



**Hillsborough
County** Florida

ACES Portal User's Guide
(Provider Back Office – External Use Only)

July 7, 2022

Contents

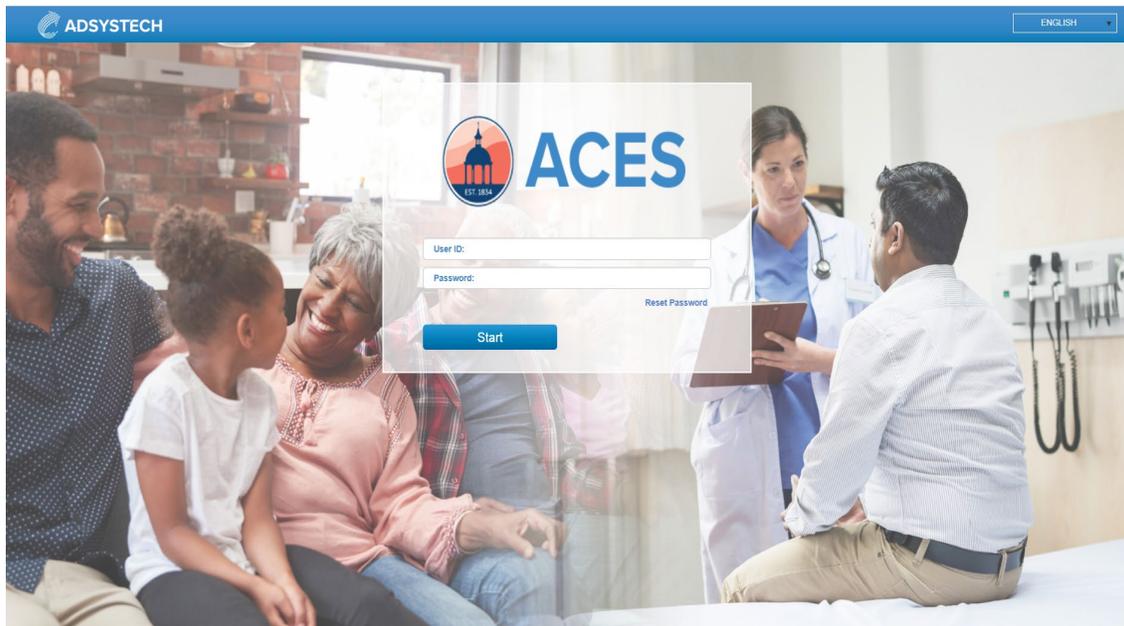
Contents.....	1
ACES Portal – Provider Back Office User’s Guide – External Use Only	3
Home Page.....	4
Buttons on a Page	4
Client Intake	6
Search.....	6
Add Account Entry Window.....	6
Account Tab	7
Account Login Information	7
Edit Account 	8
Send Account Info 	8
Set Pin 	8
Change Account 	8
Reset Password	9
Add Note	9
Contact Tab.....	10
Member Tab.....	11
Income Tab.....	12
Income Entry Window	12
Non-Cash Benefits / Health Insurance Entry Window.....	13
Portal Application Tab.....	14
Assets Tab	14
Application	15
Application Questions.....	16
Case Application – Documents and Forms	17
Documents	17
Document Status.....	18
Uploading Documents to Satisfy Individual Requirements	18
Navigating and Previewing Documents	21
Removing Documents	22
Documents / Packets	23
App Summary Tab.....	24

Status Detail	24
Eligibility Check	25
Search.....	25
Search Results	25
Search Results Printout.....	26

ACES Portal – Provider Back Office User’s Guide – External Use Only

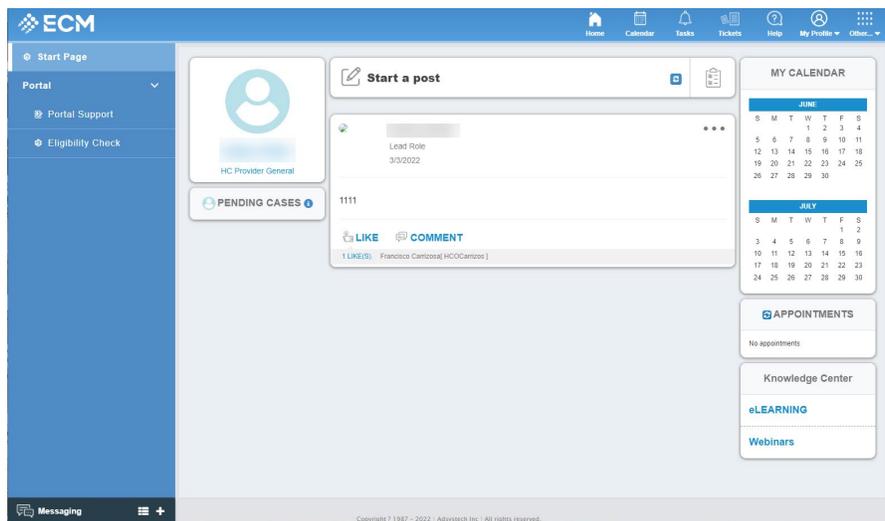
The use of ACES Portal – Provider Back Office system is governed by Hillsborough County Health Care Services. The confidential information including but not limited to medical information, health information, HIV status, eligibility for Federal entitlement programs such as Social Security, Medicaid, Medicare, Veterans benefits, Transportation Disadvantaged, Community Services Block Grant, Ryan White or any other information designated as confidential pursuant to State or Federal Law shall be held as such and used only in a lawful manner for the express purpose named above and/or for providing medical care to patients of the Hillsborough County HealthCare Plan. Adherence to all HIPAA regulatory governing statutes must be strictly applied with respect to HCHCP information obtained or entered. The County reserves the right to revoke access for non-compliance with confidentiality regulations and prevailing governing statutes.

The use of this Provider Portal replaces the need for using Insight. It has the benefit of working in real time, ability to upload required documents, can be used to print forms, and check the status of an application.



Home Page

From this page, you can access Client Intake to look-up, enter, and edit client information. You can also access Eligibility Check to check client eligibility.



When you first log in, you will see the Disclaimer Page.

Buttons on a Page

There are several icons found within the application. Below are some of the more common ones, along with a brief explanation.



Additional information for the field it is next to. Hover over the icon (in the application) for details.



Refresh. This is found in the top left corner of the header.

ACCOUNT INFORMATION



1. ADD NEW ACCOUNT
2. EDIT ACCOUNT
3. SEND ACCOUNT INFO
4. SET PIN
5. CHANGE ACCOUNT

CONTACT INFORMATION



6. SHOW MAP
7. ADDRESS HISTORY

Client Intake

Search

The first step of Client Intake should **ALWAYS** be a search. You can do so by entering the client's PID or Portal ID (if known) or their complete First Name, complete Last Name and Date of Birth and then clicking **Search**.

NOTE: Partial searches are not allowed for any of the fields. Hyphenated last names must be searched the same way they were entered. For instance: Smith-Jones, not Smith or Jones. This is also true for apostrophes and accent marks.

ALSO NOTE: You must search for the Account Owner. Family or Household members are not returned via Search.

The screenshot shows the Client Intake search interface. On the left is a blue sidebar with 'Start Page', 'Portal', 'Portal Support', and 'Eligibility Check'. The main content area has a 'Look-Up' section with input fields for PID, Portal ID, First Name, Last Name, and Date of Birth, and 'Clear' and 'Search' buttons. Below this are tabs for 'Account', 'Contact', 'Member', 'Income', 'Portal Application', 'Assets', 'App Summary', 'Case Application', and 'Document Packets'. The 'ACCOUNT INFORMATION' section includes an 'ADD ACCOUNT' button.

Add Account Entry Window

If the client is not found in the search, Click the **Add Account** button and fill out the information in the entry window.

