

My ACCESS Account Provider View

October 21, 2009

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Overview

Welcome to My ACCESS Account Provider View. My ACCESS Account Provider View has been added to personalize your Provider View experience.

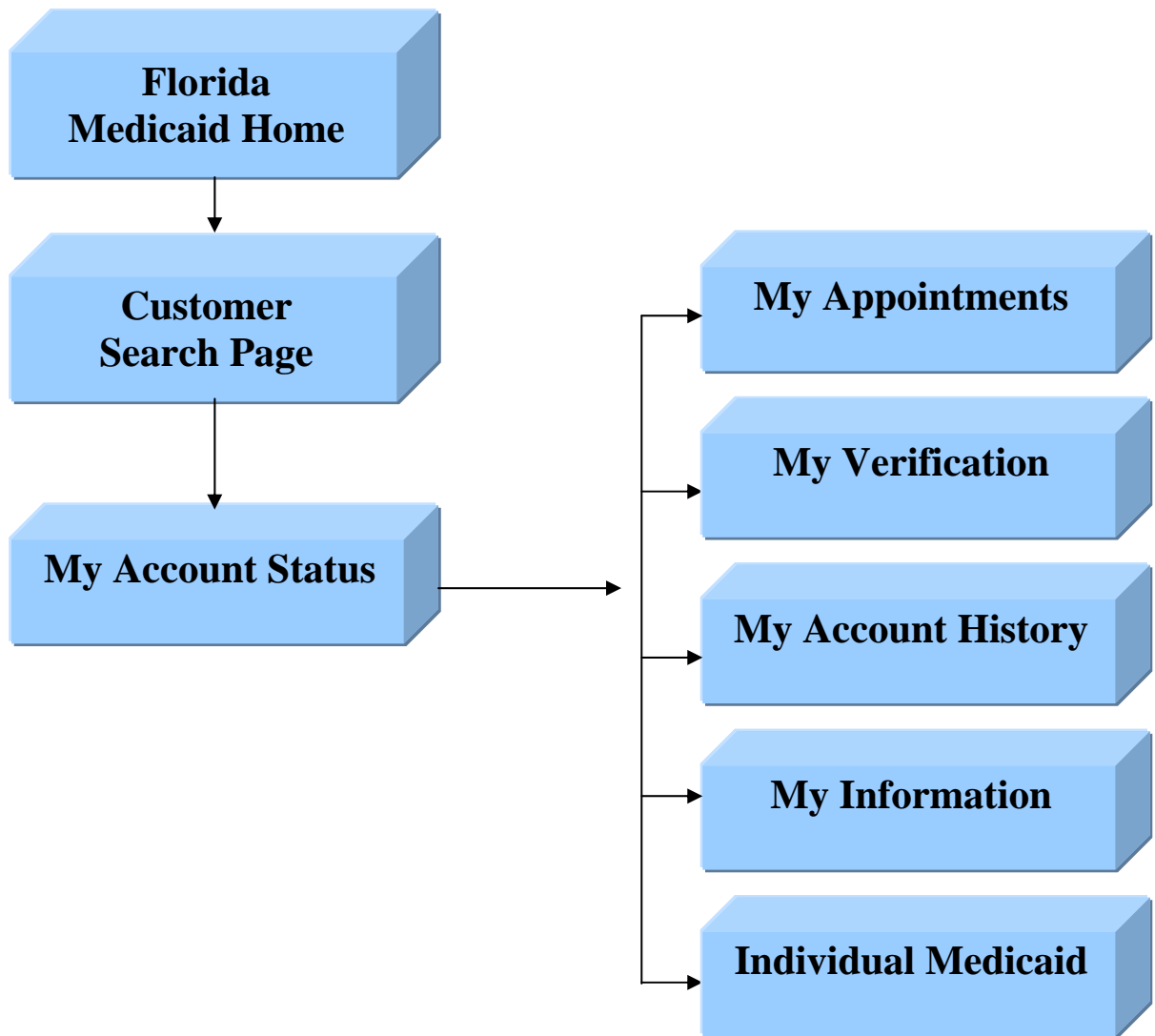
Provider View provides you with a secure gateway to the customers "account" information. The Provider View system allows you to view customer case information and interact with the Department of Children and Families through the Web at your convenience twenty-four hours a day seven days a week.

