing impairment, please call Michigan Relay at 7-1-1 for assistance.**

**<hours of operation>**

**You can also visit our website at <website>**

Michigan Department of Health and Human Services (MDHHS) Beneficiary

Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or

1-800-975-7630 (if calling from an internet-based phone service).

**Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.**