My ACCESS Account
Provider View

November 7, 2010
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.

Provider View (Check Information about Medicaid Benefits) allows you to:

- View current benefits for Medicaid
- 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)
- View a list of Applications that have been submitted
- View a list of Changes that have been submitted
- View a list of Request for Additional Assistance
- View a list of Reviews that have been submitted

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

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.
To return to the Search page you must click on “Go Back.”
My Account Status - 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.

**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.

My Applications: By clicking here you will be taken to a screen that will allow you to view all applications submitted to the department associated with this case within the last 36 months.

My Reviews: - By clicking here you will be taken to a screen that will allow you to view all recertification reviews submitted to the department within the last 36 months.

My Request for Additional Assistance: - By clicking here you will be taken to a screen that will allow you to view all request for additional assistance submitted to the department within the last 36 months.

My Reported Changes: - By clicking here you will be taken to a screen that will allow you to view all changes that have been submitted for this case within the last 12 months.

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.
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.
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 Applications

This screen lists any application that has been submitted to the department that is related to this case.

**Application Number** - This is the number that has been assigned to the application.

**Date Submitted**: - This is the date that the customer submitted an application.

**Status**:  This is the status of the customer’s application.

  **Submitted** – This means that the customer has finished the application process.

  **Pended** – This means that the application is being worked on by department staff or that the department is waiting on more information from the customer. If the department is waiting on information from the customer click on Account Status then click on “Verification needed”. “My Verification” page will display all information that is needed to complete the application.

  **Completed** - This means that the application has been processed. Click on Account Status to view current benefit information.
This screen lists all Reviews that have been submitted to the department within the last 36 months.

**Review Number** - This is the number that has been assigned to the review requested.

**Date Submitted**: - This is the date that the customer electronically signed their review. This field will remain blank until the customer finishes the electronic signature process. Once the customer starts the application process they will only have 24 hours to finish it. If they do not complete this process within 24 hours they will have to start all over.

**Status**:  This is the status of the review.

- **Not submitted** – This means that the customer has not finished the application process.

- **Submitted** – This means that the customer has finished the review process by reviewing all information in the application and finishing the electronic signature process.

- **Pended** – This means that the customer’s case is being worked on by department staff or that the department is waiting on more information from them. If the department is waiting on information from the customer you can click on Account Status then click on “Verification needed”. “My Verification” page will display all information that is needed to complete the application.

- **Completed** - This means that the review has been processed. Click on Account Status to view current benefit information.
My Request for Additional Assistance

This screen lists all Requests for Additional Assistance that has been submitted to the department within the last 36 months.

**Application Number** - This is the number that has been assigned to the request for additional assistance.

**Date Submitted:** - This is the date that the customer electronically signed their request. This field will remain blank until the customer finishes the electronic signature process. Once the customer starts the application process they will only have 24 hours to finish it. If they do not complete this process within 24 hours they will have to start all over.

**Status:**  This is the status of the request for additional assistance.

- **Not submitted** – This means that the customer has not finished the application process.

- **Submitted** – This means that the customer has finished the request for additional assistance process by reviewing all information in the application and finishing the electronic signature process.

- **Pended** – This means that the customer’s case is being worked on by department staff or that the department is waiting on more information from them. If the department is waiting on information from the customer you can click on Account Status then click on “Verification needed”. “My Verification” page will display all information that is needed to complete the application.

- **Completed** - This means that the review has been processed. Click on Account Status to view current benefit information.
My Reported Changes

This screen lists all Reported Changes that have been submitted to the department within the last 12 months.

**Change Number** - This is the number that has been assigned to the request for a change.

**Date Submitted** - This is the date that the customer electronically signed their request. This field will remain blank until the customer finishes the electronic signature process. Once the customer starts the change request the must finish it before logging out or they will have to start all over. If during anytime they click on logout without clicking on submit a change will not be considered as being reported.

**Status:** This is the status of the requested change.

- **Not submitted** – This means that the customer has not finished the change process.
- **Submitted** – This means that the customer has finished the reported change process by reviewing all information in the application and finishing the electronic signature process.
- **Pended** – This means that the customer’s case is being worked on by department staff or that the department is waiting on more information from them. If the department is waiting on information from the customer you can click on Account Status then click on "Verification needed". "My Verification" page will display all information that is needed to complete the change.
- **Completed** - This means that the change request has been processed. Click on Account Status to view current benefit information.
My Account History

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.
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 customers case. Case number refers to a number assigned to a case under which benefits are applied for or authorized.

**Coverage Period** - This is 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 customers 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

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.