The new link [Provider View \(Check Information about Medicaid Benefits\)](#) allows you to:

- ✓ View current benefits
- ✓ View the date benefits will be available
- ✓ See when the next review is due
- ✓ See when an appointment is scheduled
- ✓ View Medicaid account history
- ✓ View a list of verification needed
- ✓ View Person Identification number (PIN)

The information displayed in the customers account is stored nightly. Changes made during the day are available for you to view the following day. The date of the information is displayed at the top of the account status screens for your reference.

Provider View Process Flow



Florida Medicaid Home

FLORIDA MEDICAID

State Staff ONLY
Password Resets
Monday - Friday
8am - 5pm ET
850-298-7123

Providers and Agents
Password Resets or
FLMMIS assistance
contact Provider Services
Monday - Friday
7am - 6pm ET
1-800-289-7799 Option 5

Florida Medicaid Home

Welcome to Florida Medicaid

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.

Messages

Date	Message
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Privacy | Disclaimer

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Once a provider has successfully signed in the Florida Medicaid Home page the user will click on “DCF Provider View” to access the system.

Customer Search

The screenshot shows the 'Customer Search' page of the 'Department of Children & Families Acceptance' system. At the top, there is a header with the department name and 'ACCESS Florida' logo. Below the header, the user ID 'JudyG1' is displayed on the left, and 'Print Help Logout' links are on the right. The main heading is 'Customer Search'. A instruction reads: 'Select a Reference Type, Reference Number, Date of Birth and click on search to view case information.' There are three input sections: 'Reference Type' with a dropdown menu set to 'ACCESS Number'; 'Reference Number' with a text box containing '800007668'; and 'Date of Birth' with a text box containing '10151970'. At the bottom of the form are 'Search' and 'Clear All' buttons. The 'ACCESS Florida' logo is also present in the footer.

REFERENCE TYPE: Select one of the following reference types to search by:

Case number
ACCESS number
Social Security number
Personal Identification Number (PIN)

REFERENCE NUMBER: Once you have selected your reference type enter your reference number that coincides with your reference type. Use one of the following combinations:

- Case number plus ten digit case number from FLORIDA (this number will be listed on the customers notice).
- ACCESS Number plus nine digit ACCESS number (this is the number that was assigned during entry into the web application process).
- Social Security Number plus the nine digit social security number of the individual you are doing the search on.
- Personal Identification Number (PIN) plus the ten digit number that is assigned to the individual.

Date of Birth: Enter the date of birth of the individual that you are searching for. This is a required entry for all reference type searches.

Customer Search Results

Department of Children & Families Acceptance ACCESS Florida

User ID : JudyG1 [Print](#) [Help](#) [Logout](#)

Customer Search

Select a Reference Type, Reference Number, Date of Birth and click on search to view case information.

Reference Type
Personal Identification Number(PIN) ▾

Reference Number
7409237422

Date of Birth
12/17/1983

[Search](#) [Clear All](#)

Search Results

The individual you searched for was found in multiple cases or the same DOB appears more than once in the same case. Please select one below to continue.

Case#	Name	Last Activity Date	Case Status
5001083991	ZACKARY GRIFFITH	11/7/2006	Open
5001084059	ZACKARY GRIFFITH	4/29/2008	Open
5001084024	ZACKARY GRIFFITH	11/7/2006	Open

Case#: If the individual that you are searching for is in more than one case a list of the cases will be displayed. Click on the case number you would like to view.

Name: The name of the individual that you requested the search for will display here.

Last Activity Date: This is the last day any activity was done on this case.

Case Status: One of the following case statuses will display:

- Open – The case has been approved for some type of benefit.
- Closed – The case is no longer open.
- Pending – An eligibility determination has not been made yet.