The 'Create Account' entry window contains a yellow instruction box: 'To Create a 'NEW ACCOUNT' complete the fields below OR Click <CLOSE> and go to the 'MEMBER' tab to add additional members to current household.' Below this are input fields for 'First Name *', 'Last Name *', 'Date Of Birth (Format: mm/dd/yyyy) *', and 'SSN (Highly recommended)'. There is a checkbox for 'Account Email or Mobile Number is not Available', an 'Account ID (Email or Mobile Number) *' field, and a 'Language *' dropdown menu. At the bottom are 'Sign Up' and 'Close' buttons.

NOTE: Check the "Account Email or Mobile Number is not Available" box if the client does not have Email or a Mobile Number. If this is the case, the system will generate an account ID that is comprised of the first initial of their first name, their last name, the system-generated identifier, and @tmp.com.

Account Tab

The Account Tab displays the account owner information for the client.

Look-Up Clear Search

PID Portal ID First Name Last Name Date of Birth

 Account Owner

Account Contact Member Income Portal Application Assets App Summary Case Application Document Packets

ACCOUNT INFORMATION + ADD ACCOUNT

 []    

ACCOUNT ID EMAIL LANGUAGE Account Confirmed Active

FILE NUMBER

NOTE + ADD

Account Login Information

When you hover your cursor over the  icon, it will display the client's Identifier (once assigned), their Account Login and their Date of Birth.

Look-Up Clear Search

PID Portal ID First Name Last Name Date of Birth

 Account Owner

Account Contact Member Income Portal Application Assets App Summary Case Application Document Packets

ACCOUNT INFORMATION + ADD ACCOUNT

 []    

ACCOUNT ID EMAIL LANGUAGE Account Confirmed Active

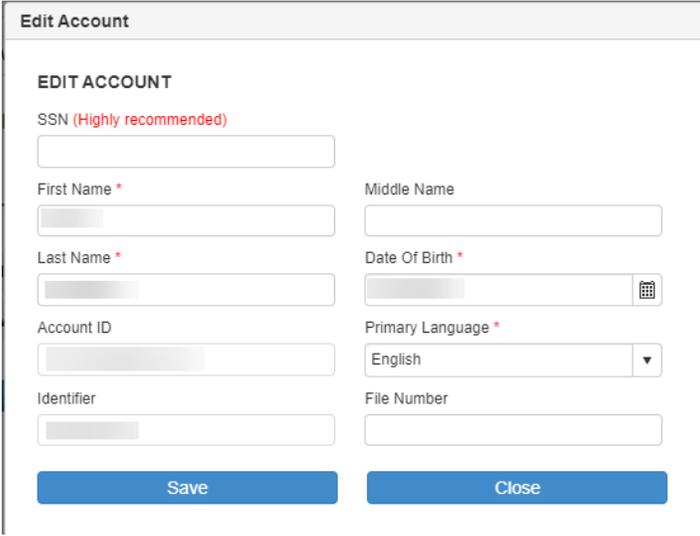
FILE NUMBER

NOTE + ADD

Identifier: 000:
Account Login:
Date Of Birth:

Edit Account

If you click the Edit icon, the Edit Account entry window appears. Here, you can edit the client's name and language preference.



Send Account Info

This will send account information to the client.

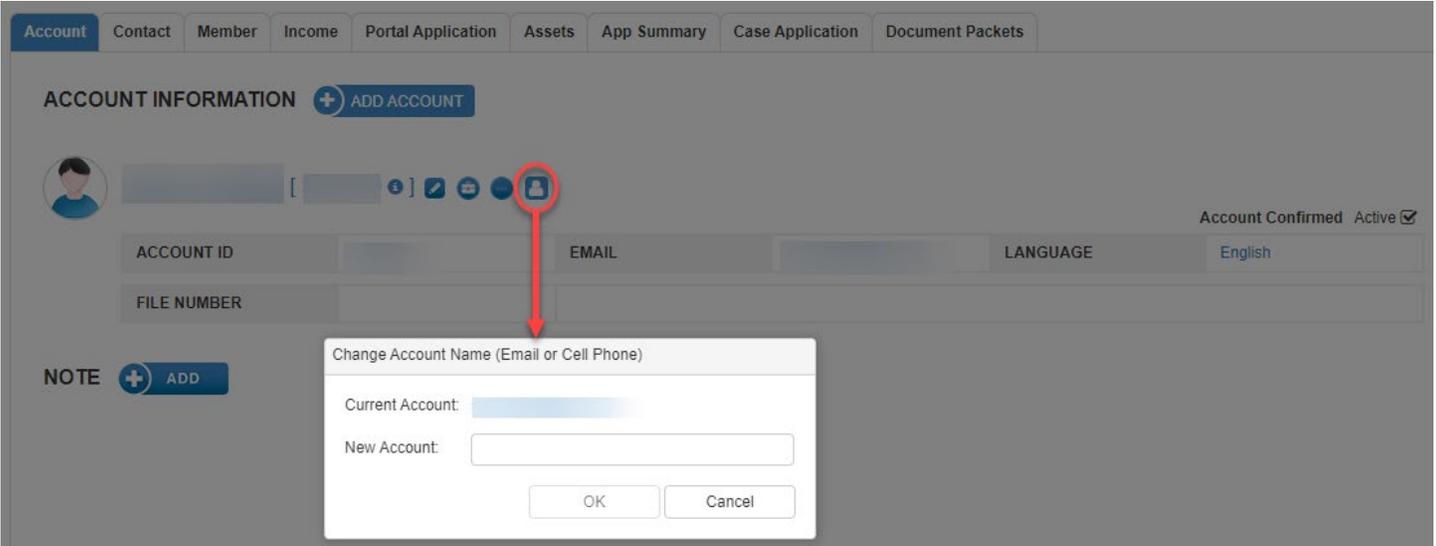
Set Pin

Enter a new PIN in the popup window. Click SAVE.

Change Account

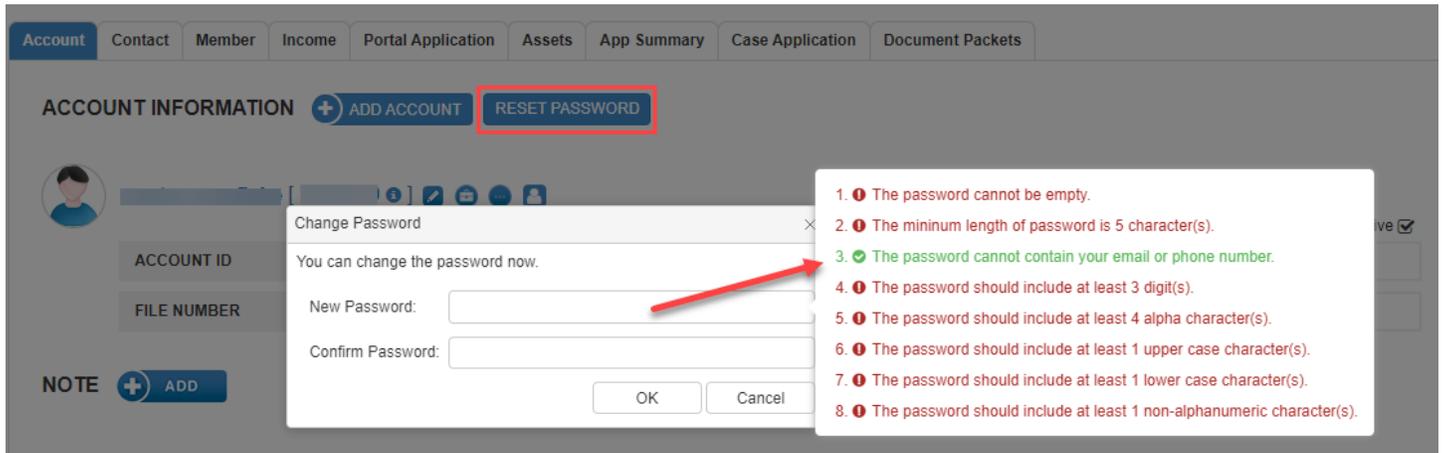
Clicking on this lets you edit the Account Name (Email or Cell Phone). This changes the login/User ID to the new email or cell number that is entered.

