

Alabama Medicaid Agency

Medicaid



Let's get to work!

Alabama “My Medicaid” Project

Alabama “My Medicaid” Quick Guide Manual

Date in 08/01/2011

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1. Training Manual Overview

The purpose of this document is to provide details on the functionality of the Alabama Medicaid Recipient Web Portal.

1.1 Intended Audience

Training for the Alabama Recipient Web Portal is intended for all personnel working on the Alabama Medicaid Agency Program.

1.2 Learning Objectives -

Upon completion of this training session, participants will be able to:

- Discuss the features of the Recipient Web Portal.
- Identify fields used in performing an inquiry or update tasks.
- Recognize the purpose of each of the key inquiry and update pages in order to perform essential inquiry and update tasks.

1.3 Key Concepts

The following key concepts or topics will be covered during the training session:

- Introduction of each functional area.
- Introduction to each functional area pages.
- Introduction to the purpose of selected inquiry and update pages.
- Identify which pages are contained in the inquiry and update navigational flow.
- Recognize the navigational sequence of pages used to perform update tasks.
- Recognize that there may be more than one way to access pages to perform the inquiries and updates.

2. How to Access “My Medicaid”

To access the recipient web portal, go to www.medicaid.alabama.gov and select “My Medicaid”

The screenshot shows the homepage of the Alabama Medicaid Recipient Site. At the top, there is a navigation bar with a "My MEDICAID" logo on the left, "Alabama Medicaid Agency" text in the center, and "Contact Us" and "Login" links on the right. Below the navigation bar is a green banner with "Home" on the left and the date and time "Wednesday 03/30/2011 11:40 AM EST" on the right. The main content area is divided into two columns. The left column contains a "Recipient Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?" and "New User-Register Now". Below this is a section titled "You must have an email address" with instructions on how to register. Further down is a "Protect Your Privacy!" section and a "How to Use this Site" section with a link to "Website Requirements". The right column features a "Welcome to the Alabama Medicaid Recipient Site!" heading, followed by a paragraph explaining the site's purpose and a link to "CLICK HERE" for application information. Below the text is a photograph of a diverse group of smiling children. At the bottom of the right column is a "Learn More About Applying for Medicaid:" section with links for "General Information", "Qualifying for Medicaid", "Applications and Forms", "Contacts and Locations", and "Frequently Asked Questions". The footer contains the version number "R3.5" and the copyright notice "© 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | Privacy Notice".

3. How to Register on “My Medicaid”

From the home page, select New User-Register Now link

My MEDICAID
Alabama Medicaid Agency

Home

Home Wednesday 03/30/2011 11:40 AM EST

Recipient Login

*User ID

Log In

[Forgot User ID?](#)
[New User-Register Now](#)

Welcome to the Alabama Medicaid Recipient Site!

This website is for Alabama Medicaid recipients or people who have applied for Alabama Medicaid services. You can see the status of an application, change personal information, change providers, request a new card or see when you are eligible.

If you do not have Alabama Medicaid and have not turned in an application, [CLICK HERE](#) to see how to apply for Medicaid.

You must have an email address to register so we can help you if you forget your password. If you do not have an email address, you can get a free email account at one of these sites: [YAHOO](#), [HOTMAIL](#), or [GMAIL](#). Once you have an email address, come back to register.

Protect Your Privacy!
Always log off and close all of your browser windows

How to Use this Site
[Website Requirements](#)

Learn More About Applying for Medicaid:
[General Information](#)
[Qualifying for Medicaid](#)
[Applications and Forms](#)
[Contacts and Locations](#)
[Frequently Asked Questions](#)

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Enter first name, last name, date of birth, RID or SSN and click **Continue**.

Note: Red asterisk (*) indicates a required field

The screenshot shows a web browser window with a green header bar containing the word "Home". Below the header, a breadcrumb trail reads "Home > Registration" and the date "Wednesday 03/30/2011 11:42 AM EST" is displayed on the right. The main content area has a blue title bar that says "Registration Step 1 of 2 - Personal Information for the Person Registering on this Site." with a help icon on the right. Below the title bar, a red asterisk is followed by the text "Indicates a required field." and the instruction "Please provide the following information to get started!". There are four input fields: "First Name", "Last Name", "Birth Date" (with a calendar icon), and "Recipient ID / SSN". At the bottom of the form are two buttons: "Continue" and "Cancel".

Create User ID and Password.

Note 1: To verify whether or not your User ID is available click on **Check ID**

Note 2: Note: The Password cannot be the same as your Recipient or User ID. It must be between eight (8) and twenty (20) letters and numbers. It must have at least one (1) capital letter, one (1) lowercase letter and one (1) number. Write down your password and keep it in a safe place.

Confirm Password by retyping your password into the **Confirm Password** field

The screenshot shows a form with three input fields and one button. The first field is labeled "*User ID" and contains the text "MRPJaylen001". To its right is a blue button labeled "Check ID". The second field is labeled "*Password" and contains seven black dots. The third field is labeled "*Confirm Password" and also contains seven black dots. Below the form is a horizontal line.

Provide your contact information by entering phone number, e-mail address and confirming e-mail address

Note: Display Name will auto populate

Please provide your contact information below.

* Display Name

* Phone Number

* Email

* Confirm Email

You must give an email address to register so we can help you if you forget your password. If you do not have an email address, you can get a free email account at one of these sites: [YAHOO](#), [HOTMAIL](#), or [GMAIL](#). Once you have an email address, come back to register.

Choose a Site Key picture and Passphrase

Note 1: Use the arrows to see more site key picture choices

Note 2: The Passphrase should be one or two words to help you remember the picture you pick. It should not be the same as your password.

Choose a Site Key Picture and enter a Passphrase. Click the **Save** button, or click **Cancel** to go back. The Passphrase should be one or two words to help you remember the picture you pick. It should not be the same as your password. NOTE: Use the arrows to see more Site Key Picture choices.

* Site Key Picture

<      >

Boxing Bread Bugle Burger Canteen

* Site Key Passphrase

Select a unique challenge question for each of three (3) required challenge questions then provide an answer to each question.

Please select a unique challenge question and provide an answer for each of the question groups below.

* Challenge Question #1

* Answer to #1

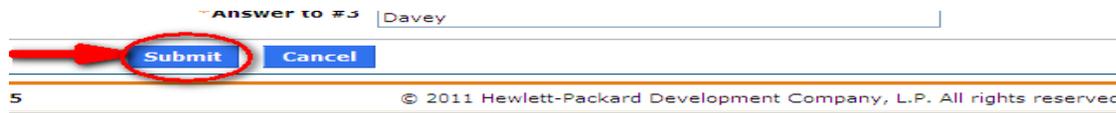
* Challenge Question #2

* Answer to #2

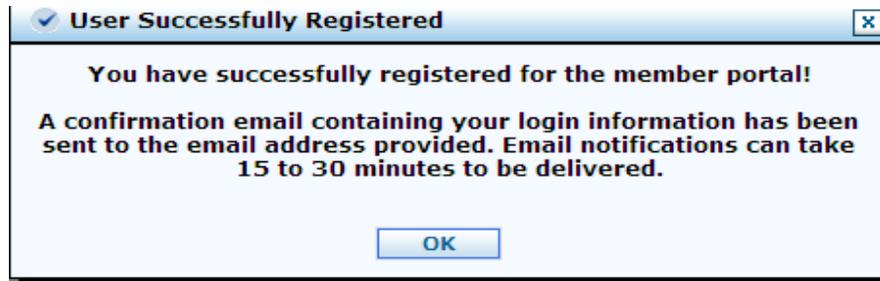
* Challenge Question #3

* Answer to #3

Click **Submit** to submit registration or **Cancel** to end registration transaction

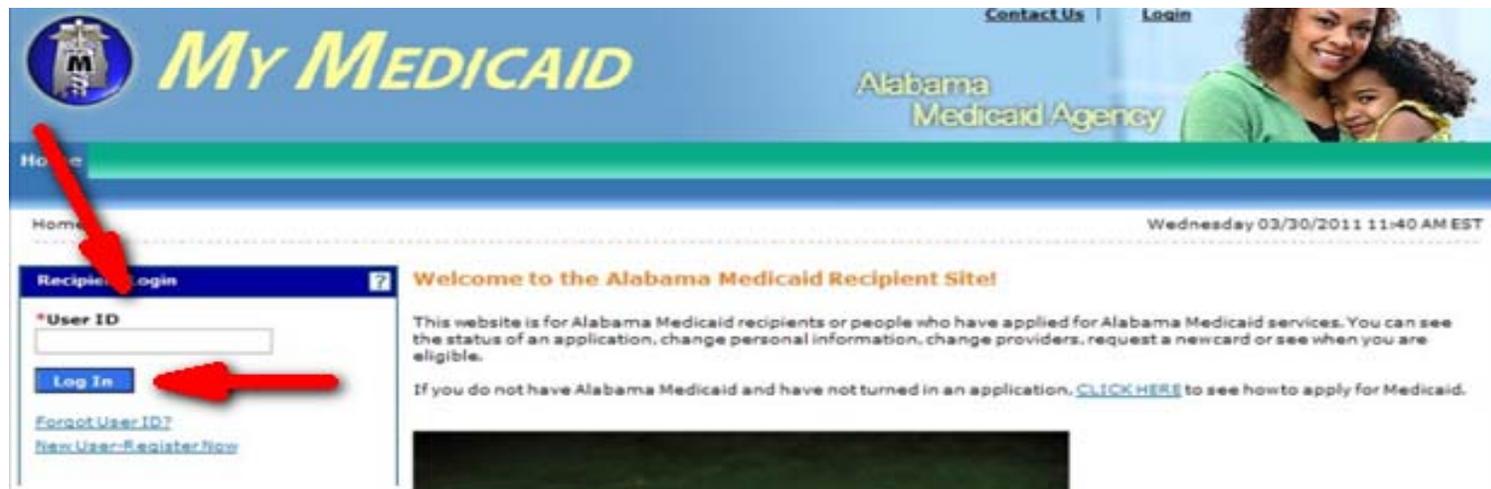


The message below will show once registration has been submitted.



