

Kentucky Medicaid MCO Provider Grievance Form

Check the box of the plan you are filing the grievance	MCO	Phone	Fax
	<input type="checkbox"/> Anthem Blue Cross Blue Shield	1-855-661-2028	1-855-384-4872
	<input type="checkbox"/> Aetna Better Health of Kentucky	1-855-300-5528	1-855-454-5585
	<input type="checkbox"/> Humana Healthy Horizons in Kentucky	1-800-444-9137	1-800-949-2961
	<input type="checkbox"/> Passport Health Plan by Molina Healthcare	1-800-578-0775	1-866-315-2572
	<input type="checkbox"/> WellCare of Kentucky	1-877-389-9457	1-866-388-1769
	<input type="checkbox"/> United Healthcare Community Plan	1-866-633-4449	1-801-994-1082

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 60 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 _____