

WELCOME!

FIRST COAST ADVANTAGE ELIGIBILITY



ELIGIBILITY

**Debbie Shelton
Claims Manager**



VERIFICATION

- Providers should verify eligibility using the EDS web portal or the FCA On Line Status Check.



VERIFICATION

Provider Alert - sent 3/31/09 by EDS

- Due to the timing of managed care enrollment cycles, there could appear to be a discrepancy between a beneficiary's Medicaid eligibility effective dates and their Managed Care plan enrollment effective dates.
- In order to confirm a beneficiary's Medicaid eligibility, please review the eligibility status effective date information located in the Benefit Plan panel.
- The beneficiary's enrollment effective date information in the Managed Care panel should not be used to determine a beneficiary's Medicaid eligibility.



ENHANCED BENEFIT PROGRAM (EBA)

- A member can retain their earned credits for up to 3 years after they have lost Medicaid eligibility.



EXAMPLE OF FCA MEMBER

Eligibility Verification Request			
Recipient ID	<input type="text" value="REDACTED"/>	Birth Date	<input type="text"/>
Card Control #	<input type="text"/>	SSN	<input type="text"/>
Last Name	<input type="text"/>	From DOS	<input type="text" value="08/24/2008"/>
First Name	<input type="text"/>	To DOS	<input type="text" value="08/25/2008"/>
Gender	<input type="text"/>		

Recipient Information			
Recipient ID	<input type="text" value="REDACTED"/>	Last Name	<input type="text" value="WHITE"/>
Birth Date	<input type="text" value="08/20/1955"/>	First Name	<input type="text" value="GLORIA"/>
Patient Liability		Outpatient Dollars Remaining	\$1500.00
Home Health Visits Remaining	60	Hospice Days Remaining	210
Inpatient Days Remaining	43		

Benefit Plan		
Benefit Plan	Effective Date	End Date
MS : Full Medicaid	08/24/2008	08/25/2008
EBA: limited to OTC items	08/24/2008	08/25/2008

TPL
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Managed Care				
Provider Name	Provider Phone	Plan Name	Effective Date	End Date
R-FIRST COAST ADVANTAGE	(866)270-2468	Provider Service Network Reform	08/24/2008	08/25/2008
R-FIRST COAST ADVANTAGE	(866)270-2468	Prepaid RPSN Tran Svcs	08/24/2008	08/25/2008

Lock-In
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EXAMPLE OF PERSON NOT ELIGIBLE

Eligibility Verification Request			
Recipient ID#	[REDACTED]	Birth Date	[]
Card Control #	[]	SSN	[]
Last Name	[]	From DOS	09/13/2008
First Name	[]	To DOS	09/25/2008
Gender	[]		

Recipient Information			
Recipient ID	[REDACTED]	Last Name	[REDACTED]
Birth Date	[REDACTED]	First Name	[REDACTED]
Patient Liability		Outpatient Dollars Remaining	\$1500.00
Home Health Visits Remaining	60	Hospice Days Remaining	210
Inpatient Days Remaining	45		

Benefit Plan		
Benefit Plan	Effective Date	End Date
EBA: limited to OTC items	09/13/2008	09/25/2008

TPL
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Managed Care				
Provider Name	Provider Phone	Plan Name	Effective Date	End Date
R-FIRST COAST ADVANTAGE	(866)270-2468	Provider Service Network Reform	09/13/2008	09/25/2008
R-FIRST COAST ADVANTAGE	(866)270-2468	Prepaid RPSN Tran Svcs	09/13/2008	09/25/2008

Lock-In
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GENERAL Q&A –CONTACT INFORMATION

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