4. How to Login to “My Medicaid”

From the home page enter user ID in **User ID** field and Select **Log In**.



Answer challenge question to verify identity and Select **This is a personal computer. Register it now** or **This is a public computer. Do not register it.** Then select **Continue.**

Home

Home > Challenge Question Wednesday 06/22/2011 08:45 AM CST

Computer and Challenge Question

What is a Site Key and Passphrase?
You pick your site key picture and passphrase when you sign into the site the first time. This will help protect information about you.

How to use a Site Key and Passphrase?
You are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer.

If this is your personal computer, you can register it now by selecting: **This**

Answer the challenge question to verify your identity.

Challenge Question What is your favorite sport?

***Your Answer**

[Forgot answer to challenge question?](#)

Select

This is a personal computer. Register it now.

This is a public computer. Do not register it.

Make sure your site key picture and passphrase are correct. If correct enter your password and Select **Log In.**

Home > Challenge Question > Safe Log In Wednesday 06/22/2011 10:47 AM CST

Confirm Site Key Picture & Passphrase

If you recognize your picture and passphrase, you know you can safely type your password and that you are at the valid Alabama Medicaid Recipient site. You may safely type your password and click Log In.

Make sure your site key picture and passphrase are correct.

If you recognize your picture and passphrase, you know you can safely type your password and that you are at the valid Alabama Medicaid Recipient site. You may safely type your password and click **Log In.**

If this is not your site key picture or passphrase, **do not type your password.** Call the Recipient Call Center at 1 (800) 362-1504 to let them know.

Site Key Picture 

Site Key Passphrase baseball

***Password**

[Forgot Password?](#)

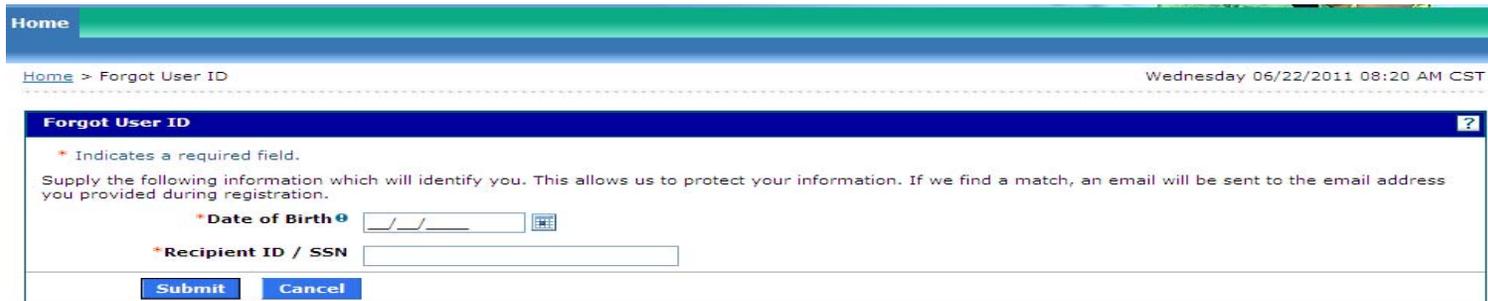
4.1 What to do if you forget your User ID

From the home page select **Forgot User ID?**.

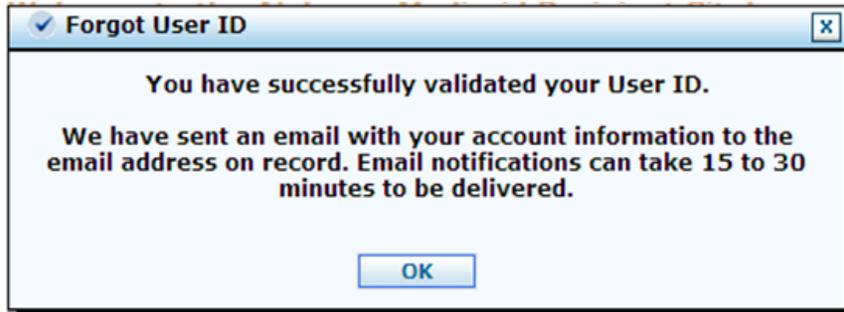


Supply the following information which will identify you and Click **Submit**.

- Date of Birth
- Recipient ID/SSN

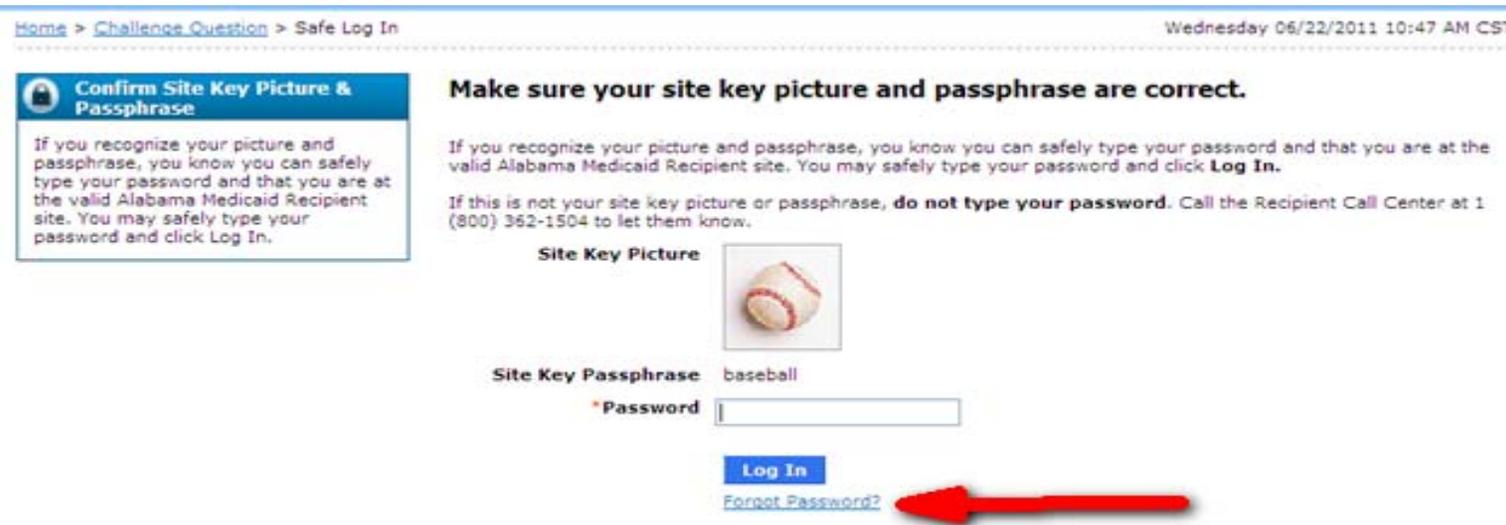


You'll see the following box. Click OK and an email with the recipient's user ID will be sent to the email address on record.



4.2 What to do if you forget your Password

From the password page select **Forgot Password ?**.



Answer a challenge question and select **Submit**.

Home > Challenge Question > Safe Log In > Forgot Password Thursday 06/23/2011 08:57 AM CST

Forgot Password ?

* Indicates a required field.

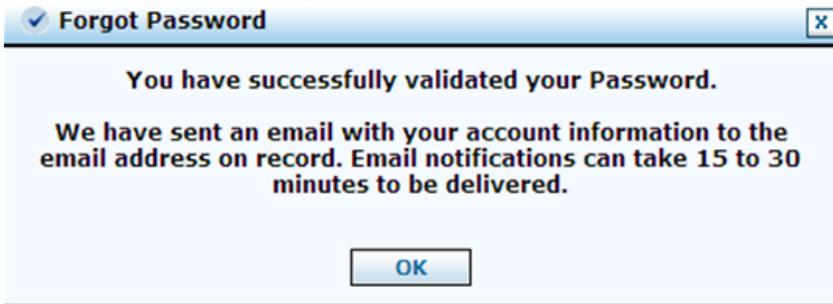
When you set up your log in, you were asked to pick 3 Challenge Questions only you can answer. If you have forgotten your password, answer the following question you picked. If your answer matches, we will email you the new password to the email address you gave us.

NOTE: Your Answer is NOT case-sensitive.

Challenge Question What is your favorite color?

*Your Answer

The following box will appear. Click OK and an email will be sent to the email address on record giving a temporary password.



Enter Temporary Password in the Password field and Select **Log In**.

Home > Challenge Question > Safe Log In Wednesday 06/22/2011 10:47 AM CST

Confirm Site Key Picture & Passphrase

If you recognize your picture and passphrase, you know you can safely type your password and that you are at the valid Alabama Medicaid Recipient site. You may safely type your password and click Log In.

Make sure your site key picture and passphrase are correct.

If you recognize your picture and passphrase, you know you can safely type your password and that you are at the valid Alabama Medicaid Recipient site. You may safely type your password and click **Log In**.

If this is not your site key picture or passphrase, **do not type your password**. Call the Recipient Call Center at 1 (800) 362-1504 to let them know.

