



**Hillsborough
County Florida**

ACES Portal User's Guide
(Provider - Eligibility Check ONLY)

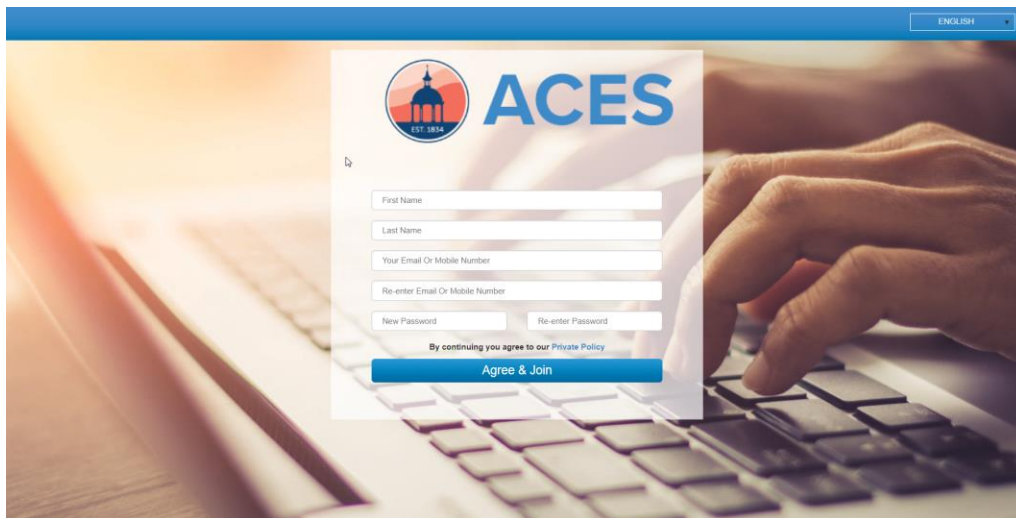
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ACES Portal - Provider Guide

The use of this Provider Portal replaces the need for using the Data Warehouse and the Interactive Voice Response System (IVRS) to check eligibility. It has the benefit of working in real time, allows for the printing of eligibility search results, and can display future eligibility.

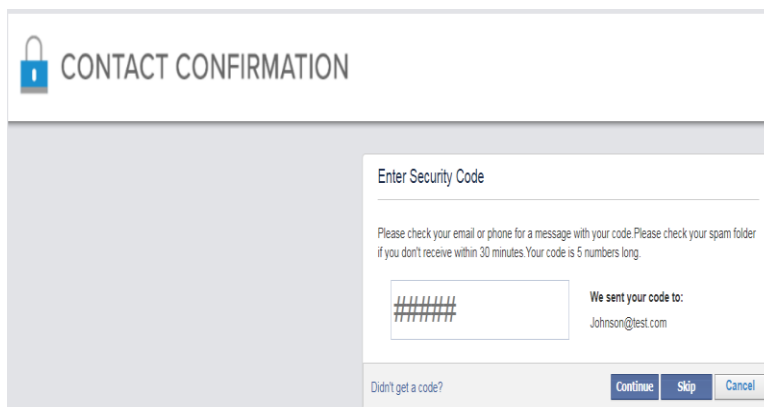
First Time Setup



1. Fill in your First and Last Names
2. Enter an email or mobile phone number
3. Set your Password
4. Click Agree & Join

A security code will be sent to either the email, or mobile phone specified in setup.

5. Enter the Security Code



6. Select the proper option for you (Individual Practitioner or HCHCP Contracted Hospital or Facility)

START **PROFILE** **END**

START **NEXT**

Welcome

Please select one of the options below:
(If the practitioner you are registering for is part of a group practice or clinic then select Individual Practitioner)

- Individual Practitioner (National Provider ID (NPI) required)
- HCHCP Contracted Hospital or Facility
(National Provider ID (NPI) **OR** Billing Tax ID Number (TIN) is required)

7. Click NEXT
8. Fill out the Practitioner, Hospital, or Facility information including either their NPI, or TIN

START **PROFILE** **END**

PROFILE **PREVIOUS** **NEXT**

ACCOUNT OWNER: Albert Johnson **PORTAL LOGIN:** Johnson@test.com **CUSTOMER ID:** 2135977

INDIVIDUAL PRACTITIONER INFORMATION

Practitioner First Name * Practitioner Last Name * National Provider ID (NPI) *

Pablo Acevedo []

Address * Zip Code

6919 North Dale Mabry Highway, Tampa, FL, USA 33614

NOTE: If there is an error with the NPI or TIN, the following message will display:

aces-app-uat.hillsboroughcounty.org says

The NPI or Tax ID you entered does not match our records. Please try again or contact member services at (813) 272-5040

OK

9. After correcting the error, click CONFIRM

PROFILE CONFIRMATION

Clicking the Confirm button indicates that you have reviewed the information you have provided as part of your profile and you certify that the information you have provided is complete and accurate to the best of your knowledge. Failure to provide accurate information can impact system access.

