

My ACCESS Account Provider View

Table of Contents

Overview 3
My ACCESS Screens..... 4
Home Screen..... 5
Customer Search..... 6
Benefit Summary 8
Medical Assistance (Medicaid)..... 9
Scheduled Appointments 11
My Verifications 12
My Applications 13
My Request for Additional Assistance 14
My Reported Changes..... 15
My Submitted Renewals 16
Individual Medicaid Eligibility History 17
My Information..... 19
Appendix A: Acronyms..... 21

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	<p>This screen offers Providers a summarized view of a customer's case information. The screen will display the following information:</p> <ul style="list-style-type: none"> • Case Information <ul style="list-style-type: none"> ○ Case number ○ Head of Household name ○ Link to scheduled appointments ○ Link to customer's verifications • My Benefits <ul style="list-style-type: none"> ○ Benefit name ○ Link to benefit details • My Renewals <ul style="list-style-type: none"> ○ Any upcoming renewals and associated renewal dates
My Appointments	<p>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.</p>
My Verifications	<p>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.</p>
Medical Assistance Details	<p>This screen displays the details of Medical Assistance benefits the household members on the case are receiving.</p>
Medical Assistance – Temporary Medical Assistance Card	<p>This screen displays Medicaid periods, but Providers cannot print the information.</p>
Medical Assistance History	<p>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 household member, and includes coverage begin date, coverage end date, status of benefit, coverage type, share of cost amount, and the amount the patient is responsible for paying.</p>
Medical Assistance – My History	<p>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.</p>
My Applications	<p>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.</p>
My Reported Changes	<p>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.</p>
My Submitted Renewals	<p>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.</p>
Request for Additional Benefits	<p>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.</p>

Home Screen

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

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

Florida Medicaid Home Sign Out

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
------	---------

Privacy | Disclaimer Copyright © 2007 Electronic Data Systems Corporation. All rights reserved.

Customer Search

Customer Search

Select a Reference Type, Reference Number and enter to search. Date of Birth is required if the Reference Type is Social Security Number or Personal Identification Number (PIN)

* Reference Type :

* Reference Number :

* Date of Birth :

Search Results

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

Case Number	Name	Last Activity Date	Case Status
No Record found			

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:
 - 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.

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.

ACCESS Florida

English | Español | Hindi
[Click here for Help](#)

Hello, You are logged in. [Logout](#)

[Back to Benefit Summary](#)

My Benefits | **My Applications**

Benefit Summary

Case Information

This information is current as of February 5, 2014. If you made any changes to your case within the last 24 hours, please allow time for this information to be processed into the system. Please check back later.

Case Number	Head of the Household	Scheduled Appointments	Verifications Needed
5001418976	Jane Jetson	No appointments scheduled	No verifications needed

My Benefits

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 months or questions related to services you are encouraged to contact AHCA directly at 1-800-269-7799, Prompt 7.

Benefits	Details
Medical Assistance	Go Back

My Renewals

Benefits	Details
Medical Assistance	06/30/2014

[Go Back](#)

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.

The screenshot displays the ACCESS Florida interface. At the top left is the ACCESS Florida logo and the text 'ACCESS Florida'. To the right, there are links for 'Enroll | Renew | Renew' and 'Click here for help'. Below the logo, it says 'Hello, You are logged in.' and a 'Logout' button. A 'Back to Benefit Summary' link is centered. Below this are two tabs: 'My Benefits' (selected) and 'My Applications'. The main heading is 'Medical Assistance'. Underneath is a 'Case Information' section with two fields: 'Case Number' (5001418978) and 'Head of the Household' (Jane Jetson). Below that is a 'Medical Assistance' section containing a table with the following data:

Individual	Pin No	Status	Coverage Type	Print Temporary Medicaid Card	History	Information
Jane Jetson	9652512458	ENROLLED	MEDICALLY_NEEDED	click here	click here	click here
George Jetson	9554612111	OPEN	MEDICAID	click here	click here	click here
Elroy Jetson	6879843454	OPEN	MEDICAID	click here	click here	click here
Peter Jetson	4512121212	ENROLLED	MEDICALLY_NEEDED	click here	click here	click here
Judy Jetson	1321212121	OPEN	MEDICAID	click here	click here	click here

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.

The screenshot shows the ACCESS Florida website interface. At the top left is the logo for the Department of Children and Families, Florida, with the URL myFLDaw.com. The text "ACCESS Florida" is prominently displayed. On the top right, there are language options: "English | Español | Kreyòl" and a "Click here for Help" link. A "Logout" button is located in the top right corner. Below the header, a message says "Hello You are logged in." and a link "Back to Benefit Summary" is centered. Two main navigation tabs are visible: "My Benefits" (highlighted in blue) and "My Applications". The "Temporary Medicaid Card" section is active. It contains a "Case Information" box with fields for "Case Number" (5001418976) and "Head of the Household" (Jane Jetson). Below this is a "Medicaid Period" section for Jane Jetson, which includes a table of eligibility dates.

Begin Date	End Date
10/15/2013	10/31/2013
09/25/2013	09/30/2013
04/03/2013	04/30/2013

A "Back to Benefit Details" link is located at the bottom right of the Medicaid Period section.

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.

