

Anthem Blue Cross and Blue Shield Medicaid Provider Grievance Form

If you need assistance with this form, please contact the Provider Experience department at **800-205-5870** or Provider Services at **855-661-2028**. Once this form is completed, please return it within 60 days from the date of the occurrence by fax to **855-384-4872**.

Please complete all appropriate fields.			
Date:			
Provider name:			
Address:			
City:			
County:			
TIN #:			
NPI #:			
Email:			
Phone:			
Name of person filing grievance:			
What is the grievance about? (Select the grievance type and grievance subcategory.)			
Provider grievance types:		Provider grievance subcategories:	
Process/policies		Authorization	
		Administrative	
		Billing policy	
Claims processing (not claim appeal)		Code edit related	
		Invalid diagnosis code	
		NCCI edit	
		Overpayment	
		Payment recovery	
		Timely filing claim	
		Underpayment/EAPG	
Communications		Other	
		Provider portal	
		Incorrect information provided by health plan	
		Printed materials	
		Vendor/vendor staff	
	Health plan staff		



<https://providers.anthem.com/ky>

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Fraud/waste/abuse		Provider	
		Member	
		Vendor	
Contracting/credentialing		Credentialing	
		Contract	
		Demographic	
Member		Eligibility	
		COB related	
		Unruly member	
Other		N/A	
Please provide as much detail as possible about this grievance:			

Signature of person filing the grievance:	
Date:	

In accordance with 42 CFR 438.400, a *grievance* means an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include but are not limited to the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO, prepaid inpatient health plan, or prepaid ambulatory health plan to make an authorization decision.