## General Medicaid Issues Tips for Submitting Online Complaints

This tip sheet is for community partners or other stakeholders to report general Medicaid program concerns.

- If you are reporting an issue that effects a specific Medicaid recipient or group of recipients, please see the <u>Recipient Complaint Tip Sheet</u>.
- If you are reporting an issue that effects a specific Medicaid provider or group of providers, please see the <u>Provider Complaint Tip Sheet</u>.

**Before you Begin** – Please have any documents you wish to submit with your complaint readily available.

## This issue is regarding...

If your issue is about any component of Statewide Medicaid Managed Care (SMMC), please select Health/Dental Plan from the drop down list, then choose one of the following programs:

- Long Term Care (LTC)
- Managed Medical Assistance (MMA)
- Statewide Dental

This issue is regarding... \* 😧

If your issue is related to a specific LTC, MMA, or Dental plan, you have the option to choose the plan name from a drop down list, but it is not required.

If your issue <u>is not</u> related to SMMC, please select Medicaid Fee-For-Service from the drop down list.

After providing your basic contact information and making your program selection, you are asked a few questions to help explain the issue. Choose the best option from the initial list and answer the questions as presented.

## Which of the following statements best describes the situation?

Which of the following statements best describes the situation?

- Need assistance with the provider enrollment/credentialing process
- It takes too long for Medicaid recipients to get an appointment with a provider
- Medicaid doesn't have enough participating providers
- I want to report potential Medicaid fraud
- I am disputing or trying to confirm the accuracy of information provided by Medicaid or the plan
- None of these options describes my issue

Select this choice only if none of the other options describe your complaint. If you select this choice, please use the text field to clearly explain your issue.

After making your initial selection, continue answering all the questions. When you reach the end of the questionnaire, you are asked if you have any additional information to share. Please write a brief summary of the issue in this text field along with any other details you wish to share.

Attaching supporting documents - You can attach any documents that you wish to include with your complaint by clicking on the Attach Document button. Each document must be 10 MB or less.

**Reporting multiple issues** – Once you have finished answering the questions and attaching any documents, you are asked if you have any other issues you would like to report. If you have a different issue to report, answer 'Yes'. This allows you to enter the details about the new issue without having to re-enter your contact information.

**Submitting your issue** – Once you have finished entering your issue, you are provided the option to review and make any corrections prior to submitting. If the information appears correct, you must select 'Finish' to submit your issue. Once you submit, you will receive a complaint tracking ID. It is important to retain this number so you may check the status of your complaint.

**Checking the status of your complaint -** You can check the status of your complaint by visiting the Medicaid Complaints webpage, and clicking on the 'Find your Complaint Status' link at: <u>http://ahca.myflorida.com/Medicaid/complaints</u> Complaint statuses are updated once daily. All information is as of close of business, the prior day.

## Tips to expedite the processing of your complaint -

- Be sure to provide your name, phone number or email so we can reach you if we have questions about your submission. If there is a better time reach you during the day, please include that information in your summary.
- If your issue is related to a specific recipient, please use the recipient tip sheet instructions to report the issue. This helps us identify any access to care issues that may need immediate attention.
- If you select 'None of these describes my issue', please provide as much detail as possible. Examples are also helpful.