Note: Account Name is equivalent to the User ID that is used, by the client, to log into the system.



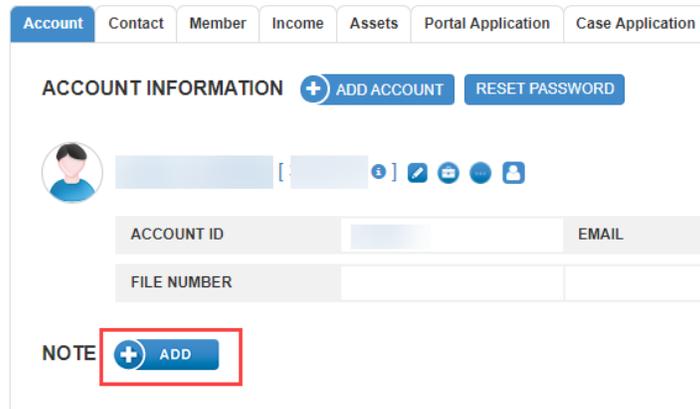
Reset Password

You can also reset the client's password. When entering the new password, the rules will turn green as you meet them. Changing the password and clicking OK will send a notice to the client.

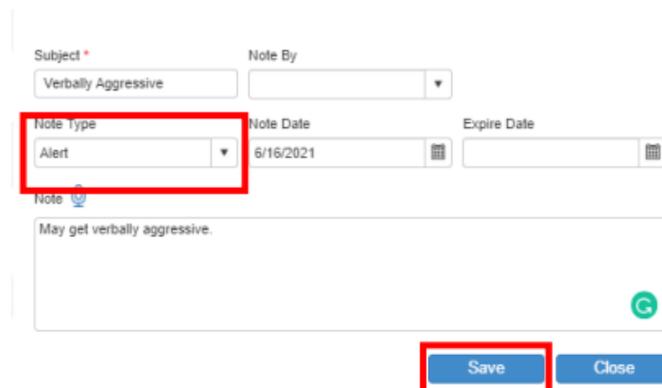


Add Note

This can be used to create an internal note or alert.



Selecting an **Alert** note type will give the profile picture a red glow around it. Selecting **Information** note type will not provide a red glow around the profile picture. Click **SAVE**



Contact Tab

This tab is used for editing the client's contact and address information. There is an Add button at the bottom of the screen that can be used for adding additional contacts.

The screenshot shows the 'Contact' tab in a software interface. At the top, there is a 'Look-Up' section with fields for PID, Portal ID, First Name, Last Name, and Date of Birth, along with 'Clear' and 'Search' buttons. Below this is a navigation bar with tabs for Account, Contact (highlighted), Member, Income, Portal Application, Assets, App Summary, Case Application, and Document Packets. The main content area is titled 'CONTACT INFORMATION' and contains several form fields: PRIMARY PHONE, PHONE TYPE, LEAVE MESSAGE (No), ALTERNATE PHONE, PHONE TYPE, LEAVE MESSAGE (No), ACCOUNT ID, EMAIL, and CONTACT PREFERENCE. Below this is the 'LAST KNOWN PERMANENT ADDRESS' section with a location pin icon, showing 'Tampa, FL, USA', ZIP CODE '33602', UNIT, and COUNTY 'Hillsborough'. At the bottom, there is an 'ADDITIONAL CONTACT' section with a '+ ADD' button (highlighted with a red box and an arrow) and an 'Add Contact' window. The window has a 'Member Contact' checkbox (checked), an 'e-Signature' checkbox (checked), and a 'Notification' checkbox (checked). It also has fields for First Name, Last Name, Email, and Phone, and a Relationship dropdown menu. 'Save' and 'Close' buttons are at the bottom of the window.

In the Add Contact Window, complete the requested information. Checkmark applicable boxes if:

- Member Contact (select contact's check box and option to provide an e-signature)
- Notifications are sent to selected member

Select SAVE.

This screenshot shows the 'Add Contact' window overlaid on the main interface. The window has a title bar 'Add Contact'. At the top, there are three checkboxes: 'Member Contact' (checked), 'e-Signature' (checked), and 'Notification' (checked). Below these are two rows of checkboxes, each with a corresponding input field. The 'Email' and 'Phone *' fields are visible. There is a 'Relationship' dropdown menu. At the bottom of the window, there are 'Save' and 'Close' buttons. The 'Save' button is highlighted with a red box. In the background, the 'ADDITIONAL CONTACT' table is visible, showing a table with columns for NOTIFICATION, NAME, PHONE, EMAIL, and RELATIONSHIP. The first row has a checkmark in the NOTIFICATION column, a name, the phone number (123)456-7891, and the relationship 'Spouse'. There are edit, delete, and verify buttons at the end of each row.

Click on the e-Signature Verify  button to provide an e-signature. The verification code will be sent to the phone number supplied in the Phone field. Click **Send Verification Code**. Provide e-signature code in the blank box. Click **VERIFY**.

Member Tab

Click on the pencil icon to add or edit the client's information.

RELATIONSHIP	Self	GENDER	Male	DOB (AGE)		LAST 4 SSN	
MARITAL STATUS	Married	ETHNICITY	Non-Hispanic/Non-Latino	DISABLING CONDITION		VETERAN STATUS	
EDUCATION		MEDICAL INSURANCE		PRIMARY LANGUAGE	English	EMPLOYMENT STATUS	
RESIDENCY STATUS	US Citizen	USCIS CODE		USCIS NUMBER		USCIS EXPIRATION DATE	
RACE	White	INTERPRETER NEEDED	No	COUNTRY OF BIRTH	United States		

If there are other members in the household, click on the **Add** button to enter them. It is important to include everyone who is part of the household, even if they are not part of the client's family or being included on an application. If they are not to be included on the application, you may uncheck the **Primary Family** box.

RELATIONSHIP	Self	GENDER		DOB (AGE)		LAST 4 SSN	
--------------	------	--------	--	-----------	--	------------	--

After clicking Edit Member, you may add or edit the information seen below.

BASIC INFORMATION

First Name * [Red Box] Middle Name [] Last Name * [Red Box] Suffix [] Date Of Birth * [Red Box] Age 55

Gender [Male] Disabling Condition [] Veteran Status [] SSN (Highly recommended) []

ADDITIONAL INFORMATION

Relationship to Head of Household * [Self] Marital Status [Married] Ethnicity [Non-Hispanic/Non-Latino] Medical Insurance []

Education [] Residency Status [US Citizen] Primary Language [English] Employment Status []

USCIS Code [] USCIS Number [] USCIS Expiration Date [] Country Of Birth [United States]

Interpreter Needed

RACE (Choose As Many As Apply) *

Native Hawaiian or Pacific Islander White American Indian, Alaska Native, or Indigenous Asian or Asian American

Black, African American, or African Client doesn't know

[Save] [Close]

NOTE: As you enter new fields, those outlined in red (or notated with a red *) are required.

After adding each additional Household Member, a Relation Questions entry window will appear. Click Save after answering the questions.

Income Tab

This tab displays the household's income information and poverty percentage once the Income and Non-cash Benefits sections have been completed. Click on the edit icon  for each of the categories to bring up the entry windows.

