

## Kentucky Medicaid MCO Provider Grievance Form

Check the box of the plan you are filing the grievance with	MCO	Phone	Fax
	<input type="checkbox"/> Anthem BCBS Medicaid	1-855-661-2028	502-212-7336
	<input type="checkbox"/> CoventryCares/Aetna Better Health	1-855-300-5528	1-855-454-5585
	<input type="checkbox"/> Humana – CareSource	1-855-852-7005	1-855-262-9794
	<input type="checkbox"/> Passport Health Plan	1-800-578-0775	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 \_\_\_\_\_

Provider Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

NPI# \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of person filing Grievance \_\_\_\_\_

**What is the Grievance/Complaint about?**

I am having trouble with the following: (Check all that apply)

<input type="checkbox"/> Billing Policy	<input type="checkbox"/> Credentialing	<input type="checkbox"/> Provider Representative
<input type="checkbox"/> Claims Dispute	<input type="checkbox"/> Denial of Service	<input type="checkbox"/> Service
<input type="checkbox"/> Communications	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Slow Payment
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Excessive Wait Times	<input type="checkbox"/> Other

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

Signature of person filing grievance \_\_\_\_\_ Date \_\_\_\_\_