

## Medicaid Complaint Form

Provided by the Indiana Home Care Task Force

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Medicaid Case Number (if you have one): \_\_\_\_\_

I am writing to file a complaint based on the failure of Medicaid Program administrators/staff in Indiana to properly process my case and promptly issue benefits to which I believe I am entitled. Below you will find more information regarding my complaint.

Please investigate my case and ensure that Indiana handles my case in accordance with Medicaid law and policy. I appreciate your assistance in getting my benefits as soon as possible. Please keep me informed of the progress of your investigation and let me know if there is any further information I can provide.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Attach additional pages if necessary.

1. Date(s) and where problem occurred (office, internet, call center, etc.):
2. Describe the problem/complaint. Be as specific as possible. (You may want to attach copies of any notices, letters or emails you sent and/or received.)
3. Describe any efforts you have made to resolve the problem and any response.
4. What result do you want?

**Mail or fax, or E-Mail your complaint to both persons below.**

If you would prefer the Indiana Home Care Task Force to send the complaint for you, Call, E-mail, or fax us. Our contact information is at the bottom of this page.

Catherine Leonis  
Centers for Medicare and Medicaid Services  
233 N. Michigan Ave., Suite 600  
Chicago, IL, 60601  
(312) 886-5211  
(312) 777-0300 (fax)  
Catherine.leonis@cms.hhs.gov

**Mailing this form does not protect your legal rights.**

To appeal a denial of benefits, follow the instructions in your denial notice. Do not wait to see if your complaint letter helps.

If you need legal help, search <http://www.indianajustice.org/Home/PublicWeb/LegalSvcs> on the web or call Indiana Legal Services at 317-631-9410 or 800-869-0112.

**The Indiana Home Care Task Force has serious concerns regarding Indiana's new system for providing Hoosiers with benefits. If you would, please also answer the following questions. Your answers can help us win a system that truly works for Indiana families.**

A. Food Stamps:            In the past year:

Did you apply for Food Stamps? ____	How many times? ____
How many people were you requesting help for? ____	Were you denied? ____
Were you told of your appeal rights? ____	Did you appeal? ____
Were you told to re-apply? ____	

B. Medicaid :            In the past year:

Did you apply for Medicaid? ____	How many times? ____
How many people were you requesting help for? ____	Were you denied? ____
Were you told of your appeal rights? ____	Did you appeal? ____
Were you told to re-apply? ____	

Ask the Task Force works for change, check the ways you are willing to help:

- Yes, you can share my story with the media.
- Yes, you can share my story with legislators.
- Yes, you can share my story with other government officials.
- Yes, I will help the Task Force gather stories from other families.