Look-Up

PID 

Portal ID

First Name

Last Name

Date of Birth 

Account Owner 

Account
Contact
Member
Income
Portal Application
Assets
App Summary
Case Application
Document Packets

HOUSEHOLD INCOME

Household Income Total	MONTHLY(\$)	QUARTERLY(\$)	YEARLY(\$)	% POV.
Household Income Total	\$0.00	\$0.00	\$0.00	0%

 [Male]

INCOME 

Declared No Income

NON-CASH BENEFITS/HEALTH INSURANCE 

NON-CASH BENEFITS None

HEALTH INSURANCE No Health Insurance

Income Entry Window

Enter the sources, frequency, and net income amounts in this section.

Income

Declare no income Save will erase all income values

INCOME SOURCE	FREQUENCY	INCOME
Wage1 <input style="width: 100%;" type="text" value="Employer Name"/>	▼	▼
Unemployment Insurance	▼	▼
Supplemental Security Income (SSI)	▼	▼
Social Security Disability Insurance (SSDI)	▼	▼
VA Service-Connected Disability Compensation	▼	▼
VA Non-Service-Connected Disability Pension	▼	▼
Private disability insurance 	▼	▼
Worker's Compensation	▼	▼
Temporary Assistance for Needy Families (TANF)	▼	▼
General Assistance (GA)	▼	▼
Retirement Income from Social Security	▼	▼
Pension or retirement income from a former job	▼	▼
Child support	▼	▼
Alimony and other spousal support <input style="width: 100%;" type="text" value="Employer Name"/>	▼	▼
Other source	▼	▼
Other: <input style="width: 100%;" type="text"/>	▼	▼

Non-Cash Benefits / Health Insurance Entry Window

Account for any non-cash benefits in this section.

NON-CASH BENEFITS/HEALTH INSURANCE

Non-Cash Benefits

None

Client Doesn't Know Client Refused Data Not Collected

SNAP Amount: ▲▼ TANF Child Care WIC

SSI/Disability/SSD Other TANF-Funded Services Section 8 or Rental Assistance

Other Amount: ▲▼

Health Insurance

No Health Insurance

Client Doesn't Know Client Refused Data Not Collected

MEDICAID MEDICARE VA Medical Services

State Children's Health Insurance Employer Provided health Insurance COBRA Health Insurance

Private Health Insurance State Adult Health Insurance Indian health services program

Other Medically Needy Amount: ▲▼

Portal Application Tab

This page displays a brief overview of who should apply, what the current eligibility income percentage is and instructions for completing the application. There is also a Review Profile button that allows you to see a summary of all information that has been completed up to this point. Click CONTINUE to proceed to the Application.

Look-Up
Clear Search

Account Owner

Account
Contact
Member
Income
Portal Application
Assets
App Summary
Case Application
Document Packets

APPLY FOR SERVICES REVIEW PROFILE

Please select which service you would like to submit an application for.

**Healthcare
New
Enrollment**

Who Should Apply

Hillsborough Health Care is a comprehensive managed care program for Hillsborough County residents with limited income and assets who do not qualify for other health care coverage, including Medicare and Medicaid. The program is funded by a special sales tax and administered by Hillsborough County. Applicants must: be a resident of Hillsborough County, be a U.S. citizen or a documented legal resident of the U.S., have income at 175 percent or below the federal poverty guidelines, and have assets within program guidelines. Medically Needy Program participants may be eligible for the Hillsborough County Health Care Plan

NOTE:

- If there is no check mark next to the words Health Care, this means a Health Care application has not started.
- A white check mark indicates a Health Care application has started but was not submitted.
- A green check mark indicates a Health Care application has been submitted for this client.

Assets Tab

To submit an application, it is required that the Asset questions be answered for each family member. It will be up to the Case Manager to review the assets to determine eligibility.

Account Asset

Asset Description	Do you own, or have your name on any of the following			
	Kathy Somebody		John Somebody	
I. Bank Accounts-Checking, Savings and Cash on Hand	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
II. CD's, Money Market Accounts, Stock, Bonds, Investment Plans, IRA's, 401K's, Deferred Compensation, Trust Funds	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
III. Property or land that is not your primary residence or homestead	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
IV. Excess vehicles, not your primary transportation for work or medical visits	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
V. Life Insurance Policies?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Save
Close

Application

Once you reach the Application, everything previously entered will be pre-populated. You can add additional family members that may have been forgotten or omitted by clicking the ADD MEMBER button. You may also edit the Household Info and Member Income sections by clicking the Edit button in the desired area.

APPLY FOR SERVICES

REVIEW PROFILE

Please select which service you would like to submit an application for.

Health Care ✓

STEP 3 Applicant: [redacted] Application Date: 9/29/2020

Use the scroll bar closest to the 'ADD MEMBER' button to scroll down to the 'APPLICATION DETAILS' section.

Account Info [EDIT]

ID: [redacted] Account ID: [redacted] Account Name: [redacted]
Primary Phone: [redacted] Phone Type: Home

Household Info [ADD MEMBER]

Address: [redacted] Tampa, FL, USA Zip Code: [redacted] County: Hillsborough Unit:
Mailing Address: 601 East Kennedy Boulevard, Tampa, FL, USA
Household Size: 1 Household Type: [redacted] Housing Status: Homeless Homeless Type: Living with Family/Friends

[redacted] Female [EDIT]

ID: [redacted] Identifier: [redacted] SSN: [redacted]
Relationship to Head of Household: Self Marital Status: Single Veteran Status: No
Residency Status: US Citizen Medical Insurance: [redacted] Disabling Condition: No
Education Level: High School Diploma Primary Language: [redacted] Interpreter Needed: No
Ethnicity: Non-Hispanic/Non-Latino Race: Black/African-American
Modified by: [redacted]

Member Income

[redacted] INCOME [EDIT]

Income Source: Earned/Employment Income (Monthly) \$278.84
Income Source: xtra dep (Monthly) \$197.00

NOTE: While navigating the Application page, notice there are two scroll bars. If you see an error when submitting your application, you may need to use one or both sets of scroll bars to find the applicable field (which should be displayed in red).

1) you would like to submit an application.

REVIEW PROFILE

STEP 3 Applicant: [redacted] Application Date: 9/13/2019

Use the scroll bar closest to the 'ADD MEMBER' button to scroll down to the 'APPLICATION DETAILS' section.

Account Info [EDIT]

ID: [redacted] Account ID: [redacted] Account Name: [redacted]
Address: [redacted] Zip Code: [redacted] County: [redacted] Unit: [redacted]
Housing: [redacted]

Household Info [ADD MEMBER]

[redacted] [EDIT]

ID: 2111951 Identifier: [redacted] SSN: [redacted]
Relationship to Head of Household: Self Marital Status: [redacted] Veteran Status: [redacted]
Residency Status: [redacted] Medical Insurance: [redacted] Disabling Condition: [redacted]
Education Level: [redacted] Primary Language: [redacted] Interpreter Needed: No
Ethnicity: [redacted] Race: [redacted]
Modified by: [redacted]

Member Income

[redacted]

Application Questions

This section contains required Application Details. Depending on the answer to the question, another box may appear asking for further details.

Be sure to provide the Source of Application as it is a requirement for submission.

The Notice of Privacy Practices can be viewed in either English, or Spanish and may be printed by clicking the printer icon.

Once everything has been answered, click the SUBMIT button to submit the application.

 Application Details

* 1. Are you a student who currently receives grants or loans? If yes, 'Specify type and amounts' 

* 2. Do you or any other household member pay court ordered payments monthly (IRS, Child Support, Restitution, etc.)? If yes, 'Specify type and amount' 

* 3. Choose a clinic you would like to be enrolled

* 4. Please select your 'Country of Birth'

5. COMMENTS:

Source Of Application*

Applicant's Certification of Completion

I certify that all information provided as part of this application is true and correct to the best of my knowledge.

