



UnitedHealthcare Community Plan of Kentucky

Grievances

What is a grievance?

A grievance is a complaint of dissatisfaction about your UnitedHealthcare Community Plan of Kentucky, your provider, care, or your health services about any matter other than an adverse benefit determination. Some examples of a complaint might include:

- You are unhappy or concerned with the quality of your care
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You cannot get culturally competent care
- You received a bill for a service that should be covered by UnitedHealthcare Community Plan
- Rights and dignity
- Any other issues about access to care

What should I do if I have a grievance?

You, or someone acting on your behalf, can file a grievance, also known as a complaint, by phone or in writing at any time. If someone is filing on your behalf, we need your written permission.



To file by phone, call Member Services at **1-866-293-1796**, TTY **711**, 7 a.m.–7p.m. EST, Monday–Friday. Interpreter services are available.



To file in writing, you can write us with your complaint to:
UnitedHealthcare Community Plan of Kentucky
Appeals and Grievances
P.O. Box 31364
Salt Lake City, UT 84131-0364

If you have disabilities and/or need assistance with filing, you can call Member Services.

What happens next?

We will let you know in writing that we got your complaint within 5 business days of receiving it. We will review your complaint and tell you how we resolved it in writing within 30 days from receiving your complaint. If you are not happy with how we resolved your issue, you can file a complaint with the Medicaid Managed Care Ombudsman Program. The Ombudsman Program can look into your concerns and help you with your issue. You can call the Medicaid Managed Care Ombudsman Program at **1-800-372-2973**.

**United
Healthcare
Community Plan**