My ACCESS Account
Provider View

Table of Contents

Overview

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

Provider View provides you with a secure gateway to the customer's account information. The Provider View system allows you to view customer case information and interact with the Department of Children and Families (DCF) 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 verifications needed
- View Personal 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 Requests for Additional Assistance
- View a list of Reviews that have been submitted

The information displayed in the customer's account is updated 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.

My ACCESS Screens

Screen	Description

Benefit Summary	This screen offers Providers a summarized view of a customer's case information. The screen will display the following information:
	• Case Information
	   o Case number
	   o Head of Household name
	   o Link to scheduled appointments
	   o Link to customer's verifications
	• My Benefits
	   o Benefit name
	   o Link to benefit details
	• My Renewals
	   o Any upcoming renewals and associated renewal dates

My Appointments	This screen displays the list of appointments scheduled for the customer. It displays the interviewer name, date and time of the interview, phone number, and the interview method.
My Verifications	Shows a list of all verifications that are due for the customer. This verification list is customized for all the programs the customer has applied for or is receiving. The system also lists verifications from ACCESS Management System (AMS) and these verifications are not specific to an assistance group. The screen also provides links to the forms that can be submitted for all pending verifications. If the logged in user is Provider, the system will only display the verifications needed for Medical Assistance.
Medical Assistance Details	This screen displays the details of Medical Assistance benefits the household members on the case are receiving.
Medical Assistance – Temporary Medical Assistance Card	This screen displays Medicaid periods, but Providers cannot print the information.
Medical Assistance History	This screen displays the history of Medical Assistance benefits received by each member of the household on the case. This screen shows the historical information for the selected houshold member, and includes coverage begin date, coverage end date, status of benefit, coverage type, share of cost amount, and the amout the patient is responsible for paying.
Medical Assistance – My History	This screen displays information about the selected household member. It shows the current contact information, the status of the benefit (coverage begin date, coverage end date, status and status details), as well as any explanation of case action.
My Applications	The 'My Applications' screen lists all applications that have been submitted by the customer in the last 36 months, from the customer logged in date. This screen will display a list Submitted, Pending, and Completed applications. The order of the applications will be displayed by 'Date Received by Agency', with the most recent at the top of the screen. Providers cannot view the application itself, just the date submitted and status.
My Reported Changes	This screen will display all changes that are linked to the case, and are submitted through the report change module in the last 12 months by the customer from customer logged in date. It includes Submitted, Pending, and Completed applications. The order of the applications will be displayed by 'Date Submitted', with the most recent at the top of the screen.
My Submitted Renewals	This screen will display all renewals that are linked to the case, and are submitted through review module in the last 36 months by the customer, from customer logged in date. It includes Incomplete, Submitted, Pending, and Completed applications. The order of the applications is displayed by 'Date Submitted', with the most recent at the top.
Request for Additional Benefits	This screen will display all additional assistance applications that are linked to the case, and are submitted through additional assistance module in the last 36 months by the customer, from customer logged in date. It Includes Incomplete, Submitted, Pending, and Completed applications. The order of the applications will be displayed by 'Date Submitted', with the most recent at the top of the screen.

Home Screen

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

Customer Search

Reference Type: select one of the following reference types from the dropdown to search by:

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

Reference Number: once reference type has been selected, enter the reference number that coincides with your reference type. Use one of the following combinations:

- Case Number — when Case Number is selected as the 'Reference Type', the user then keys in the ten digit Case Number that is assigned to the individual into the 'Reference Number' field.

- ACCESS Number — when ACCESS Number is selected as the 'Reference Type', the user then keys in the nine digit ACCESS Number that is assigned to the individual into the 'Reference Number' field.

- Social Security Number — when SSN is selected as the 'Reference Type', the user then keys in the nine digit SSN Number that is assigned to the individual into the 'Reference Number' field.

- Personal Identification Number (PIN) — when PIN is selected as the 'Reference Type', the user then keys in the ten digit PIN Number that is assigned to the individual into the 'Reference Number' field.

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

Search Results:

- Case Number: if the individual that is being searched for is on more than one case, a list of the cases will be displayed. Click on the case number desired 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:

  o Open — the case has been approved for some type of benefit.

  o Closed — the case is no longer open.

  o Pending — an eligibility determination has not been made yet.

Benefit Summary

The 'Benefit Summary' screen provides detailed information about the customer's public assistance case including scheduled appointments, verifications needed, the status of benefits, and upcoming renewals.

Note – If additional customer searches need to be performed, press the 'Go Back' button to return to the Customer Search screen.

Case Number — refers to a number assigned to a case under which payment is made or benefits authorized.

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

Scheduled Appointments — clicking here navigates to a screen that provides a list of any future appointments that the customer may have.

Verifications Needed — by clicking here you will be taken to a screen that will allow you to view any verification that still needs to be received before the case can be processed.