My Account Status

As of: **10/10/2009**

Head of Household: **MR PENSION INMATE**

Case #: **5001630487**

Next Review due by: **02/28/2010**

My Appointments: **No appointments scheduled**

Verification needed: [Click Here For Details](#)

"ACCESS Florida determines eligibility for most types of Medicaid, but it does not maintain the Medicaid eligibility files, provide or pay for services. The information on this page should not be used as proof that individuals referenced are currently on the Medicaid Recipient File maintained by the Agency for Health Care Administration (AHCA). For information on a customer's current Medicaid status, verification of eligibility older than twelve month or questions related to services you are encouraged to contact AHCA directly at 1-800-289-7799, Prompt 7."

Medicaid

Individual	Pin #	Status	Type Coverage	Temporary Medicaid Card	History	Information
MRS PENSION INMATE	7410706295	enrolled	Medically Needy			
MR PENSION INMATE	7410706309	enrolled	Medically Needy			
PENDING TEST SSN	7410743956	Verification Needed	Medicaid			

[Go Back](#)

To return to the Search page you must click on "Go Back."

My Account Status

Department of Children & Families Acceptance ACCESS Florida

Account Status [Print](#) [Help](#) [Logout](#)

My Account Status

As of: 10/10/2009

Head of Household: MR PENSION INMATE
Case #: 5001630487

Next Review due by: 02/28/2010
My Appointments: No appointments scheduled
Verification needed: [Click Here For Details](#)

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Medicaid

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MRS PENSION INMATE	7410706295	enrolled	Medically Needy			
MR PENSION INMATE	7410706309	enrolled	Medically Needy			
PENDING TEST SSN	7410743956	Verification Needed	Medicaid			

[Go Back](#)

My Account Status As of: 00/00/0000 – Provides detailed information about the customers public assistance case.

Head of Household - This is the individual who assumes primary responsibility for providing accurate information for the household.

Case# - This is the number that has been assigned to the customer's case. Case number refers to a number assigned to a case under which payment is made or benefits authorized.

OR

Access # -This is the number that has been assigned to the application the customer has submitted. Once processing begins on this application a case number will be assigned.

Next Review due by: - The customer's situation will need to be reviewed before the end of this date to determine if they are still eligible for benefits.

My Appointments: - By clicking here you will be taken to a screen that provides a list of any future appointments that the customer may have.

Verification needed: -By clicking here you will be taken to a screen that lists any verification that may be needed in order to make a decision on the customer's case.

Type of public assistance information will display here: If the case does not have any type of Medicaid then the following message will display under the Medicaid header "Not Medicaid eligible. "

Medicaid -Medicaid is a program that provides medical coverage to low income individuals and families.

Individual -This is the person that the benefits are for.

Pin # -This is the Personal Identification Number that is assigned to each individual within a case. All individuals in a case are assigned a number whether they are eligible or not.

Status -This is the status of the customer's case

Processing – This means that the case is currently being reviewed for eligibility.

Denied – this means that the case has been reviewed and did not meet eligibility requirements. Click on information to see why it was denied or refer to the notice that was mailed to the customer.

Closed – this means that the case is no longer open. Click on information to see why it was closed or have the customer refer to their notice.

Open – this means that the case is currently open and is eligible for benefits.

Enrolled – This means that the individual has a share of cost that they must meet before they are on Medicaid. Click on information to view the amount of their share of cost.

Verification Needed – Before eligibility can be determined the customer must provide the information that was requested from them.

Type Coverage -This is the type coverage that the customer is currently receiving

Medicaid -Medicaid is a program that provides medical coverage to low income individuals and families.

Medically Needy -Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid, but need help to pay for large medical expenses.

Medicare Savings Program – This program entitles eligible individuals to receive payments of Medicare premiums, deductibles and co-insurance.

Temporary Medicaid Card – If the individual has received Medicaid within the last 12 months an icon will display. To view the Individual screen that displays periods of Medicaid eligibility click on the icon.

History -By clicking here a screen will display the history of these benefits.

Share of Cost – The customers monthly “share of cost” is like a deductible on a health insurance policy and is based on the family’s gross income (before taxes). They may not have to pay the share of cost amount. The date they have paid any unpaid medical bills for a month that total their share of cost, they are eligible for Medicaid from that date.

