



FLORIDA HEALTH JUSTICE PROJECT

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How to File a Complaint Regarding a Medicaid Managed Care Plan

How to File a Complaint

Enrollees who are having trouble accessing services or who are encountering other problems with their managed care plan can file an official complaint with AHCA. These complaints are reviewed and responded to by trained staff members. For example, enrollees such as [Alene](#), dealing with gaps in their services can file a complaint.

In addition, AHCA identifies issues that may indicate systemic problems. While some issues are not amenable to resolution through the complaint portal and may ultimately require a fair hearing, this informal complaint process is not time intensive and may result in a quick resolution.

Advocate Tip: Make sure to do this in writing and save a copy for yourself. See “[Appendix 1 - AHCA Complaint via Portal](#)”

AHCA's online portal gives those filing a complaint the option to remain anonymous. However, if there is an issue that needs to be resolved, the person filing the complaint should be prepared to provide their name and an email address or phone number and provide documentation facilitating communication with AHCA staff, e.g., appointment of representation form, HIPAA release. There is an AHCA homepage for [Florida Medicaid Complaints](#) where you can [submit a complaint](#) or check the [status of your complaint](#).

To File a Complaint Submit the Following Information:

Step 1

- Name
- Whether you are an “Authorized/Legal Representative, Billing Agent, Family/Friend, Government/Authorized Agency/Community Partner, Health/Dental Plan, Provider, or Recipient”
- Your Member #, SSN, or Medicaid ID Card #

Step 2

- Your phone number
- Address
- Email address
- Preferred Communication method and language

Step 3 - at this time you will be given a **Complaint #** and an **Issue #**, keep these for your records

- Whether the affected person is a “Recipient, Provider, or General Population”
- You may be asked to “add person” to the file if it is not the “Recipient”
- The county where the affected person lives
- Whether the issue is regarding “Health/Dental Plan or Medicaid Fee-for-Service”
- Whether the program is “Long Term Care (LTC), Managed Medical Assistance (MMA), or Statewide Dental”
- The name of the Plan

At this time, there will be a series of drop downs that must be completed ([Appendix 2 - Detailed Complaint Questionnaire Step 3](#))

- Which of the following statements best describes the situation?
- What kind of service(s) do you need?
- Did you speak to the plan/Medicaid Helpline about your issue? (yes/no)
- Select one of the following reasons: (for your complaint)
- Do you have any additional information to add prior to submitting your issue to the Agency?
 - Here you should add the language “*See attached documents explaining complaint* (and authorization if relevant)”
 - Below this question there will be option to attach documents and this is where you should add your formal complaint (see [Appendix 1 - AHCA Complaint via Portal](#)) (and authorization if relevant)”

After you have completed these steps, you will be given a preview of your entire complaint that says “You’re Almost Done!” (see [Appendix 3 - Redacted Complaint Preview](#)). **Make a screenshot or copy down the information on this preview for your records.** Then click “Finish” to submit your complaint.