Site Key Picture 

Site Key Passphrase baseball

*Password

[Forgot Password?](#)

From the Change Password Page enter Temporary Password into the **Current Password** field and enter New Password and confirm new password. Select **Submit**.

My Home Coverage Medicaid Cards Resources

My Home > Change Password Monday 08/01/2011 02:13 PM CST

Change Password Assistance

1. The Password cannot be the same as your Recipient or User ID.
2. The Password must be between 8 - 20 letters and numbers.
3. The Password must have at least 1 capital letter, 1 lowercase letter and 1 number.

Change Password

* Indicates a required field.

Your password is currently set to a temporary password. It is recommended that you change your temporary password for security reasons. You can click the Cancel button to proceed without changing your password and you will be reminded the next time you login.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

* **Current Password**

* **New Password**

* **Confirm New Password**

Submit **Cancel**

The following box will appear. Click on **OK** to log in.

✓ **Password Changed** X

You have successfully changed your Password.

We have sent an email with your new password to the email address on record. Email notifications can take 15 to 30 minutes to be delivered.

OK

5. How to make updates to My Account/Information

5.1 My Account

The My Account page displays the information that was entered during the registration process. It allows the user to change information and password.

MY MEDICAID Alabama Medicaid Agency

My Home Coverage Medicaid Cards Resources

My Home Monday 06/13/2011 11:56 AM CST

Recipient

Name
Medicaid ID Number

- ▶ [My Account](#)
- ▶ [My Information](#)
- ▶ [Check Medicaid Status or Withdraw from Medicaid](#)

Medicaid Cards

Click here to request a card or proof of eligibility.

Important Recipient Messages

Welcome! How can we help you?

Now that you have logged in, you can see personal information. As Head of Household, you may see personal information for family members who are covered by Medicaid.

Coverage

Your Health benefit coverage...

- ▶ [Who is Covered?](#)
- ▶ [See Benefit Coverage](#)

Track Benefit Services

- ▶ [Doctor Visits](#)
- ▶ [Outpatient Hospital](#)

Track Other Exam Limits

- ▶ [Dental Exams & Cleanings](#)
- ▶ [Eye Exams](#)

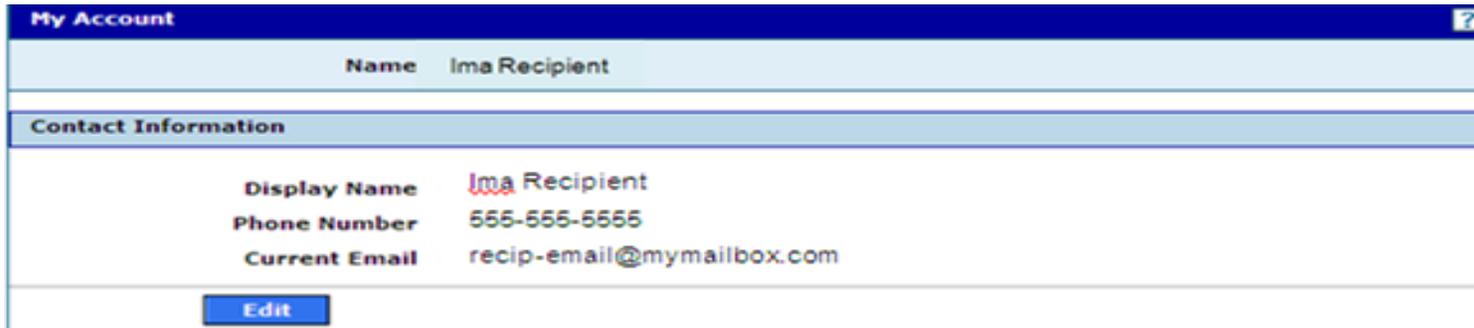
Patient 1st Provider

- ▶ [View or Change Your Patient 1st Provider](#)

Learn More About Medicaid

5.1.2 How to update Contact Information

After login, from the home page select **My Account** and in section for Contact Information select **Edit**. Update desired information and click **Save**.



The screenshot shows a web interface for 'My Account'. At the top, there is a blue header with the text 'My Account' and a question mark icon. Below this is a light blue bar containing the text 'Name Ima Recipient'. Underneath is another light blue bar labeled 'Contact Information'. The main content area displays three fields: 'Display Name' with the value 'Ima Recipient', 'Phone Number' with the value '555-555-5555', and 'Current Email' with the value 'recip-email@mymailbox.com'. At the bottom of this section is a blue button labeled 'Edit'.

5.1.3 How to update Challenge Questions

After login, from the home page select **My Account** and in section for Challenge Questions select **Edit**. Update desired information and click **Save**.



The screenshot shows a web interface for 'Challenge Questions'. At the top, there is a light blue header with the text 'Challenge Questions'. Below this, there are three challenge questions listed vertically. Each question is followed by its answer. The first question is 'What is the name of your favorite pet?' with the answer 'Max'. The second question is 'What is your favorite color?' with the answer 'Red'. The third question is 'Who is your favorite singer?' with the answer 'My mother'. At the bottom of the section is a blue button labeled 'Edit'.

5.1.4 How to update Site Key Picture/Passphrase

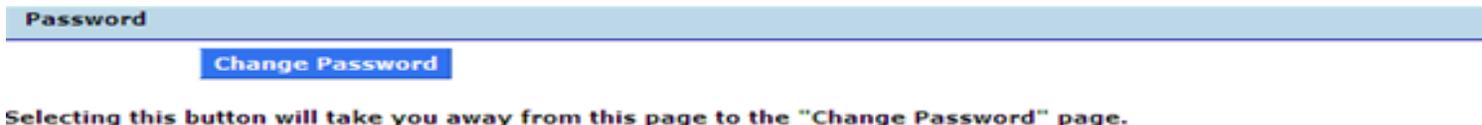
After login, from the home page select **My Account** and in section for Site Key Picture/Passphrase select **Edit**. Update desired information and click **Save**.



The screenshot shows a form titled "Site Key Picture/Passphrase". It contains two main sections: "Site Key Picture" with a small image of a baseball, and "Site Key Passphrase" with the text "baseball". Below these sections is a blue "Edit" button.

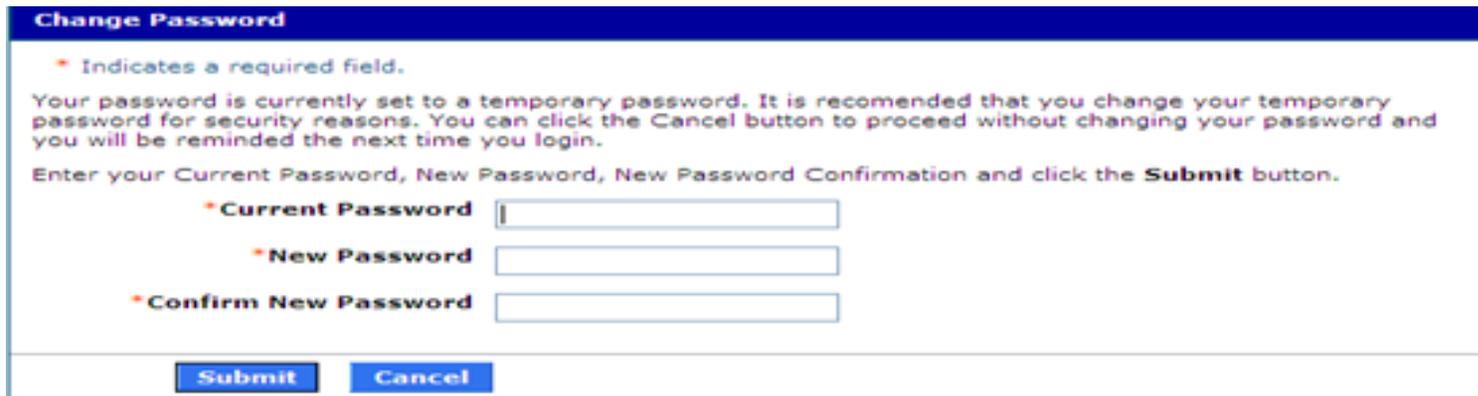
5.1.5 How to change the Password

After login, from the home page select **My Account** and in section for Password select **Change Password**.



The screenshot shows a form titled "Password". It features a blue "Change Password" button. Below the button, a text instruction reads: "Selecting this button will take you away from this page to the 'Change Password' page."

Enter current password, new password and confirm password and click **Submit**.



The screenshot shows a form titled "Change Password". It includes a note: "* Indicates a required field." and a message: "Your password is currently set to a temporary password. It is recommended that you change your temporary password for security reasons. You can click the Cancel button to proceed without changing your password and you will be reminded the next time you login." Below this, it says: "Enter your Current Password, New Password, New Password Confirmation and click the Submit button." The form contains three input fields: "*Current Password", "*New Password", and "*Confirm New Password". At the bottom, there are "Submit" and "Cancel" buttons.

5.2 My Information

The My Information page allows the user to choose a specific member of their household from a drop down box and add, change or delete information that pertains to the individual selected.



After selecting **My Information** from the home page, to submit changes online select the first **Click Here** choice in the first paragraph on the page.



5.2.2 How to update Recipient Information including Address

Select the link for **Recipient Information** or select **Continue**.

Member Change Report Form: Instructions ?

Instructions

[Recipient Information](#)

[Marital Status Changes](#)

[Family Changes](#)

[Income Changes](#)

[Expense Changes](#)

[Other Changes](#)

Submit the Form

Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.

Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.

