

Kentucky Medicaid MCO Member Grievance Form

Check the box of the plan in which the member is enrolled	MCO	Phone	Fax
	<input type="checkbox"/> Anthem BCBS Medicaid	1-855-661-3027 Ext. 26748	1-855-443-7820
	<input type="checkbox"/> Coventry Cares/Aetna Better Health	1-855-300-5528	1-855-454-5585
	<input type="checkbox"/> Humana – CareSource	1-877-892-7487	1-855-262-9794
	<input type="checkbox"/> Passport Health Plan	1-800-578-0603	502-585-8340
	<input type="checkbox"/> WellCare of Kentucky	1-877-389-9457	1-866-388-1769

Please complete all appropriate fields
 If you need assistance with this form, call your MCO at the number listed above
 All Grievances must be filed within 30 days from the date of MCO action

Date _____

Person filing grievance _____ Email _____ Phone _____

I am a Medicaid member I am filing a grievance on behalf of a Medicaid member

If filing on behalf of member, state relationship to member _____

Who is the Grievance/Complaint about?

Member's name _____

Member's SSN _____ Member's Date of Birth _____

Member's address _____ County _____

What is the Grievance/Complaint about?

- I am having trouble finding a healthcare provider
- I have a complaint about my doctor/healthcare provider
- I have a complaint about my facility and/or its staff (Nursing, Assisted Living, Adult Family Care Home, Hospice)
- I am receiving bills from healthcare providers
- I want to change my plan and need help
- I am a new member and have not received any plan information
- I am having trouble obtaining the following prescriptions: _____
- I am having trouble obtaining the following service: (Check all that apply)

<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Home Health
<input type="checkbox"/> Medical Equipment/Supplies	<input type="checkbox"/> Transportation	<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Occupational/Physical/Speech Therapy		<input type="checkbox"/> Other _____

Please give as much detail as possible about this complaint/grievance:

By signing this document, I authorize the person submitting this form to do so on my behalf

Signature of Member _____ Date _____

Signature of person filing grievance _____ Date _____