



ADULT RELATED MEDICAID PROVIDER COMMUNICATION GUIDE

This reference sheet provides a basic overview to assist Medicaid providers requesting information from DCF

DCF Provider View

- The Agency for Health Care Administration (AHCA) has confirmed that all contracted Medicaid providers have access to FMMIS and DCF Provider View.
- DCF Provider View is a valuable resource for use by Medicaid providers to view case information and learn the status of an eligibility determination.

Notices of Case Action (NOCA)

- Pending notices will reflect information that the recipient must provide to complete the eligibility determination.
- At approval, the Notice of Case Action is sent to the recipient, the Medicaid provider, and the designated representative, if one is assigned.
- After the recipient is enrolled in a Managed Care Plan, the Medicaid provider no longer receives notices directly from DCF. Future notices are sent directly to the assigned plan.
- Providers should communicate with their Managed Care Plan to obtain a copy of the Notice of Case Action.

Communication

- Effective December 1, 2014, the Adult Resolution Email Account (SR_CCC_adults@dcf.fl.us) was no longer available to receive inquiries or updates from Medicaid providers.
- When a Medicaid provider is unable to obtain needed information through the DCF Provider View, they may contact the Customer Call Center at 1-866-762-2237.
 - If a call agent is unable to resolve their inquiry, the issue will be referred to the regional office.
 - The regional office has 24 hours to respond once alerted that action is needed on a case.

Submitting Applicant Case Information

- Information may be uploaded to the customer's My ACCESS Account at:
<http://www.myflorida.com/accessflorida/>
- Information may be submitted by fax at 1-866-886-4342 using the fax coversheet located on the DCF website at: <http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/common-access-florida-forms>
- When information is received for pending cases, the verification is assigned to the case and immediate notification is sent to the eligibility processor that the information was received.
- Information received requesting a change in coverage is routed to the Customer Call Center Adult Services workgroup for action.