- ▶ Each section has a **CHECKBOX** to open and close that page.
- ▶ To make changes to a section, you must click on the **CHECKBOX** to open.
- ▶ Type the changes you need to make.
- ▶ If you un-check the **CHECKBOX** before you finish typing all of your changes, they will be lost.
- ▶ To save your changes, click on the **CONTINUE** button at the bottom of each page.
- ▶ After you click the **CONTINUE** button, you go to the next section.
- ▶ Click the **GO TO SUBMIT** button once you have changed ALL of the sections you need to change.
- ▶ Answer the questions then click the **SUBMIT** button to finish.

Ready to Start? - Click the **CONTINUE** button at the bottom of the page to go to "Recipient Information" section.

If you would like to see and print a copy of this form [CLICK HERE](#).

Continue **Cancel**

Select the appropriate **check box** based on the information to be updated and make changes to the information.

[My Home](#) > [My Information](#) > [Member Change Report Form: Recipient Information](#) Friday 06/24/2011 02:21 PM CST

Member Change Report Form: Recipient Information

[Instructions](#)

Recipient Information

[Marital Status Changes](#)

[Family Changes](#)

[Income Changes](#)

[Expense Changes](#)

[Other Changes](#)

[Submit the Form](#)

* Indicates a required field.

Changes to Information

For help with this section [CLICK HERE](#).

If you need to make a change to this section, click on the **CHECKBOX** to open and then type the changes you need to make. If you un-check the **CHECKBOX** before you finish typing all of your changes, they will be lost. You cannot change the Medicaid #.

Medicaid # 7777777777

Name Ima Recipient **Date of Birth** 01/01/1911 **Sex** Female

My Address

If you need to make a change to this section, click on the **CHECKBOX** to open and then type the changes you need to make. If you un-check the **CHECKBOX** before you finish typing all of your changes, they will be lost.

Changes to Address

[Go to Submit](#) [Continue](#) [Cancel](#)

Member Change Report Form: Recipient Information ?

[Instructions](#)

Recipient Information

[Marital Status Changes](#)

[Family Changes](#)

[Income Changes](#)

[Expense Changes](#)

[Other Changes](#)

[Submit the Form](#)

* Indicates a required field.

Changes to Information

For help with this section [CLICK HERE](#).

If you need to make a change to this section, click on the **CHECKBOX** to open and then type the changes you need to make. If you un-check the **CHECKBOX** before you finish typing all of your changes, they will be lost. You cannot change the Medicaid #.

Medicaid # 7777777777

* First Name Middle Name * Last Name

Suffix

* Date of Birth * Sex Male Female

My Address

If you need to make a change to this section, click on the **CHECKBOX** to open and then type the changes you need to make. If you un-check the **CHECKBOX** before you finish typing all of your changes, they will be lost.

Changes to Address

For help with this section [CLICK HERE](#).

Is this the Address Where You Live? Yes No

* Address

* City

* State * Zip Code

* County

Phone Other Phone

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

5.2.3 How to update Marital Status

Follow steps in section 5.2 and then select the link for **Marital Status Changes**.

My Home > My Information > Member Change Report Form: Instructions Friday 06/24/2011 02:06 PM CST

Member Change Report Form: Instructions ?	
Instructions	Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.
Recipient Information	
Marital Status Changes	
Family Changes	Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.
Income Changes	▶ Each section has a CHECKBOX to open and close that page.
Expense Changes	▶ To make changes to a section, you must click on the CHECKBOX to open.
Other Changes	▶ Type the changes you need to make.
Submit the Form	▶ If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.
	▶ To save your changes, click on the CONTINUE button at the bottom of each page.

Select the appropriate **check box** based on the information to be updated and make changes to the information.

My Home > My Information > Member Change Report Form: Marital Status Changes Tuesday 06/28/2011 07:54 AM CST

Member Change Report Form: Marital Status Changes ?	
Instructions	Medicaid # 5000001006575
Recipient Information	Name LAURA A DOUCETTE
Marital Status Changes	Marital Status Changes
Family Changes	* Indicates a required field.
Income Changes	If you need to make a change to this section, click on the CHECKBOX to open and then type the changes you need to make. If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.
Expense Changes	<input checked="" type="checkbox"/> Changes to Marital Status
Other Changes	For help with this section CLICK HERE .
Submit the Form	* New Marital Status <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Widowed
	* Date of Change <input type="text"/> <input type="button" value=""/>
	<input type="button" value="Go to Submit"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>

Changes to Marital Status

For help with this section [CLICK HERE](#).

***New Marital Status** Divorced Single Married Separated Widowed

***Date of Change** 

If you chose Married, please answer the following information about the spouse.

***First Name** **Middle Name** ***Last Name**

Suffix

***SSN** ***Date of Birth** 

***Address**

***City** ***State** ***Zip Code**

Phone

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

5.2.4 How to update Family Changes

Follow steps in section 5.2 and then select the link for **Family Changes**.

Member Change Report Form: Instructions 	
Instructions	Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.
Recipient Information	
Marital Status Changes	
Family Changes 	Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.
Income Changes	▶ Each section has a CHECKBOX to open and close that page.
Expense Changes	▶ To make changes to a section, you must click on the CHECKBOX to open.
Other Changes	▶ Type the changes you need to make.
Submit the Form	▶ If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.

Select the appropriate **check box** based on the information to be updated and make changes to the information.

My Home > My Information > Member Change Report Form: Family Changes Tuesday 06/28/2011 10:05 AM CST

Member Change Report Form: Family Changes ?

Instructions Recipient Information Marital Status Changes Family Changes Income Changes Expense Changes Other Changes Submit the Form	<p>Medicaid # 5000001006575</p> <p>Name XXXXXXXXXX</p> <p>Family Changes</p> <p>* Indicates a required field.</p> <p>If you need to make a change to this section, click on the CHECKBOX to open and then type the changes you need to make. If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.</p> <p><input type="checkbox"/> I had a baby</p> <p><input type="checkbox"/> Someone in my household is having a baby</p> <p><input type="checkbox"/> Person(s) moved into my home</p> <p><input type="checkbox"/> Person(s) moved out of my home</p> <p style="text-align: right;"> <input type="button" value="Go to Submit"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </p>
---	---

I had a baby

For help with this section [CLICK HERE](#).

Type the information about each baby and click **ADD**. Up to 8 babies can be added.

Click '+' to open and add information in a row. Click '-' to close the row. Click the **Remove** button to remove that row.

Baby's Name	Sex	SSN	Date of Birth	Place of birth	Action
<input type="checkbox"/> Click to Close.					
*Baby's First Name <input type="text"/> Suffix <input style="border: none; border-bottom: 1px solid black;" type="text"/>	*Sex <input type="radio"/> Male <input checked="" type="radio"/> Female	Middle Name <input type="text"/> Baby's SSN <input type="text"/>	*Last Name <input type="text"/> *Baby's Date of Birth <input type="text"/>	*City Of Birth <input type="text"/> *State <input type="text"/>	*Zip Code <input type="text"/>
<input type="button" value="Add"/>		<input type="button" value="Reset"/>			

Someone in my household is having a baby
 For help with this section [CLICK HERE](#).
 Type the information about the person having a baby who lives in the household.

*Mom's First Name Middle Name *Last Name
 Suffix

*Date Baby is Due *Number of Babies in Pregnancy

Person(s) moved into my home
 For help with this section [CLICK HERE](#).
 Type the information about each person who has moved into the home and click **ADD**. Up to 12 persons can be added.

*Date of Change

Click '+' to open and add information in a row. Click '-' to close the row. Click the **Remove** button to remove that row.

Name	Relationship	Income	Date of Birth	SSN	Receiving SSI	Action
Click to Close.						
*First Name <input type="text"/>	Middle Name <input type="text"/>	*Last Name <input type="text"/>				
Suffix <input type="text"/>	*Relationship <input type="text"/>	Income <input type="text"/>	*Date of Birth <input type="text"/>			
SSN <input type="text"/>	Receiving SSI? <input type="radio"/> Yes <input checked="" type="radio"/> No					
<input type="button" value="Add"/>		<input type="button" value="Reset"/>				

Person(s) moved out of my home
 For help with this section [CLICK HERE](#).
 Type the information about each person who has moved out the home and click **ADD**. Up to 12 persons can be added.

*Date of Change

Click '+' to open and add information in a row. Click '-' to close the row. Click the **Remove** button to remove that row.

Name	Relationship	Date of Birth	SSN	Action
Click to Close.				
*First Name <input type="text"/>	Middle Name <input type="text"/>	*Last Name <input type="text"/>		
Suffix <input type="text"/>	*Relationship <input type="text"/>	*Date of Birth <input type="text"/>	SSN <input type="text"/>	
<input type="button" value="Add"/>		<input type="button" value="Reset"/>		

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

5.2.5 How to update Income Changes

Follow steps in section 5.2 and then select the link for **Income Changes**.

My Home > My Information > Member Change Report Form: Instructions Friday 06/24/2011 02:06 PM CST

Member Change Report Form: Instructions ?

Instructions	Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.
Recipient Information	
Marital Status Changes	
Family Changes	Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.
Income Changes	Each section has a CHECKBOX to open and close that page.
Expense Changes	To make changes to a section, you must click on the CHECKBOX to open.
Other Changes	Type the changes you need to make.
Submit the Form	If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.

Select the appropriate **check box** based on the information to be updated and make changes to the information.

My Home > My Information > Member Change Report Form: Income Changes Tuesday 06/28/2011 02:03 PM CST

Member Change Report Form: Income Changes ?

