

Where to Direct Issues & Complaints About the: Statewide Medicaid Managed Care Program?



**Medical Care Advisory Committee
April 22, 2014**



Introduction

- As the Agency is moving to full implementation of the Statewide Medicaid Managed Care (SMMC) program, and as part of the Agency's reorganization, new centralized functional units are being created to increase efficient and enhance expertise of staff:
 - **Statewide Medicaid Managed Care Complaint/Issues Resolution Center (Complaint Hub)**

Complaint Hub



- The Agency created a Complaint Hub in Medicaid Area Office 8 to manage:
 - intake
 - resolution
 - tracking of all complaints related to the Statewide Medicaid Managed Care program.

Typical Complaint Sources

- Medicaid recipients
- Healthcare providers
- Family member or authorized representative
- State agency (for example: DOEA, AHCA, DCF)
- Advocacy groups
- Legislative members or staff

Examples of Complaints

Complaint about Medicaid Managed Care <u>services</u>	Request for additional services
	Quality of service issue
	Reduction/ denial of services
	Desired provider not in the network
	Coverage/ limitations
	Continuum of care

Examples of Complaints

Service
providers

Provider payment: provider experienced delays or difficulties in obtaining payment for services to plan members.

Provider issues with enrolling as a plan member/service provider.

Problems obtaining service authorization.

Examples of Complaints

Complaint about <u>system issues</u>	County code error: county in the eligibility system does not match recipient's address
	Eligibility errors

Protocol

How to refer a complaint to the complaint hub?

- Complete the online complaint form available on the Statewide Medicaid Management Care website at: http://apps.ahca.myflorida.com/smmc_cirts/

Florida Medicaid

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Statewide Medicaid Managed Care Program

In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program.

Choose a **tab above** to view guidance statements and specific information regarding the Long-term Care and Managed Medical Assistance programs.

Choose an **arrow below** to view general information about the program.

- Program Overview and Summary
- Achieved Savings Rebate Rule

Program Updates

Report a Complaint

Submit Comments & Questions

Frequently Asked Questions

- Go to the Statewide Medicaid Managed Care Program website at: http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml

- Then select the box titled Report a Complaint.

Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.

* Required fields

For each complaint/issue, please provide:

Example of a Completed Form

Your name

Your email

Your phone number

I am a *

Who is the complaint/issue about?

Name (If different from above)

Gold Card, SSN, or Medicaid ID or NPI

County *

What type of Managed Care Plan is this complaint/issue about? *

What is the name of the Managed Care Plan?

Which choice best describes the (complaint/issue)? *

(please describe)

Do you want to be contacted about this complaint/issue? *

Submit

Reset

Filling out the Complaint Form

- Your name, email, and phone number are requested in case more information is needed to resolve your issue.
- If you wish to remain anonymous, you may omit this information.
 - If you choose to send an issue anonymously, please provide as much detail as possible.
 - Without enough detail, we may not be able to resolve your issue; however, your input is important and will be used to improve the program.
 - You can submit the complaint form on behalf of yourself or on behalf of another.

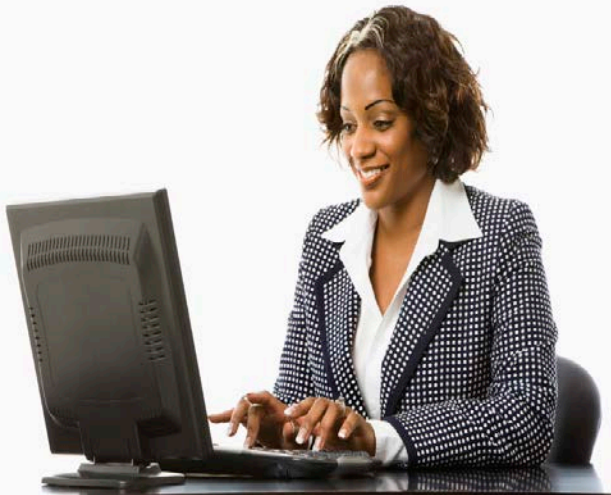
Filling out the Complaint Form

- Under Florida law, e-mail addresses are public records.
- If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the local Area Office by phone (click on link below) or in writing.
 - If you need assistance completing this form or wish to verbally report your issue, please contact your local Area Office.

Filling out the Complaint Form

Complete the following information:

- Your name
- Your email address
- Your phone number
- For the box titled “*I am a*”, choose the drop box and select from the following options:
 - *Medicaid Recipient*
 - *Healthcare Provider*
 - *Family Member or Authorized Representative*
 - *State Agency (e.g. DOEA, DCF, AHCA)*
 - *Other*
- In the section titled “*Who is the complaint/issue about?*” type the name of the provider or recipient who the complaint/issue is about.



Filling out the Complaint Form

- For the last question, “*Do you want to be contacted about this complaint/issue?*” choose the drop box and select from the following options:
 - *Yes, I want my local AHCA Area Office to contact me and help to resolve this issue*
 - *No, I work for another State agency or community partner and I am reporting this issue to AHCA for monitoring purposes only*
 - *No, I don’t want to be contacted about this issue. I am submitting this issue for informational purposes only.*

Resources

- Questions can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: www.ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the “News and Events” tab.
 - You may sign up for our mailing list by clicking the red “Program Updates” box on the right hand side of the page.



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