Kentucky Medicaid MCO
Provider Grievance Form

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

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)

☐ Billing Policy	☐ Credentialing	☐ Provider Representative
☐ Claims Dispute	☐ Denial of Service	☐ Service
☐ Communications	☐ Eligibility	☐ Slow Payment
☐ Coordination of Benefits	☐ Excessive Wait Times	☐ Other

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

Signature of person filing grievance _____ _____ Date _____

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