



Member Complaint Form

Complete and mail or fax to:
Buckeye Health Plan – MyCare Ohio
Attention: Appeals 7700 Forsyth Blvd. | St. Louis, MO | 63105
Fax: 1-844-273-2641

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) will have a resolution to your complaint no later than 30 days of the date you submit your complaint. If we need more information and the delay is in your best interest or if you ask for more time, we can take up to 14 more calendar days (44 calendar days total) to answer your complaint. However, if we take this extension, we will notify you or your representative. We can usually help you right away or at the most within a few days. If you are making a complaint because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” complaint. If you have a “fast” complaint, it means we will give you an answer within 24 hours. If you need any help, call Member Services at 1-866-549-8289 / TTY/TDD 711, Monday through Friday, 8:00 a.m. to 8:00 p.m. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Member’s Name (First and Last): _____

Medicare ID Number: _____ Member Date of Birth: _____

Relationship to Member* (please choose one): Self Parent Legal Guardian Spouse

Other _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Provider: _____

Complaint Type (please choose one):

- Abuse, Neglect, Extortion Access
- Service Request, Claim Payment Issue/Appeals
- Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- Customer Service

Enrollment & Disenrollment

Fraud and Abuse

Marketing

Privacy Issues

Quality of Care

Is this complaint about your medications? (please choose one): Yes No

If you answered **YES** above, do you have enough supply for the next 7 days? (please choose one):

Yes No

What is your complaint? _____

How can Buckeye Health Plan – MyCare Ohio resolve your issue? _____

What is the best way to reach you regarding this complaint? (please choose one): Phone Email

Other: _____

Please provide further contact information (i.e. phone number, email address, etc.): _____

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

Buckeye complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-549-8289（TTY：711）。

For Administrative Use Only

Complaint Number: _____ Date Received: _____