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.
   o   If a call agent is unable to resolve their inquiry, the issue will be referred to the regional office.
   o   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.