Medical Assistance (Medicaid)

Medicaid is a medical assistance program that provides coverage to low income individuals and families. More detailed information about the case's Medicaid benefits is displayed on the 'Medical Assistance' screen when the details link is selected on the aforementioned 'Benefits Summary' screen.

Individual — this is the person that the benefits are for.

PIN Number — this is the 10 digit Personal Identification Number (PIN) that is assigned to each individual within a case.

Status — this displays the current state of the customer's case:

- Processing — this status is displayed when the case is currently being reviewed for eligibility.

- Denied — this status is displayed when 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 status is displayed with 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 status is displayed when the case is currently open and is eligible for benefits.

- Enrolled — this status is displayed for customers that have a share of cost that must be met before they are covered by Medicaid. Users can click on information to view the share of cost amount.

- Verification Needed – before eligibility can be determined, the customer must provide requested information.

Coverage Type — 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.

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

- Medically Needy (Share of Cost) — 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. The customer's monthly 'Share of Cost' is based on their family's monthly gross income (before taxes) and is similar to a deductible on a health insurance policy. In certain cases, a customer may not have to pay the Share of Cost amount. Additionally, the customer won't become eligible for Medicaid within a month until the date they have incurred medical expenses that are equal to, or exceed their Share of Cost amount, the customer is eligible for Medicaid the rest of that month.

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 the periods of Medicaid eligibility, click on the icon.

History — clicking on a link from this column will navigate to a screen will display the historical details of the individual's benefit selected.

Information — clicking on a link from this column will navigate to a screen will display the current details of the individual's benefit selected.

Scheduled Appointments

This screen displays any upcoming appointments scheduled. This screen does not display past appointments.

Payee Name — this is the individual in whose name the assistance group benefits are issued.

Payee 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 — 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 Verifications

This screen displays a list of all verifications that the customer must submit before the case can be processed.

Program — the Medicaid benefit applied for.

Group Number — 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.

Form — this will allow Providers to view the blank form that is selected if the 'View' link is present.

My Applications

This screen displays a list of all applications that have been submitted to the department and are related to this case.

Submitted By — this is the customer who submitted the application.

Benefits — the type of assistance applied for.

Status — this is the state of the customer's application.

- Submitted — this status is displayed when the customer has finished the application process.

- Pended — this status is displayed when 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 Benefit Summary then click on 'Verifications Needed'. 'My Verification' screen will display all information that is needed to complete the renewal.

- Completed — this status is displayed when the application has been processed. Click on Benefit Summary to view current benefit information.

Date Received by Agency — this is the date that the Agency received the application.

Detail — Provider access does not allow the customer's actual imaged application documentation to be viewed.

My Request for Additional Assistance

This screen displays a list of all Requests for Additional Assistance that has been submitted to the department within the last 36 months, from the customer logged in date.

Submitted By — this is the member who submitted the request for additional assistance.

Application Number — this is the number that is assigned to the request for additional assistance.

Status — this displays the current state of the request for additional assistance:

- Not submitted — this status is displayed when the customer has not finished the request process.

- Submitted — this status is displayed when the customer has finished the request for additional assistance process by reviewing all information and finishing the electronic signature process.

- Pended — this status is displayed when 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 Benefit Summary then click on 'Verifications Needed'. 'My Verification' screen will display all information that is needed to complete the renewal.

- Completed — this status is displayed when the review has been processed. Click on Benefit Summary to view current benefit information.

Date Received by Agency — this is the date that the Agency received the request.

Detail — Provider access does not allow the customer's actual imaged documentation to be viewed.

My Reported Changes

This screen displays a list of all Reported Changes that have been submitted to the department within the last 12 months, from the customer logged in date.

Submitted By — this is the member who submitted the reported change.

Change Number — this is the number that is assigned to the reported change.

Status — this displays the current state for the reported change.

- Not submitted — this status is displayed when the customer has not finished the reported change process.

- Submitted — this status is displayed when the customer has finished the reported change process by reviewing all information and finishing the electronic signature process.

- Pended — this status is displayed when 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 Benefit Summary then click on 'Verifications Needed'. 'My Verification' screen will display all information that is needed to complete the renewal.

- Completed — this status is displayed when the reported change has been processed. Click on Benefit Summary to view current benefit information.

Date Received by Agency — this is the date that the Agency received the reported change.

Detail — Provider access does not allow the customer's actual imaged documentation to be viewed.

My Submitted Renewals

Submitted By — this is the member who submitted the renewal.

Review Number — this is the number that is assigned to the renewal.

Status — this displays the current state of the renewal process.

- Not submitted — this status is displayed when the customer has not finished the renewal process.

- Submitted — this status is displayed when the customer has submitted the renewal process by reviewing all information in the application and finishing the electronic signature process.

- Pended — this status is displayed when the customer's case is being worked on by Agency staff or that the Agency is waiting on more information from them. If the Agency is waiting on information from the customer you can click on Benefit Summary then click on 'Verifications Needed'. 'My Verification' screen will display all information that is needed to complete the renewal.