Notice of Privacy Practices English (Inglés) Spanish (español) 

I have reviewed:

Hillsborough County Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice Requirements

Hillsborough County is required by federal and state laws to maintain the privacy of your health care information. The law also requires us to give you a Notice telling you about the law, your rights, and our privacy practices. This Notice represents our departments that support your health care needs. They are:

SUBMIT CANCEL RETURN

RETURN

If there is missing information, an error box will alert you to what needs to be completed. After you address the required fields and click SUBMIT again, you will receive a message letting you know the application has been successfully submitted.

NOTE: Using the CANCEL button will clear an application that has not been submitted and remove the white check mark (please refer to page 11).

Case Application – Documents and Forms

This page is where you can view required documents for the application. There will be required documents that apply to the household as well as each family member (over the age of 18). There are two ways to upload documents. The first method addresses items on the required documents list, is explained in the section “**Uploading Documents to Satisfy Individual Requirements**”. The second method, for documents not on the list, is explained in the “**Documents / Packets**” section.

The screenshot shows a web portal interface for a Case Application. At the top, there is a 'Look-Up' section with search fields for First Name, Last Name, Account Login, SSN, and Identifier (PID), along with a Search button and an Account Owner profile. Below this is a navigation bar with tabs for Account, Contact, Member, Income, Portal Assessment, Communication, Portal Application, Assets, App Summary, Case Application (highlighted with a red box), and Document Packets. A blue banner indicates 'HCO_HCRA OUTSTANDING ITEMS 6' and 'SUBMITTED APPLICATION'. A message states: 'The number in the RED circle tells you how many items need a response in the tab. Select the tab and provide a response to each item in order to finalize the application.' The main content area is divided into 'APPLICATION' and 'DOCUMENTS 6' (highlighted with a red box). Under 'DOCUMENTS', there are four status buttons: 'Not Provided' (grey), 'Provided' (yellow/amber), 'Denied' (red), and 'Approved' (green). A 'Forms' icon is also present. Below the status buttons is a list of documents for '[Self]': 'Asset Questionnaire' (highlighted with a red box and containing an 'i +' icon), 'Citizenship/Permanent Resident', 'HCRA App', 'Identification', 'Income Questionnaire', and 'Residency 1'. Each document has an 'i +' icon. The text 'No document provided.' is visible to the right of the list.

This tab contains a FORMS icon  where you can locate forms to print out, complete, and scan back in.

Documents

The Documents section allows you to see a color-coded status for each document:

- Grey = Not Provided
- Yellow/Amber = Provided
- Red = Denied
- Green = Approved

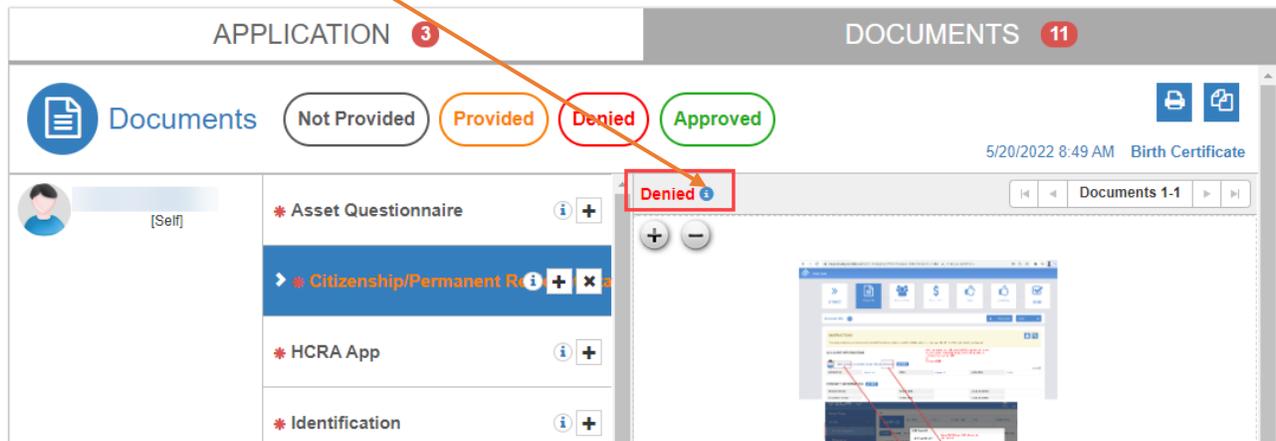
This is where required documents can be uploaded. You may upload computer files (.jpgs, .pdfs, etc.), scan in a document or take a picture. When you click the + button to upload, you will be prompted depending on the document type selected.

Document Status

As the Health Care Team works on the applications, they either approve or deny the submitted documents. If a requirement has been approved, you will see a green check next to it.



Sometimes a document may be denied simply because it is not legible. If a document is denied, you should see the reason by hovering over the  icon next to the **Denied** status which is displayed in the grey header over the preview pane.



Uploading Documents to Satisfy Individual Requirements

Here are a few guidelines for document uploads.

1. You may upload the following document types:
 - .jpg
 - .pdf
 - .tif
 - .tiff
2. There is a 10 MB size limit per upload.
3. You may upload a document (typically a .tif or .tiff) that contains **multiple pages**. An example of this is a bank statement that has more than one page but is scanned in as one document/attachment.

AND/OR

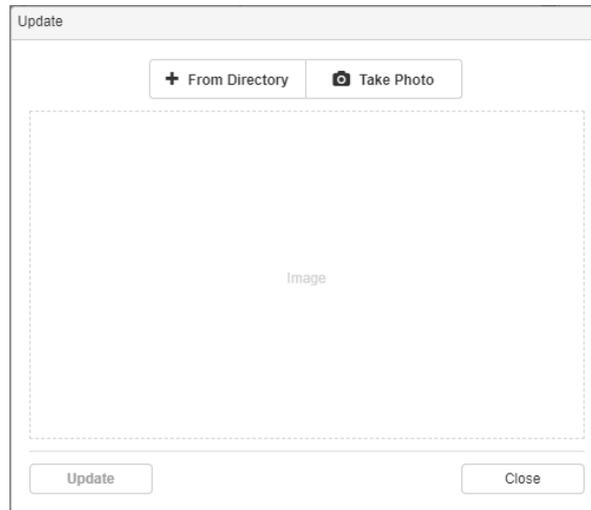
4. You may select **multiple documents** to upload, however, you can only select five at one time. If you have seven documents to attach, you can upload the first five together and then the second two.

To upload documents, click on the **+** button next to the applicable document.



NOTE: If you are using a mobile device for the first time, you will be asked to allow access to the camera or photos. Choose Yes.

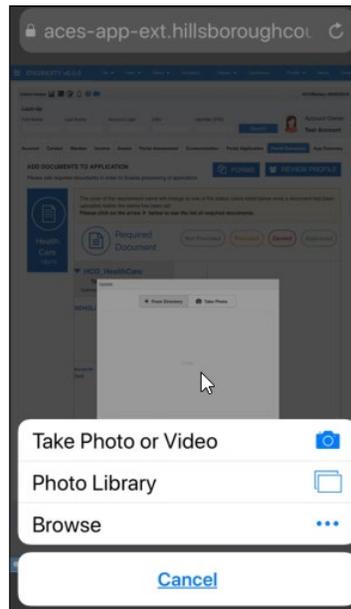
An entry window will appear where you have the option to select a file From Directory or Take Photo.