CONFIRM ✓

INDIVIDUAL PRACTITIONER INFORMATION

ACCOUNT OWNER: Albert Johnson **PORTAL LOGIN:** ajohnson@test.com **CUSTOMER ID:** 2111996
Practitioner: Pablo Acevedo **National Provider ID (NPI):** 16997
Address: 6919 North Dale Mabry Highway, Tampa, FL, USA **Zip Code:** 33614
Modified on: 9/17/2019

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.
 If you proceed, you hereby agree and are bound by federal and state regulations controlling the access and use of medical or confidential information.

Use the Start Page

From this page, you can access Eligibility Check to look-up client eligibility. You can also see Account Information for the Practitioner, Hospital, or Facility used to create the account.

ENGINUITY v6.0.0 [Log Off](#)

Hello Albert

Main Menu ▾

- ⚙ Eligibility Check
- ⚙ Account Information

Hillsborough County Florida HEALTH CARE & SOCIAL SERVICES PROVIDER PORTAL

Current Date: 8/26/2019

ACCOUNT OWNER: Albert Johnson

PORTAL LOGIN: Johnson@test.com

CUSTOMER ID: 2135977

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

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 ?

8/26/2019
 📅

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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).

NOTE: Partial searches are not allowed for any of the fields.

Search Results

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

CLEAR CHECK ELIGIBILITY

Eligibility	PID	First Name	Last Name	Date of Birth	Service Date
<input type="radio"/>	000009003				1/00/2019
<input checked="" type="radio"/>	000004237				8/30/2019
<input type="radio"/>		stephanie		12/24/1991	8/30/2019
<input checked="" type="radio"/>		Arthur		12/16/1991	1/00/2020

Check Results Requested on 8/30/2019 1:23 PM by astuser6 🔍

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

PID: 000009003 DOB: 10/22/1991 400 Owen St Tallahassee, FL 32305 Status: Future Eligibility Exists Service Date: 1/00/2019 Client Information											
Begin	End	Network	Plan	Exception 1 / 2	PHC Clinic	Clinic Phone	Review	Term Reason	IP Hospital	IP Dispo	Service
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 400 N Strauss Rd Tallahassee, FL 32365 Status: Eligible Service Date: 8/30/2019 Client Information											
Begin	End	Network	Plan	Exception 1 / 2	PHC Clinic	Clinic Phone	Review	Term Reason	IP Hospital	IP Dispo	Service
3/1/2019	2/29/2020	C	A - All Necessary Services	N/A	SCHC PLANT CITY	(813) 349-7000	1/1/2020	Approved for Healthcare			Healthcare

PID: Arthur DOB: 12/16/1991 400 N Avon Ave Tallahassee, FL 32360 Status: InEligible Service Date: 1/00/2020 Client Information											
Begin	End	Network	Plan	Exception 1 / 2	PHC Clinic	Clinic Phone	Review	Term Reason	IP Hospital	IP Dispo	Service
11/15/2018	12/31/2019	A	A - All Necessary Services	N/A	SJCCWATERS	(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.



**Hillsborough
County Florida**

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.

Account Information


This displays information on the Practitioner, Hospital, or Facility that was used to create the account.

ENGINEUNITY v6.0.0 [Log Off](#)

Hello Albert

Main Menu ▼

- [Eligibility Check](#)
- [Account Information](#)



HEALTH CARE & SOCIAL SERVICES PROVIDER PORTAL

Current Date: 8/26/2019

ACCOUNT OWNER: Albert JohnsonPORTAL LOGIN: Johnson@test.comCUSTOMER ID: 2135977

INDIVIDUAL PRACTITIONER INFORMATION

Practitioner First Name * <input type="text" value="Pablo"/>	Practitioner Last Name * <input type="text" value="Acevedo"/>	National Provider ID (NPI) * <input type="text" value="██████████"/>
Address * <input type="text" value="6919 North Dale Mabry Highway, Tampa, FL, USA"/>		Zip Code <input type="text" value="33614"/>

Log In (after initial setup)

1. Enter User Id and Password
2. Click Start



Reset Password

To change your password:

1. Click 'Reset Password'

In the entry window

2. Enter your User ID (Email Address or Mobile Phone number used when registering)
3. Click Search

New password link will be sent to your email account

4. Check your email & click the link in your email
5. Login and enter the Security Code provided in your email

The End