

Supporting recovery, prevention,
health, and wellness of the body,
the mind, and the community.

Appeals & Grievances



This brochure contains your basic grievance and dispute resolution options. These options can be used throughout our provider network in any directly-operated or contracted provider. This list does not include appeals and grievances you can make through the individual provider's accreditation, regulatory, or licensing agency.



CUSTOMER SERVICES

420 W. Fifth Avenue
Flint, MI 48503
Phone: (810) 257-3705
Toll Free: (866) 211-5455
TTY: (810) 257-1346

Crisis Line: (877) 346-3648

www.genhs.org

You have the right to file a grievance, file a local appeal or file a Medicaid Fair Hearing



www.genhs.org

Genesee Health System
is a member of the
Region 10 PIHP



Appeals & Grievances

You are protected

If you are receiving supports and services from Genesee Health System, or one of our contract providers, and you are not happy with your services, you have the right to:

- File a **Grievance**
- File a **Local Appeal**
- File a **Medicaid Fair Hearing**

In some circumstances, you may also have an Office of Recipient Rights (ORR) complaint. ORR can be reached at (810) 257-3710. See the Your Rights booklet for more information on the process.

How to file a grievance

If you are not happy with the services you are receiving, you have the right to make a complaint. A complaint is called a Grievance. A GHS Customer Services staff member will help you with your grievance. They will try to resolve the problem as soon as possible. You may contact us at:

- (810) 257-3705
TTY: (810) 257-1346
Toll Free: (866) 211-5455
- Stop in and speak with a Customer Services Representative: 420 W. Fifth Ave., Flint, MI 48503
- Fill out the Grievance Form and mail, fax, or drop it off to GHS Customer Services

How to file a Local Appeal

You can file a **Local Appeal** if:

- There was a termination, reduction, suspension or denial of your service that was previously authorized
- GHS does not provide authorized services within 14 calendar days of the agreed upon start date
- GHS does not make an authorization or service decision and provide notice of the decision to you in 14 calendar days, or 72 hours days of an expedited request
- GHS does not give you an outcome of your Grievance within 90 calendar days
- GHS will not pay for all or some of your services

You may contact the
Region 10 PIHP Grievance and Appeal
office and simply ask for an appeal:

1-888-225-4447

Medicaid Fair Hearing:

After the local appeal has been completed, if the resolution is not in your favor, you will be given information and a form to complete to ask for a Medicaid Fair Hearing. You will have 120 calendar days to make your request. If you have any questions about the hearing process you may contact the Region 10 PIHP Grievance and Appeal Office by calling: 1-888-225-4447

Grievance Form

Please complete and give to a Customer Services Representative. **(Please print)**

NAME: _____

ADDRESS: _____

PHONE: _____

Please describe your concerns:

Which program is your concern with:

What do you think needs to happen for the concern to be fixed/resolved?

SIGNATURE: _____

DATE: _____

If you would like Customer Services to follow up with you about your grievance, please be sure to provide your name, address and phone number in the space above.