Patient Responsibility – This is the total amount of care an individual is responsible for paying the provider.

Information - By clicking here a screen will display that gives more information about the customers benefits.

My Appointments

Department of Children & Families Acceptance ACCESS Florida

Account Status [Print](#) [Help](#) [Logout](#)

My Appointments

As of: 10/13/2009

Head of Household: DONALD TRUMPET
Case #: 5001482518

Next Review due by: 10/31/2009

If you are unable to keep the scheduled appointment please contact your specialist within 24 hours of the appointment time

Payee	Interview Method	Specialist	Date	Time	Location	Telephone Number
DONALD TRUMPET		JUDY GLISSON2	12/22/2009	08:15 AM		(850)414-5928

[Go Back](#)

ACCESS Florida

This screen displays any appointments scheduled for today or later. It does not display past appointments.

Head of Household - This is the individual who assumes primary responsibility for providing accurate information for the household.

Case # - This is the number that has been assigned to the customer's case.

Case number - Refers to a number assigned to a case under which payment is made or benefits authorized.

OR

Access # - This is the number that has been assigned to the application the customer has submitted. Once processing begins on this application a case number will be assigned.

Next Review due by: - The customer's situation will need to be reviewed before the end of this date to determine if they are still eligible for benefits.

Payee - This is the individual in whose name the assistance group benefits are issued.

Interview Method - This is the type of interview they have been scheduled.

Specialist - This is the person that the customer has to make contact with at the department.

Date - This is the date of their appointment

Time - This is the time of their appointment

Location - This is the location of their appointment

Telephone Number - This is number the customer must call if they have questions about their appointment, or the number to call if they have a phone interview.

My Verification

Department of Children & Families Acceptance ACCESS Florida

Account Status [Print](#) [Help](#) [Logout](#)

My Verification

As of: 01/26/2009

Head of Household: ANGELA SMITH
Case #: 5001601843

If this information has already been submitted, please allow time to process your case. Once the application has been processed, a notice will be mailed to you, or you can view the results on the My Account Status page.

Program	Group #	Due Date	Individual	Verification Needed
Medicaid	1	02/03/2009	ANDY SMITH	PROOF OF IDENTITY
Medicaid	1	02/03/2009	ANDY SMITH	PROOF OF UNITED STATES CITIZENSHIP
Medicaid	1	02/03/2009	ANGELA SMITH	PROOF OF IDENTITY
Medicaid	1	02/03/2009	ANGELA SMITH	PROOF OF UNITED STATES CITIZENSHIP

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ACCESS Florida

This screen lists any verification that still needs to be received before the case can be processed.

Program – The type of benefit applied for Medicaid.

Group # - Refers to all individuals within the household who are potentially eligible for benefits or services

Due date - This is the date the department must receive the information.

Individual - This is the person that verification is requested for.

Verification needed: - This is a list of items that must be provided before eligibility can be determined.

My Account History

Department of Children & Families Acceptance ACCESS Florida

Account Status [Print](#) [Help](#) [Logout](#)

My Account History

As of: 10/10/2009

Individual Medicaid: **BENNY CHACHA**
Case #: **5001482518**

Medicaid

Coverage Begin Date	Coverage End Date	Status	Type Coverage	Share of Cost	Patient Responsibility	Information
03/01/2009	09/30/2009	Open	Medicaid			
02/01/2009	02/28/2009	Open	Medicaid			
01/01/2009	01/31/2009	Open	Medicaid			
06/01/2008	12/31/2008	Open	Medicaid			

[Go Back](#)

ACCESS Florida

This screen displays twelve (12) months of benefit history from the current month.

Coverage Begin Date -. This is the date that Medicaid began

Coverage End Date - This is the date that Medicaid ended

Status - This is the status of your case

Processing — This means that the case is currently being reviewed for eligibility.

Denied — this means that the case has been reviewed and did not meet eligibility requirements. Click on information to see why it was denied.

Closed — this means that the case is no longer open. Click on information to see why it was closed.

Open — this means that the case is currently open and is eligible for benefits.

