**Final Response to Grievance**

**Important:** This notice explains your rights to file a grievance. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

**Mailing Date:** <Mailing Date> **Member ID:** <Member’s Plan ID Number>

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

[*If the plan uses the Beneficiary (Medicaid) ID Number as its Plan ID Number, replace the two fields above with one field formatted as follows:* Member/Beneficiary ID: <Member’s Medicaid ID Number>.]

**Type of Service Subject to Notice:**  **Medicare**  **Medicaid**  **Medicare/Medicaid Overlap Service**

Dear <Member name>,

<Plan name> reviewed your grievance (also called a “complaint”), received on <date grievance received, orally or in writing>, about the following issues: [*Describe the member’s grievance.*]

**Grievance investigation**

We took the following steps to review your grievance: [*Explain the steps taken by the plan in accordance with the MDHHS and CMS approved grievance process.*]

**What we found**

Based on our review, we discovered the following about your grievance: [*Inform the member of the results of the investigation.*]

**Action that we took**

[*Describe any corrective action the plan intends to take.*]

**What happens next?**

If you are satisfied with this action, you do not need to do anything else.

If you are not satisfied with our action, you or your representative (if you have one) may file an external grievance.

**How to file an external grievance**

An external grievance is filed with and reviewed by an organization that is not connected to <plan name>.

### You can tell Medicare about your grievance. You can use the Medicare Complaint Form available online at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or, you can call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

### If you need help filing an external grievance, you can call the MI Health Link Ombudsman Program (MHLO) at 1-888-746-6456, Monday through Friday, 8 am to 5 pm. TTY users call 711.

If you file a grievance with Medicare, your grievance will be sent to the Medicare and Medicaid team overseeing <plan name>. They will review your grievance and follow up with you and your representative (if you have one).

**Other options for filing a grievance**

If your grievance involves disability access, language assistance, or quality of care, there are also other organizations that can help.

### You can file grievances about disability access or language assistance with the U.S. Department of Health and Human Services Office for Civil Rights or the Michigan Department of Civil Rights.

### You can file a grievance with the U.S. Department of Health and Human Services Office for Civil Rights if you think you have not been treated fairly. For example, you can file a grievance about disability access or language assistance. Call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697. You can also visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for more information.

### You can file a complaint with the Michigan Department of Civil Rights by phone at <phone number> or online at [www.michigan.gov/mdcr/0,4613,7-138--272072--,00.html](http://www.michigan.gov/mdcr/0,4613,7-138--272072--,00.html). TTY users should call <TTY number>. You can also email [MDCRServiceCenter@michigan.gov](mailto:MDCRServiceCenter@michigan.gov) or fax <fax number>.

### You can file grievances about quality of care to the Quality Improvement Organization (QIO).

When your complaint is about quality of care, you also have two choices:

* If you prefer, you can make your complaint about the quality of care directly to the Quality Improvement Organization (without making the complaint to us).
* Or you can make your complaint tous **and**to the Quality Improvement Organization. If you make a complaint to this organization, we will work with them to resolve your complaint.

The Quality Improvement Organization is a group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients. To learn more about the Quality Improvement Organization, see Chapter 2 of the Member Handbook.

### In Michigan, the Quality Improvement Organization is called Livanta. The phone number for Livanta is: 1-888-524-9900 (TTY: 1-888-985-8775).

### Hours of Operation for Livanta are weekdays: 9 am to 7 pm, and Weekends and Holidays: 11 am to 5 pm.

### You can tell the State of Michigan about your complaint

If you have a problem with <plan name>, you can contact the Michigan Department of Insurance and Financial Services (DIFS) at <phone number>, Monday through Friday, 8 am to 5 pm. The call is free. You can email [difs-HICAP@michigan.gov](mailto:difs-HICAP@michigan.gov) or fax <fax number>. You can also write to:

DIFS – Office of Consumer Services

P.O. Box 30220

Lansing, MI 48909-7720

For complaints about how your provider follows your wishes, call 517-373-9196, go online at [www.michigan.gov/lara/0,4601,7-154-89334\_72600\_73836---,00.html](https://www.michigan.gov/lara/0,4601,7-154-89334_72600_73836---,00.html), or write to:

Michigan Department of Licensing and Regulatory Affairs

Bureau of Professional Licensing

Enforcement Division

P.O. Box 30670

Lansing, MI 48909

E-mail: [BPL-Complaints@Michigan.gov](mailto:BPL-Complaints@Michigan.gov)

Send overnight deliveries to:

Department of Licensing and Regulatory Affairs  
Mail Services  
2407 N. Grand River Avenue  
Lansing, MI 48906

You can also call 517-241-0205 or fax 517-241-2389.

