



## **Member Complaint Form**

Complete and mail or fax to:

Centene Corporation | Attention: Appeals & Grievances/Medicare Operations  
7700 Forsyth Blvd | Saint Louis, MO | 63105 | Fax: 1-844-273-2671

MHS Health Wisconsin Advantage (HMO SNP) 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, please call us at 1-877-935-8024, or TTY/TDD users 711. Hours are from October 1 to February 14 seven days a week from 8 a.m. to 8 p.m. and from February 15 to September 30, Member Services is available Monday through Friday from 8 a.m. to 8 p.m. You can also submit a complaint MHS Health Wisconsin Advantage directly to Medicare by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. Or you can visit <https://www.medicare.gov/MedicareComplaintForm/home.aspx>.

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):

- ☐ Access
- ☐ Service Request, Claims Payment Issue! Appeals
- ☐ Benefits
- ☐ Prescription Drug Request or Issue/Coverage Determination & Redetermination Process
- ☐ Customer Service
- ☐ Enrollment & Disenrollment

☐ Fraud & 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?

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How can MHS Health Wisconsin Advantage resolve your issue?

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

☐ Phone ☐ Email

☐ Other

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

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MHS Health Wisconsin Advantage is an HMO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in MHS Health Wisconsin Advantage depends on contract renewal. This information is available for free in other languages. Please call our Member Services number at 1-877-935-8024 from October 1 to February 14 Member Services is available seven days a week from 8 a.m. to 8 p.m. and from February 15 to September 30, Member Services is available Monday through Friday from 8 a.m. to 8 p.m. TTY 711.

***For Administrative Use Only***

*Complaint Number:* \_\_\_\_\_ *Date Received:* \_\_\_\_\_