Mobile Devices

If you are accessing the Portal from an **Apple** mobile device via the internet:

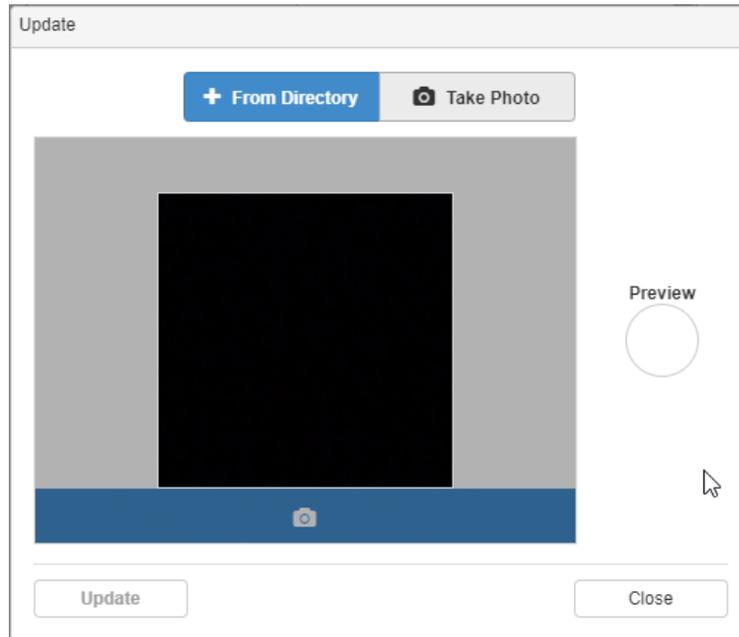
1. Select 'From Directory' (not Take Photo)
2. Next, select either 'Take Photo or Video' (to take a new photo) or 'Photo Library' (to access a photo that already exists on your device).



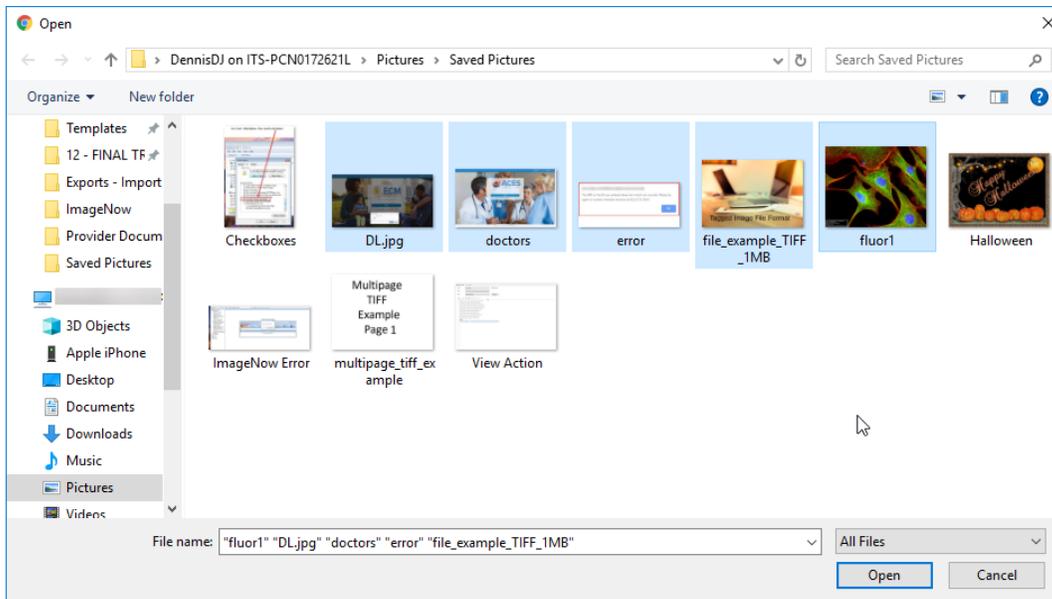
Computer

If you are accessing the Portal from a computer and wish to use its camera:

1. Select 'Take Photo'
2. Once you have the document in the view, click the camera icon to capture the image.



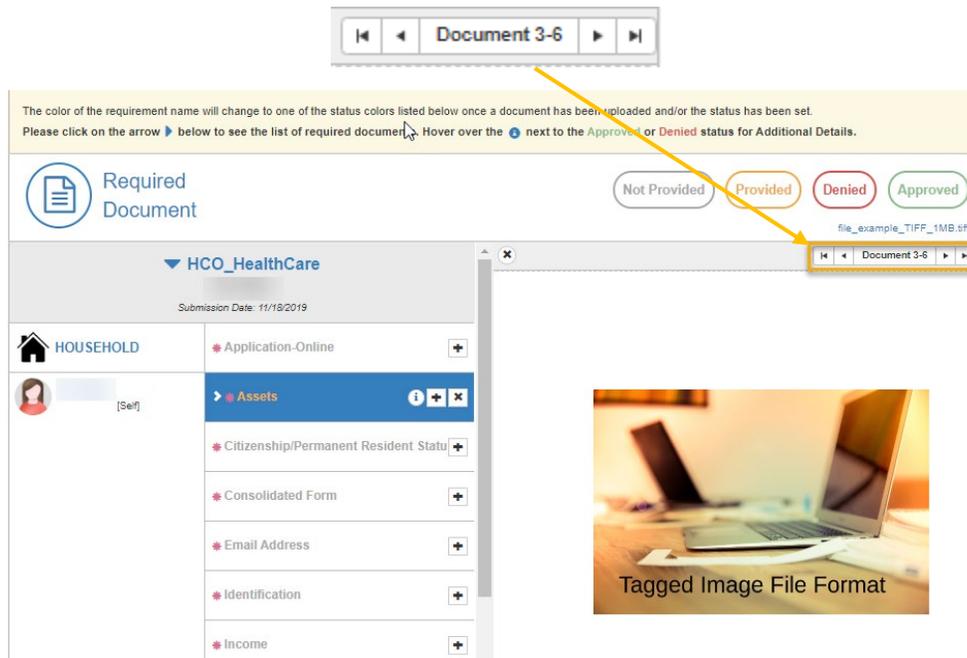
If you have an existing file on the device you are using, you can select it from the file directory like you would upload any computer file.



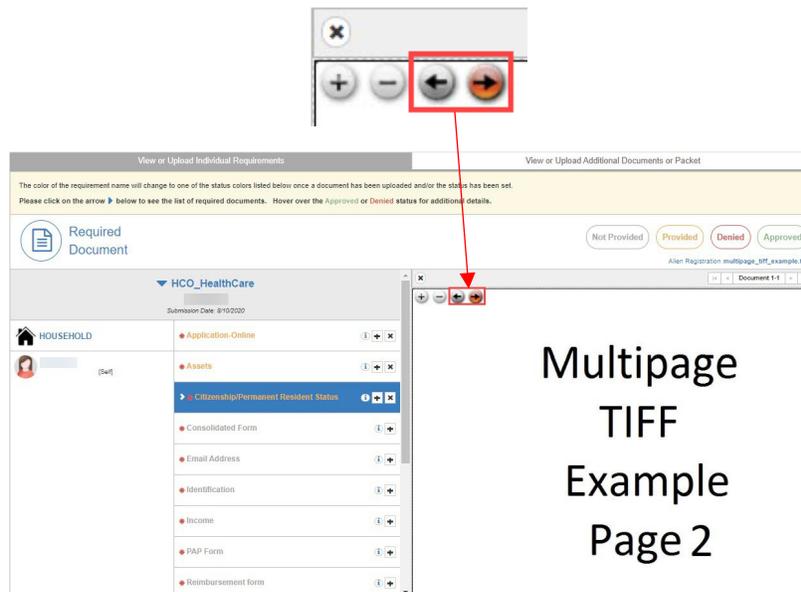
REMEMBER: You may only select up to five documents at once. You can add more than five to one requirement but only up to five at one time.

Navigating and Previewing Documents

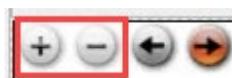
If you have multiple documents uploaded for one requirement, you can scroll through the individual documents using the navigation arrows found in the top righthand corner of the preview screen.



If you have a multi-page document, you can navigate through its pages using the Next page and Previous page arrows.



