

MEDICAID FAIR HEARING

If you have had services Denied, Reduced, Terminated or Suspended or have been denied a plan change, you have a right to a Medicaid Fair Hearing.

After you have completed the appeal process, you can request a Medicaid Fair Hearing by one of the following methods:

PHONE

1-877-254-1055

Helpline staff will complete the request while you are on the line.

MAIL

Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 7237
Tallahassee, Florida 32314-7237

EMAIL

MedicaidHearingUnit@ahca.myflorida.com

FAX

239-338-2642

The Medicaid Hearing Unit will provide the intake and gather all necessary documentation. This unit will then forward your request to the Office of Fair Hearings who will contact you with your case number(s) and information regarding your hearing request.

CONTACT US



1-877-254-1055



ahca.myflorida.com



Feedback for Florida Medicaid?

How To Submit Your Comments And Concerns



AGENCY FOR HEALTH CARE ADMINISTRATION
BUREAU OF RECIPIENT &
PROVIDER ASSISTANCE

WHAT IS A COMPLAINT?

A complaint is any dissatisfaction or concern about the Medicaid Program and/or services you receive. The following are examples of complaints that can be submitted to the Agency.

- You need help finding a doctor or dentist
- You have concerns about an unpaid bill
- You are unhappy with the services you received
- You have having trouble getting medical or dental care
- You are having problems with transportation services
- Your personal information is incorrect or needs to be updated
- You would like to report potential fraud or a HIPAA violation
- You would like to request a Medicaid Fair Hearing

OTHER TYPES OF COMPLAINTS

- To report fraud, including misuse of someone's Medicaid coverage or Medicaid billing fraud, please contact the fraud and abuse hotline at 1-888-419-3456 or submit a complaint at <https://apps.ahca.myflorida.com/mpi-complaintform/>.
- If you feel your provider has shared your personal health information without your permission please visit the Office for Civil Rights HIPAA website at <http://www.hhs.gov/ocr/hipaa/> or contact them at 1-866-627-7748.

HOW YOU START THE COMPLAINT PROCESS?

You can start the process by contacting the Agency for Health Care Administration using any of the following methods:

PHONE:

1-877-254-1055

(TDD 1-866-467-4970)

Monday - Friday, 8am - 5pm EST

WEBSITE:

www.flmedicaidmanagedcare.com

Select the option to 'File a Complaint' under the menu button at the top of the screen.

QR CODE:



- Include your name, current phone number and email address
- The name of the Member and date of birth
- The member's 10-digit Medicaid ID number, 8-digit gold card number or SSN (if available)
- Add details about the reason for the complaint in the section provided.
- You may attach any related documents to your online submission.

WHAT HAPPENS NEXT?

When you have finished submitting the complaint, you will get a tracking number. You can use this tracking number to check the status of your complaint online. You may also call the Medicaid Helpline staff at 1-877-254-1055 (TDD 1-866-467-4970) to check on the status of a complaint.

All complaints submitted to the Agency are:

- **Prioritized** – We work complaints based on the urgency of the reported issue, not the order received. For example, a complaint from someone who cannot pick up medication at the pharmacy is worked before a complaint about an unpaid medical bill.
- **Assigned** – We assign someone to work your complaint. They may call you to get more information, if needed.
- **Researched** – We research your complaint. If you are enrolled in a Medicaid plan, we also contact your plan to get more information and ask the plan to reach out to you directly to address your issue.