- Completed — this status is displayed when the renewal has been processed. Click on Benefit Summary to view current benefit information.

Date Received by Agency — this is the date that the Agency received the renewal.

Detail — Provider access does not allow the customer's actual imaged documentation to be viewed.

Individual Medicaid Eligibility History

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

Coverage Begin Date — this is the date that assistance began.

Coverage End Date — this is the date that assistance ended (if applicable).

Status – this displays the state of the assistance:

- Processing — this status is displayed when the case is currently being reviewed for eligibility

- Denied — this status is displayed when the case has been reviewed and did not meet eligibility requirements. Click on information to see why it was denied.

- Closed — this status is displayed when the case is no longer open. Click on information to see why it was closed.

- Open — this status is displayed when the case is currently open and is eligible for benefits.

- Enrolled — this status is displayed when 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.

Coverage Type — 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.

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

- Medically Needy (Share of Cost) — 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. The customer's monthly 'Share of Cost' is based on their family's monthly gross income (before taxes) and is similar to a deductible on a health insurance policy. In certain cases, a customer may not have to pay the Share of Cost amount. Additionally, the customer won't become eligible for

Medicaid within a month until the date they have incurred medical expenses that are equal to, or exceed their Share of Cost amount, the customer is eligible for Medicaid the rest of that month.

Share of Cost — the amount that is set based on family's monthly gross income. If not shown, the share of cost is $0. Please be aware that this is an estimated amount and may not reflect bills or expenses submitted to ACCESS Florida that have not been processed.

Patient Responsibility — total amount of care individual is responsible for paying provider. If not shown, the patient responsibility is $0. Please be aware that this is an estimated amount and may not reflect bills or expenses submitted to ACCESS Florida that have not been processed.

Information — clicking here will navigate to a screen which will display more information about the customer's benefit for each period.

My Information

This screen displays a case individual's information and program status.

Medicaid 'My Information' Screen

My Information

Case Information

Case Number	5000292987	Head of the Household	CHERI STRONG

Current Contact Information

The following information is for CHERI STRONG

Living Address	21000 TRESCOTT MELROSE FL 32626
Telephone	
Cell Phone	

Medicaid Status

Coverage Begin Date	Coverage End Date	Status	Status Details	Coverage Type	Share of Cost	Patient Responsibility
11/01/2013	02/28/2014	OPEN	OPEN	MEDICAID	0	0

Explanation of Case Action

ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET

Medically Needy 'My Information' Screen

My Information

Case Information

Case Number	5001815452	Head of the Household	JIMMY D. PAUL

Current Contact Information

The following information is for BENNY PAUL

Living Address	1940 MONROE ST TALLAHASSEE FL 32303
Telephone	(888)123-4567
Cell Phone	

Mailing Address

Living Address	1940 MONROE ST TALLAHASSEE FL 32303

Medicaid Status

Coverage Begin Date	Coverage End Date	Status	Status Details	Coverage Type	Share of Cost	Patient
02/01/2014		ENROLLED	ENROLLED	MEDICALLY_NEEDY	2519	0

Explanation of Case Action

ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST
ACCOUNT TRANSFER TO FFM/FHK

Coverage Begin Date — this is the date that assistance began.

Coverage End Date — this is the date that assistance ended (if applicable).

Status — this displays the state of the assistance:

- Processing — this status is displayed when the case is currently being reviewed for eligibility

- Denied — this status is displayed when the case has been reviewed and did not meet eligibility requirements. Click on information to see why it was denied.

- Closed — this status is displayed when the case is no longer open. Click on information to see why it was closed.

- Open — this status is displayed when the case is currently open and is eligible for benefits.

- Enrolled — this status is displayed when 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.

Status Details – this section will display the reason of the customer's status.

Coverage Type — 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.

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

- Medically Needy (Share of Cost) — 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. The customer's monthly 'Share of Cost' is based on their family's monthly gross income (before taxes) and is similar to a deductible on a health insurance policy. In certain cases, a customer may not have to pay the Share of Cost amount. Additionally, the customer won't become eligible for Medicaid within a month until the date they have incurred medical expenses that are equal to, or exceed their Share of Cost amount, the customer is eligible for Medicaid the rest of that month.

Share of Cost — the amount that is set based on family's monthly gross income. If not shown, the share of cost is $0. Please be aware that this is an estimated amount and may not reflect bills or expenses submitted to ACCESS Florida that have not been processed.

Patient Responsibility — total amount of care individual is responsible for paying provider. If not shown, the patient responsibility is $0. Please be aware that this is an estimated amount and may not reflect bills or expenses submitted to ACCESS Florida that have not been processed.

Appendix A: Acronyms

Acronym	Description
DCF	Department of Children and Families
PIN	Personal Identification Number
AMS	ACCESS Management System