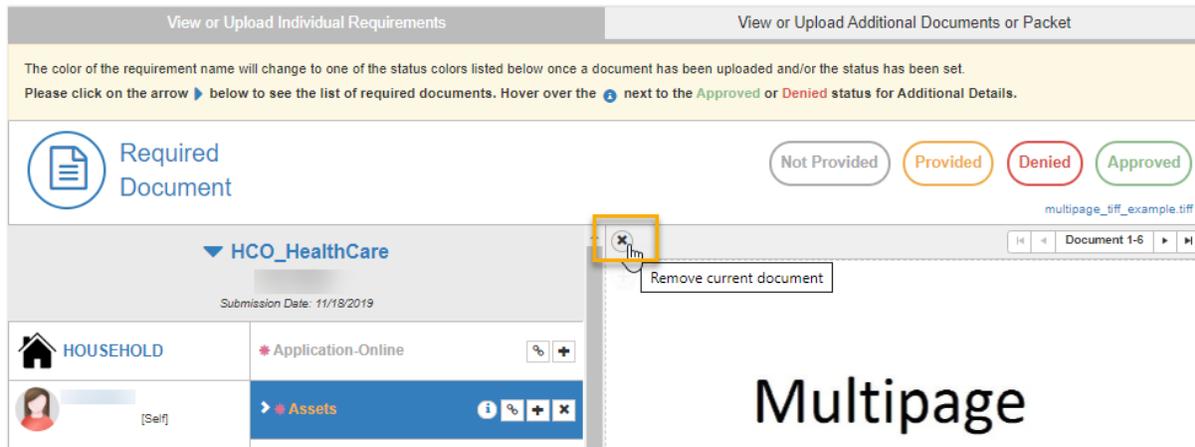
You may also zoom in or zoom out on the document being previewed by clicking the + or - buttons.



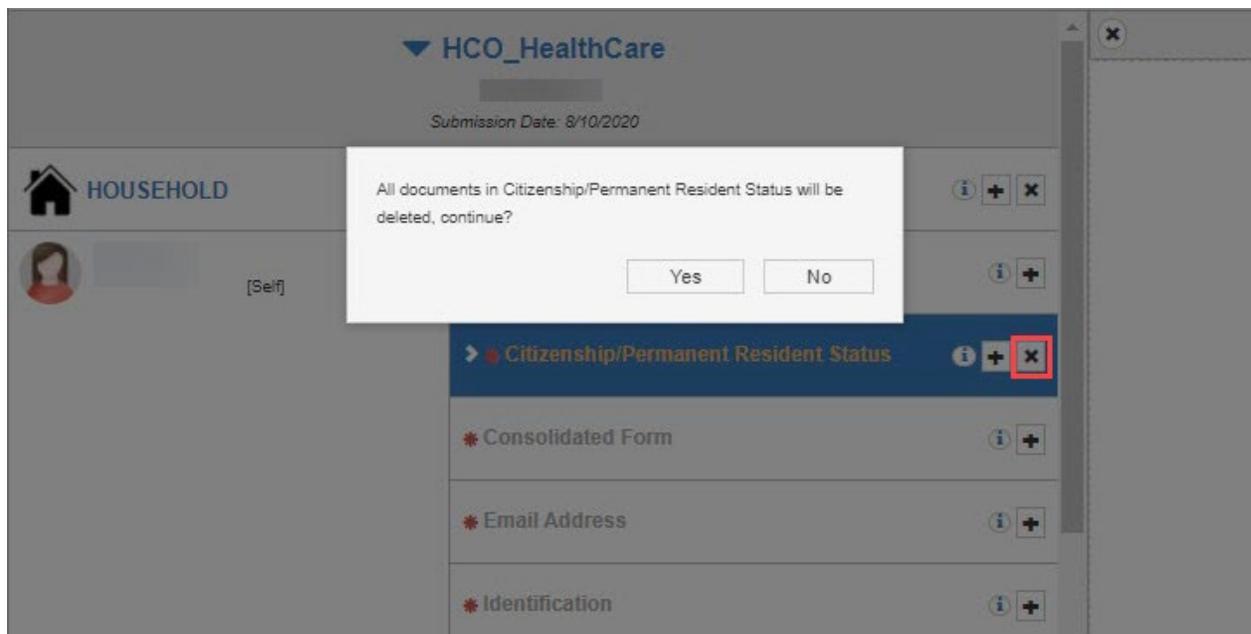
Removing Documents

If you make a mistake and need to remove a document, you may do so before the Document Management team approves or denies the document and “locks” its status. At that point, you will no longer see the **X** icon for removal. If you have multiple documents attached for one requirement, you can either remove all documents or delete individually.

1. To remove an **individual** document:
 - Navigate to the document you wish to delete
 - Click the **X** icon in the top left-hand corner of the preview page to remove the current document.