Enrolled - this means that the individual has a share of cost that they must meet before they are on Medicaid. Click on information to view the amount of share of cost.

Verification Needed — Before eligibility can be determined they must provide the information that the department requested from them.

Type Coverage - This is the type coverage that they are currently receiving.

Share of Cost - Monthly "share of cost" is like a deductible on a health insurance policy and is based on the family's gross income (before taxes). They may not have to pay the share of cost amount. The date they have paid any unpaid medical bills for a month that total their share of cost, they are eligible for Medicaid.

Patient Responsibility - Total amount of care individual is responsible for paying provider.

Information - By clicking here a screen will display that has more information about the customers benefits.

My Information

Department of Children & Families Acceptance ACCESS Florida

Account Status Print Help Logout

My Information
As of: 10/10/2009

Individual Medicaid: JANIE JONES
Case #: 5001621747

"The Share of Cost and/or Patient Responsibility shown on this screen are estimated and may not reflect bills or expenses submitted to ACCESS Florida that have not been processed"

Coverage Period

Coverage Begin Date	Coverage End Date
11/01/2008	11/30/2008

Medicaid Status

Status	Type Coverage	Share of Cost	Patient Responsibility
enrolled	Medically Needy	2469	

Individual Information

Status	Status Details
enrolled	

Explanation of Case Action
ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST

Go Back

ACCESS Florida

This is a benefit summary screen, which provides program status and group member information.

Individual Medicaid - This is the person that the information is being displayed for.

Case # - This is the number that has been assigned to the customer's case. Case number refers to a number assigned to a case under which benefits are applied for or authorized.

Coverage Period - This is the dates the individual is eligible for the coverage type listed below. If the coverage end date is blank that means the coverage has not ended.

Medicaid Status - The Medicaid summary provides information whether the individual's benefit is currently active or has been closed.

Status - This is the status of the customer's case

Processing — This means that the case is currently being reviewed for eligibility.

Denied — This means that the case has been reviewed and did not meet eligibility requirements. Click on information to see why it was denied.

Closed — This means that the case is no longer open. Click on information to see why it was closed.

Open — This means that the case is currently open and is eligible for benefits.

Enrolled - This means that the individual has a share of cost that they must meet before they are on Medicaid. Click on information to view the amount of their share of cost.

Verification Needed — Before eligibility can be determined the customer must provide the information that was requested from them.

Type Coverage -This is the type coverage that the customer is currently receiving.

Share of Cost - The customers monthly "share of cost" is like a deductible on a health insurance policy and is based on the family's gross income (before taxes). They may not have to pay the share of cost amount. The date they have paid any unpaid medical bills for a month that total their share of cost, they are eligible for Medicaid.

Patient Responsibility - Total amount of care individual is responsible for paying provider.

Individual Information - The Individual information provides the status whether the individual is or not eligible to receive the benefit.

Status- This is the status of the individual.

Status Details - This is the status of the individual.

Explanation of Case Action - This section will display the reason action was taken on the customers case.

Go Back - By clicking here you will be taken back to the "Account Status" Page.

Individual Medicaid

Department of Children & Families Acceptance ACCESS Florida

[Account Status](#) [Print](#) [Help](#) [Logout](#)

Individual Medicaid
As of: 10/10/2009

Medicaid Eligible Individual: BENNY CHACHA
Case #: 5001482518

Begin	End
10/01/2009	10/31/2009
09/01/2009	09/30/2009
08/01/2009	08/31/2009
07/01/2009	07/31/2009
06/01/2009	06/30/2009
05/01/2009	05/31/2009
04/01/2009	04/30/2009
03/01/2009	03/31/2009
02/01/2009	02/28/2009
01/01/2009	01/31/2009
12/01/2008	12/31/2008
11/01/2008	11/30/2008

This screen displays Medicaid eligibility for the past twelve (12) months from the current month.

Medicaid Eligible Individual: - This is the person that is eligible for the Medicaid benefits.

Case # - This is the number that has been assigned to the customer's case.

Begin - This is the date that Medicaid began.

End - This is the date that Medicaid ended.

Go Back - By clicking here you will be taken back to the "Account Status" page.