Instructions	Medicaid # 5000001006575
Recipient Information	Name [REDACTED]
Marital Status Changes	Income Changes
Family Changes	* Indicates a required field.
Income Changes	If income has changed, click on the CHECKBOX to open and then type the changes you need to make. If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.
Expense Changes	<input checked="" type="checkbox"/> New Income
Other Changes	<input type="checkbox"/> Loss of Income
Submit the Form	<input type="button" value="Go to Submit"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>

New Income

For help with this section [CLICK HERE](#).

Type the information about the new income within the household and click **ADD**. Up to 12 persons can be added.

***Date of Change** 

Click '+' to open and add information in a row. Click '-' to close the row. Click the **Remove** button to remove that row.

Name	Employer Name/Type of Income	Action
Click to Close.		
*First Name <input type="text"/>	Middle Name <input type="text"/>	*Last Name <input type="text"/>
Suffix <input type="text"/>		
*Source of New Income <input checked="" type="radio"/> Employer <input type="radio"/> Other		
*Employer Name <input type="text"/>		
Employer Address <input type="text"/>		
City <input type="text"/>		
State <input type="text"/>		
Zip Code <input type="text"/>		
Type the information about Gross Amount of Pay (before deductions) OR the Hourly Pay Rate and number of Hours worked a week.		
Gross Amount of Pay <input type="text"/>	OR Hourly Pay Rate <input type="text"/>	Hours worked a week <input type="text"/>
*Frequency <input type="text"/>		
Day Paid <input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Reset"/>		

New Income

For help with this section [CLICK HERE](#).

Type the information about the new income within the household and click **ADD**. Up to 12 persons can be added.

***Date of Change** 

Click '+' to open and add information in a row. Click '-' to close the row. Click the **Remove** button to remove that row.

Name	Employer Name/Type of Income	Action
Click to Close.		
*First Name <input type="text"/>	Middle Name <input type="text"/>	*Last Name <input type="text"/>
Suffix <input type="text"/>		
*Source of New Income <input type="radio"/> Employer <input checked="" type="radio"/> Other		
*Type of Income <input type="text"/>		
Type the information about Gross Amount of Pay (before deductions) OR the Hourly Pay Rate and number of Hours worked a week.		
Gross Amount of Pay <input type="text"/>	OR Hourly Pay Rate <input type="text"/>	Hours worked a week <input type="text"/>
*Frequency <input type="text"/>		
Day Paid <input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Reset"/>		

Loss of Income

For help with this section [CLICK HERE](#).

Type the information about each income lost from the household and click **ADD**. Up to 12 persons can be added.

Click **+** to open and add information in a row. Click **-** to close the row. Click the **Remove** button to remove that row.

Name	Employer Name/Type of Income	Date Last Pay/Income Received	Action
<input type="checkbox"/> Click to Close.			
* First Name <input type="text"/>	Middle Name <input type="text"/>	* Last Name <input type="text"/>	
Suffix <input type="text"/>			
* Source of Income <input checked="" type="radio"/> Employer <input type="radio"/> Other			
* Employer Name <input type="text"/>			
* Date Last Pay Received <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Reset"/>			

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

5.2.6 How to update Expense Changes

Follow steps in section 5.2 and then select the link for **Expense Changes**.

[My Home](#) > [My Information](#) > [Member Change Report Form: Instructions](#) Friday 06/24/2011 02:06 PM CST

Member Change Report Form: Instructions ?	
Instructions	Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.
Recipient Information	
Marital Status Changes	
Family Changes	Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.
Income Changes	▶ Each section has a CHECKBOX to open and close that page.
Expense Changes 	▶ To make changes to a section, you must click on the CHECKBOX to open.
Other Changes	▶ Type the changes you need to make.
Submit the Form	▶ If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.

Select the appropriate **check box** based on the information to be updated and make changes to the information.

My Medicaid Alabama Medicaid Agency

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My Home > My Information > Member Change Report Form: Expense Changes Tuesday 06/28/2011 03:28 PM CST

Member Change Report Form: Expense Changes

Medicaid # 5000001006575
Name [REDACTED]

Expense Changes

* Indicates a required field.

If the day/night care expense has changed, click on the **CHECKBOX** to open and then type the changes you need to make. If you un-check the **CHECKBOX** before you finish typing all of your changes, they will be lost.

Day/Night Care Expense Changes

Go to Submit | Continue | Cancel

Day/Night Care Expense Changes

For help with this section [CLICK HERE](#).

I now pay I no longer pay

Person who pays

* First Name Middle Name * Last Name
Suffix

Type the information about each person in Care and click **ADD**. Up to 12 persons can be added.
Click '+' to open and add information in a row. Click '-' to close the row. Click the **Remove** button to remove that row.

	Name of Person in care	Age	Amount Paid	Frequency	Action
<input type="checkbox"/>	Click to Close.				
Day/Night Care Expenses					
	* First Name <input type="text"/>	Middle Name <input type="text"/>	* Last Name <input type="text"/>		
	Suffix <input type="text"/>				
	* Age <input type="text"/>				
	* Amount Paid <input type="text"/>		* Frequency <input type="text"/>		
	<input type="button" value="Add"/>		<input type="button" value="Reset"/>		

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

5.2.7 How to make other changes such as changes to Insurance

Follow steps in section 5.2 and then select the link for **Other Changes**.

[My Home](#) > [My Information](#) > Member Change Report Form: Instructions Friday 06/24/2011 02:06 PM CST

Member Change Report Form: Instructions ?

Instructions	Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.
Recipient Information	
Marital Status Changes	
Family Changes	Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.
Income Changes	▶ Each section has a CHECKBOX to open and close that page.
Expense Changes	▶ To make changes to a section, you must click on the CHECKBOX to open.
Other Changes 	▶ Type the changes you need to make.
Submit the Form	▶ If you un-check the CHECKBOX <u>before</u> you finish typing all of your changes, they will be lost.

Select the appropriate **check box** based on the information to be updated and make changes to the information.

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Alabama Medicaid Agency 

[My Home](#) | [Coverage](#) | [Medicaid Cards](#) | [Resources](#)

[My Home](#) > [My Information](#) > Member Change Report Form: Other Changes Tuesday 06/28/2011 03:47 PM CST

Member Change Report Form: Other Changes ?

Instructions	Medicaid # 8000001006575
Recipient Information	Name XXXXXXXXXX
Marital Status Changes	Other Changes
Family Changes	* Indicates a required field.
Income Changes	If there are other changes, click on the CHECKBOX to open and then type the changes you need to make. If you un-check the CHECKBOX <u>before</u> you finish typing all of your changes, they will be lost.
Expense Changes	<input checked="" type="checkbox"/> Insurance Changes
Other Changes	<input type="checkbox"/> Report of Death
Submit the Form	<input type="checkbox"/> Other Changes

[Go to Submit](#) [Continue](#) [Cancel](#)

<input checked="" type="checkbox"/> Insurance Changes
For help with this section CLICK HERE . If there is a change in insurance you need to report, wait until you have submitted this form. Then go to the RESOURCES tab to find the Update Health Insurance Information form.
<input checked="" type="checkbox"/> Report of Death
For help with this section CLICK HERE . If you need to report the death of the recipient named above, click in the box and type the date of death. * Date Of Death <input type="text"/>
<input checked="" type="checkbox"/> Other Changes
For help with this section CLICK HERE . If there are other changes you do not see listed, click in the box below and type the date of the change. * Date of Change <input type="text"/> Tell Medicaid about the change in the box below. * Description <input type="text"/>

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

5.2.8 How to update Sponsor Changes for District Office Certified Recipients

Follow steps in section 5.2 and then select the link for **Sponsor Changes**.

[My Home](#) > [My Information](#) > Member Change Report Form: Instructions Thursday 08/04/2011 02:24 PM CS

Member Change Report Form: Instructions	
Instructions	Use these sections to tell Medicaid about changes to information about the recipient you chose. The name and Medicaid number for the recipient you chose go together. You can only make changes about the person who has that Medicaid number.
Recipient Information	
Marital Status Changes	
Sponsor Changes	Complete the sections where you need to make changes for this recipient. You may make changes to one section or more than one section.
Family Changes	<ul style="list-style-type: none">▶ Each section has a CHECKBOX to open and close that page.▶ To make changes to a section, you must click on the CHECKBOX to open.▶ Type the changes you need to make.▶ If you un-check the CHECKBOX before you finish typing all of your changes, they will be lost.▶ To save your changes, click on the CONTINUE button at the bottom of each page.
Income Changes	
Expense Changes	
Other Changes	
Submit the Form	

Select the appropriate **check box** based on the information to be updated and make changes to the information.

My Home > My Information > Member Change Report Form: Sponsor Changes Friday 07/01/2011 12:34 PM CST

Member Change Report Form: Sponsor Changes ?	
Instructions Recipient Information Marital Status Changes Sponsor Changes Family Changes Income Changes Expense Changes Other Changes Submit the Form	<p>Medicaid # 777777777777</p> <p>Name Ima-Recipient</p> <hr/> <p>Sponsor Changes</p> <p>* Indicates a required field.</p> <p>If you need to make a change to the Sponsor's address or phone number, type the changes you need to make.</p> <p>If you wish to change the sponsor to another person, wait until you have submitted this form. Then go to the RESOURCES tab to find the FORM 202 to make the change and mail it to the caseworker.</p> <p><input type="checkbox"/> Change of Sponsor Address</p> <p style="text-align: right;">Go to Submit Continue Cancel</p>

<input checked="" type="checkbox"/> Change of Sponsor Address	
For help with this section CLICK HERE .	
*New Address	<input type="text"/>
	<input type="text"/>
*City	<input type="text"/>
*Phone	<input type="text"/>
*State	<input type="text" value="v"/>
*Zip Code	<input type="text"/>

If further updates are needed select the appropriate section in the left column or click **Continue** or if no further updates are needed select **Go to Submit** or **Submit the Form**.

