Provider Tip Sheet – Submitting Online Complaints

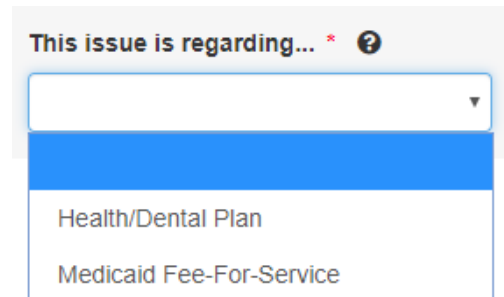**Before you Begin** – Please have the following information readily available:

- Your Medicaid provider ID (9-digit). If you are a registered Billing Agent submitting on behalf of a provider, you must also have the Medicaid provider ID (9-digit) for the Pay-to-provider.
- An example of your problem, including the following information, if applicable:
  - Related recipient (10-digit) Medicaid ID (for sample);
  - If related to claims payment, a copy of a sample RA or EOB that can be uploaded, to demonstrate problem. We do not need the details about every impacted claim;

    NOTE: If you do not have a sample RA or EOB to include with the complaint, you will be required to answer additional questions. Submitting a complaint without providing all of the requested information will significantly delay our ability to research your issue.
- 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.

NOTE: If your complaint involves a Medicare Dual-Eligible Special Needs Plan (DSNP), please choose 'Medicaid Fee-For-Service' in this field.

Which of the following statements best describes the situation?

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○ My patient does not show me as their assigned PCP

○ My Medicaid/Plan participation status is incorrect or I am trying to enroll/re-enroll as a provider

→ ○ I have submitted claims or am trying to submit claims and need assistance

○ I am trying to obtain a service authorization for my patient

○ I am disputing or trying to confirm the accuracy of information provided by Medicaid or the plan

○ I wish to report potential fraud or a HIPAA violation committed by: (Select one)

○ I am attempting to obtain transportation services for my patient

○ I can't submit a claim for services due to an error on the recipient record

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 attach any notices or documents related to your issue.
- For claims payment issues, please attach a copy of a sample RA or EOB to demonstrate problem.
- Please <u>DO NOT</u> submit aging reports. Submitting an aging report can cause delays with processing your complaint.
- If you choose to attach any recipient detail, it <u>must be related to the plan selected in the complaint</u>. 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 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.*