The screenshot shows a web interface titled "My Appointments". Under "Case Information", there are two fields: "Case Number" with the value "5001500176" and "Head of the Household" with the name "JANE Y. JETSON". Below this is a section for "Scheduled Appointments" with a note: "If you are unable to keep your appointment, please contact us within 24 hours of the appointment time." A table follows with the following data:

Payee Name	Payee Interview Method	Specialist	Date	Time	Location	Telephone
	Phone	N/A	Any day prior to 03/31/2014	Any time between 08:00 AM - 03:00 PM	N/A	(239)240-9330

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.

English | Español | Kreyòl
[Click here for Help](#)

Hello You are logged in. [Logout](#)

[Back to Benefit Summary](#)

My Benefits | **My Applications**

My Verifications

Case Information

Case Number: 5001482518 | Head of the Household: DONALD TRUMPET SR

Verifications

Program	Group Number	Due Date	Individual	Verification Needed	Form
		02/21/2011		PLEASE COMPLETE AND SIGN THE ATTACHED "FINANCIAL INFORMATION RELEASE" FORM	View
		02/21/2011		PLEASE CONTACT DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT AND COMPLETE UP-FRONT COOPERATION INTERVIEW	
		02/21/2011		PROOF OF CHILD SUPPORT PAID OUT FOR THE PAST TWELVE WEEKS AND COPY OF THE COURT ORDER	
		02/21/2011		PROOF OF I.N.S. STATUS	

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.

FLORIDA DEPARTMENT OF
COMMUNITY CARE AND FAMILY
SERVICES
myFFAMJLJES.COM

ACCESS Florida

English | Español | Kreyòl

Hello You are logged in. [Logout](#)

[Back to Benefit Summary](#)

My Benefits **My Applications**

[My Reported Changes](#) [My Request for Additional Assistance](#) [My Submitted Renewals](#)

My Applications

This table displays all the applications, change reports, renewals and requests for additional assistance submitted and in progress.

My Applications

To view a PDF copy of your submitted applications click the Details icon.

Submitted By	Application Number	Status	Date Received by Agency	Details
DONALD TRUMPET	800048930	Completed	12/07/2012	

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.

English | Español | Kreyòl
[Click here for Help](#)

Hello You are logged in. [Logout](#)

[Back to Benefit Summary](#)

My Benefits **My Applications**

[My Applications](#) [My Reported Changes](#) [My Submitted Renewals](#)

My Applications

This table displays all the applications, change reports, renewals and requests for additional assistance submitted and in progress.

My Request for Additional Assistance

To view a PDF copy of your submitted applications click the Details icon.

Submitted By	Application Number	Status	Date Received by Agency	Details
DONALD TRUMPET	800073732	Completed	12/31/2013	
DONALD TRUMPET	800028193	Completed	11/02/2011	
DONALD TRUMPET	800028154	Completed	11/01/2011	
DONALD TRUMPET	800023611	Completed	09/06/2011	

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.

English | Español | Kreyòl
[Click here for Help](#)

Hello, You are logged in. Logout

[Back to Benefit Summary](#)

My Benefits | **My Applications**

[My Applications](#) | [My Request for Additional Assistance](#) | [My Submitted Renewals](#)

My Applications

This table displays all the applications, change reports, renewals and requests for additional assistance submitted and in progress.

My Reported Changes

To view a PDF copy of your submitted applications click the Details icon.

Submitted By	Change Number	Status	Date Received by Agency	Details
JANE JETSON	720021230	Pended	01/10/2014	
JANE JETSON	720020970	Submitted	01/06/2014	
JANE JETSON	720020910	Completed	01/03/2014	
JANE JETSON	720020890	Submitted	01/03/2014	
JANE JETSON	720020195	Completed	12/10/2013	

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

English | Español | Kreyòl
[Click here for Help](#)

Hello You are logged in. [Logout](#)

[Back to Benefit Summary](#)

My Benefits **My Applications**

[My Applications](#) [My Reported Changes](#) [My Request for Additional Assistance](#)

My Applications

This table displays all the applications, change reports, renewals and requests for additional assistance submitted and in progress.

My Submitted Renewals

To view a PDF copy of your submitted applications click the Details icon.

Submitted By	Review Number	Status	Date Received by Agency	Details
DONALD TRUMPET	800072808	Completed	12/16/2013	
DONALD TRUMPET	800041992	Completed	04/12/2012	

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.

Individual Medicaid Eligibility History

Case Information

Case Number	5000292987	Head of the Household	CHERI STRONG
--------------------	------------	------------------------------	--------------

Individual Medical Assistance Amount History

Medical Assistance Benefit Amount History for **CHERI STRONG**

Coverage Begin Date	Coverage End Date	Status	Coverage Type	Share of Cost	Patient Responsibility	Information
11/01/2013	02/28/2014	OPEN	MEDICAID	0	0	click here
10/31/2013	10/31/2013	CLOSED	MEDICAID	0	0	click here
05/01/2013	10/31/2013	OPEN	MEDICAID	0	0	click here
04/01/2013	04/30/2013	OPEN	MEDICAID	0	0	click here
03/01/2013	03/31/2013	OPEN	MEDICAID	0	0	click here
10/01/2012	02/28/2013	OPEN	MEDICAID	0	0	click here

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 TRECOTT 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 FFMFHK

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