Once form is submitted a question page will appear. You must answer all questions and select **Submit**.

[My Home](#) > [My Information](#) > Member Change Report Form: Submit the Form Tuesday 07/12/2011 10:27 AM CST

Member Change Report Form: Submit the Form	
Instructions	Medicaid # 7777777777
Recipient Information	Name Ima Recipient
Marital Status Changes	Submit the Form
Family Changes	* Indicates a required field.
Income Changes	For help with this section CLICK HERE .
Expense Changes	You must answer the questions below before you can send us your changes. If you had help filling out this form, select Yes and type the information about the person who helped you. Click the Submit button to finish.
Other Changes	By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.
Submit the Form	* I accept <input type="checkbox"/> Date 07/12/2011
	*Name of the Person Reporting Change <input type="text"/> Daytime Phone <input type="text"/>
	Did you have help filling out this form? <input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="button" value="Submit"/> <input type="button" value="Cancel"/>

[My Home](#) > [My Information](#) > Member Change Report Form: Submit the Form Tuesday 07/12/2011 10:27 AM CST

Member Change Report Form: Submit the Form	
Instructions	Medicaid # 7777777777
Recipient Information	Name Ima Recipient
Marital Status Changes	Submit the Form
Family Changes	* Indicates a required field.
Income Changes	For help with this section CLICK HERE .
Expense Changes	You must answer the questions below before you can send us your changes. If you had help filling out this form, select Yes and type the information about the person who helped you. Click the Submit button to finish.
Other Changes	By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.
Submit the Form	* I accept <input type="checkbox"/> Date 07/12/2011
	*Name of the Person Reporting Change <input type="text"/> Daytime Phone <input type="text"/>
	Did you have help filling out this form? <input checked="" type="radio"/> Yes <input type="radio"/> No
	*Name of the Person helping to fill out this form <input type="text"/> *Daytime Phone <input type="text"/>
	Is the person helping you a Certified Application Assister? <input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="button" value="Submit"/> <input type="button" value="Cancel"/>

5.3 How to check Medicaid Status or Withdraw from Medicaid

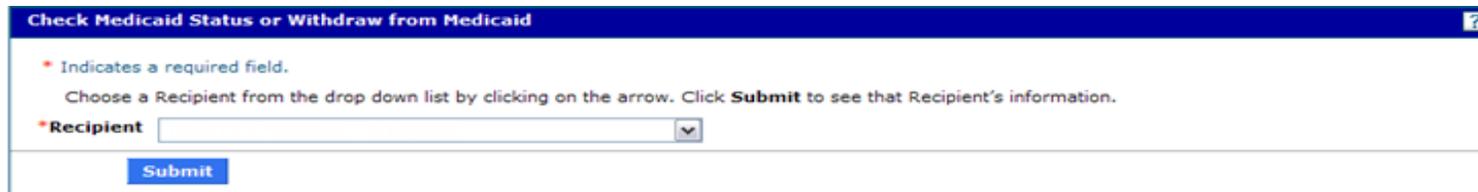
The Check Medicaid Status or Withdraw from Medicaid Page allows the user to view the status of their Medicaid or withdraw from Medicaid. The user can also cancel a pending application.

After login, from the home page select **Check Medicaid Status or Withdraw from Medicaid** Under the Recipient Header.



5.3.2 How to check the Medicaid Status

In the recipient section, select the desired recipient from the drop down and select **Submit**.



The status will be listed in the Status column.

Account	Status	Status Date	Action
Your Account for Elderly and Disabled Medicaid is:	Awarded	01/15/2011	Close Account
Your Account for help with paying your Medicare premium is:	Awarded	04/30/2011	Close Account
Your Account for Families, Children, Pregnancy or Family Planning is:	Awarded	06/01/2011	Close Account

The screenshot shows a table with four columns: 'Account', 'Status', 'Status Date', and 'Action'. A red arrow points to the 'Status' column. The table contains three rows of data, all with 'Awarded' in the Status column.

5.3.3 How to cancel a pending application

In the recipient section, select the desired recipient from the drop down and select **Submit**.

Check Medicaid Status or Withdraw from Medicaid ?

* Indicates a required field.
Choose a Recipient from the drop down list by clicking on the arrow. Click **Submit** to see that Recipient's information.

*Recipient

Submit

To cancel the application select **Cancel Account** from the Action column.

Account	Status	Status Date	Action
Your Account for Elderly and Disabled Medicaid is:	Pending	01/15/2011	Cancel Account
Your Account for help with paying your Medicare premium is:	Pending	01/15/2011	Cancel Account
Your Account for Families, Children, Pregnancy or Family Planning is:	Pending	06/01/2011	Cancel Account

5.3.4 How to Withdraw from Medicaid

In the recipient section, select the desired recipient from the drop down and select **Submit**.

Check Medicaid Status or Withdraw from Medicaid ?

* Indicates a required field.
Choose a Recipient from the drop down list by clicking on the arrow. Click **Submit** to see that Recipient's information.

*Recipient

Submit

To Withdraw from Medicaid select **Close Account** from the Action column.

Check Medicaid Status or Withdraw from Medicaid			
Account	Status	Status Date	Action
Your Account for Elderly and Disabled Medicaid is:	Awarded	01/15/2011	Close Account
Your Account for help with paying your Medicare premium is:	Awarded	04/30/2011	Close Account
Your Account for Families, Children, Pregnancy or Family Planning is:	Awarded	06/01/2011	Close Account

NOTE: If you have submitted a recent application to Alabama Medicaid and it does not show up, please check back in ten (10) business days.

If you have not turned in an application, click the following link to find out how to apply for Medicaid: [CLICK HERE](#).

If this recipient applied through SSI or Department of Human Resources (DHR), the application status will not show here. To check your Medicaid eligibility click on the "Coverage" tab above.

- ▶ If you have questions about your SSI, [CLICK HERE](#).
- ▶ If you have questions about your DHR, call 1(334) 242-1310 or email DHR at Families4ALKids@dhr.alabama.gov.



Verify that the correct recipient is listed on the next page and Select the appropriate Withdrawal reason from the drop down.

My Home Coverage Medicaid Cards Resources

My Home > Check Medicaid Status or Withdraw from Medicaid > Close Account Wednesday 06/29/2011 11:46 AM CST

Request to Close Account or Withdraw Application for Benefits ?

* Indicates a required field.

Choose a reason from the drop down list by clicking on the arrow. Click **Submit** to close your account or withdraw your application.

Recipient **Ima Recipient** *Reason

- Select a reason
- Moved Out of State
- Miscarriage
- Member now deceased
- Request case to be closed/withdrawn

Once a reason is selected complete all additional required fields and select **Submit**.

Moved Out of State

Request to Close Account or Withdraw Application for Benefits ?

* Indicates a required field.
Choose a reason from the drop down list by clicking on the arrow. Click **Submit** to close your account or withdraw your application.

Recipient **Ima-Recipient** - 6/12/2002 *Reason **Moved Out of State**

New Address

*Address

*City

*State *Zip Code

Submitter Information

By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.

*I accept Date **07/05/2011**

*Name of Person submitting this request Daytime Phone

Did you have help submitting this request? Yes No

*Name of the Person helping to fill out this form *Daytime Phone

Is the person helping you a Certified Application Assister? Yes No

Submit **Cancel**

Miscarriage

[My Home](#) > [Check Medicaid Status or Withdraw from Medicaid](#) > Close Account Saturday 07/09/2011 01:50 PM CST

Request to Close Account or Withdraw Application for Benefits ?

* Indicates a required field.
Choose a reason from the drop down list by clicking on the arrow. Click **Submit** to close your account or withdraw your application.

Recipient *Reason **Miscarriage**

Miscarriage

*Date of Miscarriage

Submitter Information

By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.

*I accept Date **07/09/2011**

*Name of Person submitting this request Daytime Phone

Did you have help submitting this request? Yes No

*Name of the Person helping to fill out this form *Daytime Phone

Is the person helping you a Certified Application Assister? Yes No

Submit **Cancel**

Member Now Deceased

[My Home](#) > [Check Medicaid Status or Withdraw from Medicaid](#) > [Close Account](#) Saturday 07/09/2011 01:49 PM CST

Request to Close Account or Withdraw Application for Benefits ?

* Indicates a required field.
Choose a reason from the drop down list by clicking on the arrow. Click **Submit** to close your account or withdraw your application.

Recipient *Reason

Member now deceased

*Date Of Death

Submitter Information

By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.

*I accept Date 07/09/2011

*Name of Person submitting this request Daytime Phone

Did you have help submitting this request? Yes No

*Name of the Person helping to fill out this form *Daytime Phone

Is the person helping you a Certified Application Assister? Yes No

Request Case to be Closed

[My Home](#) > [Check Medicaid Status or Withdraw from Medicaid](#) > [Close Account](#) Saturday 07/09/2011 01:51 PM CST

Request to Close Account or Withdraw Application for Benefits ?

* Indicates a required field.
Choose a reason from the drop down list by clicking on the arrow. Click **Submit** to close your account or withdraw your application.

Recipient *Reason

Submitter Information

By checking this box, I declare, under penalty of perjury, that the information I have entered is true and correct.