**If you want someone to represent you**

You can have someone else file your grievance or represent you during the grievance resolution process. You can choose anyone to represent you, like a family member, friend, doctor, attorney, or an MI Health Link Ombudsman staff member (see below).

If you already named someone to represent you when you requested the grievance with <plan name>, or if you have someone who is otherwise able to act for you because he or she is a legal guardian, power of attorney, or otherwise authorized to make health care decisions on your behalf, you do not have to do anything else.

If you have not already named someone to represent you and want to choose someone now, both you and the person you want to act for you must sign and date a statement confirming this is what you want. You can write a letter or use the Appointment of Representative form available at [www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207). Send your letter or form to us by fax or mail, or give it to your Care Coordinator. If you have any questions about naming your representative, such as what to say in your letter, call us at: <phone number>. TTY users call <TTY number>. Our hours of operation are <hours of operation>.

The state created the **MI Health Link Ombudsman Program (MHLO)** to help you with grievances and other issues with the MI Health Link program. MHLO is independent, and the services are available to you for free. They can help answer your questions about the grievance process, give you advice, and may even represent you. Call MHLO at 1-888-746-6456, Monday through Friday, 8 am to 5 pm. TTY users call 711.

[*Plans must send a copy of this notice to relevant parties (e.g. representative, designated caregiver, etc.) and include the following text:*]

A copy of this notice has been sent to: <name>

<address>

<phone number>

**Get help & more information**

* **<Health plan name>**: If you need help or additional information about our decision and the appeal process, call Member Services at: <toll-free phone number> (TTY: <toll-free TTY number>), <days and hours of operation>. You can also visit our website at <MMP web address>.
* **MI Health Link Ombudsman**: You can also contact the MI Health Link Ombudsman for help or more information. The staff can talk with you about how to make an appeal and what to expect during the appeal process. The MI Health Link Ombudsman is an independent program and the services are free. Call 1-888-746-6456 (TTY: 711). The MI Health Link Ombudsman is available Monday through Friday, 8 am to 5 pm.
* **Medicare**: 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048), 24 hours a day, 7 days a week
* **Medicare Rights Center**: 1-800-333-4114, Monday through Friday
* **Eldercare Locator**: 1-800-677-1116 (Monday through Friday, 9 am to 8 pm) or [www.eldercare.acl.gov](http://www.eldercare.acl.gov/) to find help in your community
* **Michigan Medicare/Medicaid Assistance Program (MMAP)**: 1-800-803-7174
* **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). You can also email [beneficiarysupport@michigan.gov](mailto:beneficiarysupport@michigan.gov).
* [*If applicable, insert other state or local aging/disability resources contact information.*]

[*Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]

[*PIHPs in Region 1 insert:* NorthCare Network is a behavioral health plan that subcontracts with the Upper Peninsula Health Plan, which is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

[*PIHPs in Region 4 insert:* Southwest Michigan Behavioral Health is a behavioral health plan that subcontracts with Aetna Better Health of Michigan and Meridian Health Plan of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

[*PIHPs in Region 7 and 9 insert:* <PIHP’s legal or marketing name> is a behavioral health plan that subcontracts with Aetna Better Health of Michigan, AmeriHealth Michigan, Michigan Complete Health, HAP Midwest Health Plan, and Molina Healthcare of Michigan, which are health plans that contract with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.]

ATTENTION: If you speak [*insert language of the disclaimer*], language assistance services, free of charge, are available to you. Call [*insert Member Services toll-free phone and TTY numbers, and days and hours of operation*]. The call is free. [*This disclaimer must be included in all non-English languages that meet the Medicare and/or state thresholds for translation*.]

[*Plans may increase the font size and/or use bold font to emphasize the following information.*] You can also get this information for free in other formats, such as large print, braille, or audio. Call [*insert Member Services toll-free phone and TTY numbers, days and hours of operation*]. The call is free.

[*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*www.hhs.gov/civil-rights/for-individuals/section-1557*](http://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]