Provider Tip Sheet – Submitting Online Complaints

Before you Begin — Please have the following information readily available:

• Your Medicaid provider ID (9-digit) or NPI
• An example of your problem, including the following information, if applicable:
  o Related recipient (10-digit) Medicaid ID, or 8-digit Medicaid gold card number
  o Health plan member ID number
  o ICN or plan claim number
  o Copy of plan EOB/remit
• Any documents you wish to submit with your complaint

After providing your basic contact information, you are prompted to answer a series of questions to collect information about your issue.

This issue is regarding...

If your issue involves a Health/Dental Plan, select that from the drop down list. You will then be prompted to select the plan name. If your issue is not related to a Health/Dental Plan, select Medicaid Fee-For-Service from the drop down list.

Which of the following statements best describes the situation?

If your issue is related to any aspect of claims payment, please select the claims reimbursement option. This includes situations where claims were denied, rejected, paid incorrectly, or where payments were recouped, for any reason. Selecting any other option will delay the processing of your complaint.
Proceed with answering all questions as prompted. When you reach the end of the questionnaire, you are asked if you have any additional information to share. Please provide a brief summary of the issue in this text field along with any other information you wish to share. It is also helpful if you can list a couple of recipient Medicaid numbers related to the issue reported.

**Attaching supporting documents**  
(Size: 10MB or less)

- Please attached any notices or documents related to your issue.
- For claims payment issues it is helpful to submit a few samples of related EOBs; but you do not need to attach every EOB related to the reported problem.
- Please **DO NOT** submit aging reports. Submitting an aging report can cause delays with processing your complaint.
- If you choose to attach any recipient detail, it must be related to the plan selected in the complaint. Submitting recipient detail for another plan’s enrollees or for non-Medicaid members is noncompliant with HIPAA requirements.

**Reporting multiple issues** –

Once you have finished answering the questions and uploaded your supporting documents, you are asked if you have any other issues you would like to report. This could be:

- the same issue you just reported, but for a different plan
- an entirely new issue for the same plan
- an entirely new issue for a different plan

Answering ‘Yes’ will allow you to report an additional issue without having to re-enter the basic or contact information.

**Submitting your issue(s)** – Once you have finished entering your issue(s), 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(s). 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(s).

**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: [http://ahca.myflorida.com/Medicaid/complaints](http://ahca.myflorida.com/Medicaid/complaints) Complaint statuses are refreshed once daily. All information is as of close of business, the prior day.
Avoiding Processing Delays — Following is a list of submission practices that can delay the processing of your complaint.

- Failure to provide a contact name, phone number or email so we can reach you if we have questions about your submission.
- Selecting Fee-For-Service when the report problem involves a Health or Dental plan.
- Selecting ‘I am disputing or trying to confirm the accuracy of information provided by Medicaid or the plan’ when your issue is related to obtaining payment from a Health or Dental plan.
- Submitting as a Medicaid provider when you are a billing agent, or submitting as an unregistered billing agent. *If you are not a registered billing agent, the Agency is not permitted to communicate with you.*