*I accept Date 07/09/2011

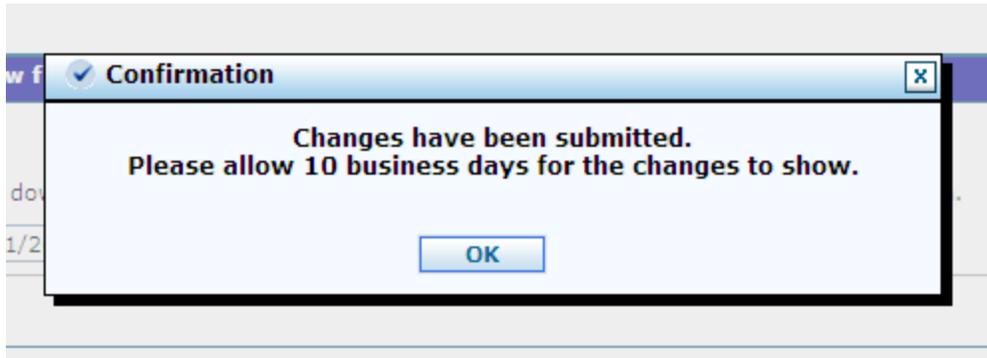
*Name of Person submitting this request Daytime Phone

Did you have help submitting this request? Yes No

*Name of the Person helping to fill out this form *Daytime Phone

Is the person helping you a Certified Application Assister? Yes No

Review data entered. If data needs to be corrected select **Edit**, if action does not need to be completed select **Cancel** and if data is correct and action can be completed select **Confirm**. When the following box appears, select **OK**.



6. Coverage and Service Usage

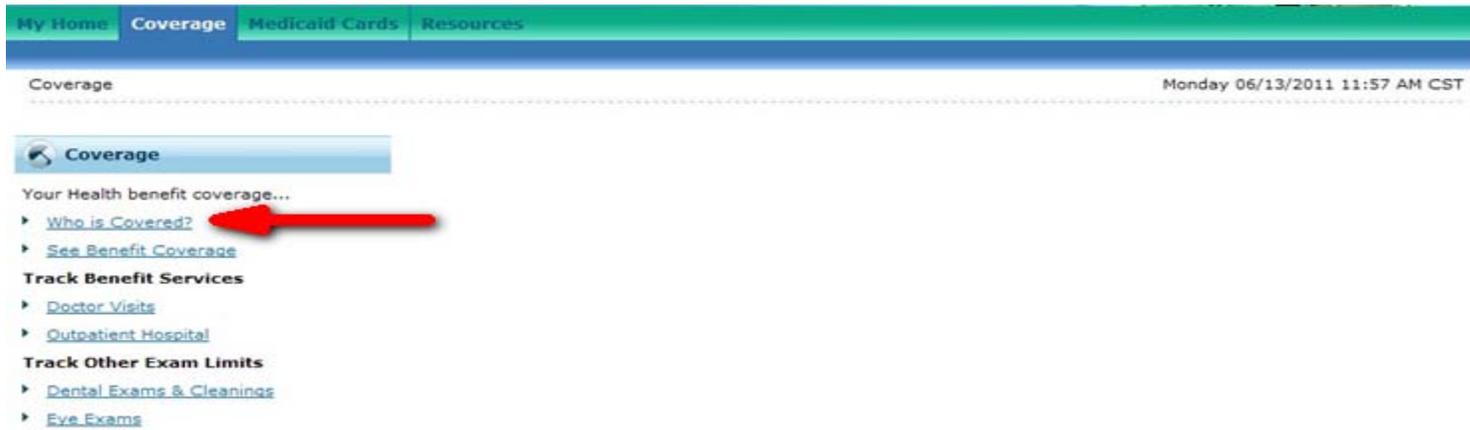
The Coverage page allows the user to check their or their dependents' health benefit coverage, benefit services, and exam limits for their Alabama Medicaid account.

After login, from the home page select the **Coverage** tab at the top of the page or look underneath the **Coverage** section on the home page.



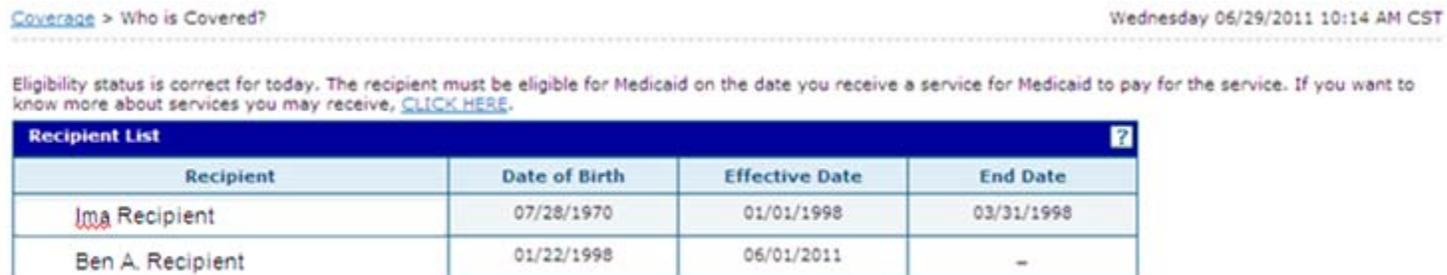
6.1 How to determine who is covered

Select **Who is Covered?**



The screenshot shows the 'Coverage' section of the web portal. The navigation bar includes 'My Home', 'Coverage', 'Medicaid Cards', and 'Resources'. The 'Coverage' menu is expanded, showing options like 'Who is Covered?' (highlighted with a red arrow), 'See Benefit Coverage', 'Track Benefit Services', and 'Track Other Exam Limits'.

Who is Covered ? list will be displayed.



The screenshot shows the 'Who is Covered?' page. It includes a breadcrumb trail 'Coverage > Who is Covered?' and a timestamp 'Wednesday 06/29/2011 10:14 AM CST'. A notice states: 'Eligibility status is correct for today. The recipient must be eligible for Medicaid on the date you receive a service for Medicaid to pay for the service. If you want to know more about services you may receive, [CLICK HERE](#).' Below this is a table titled 'Recipient List' with a help icon.

Recipient	Date of Birth	Effective Date	End Date
Ima Recipient	07/28/1970	01/01/1998	03/31/1998
Ben A. Recipient	01/22/1998	06/01/2011	-

6.2 How to see benefit coverage

Select **See Benefit Coverage**.

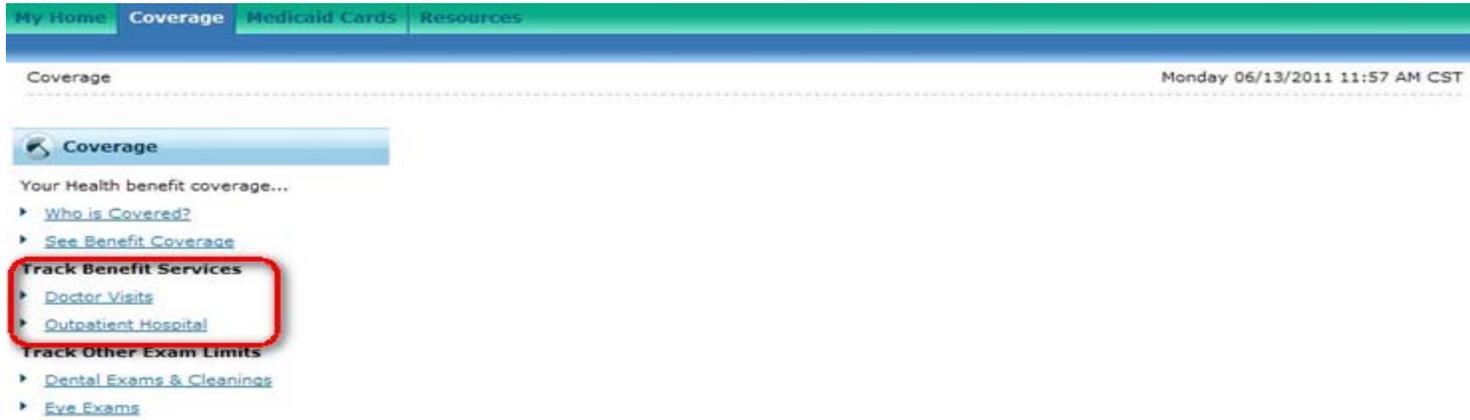
In the recipient section select the desired recipient from the drop down list and click **Submit**. The Benefit Details will be displayed.

Coverage	Description	From	To
Full Medicaid	This is the major program for Medicaid eligibility and for defining Medicaid FFS services. Medicaid reimburses providers for services rendered while the recipient is eligible for Medicaid benefits. Cross-over claims limited co-insurance and deductible.	06/01/2011	-
Full Medicaid	This is the major program for Medicaid eligibility and for defining Medicaid FFS services. Medicaid reimburses providers for services rendered while the recipient is eligible for Medicaid benefits. Cross-over claims limited co-insurance and deductible.	01/01/2011	05/31/2011
Full Medicaid	This is the major program for Medicaid eligibility and for defining Medicaid FFS services. Medicaid reimburses providers for services rendered while the recipient is eligible for Medicaid benefits. Cross-over claims limited co-insurance and deductible.	01/01/2010	12/31/2010