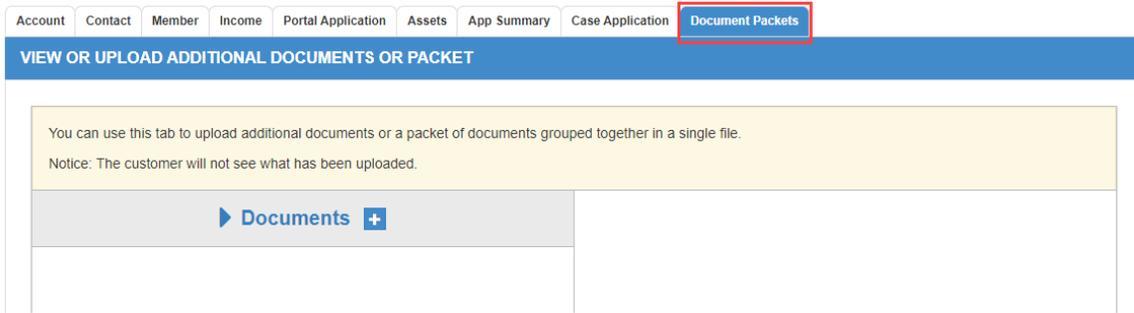


2. To remove **all** documents from a requirement, click the **X** icon on the right side of the requirement field.

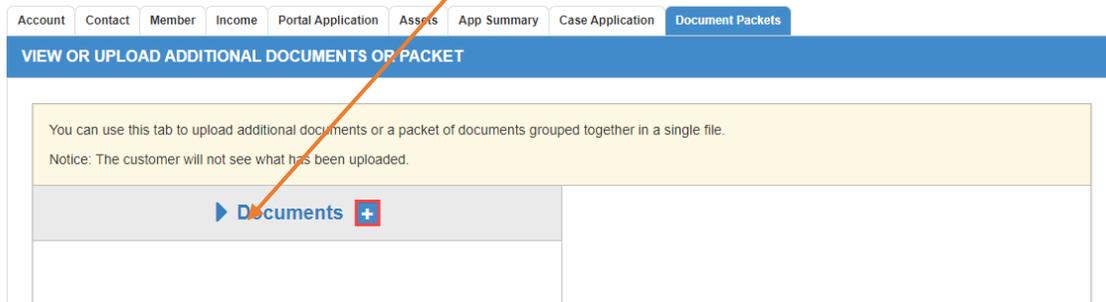


Documents / Packets

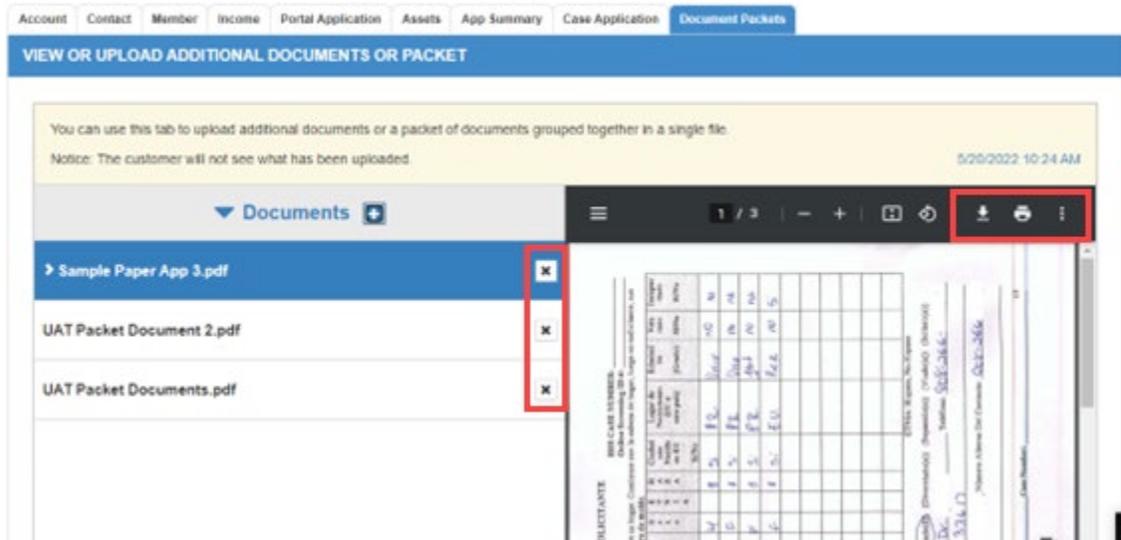
As a provider, you can attach additional documents that may not fall into one of the existing requirements or send an entire packet at once. To do so, click on the **'Document Packets'** tab.



You can upload one multi-page document or up to five different documents at one time by clicking on the + icon. If you need to upload more than five documents, just click the + icon again and continue to upload (in increments of 5 at a time).



Below is an example of what it looks like when documents have been uploaded here.



To Delete a document(s) click on the  next to the selected document(s).

If uploaded documents are already present, select a document to view. The document can be **downloaded** by clicking on . The document can be **printed** by clicking on . Select  to view **More Actions**.

App Summary Tab

The App Summary tab displays a summary of the status for each of the following:

- Application
- Document

As well as the Application Type, Submission Date, Requested Services and Case Manager.

Account Contact Member Income Portal Application Assets **App Summary** Case Application Document Packets

APP SUMMARY

 Applications

Portal ID: [redacted] | Customer ID: [redacted] [VIEW MY APPLICATIONS](#)

Application Type	Submission Date	Requested Services	Application Status 	Document Status	Case Manager
HCRA	5/16/2022	HCRA	Case Assigned	Outstanding	Cortina McMiller-Bradley
HCRA	5/16/2022	HCRA	Case Assigned	Outstanding	ACES Team
Healthcare New Enrollment	5/6/2022	Healthcare New Enrollment	Portal Not Submitted	Outstanding	
Healthcare New Enrollment	1/24/2022	Healthcare New Enrollment	Exited	Outstanding	

 Healthcare Enrollment Status

No Enrollments exist.

Status Detail

Application Type	Submission Date	Requested Services	Application Status 	Document Status	Case Manager
HCRA	5/16/2022	HCRA	Case Assigned	Outstanding	Cortina McMiller-Bradley

Clicking on the  next to Application Status opens the Application.

Eligibility Check

Search

To check eligibility for a client, you will need to enter either their PID, or their complete First Name, Last Name and Date of Birth. You can also change the Service Date if you need to check eligibility for a date other than the current (default date).

If you would like to check eligibility for more than one individual at a time, click enter after filling in the fields (and before clicking the CHECK ELIGIBILITY button).

SEARCH INSTRUCTIONS

Enter the Client's PID **OR** Complete First Name, Complete Last Name and Date of Birth
 Enter the Service Date you want to check eligibility for
 Click 'Check Eligibility' button to display the results
 Active clients - will display in the 'Check Results Requested' section
 Ineligible clients - will have a check next to the clients PID
PRINTING: Select the printer icon to print

DISCLAIMER
 Information contained herein, may include protected or otherwise confidential information.
 Unauthorized review, printing, copying, or distribution of this information is strictly prohibited and may be unlawful.

ANY QUESTIONS RELATED TO ELIGIBILITY, PLEASE CONTACT MEMBER SERVICES AT (813) 272-5040

CLEAR **CHECK ELIGIBILITY**

Eligibility PID First Name Last Name Date of Birth Service Date

Search Results

Clicking the CHECK ELIGIBILITY button should display results like those shown below.

Eligibility	PID	First Name	Last Name	Date of Birth	Service Date
<input type="radio"/>	0000000000				1/30/2019
<input type="radio"/>	0000000000				8/30/2019
<input type="radio"/>		Stephanie		12/24/1991	8/30/2019
<input type="radio"/>		Arthur		12/16/1991	1/30/2020

Check Results Requested on 8/30/2019 1:23 PM by as1userv6

NOTE: A row that displays as **orange** (2nd row above) indicates no eligibility.

Begin	End	Network	Plan	Exception 1 / 2	PHC Clinic	Clinic Phone	Review	Term Reason	IP Hospital	IP Dispo	Service
PID: 0000000000 DOB: 10/22/1991 33605 Status: Future Eligibility Exists Service Date: 1/00/2019											
3/1/2019	2/29/2020	D	A - All Necessary Services	N/A	TFHC 22ND ST	(813) 272-6240	1/1/2020	Approved for Healthcare			Healthcare
PID: Stephanie DOB: 12/24/1991 33565 Status: Eligible Service Date: 8/30/2019											
3/1/2019	2/29/2020	C	A - All Necessary Services	N/A	SOHC PLANT CITY	(813) 349-7600	1/1/2020	Approved for Healthcare			Healthcare
PID: Arthur DOB: 12/16/1991 33600 Status: Ineligible Service Date: 1/30/2020											
11/16/2018	12/31/2019	A	A - All Necessary Services	N/A	SUCCWATERS	(813) 886-8899	11/1/2019	Approved for Healthcare			Healthcare

The first row of results displays a client who is not eligible for a past service date listed, but **Future Eligibility Exists**.

The second row of results displays a client who is **Eligible** for service on the date listed.

The third row of results displays a client who is **Ineligible** for future service date listed but shows actual eligibility dates.

Search Results Printout

The eligibility results show the Client Information, including their status, as well as their Current Eligibility Information and Service Date Requested. This may be printed out by clicking the printer icon. When printed, there is a history of when the Check Results were requested, as well as by whom.



Check Results Requested on 9/9/2019 7:45 AM by as1userv6

Client Information

PID: █████ 9003 **FIRST NAME:** █████ **LAST NAME:** █████ **SUFFIX:** █████
DATE OF BIRTH: 10/22/1991 **SSN LAST 4:** 3533 **PHONE NUMBER:** (813) 591-████
ADDRESS: █████ St Tampa, FL 33605
MAILING ADDRESS: █████
STATUS: Future Eligibility Exists

Current Eligibility information

Service Date Requested: 01/30/2019

BEGIN DATE: 03/01/2019 **END DATE:** 02/29/2020 **REVIEW DATE:** 01/01/2020
TERMINATION DESCRIPTION: Approved for Healthcare
NETWORK: D **MEMBERSHIP PLAN:** A - All Necessary Services
EXCEPTION CODE: N/A
CLINIC NAME: TFHC 22ND ST **CLINIC PHONE:** (813) 272-6240
SHARE OF COST: █████ **SERVICE CATEGORY:** Healthcare
DISPOSITION: HOSPITAL (IP):

Remarks:

Providers must verify eligibility prior to each appointment. Members may be terminated at any time if ineligible.

Disclaimer: Information on this fax is valid only for the point in time of the inquiry. This fax should not be construed as a guarantee of payment for services.

Confidentiality Note: This message and any attachments are intended solely for the use of the person to whom it is addressed and may contain confidential information, the security and disclosure of which is governed by law. If you have received this in error you are hereby notified that any dissemination, distribution or copying is prohibited and could subject you to penalties by law. You are requested to notify us immediately by telephone at (813)272-5040 to arrange for the return of this information.

The End