Kentucky Medicaid MCO
Member Grievance Form

Check the box of the plan in which the member is enrolled	MCO	Phone	Fax
	☐ Anthem BCBS Medicaid	1-855-661-3027 Ext. 26748	1-855-443-7820
	☐ Coventry Cares/Aetna Better Health	1-855-300-5528	1-855-454-5585
	☐ Humana – CareSource	1-877-892-7487	1-855-262-9194
	☐ Passport Health Plan	1-800-578-0603	502-585-8340
	☐ 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)

☐ Behavioral Health	☐ Dental	☐ Home Health
☐ Medical Equipment/Supplies	☐ Transportation	☐ Substance Abuse Treatment
☐ Occupational/Physical/Speech Therapy	☐ Other_____	

*Please give as much detail as possible about this co*mplaint/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 _____

This form complies with the Grievance process as outlined in KAR 17:010