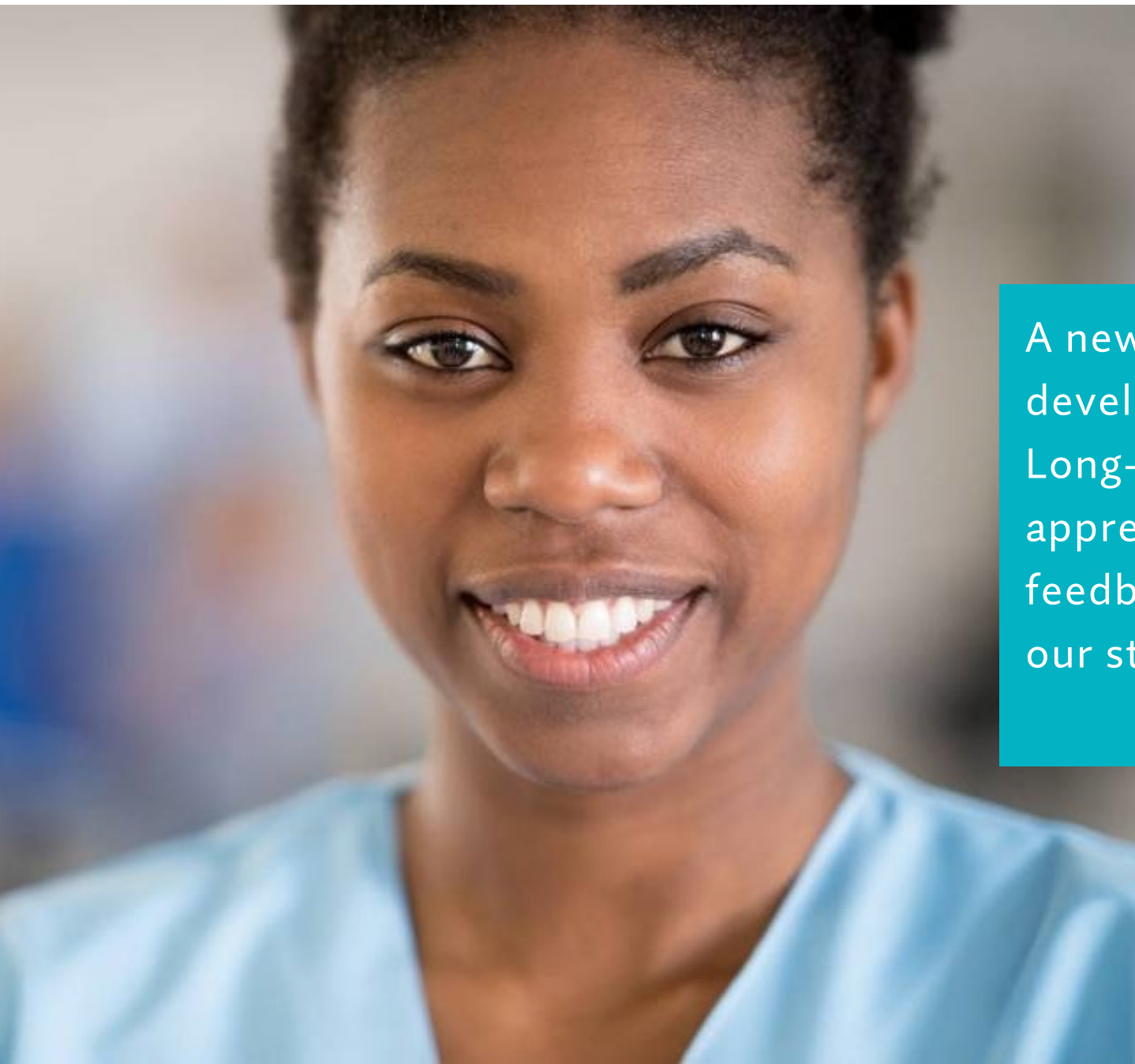




**DCF STATEWIDE LONG  
TERM-CARE URL  
INQUIRIES TRAINING  
FOR PROVIDERS**

Last updated 04/17/2023



# INTRODUCTION

A new process for providers has been developed to standardized the process for Long-term care programs statewide. We appreciate your cooperation, patience and feedback to improve our communication with our stakeholders.

# DISCUSSION TOPICS

## NEW URL LINK FOR PROVIDERS

A link to submit your inquiries will be provided.

## NAVIGATING THE URL FOR INQUIRIES

We will go over the website and show how inquiries will be submitted for review.

# NAVIGATING THE URL FOR INQUIRIES



## DCF Institutional Care Program Inquiry URL

Thank you for contacting the Department of Children and Families' Institutional Care Program (ICP) team. This form has been set up for providers to send inquiries on cases related to:

- Incorrect patient liability or responsibility
- Missing Medicaid coverage
- Incorrect benefit type approved
- Request a reuse for cases between 30-60 days from initial application date
- Review of cases closed or denied in error before 60 days from initial application date

### As a reminder:

- Inquiries will be reviewed in the order of receipt, and each email should be related to one specific case.
- Emails on pending cases will be forwarded to the pending processor for responses.
- To submit verification documents or changes:
  1. Online through MyAccess Account:  
<https://www.myflorida.com/accessflorida/>
  2. Faxing to 866-935-7119 (or other alternate DCF fax numbers you utilize already)
  3. Mailing to ACCESS Central Mail Center P.O. Box 1770 Ocala, FL 34478
  4. Calling the Customer Call Center at 850-300-4323 (reporting changes only)

### URL Reminders

This URL is for specific inquiry reasons. Initial change requests, general case inquiry, Exparte requests, status update for Exparte request under day 10, hearing requests, and NOCA requests should utilize the normal process of calling the Customer Call Center, Online through the MyAccess Account, faxing or mailing requests.

#### Date Submitted \*

#### County \*

#### Provider Type \*

#### Facility/Office Name \*

#### Case/Application Number \*

#### Applicant/Recipient Name \*

#### Contact Person \*

#### Contact Email \*

#### Contact Phone Number \*

#### Inquiry Type \*

Please review the inquiry types for this URL in the text to left.

#### Inquiry Comments



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**Date Submitted \***



# URL REVIEW

**County \***

Select or enter value

- Alachua
- Baker
- Bay
- Bradford
- Brevard
- Broward
- Calhoun
- Charlotte
- Citrus
- Clay
- Collier
- Columbia

**Provider Type \***

Select ▼

- Authorized Representative
- Attorney's Office
- ADRC
- Facility
- State Agency



**Facility/Office Name \***

**Case/Application Number \***

**Applicant/Recipient Name \***

**Contact Person \***

**Contact Email \***

**Contact Phone Number \***

## Inquiry Type \*

Please review the inquiry types for this URL in the text to left.

Select

Patient Liability/Responsibility

Missing Medicaid Coverage (not in FLMMIS)

Incorrect Benefit Type

Review of case: denied in error > 60 days

Reuse of case between days 30-60

PR UMED – reported change not processed

PR UMED – APP/ADD/Recert not processed

Exparte/2515/2506

NOCA Request

## Inquiry Comments

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Send me a copy of my responses

Submit

# TOPICS REVIEWED

NEW URL LINK FOR PROVIDERS

NAVIGATING THE URL FOR INQUIRIES



Questions ?