

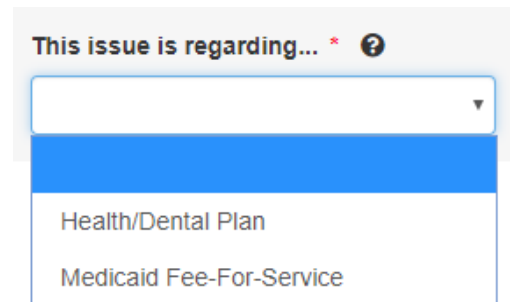
Recipient Tip Sheet – Submitting Online Complaints

Before you Begin — Please have your 10-digit Medicaid ID or 8-digit Medicaid Gold Card number with you. If you are submitting this issue for someone else, please have their Medicaid ID or Gold Card number available. You should also gather together any information that helps explain the problem. This might include:

- The name and phone number of your doctor, dentist or pharmacy
- Copies of any medical bills or prescriptions
- Copies of any notices from your Medicaid Health or Dental plan
- Any other documents you wish to attach to your complaint

This issue is regarding...

If your issue involves a **Medicaid health or dental Plan**, select Health/Dental Plan from the drop-down list. You can then choose the plan name. If your problem is for any other issue, including a **Medicare Dual Special Needs Plan (D-SNP)**, select Medicaid Fee- For-Service from the drop-down list.



The screenshot shows a web form with the title "This issue is regarding..." followed by a red asterisk and a help icon. Below the title is a dropdown menu. The dropdown menu is currently open, showing two options: "Health/Dental Plan" and "Medicaid Fee-For-Service". The "Health/Dental Plan" option is highlighted with a blue background.

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

Which of the following statements best describes the situation?

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- I have an unpaid bill that Medicaid should have paid
- I need help with getting information about Medicaid or my Medicaid Plan
- I need help with having my personal information updated/corrected on Medicaid or plan record
- I need help with enrolling/disenrolling or changing plans; or with selecting/changing my primary care provider or dentist
- I have a complaint about a Nursing Facility, Assisted Living Facility, or a Home Health Agency
- I want to report potential fraud or a HIPAA violation
- I need help getting medical or dental care

Choose this option if you are having problems getting medical or dental care, or transportation to appointments, for any reason. This includes needing help with getting medicine or medical equipment and supplies and problems with missed or denied services; or if the services you received were of poor quality.

After making your initial select, 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 notices, bills or other 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 – When you have finished entering your issue, you are given a chance to review it and make any changes before you submit. If the information looks correct, you must click ‘Finish’ to submit your issue. Immediately after submitting your issue, you will receive a complaint tracking ID. It is important to keep this number so you can 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: <http://ahca.myflorida.com/Medicaid/complaints> Complaint statuses are updated once daily. All information is as of close of business, the prior day.

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 you need help getting a prescription filled, please remember to include the name of the medication and the name of the pharmacy you normally use, if you have one.
- If your issue involves a specific doctor, dentist, facility or other type of medical provider, please include as much information as you can about that provider.
- If you want to give us permission to discuss your complaint with someone else, such as a family member or friend, please complete the [Authorization for the Use and Disclosure of Protected Health Information](#) form and attach the completed form to your complaint, before you submit it.