

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department for Medicaid Services

## ACCESS TO CARE FORM

The reason for this form is to help Kentucky Medicaid Members report problems when they are not able to get an appointment to see an in-network provider. The Kentucky Department for Medicaid Services (DMS) wants to make sure members receive timely health care (1-2 days for an urgent appointment or within 30 days for a non-urgent or routine appointment).

Completing this form will help DMS see if there is a problem with the provider network. You may be contacted by DMS or your Managed Care Organization (MCO) to help you to get an appointment.

**It is important to complete the information below as much as possible.**

If it is an emergency, please call 911 for medical services or 988 for mental health services or go to the nearest emergency room.

Section 1: Member Information	
Member Name	
Member Medicaid ID	
Member Address	Street Address (include Apt/Suite):  City, State, Zip Code:
Member Phone Number	
Member Email (if applicable)	
Member Managed Care Organization (MCO) or Fee for Service (FFS)	<input type="checkbox"/> Aetna BH-KY <input type="checkbox"/> Anthem BCBS <input type="checkbox"/> Humana <input type="checkbox"/> Passport by Molina <input type="checkbox"/> WellCare of KY <input type="checkbox"/> United HC <input type="checkbox"/> Fee-for-Service (Traditional Medicaid)
Was the MCO contacted first? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 2: Referral & Appointment Information	
Provider Name (if available)	
Type of provider you need to see (Physician, Dentist, Cardiologist, Physical Therapy, etc.)	
Provider Address (if known)	Street Address (include Apt/Suite):  City, State, Zip Code:
Date you first requested an appointment	Click or tap to enter a date.

<b>Was this appointment urgent?</b>	<div>Yes</div> <div>No</div>
<b>Appointment Date(s) Offered (if any)</b>	1. Click or tap to enter a date.
	2. Click or tap to enter a date.
	3. Click or tap to enter a date.
<b>Appointment date you accepted (if one was provided)</b>	
<b>If you were not offered an appointment, what reason(s) were you given? Select all that apply</b>	<div>a. Provider does not participate with the MCO</div> <div>b. Provider does not participate with any Medicaid plan</div> <div>c. Provider is not taking new patients</div> <div>d. Provider did not have appointments available within the timeframe you needed to be seen</div> <div>e. Provider does not offer the service you need</div> <div>f. Other</div>
<b>Is there anything else we should know?</b>	