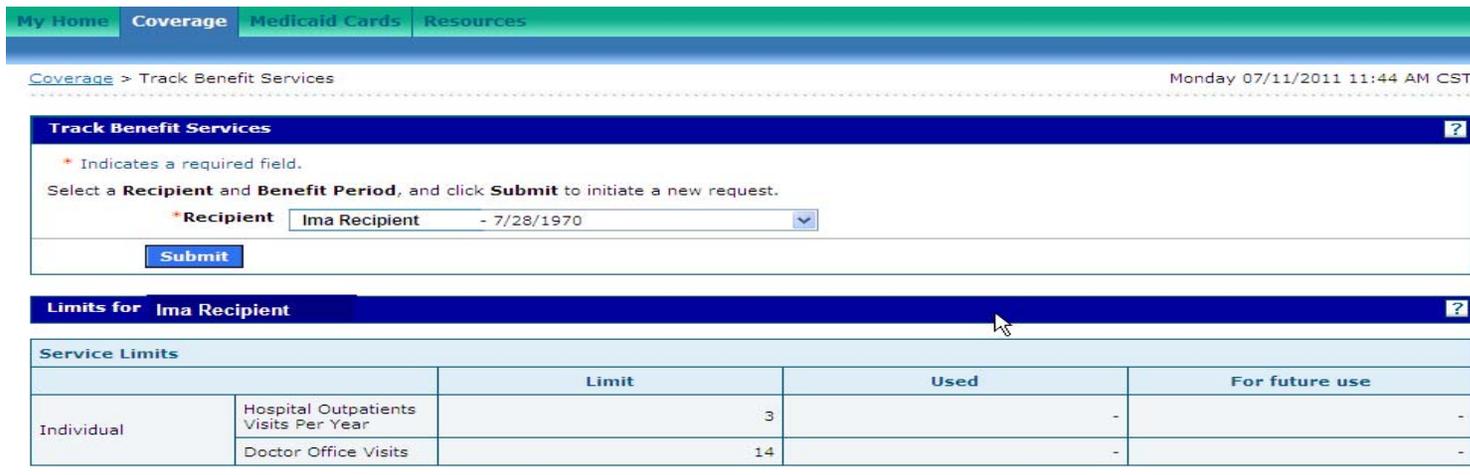
6.3 How to track benefit service usage

6.3.2 Doctor Visits and Outpatient Hospital Visits

Underneath **Track Benefit Services** header select either **Doctor Visits** or **Outpatient Hospital**.



In the recipient section select the desired recipient from the drop down list and click **Submit**. The Service Limit Details will be displayed.

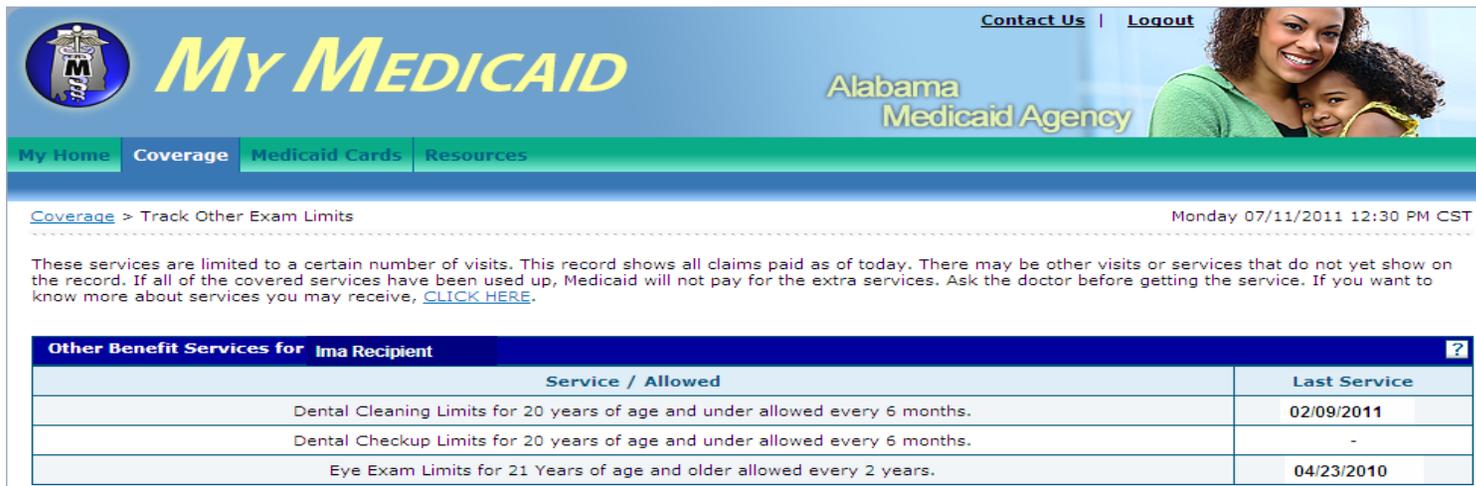


6.3.3 Dental Exams, Dental Cleanings, and Eye Exams

Underneath **Track Other Exam Limits** header select either **Dental Exams and Cleanings** or **Eye Exams**.



In the recipient section select the desired recipient from the drop down list and click **Submit**. The Other Benefit Services Details and last service date will be displayed.



7. How to view or change your Patient 1st Provider

7.1 How to view your Patient 1st Provider

After login, from the home page select **View or Change Your Patient 1st Provider** under the Patient 1st Provider Header.

My Home Coverage Medicaid Cards Resources

My Home Monday 06/13/2011 11:56 AM CST

Recipient

Name
Medicaid ID Number

- My Account
- My Information
- Check Medicaid Status or Withdraw from Medicaid

Medicaid Cards

Click here to request a card or proof of eligibility.

Important Recipient Messages

To view current Alabama Medicaid

Welcome! How can we help you?

Now that you have logged in, you can see personal information.

As Head of Household, you may see personal information for family members who are covered by Medicaid.

Learn More About Medicaid

- General Information

Coverage

Your Health benefit coverage...

- Who is Covered?
- See Benefit Coverage

Track Benefit Services

- Doctor Visits
- Outpatient Hospital

Track Other Exam Limits

- Dental Exams & Cleanings
- Eye Exams

Patient 1st Provider

- View or Change Your Patient 1st Provider

Current Patient 1st Provider along with Recipient Name, start date and Medical Plan End Date will also display. For Provider location and to get directions, click on the **Map** button under Patient 1st Provider column.

My Home Coverage Medicaid Cards Resources

My Home > Patient 1st Provider Information Tuesday 07/19/2011 11:48 AM CST

View Patient 1st Provider

Not all Medicaid recipients are in the Patient 1st program. If you need more information on the Patient 1st program, click on the Resource tab above.

If a recipient is on Patient 1st, the Provider is listed below. If you want to change to a different Patient 1st Provider, click on "Choose a Patient 1st Provider" for that recipient.

If you want to choose a Patient 1st Provider **before** your baby is born, call the Recipient Call Center 1(800) 362-1504.

Patient 1st Provider Information			
Recipient	Start Date	Medical Plan End Date	Patient 1st Provider
[REDACTED]	05/01/2008	-	 CLINTON J ALLEN 401 NORTHWOOD DRIVE, CENTRE, AL, 35960-1022 1-256-927-3607 Choose a Patient 1st Provider

7.2 How to change your Patient 1st Provider

Follow steps in section 7.1 and then to change Patient 1st Providers, select the **Choose A Patient 1st Provider** link.

Patient 1st Provider Information			
Recipient	Start Date	Medical Plan End Date	Patient 1st Provider
[REDACTED]	05/01/2008	-	 CLINTON J ALLEN 401 NORTHWOOD DRIVE, CENTRE, AL, 35960-1022 1-256-927-3607 Choose a Patient 1st Provider

A list of available patient 1st providers will be displayed. This list will contain the provider name, address, distance and phone number. Choose a provider from the list by clicking on the **Select** link under the Select column next to that provider's information.

My Home Coverage Medicaid Cards Resources

My Home > Patient 1st Provider Information > Choose a Patient 1st Provider Tuesday 07/19/2011 12:02 PM CST

Choose a New Patient 1st Provider

To pick a new Patient 1st Provider, click "Select" for the provider you want. If you do not see a Provider you want to use, call the Recipient Call Center 1(800) 362-1504.

If you have just changed your address, please give us time to make the changes and check back in two business days.

[Print](#)

Search Results						
Patient 1st Provider	Address	Distance	Phone	Provider	Select	
CENTRE RHC CORP	395 NORTHWOOD DRIVE, CENTRE, AL, 35960	1.71 miles	1-256-927-4900	Patient 1st	Select	
DURYEY KATHLEEN A	391 NORTHWOOD DRIVE, CENTRE, AL, 35960	1.71 miles	1-256-927-7412	Patient 1st	Select	
QUALITY OF LIFE HEALTH COMPL	1411 PIEDMONT CUTOFF, GADSDEN, AL, 35903	20.07 miles	1-256-492-0131	Patient 1st	Select	
GADSDEN FAMILY & STUDENT HEALTH	927 RALEY STREET, GADSDEN, AL, 35903	20.19 miles	1-256-492-0131	Patient 1st	Select	
FORT PAYNE RHC CORP	415 MEDICAL CTR DR SW, FORT PAYNE, AL, 35968	21.56 miles	1-256-997-2820	Patient 1st	Select	
PROCARE COLLEY HOMES	420 NORTH SIXTH STREET, GADSDEN, AL, 35902	21.59 miles	1-256-546-9907	Patient 1st	Select	
RIMMER RONALD A	550 MEDICAL CENTER DRIVE, FT PAYNE, AL, 35968	21.61 miles	1-256-845-3121	Patient 1st	Select	

Verify that provider listed is correct and choose a reason for the change from the drop down list. Select Submit.

Patient 1st Provider

Please choose a reason from the drop down list to tell us why you would like to change your Patient 1st Provider then click **Submit**.

KATHLEEN A DURYEY
391 NORTHWOOD DRIVE
CENTRE, AL 35960
1-256-927-7412

*Reason

- Select a reason
- I am not happy about the doctor I was given
- I do not like the way my doctor treated me
- It is too hard to get an appointment with my doctor
- The doctor is not close to my home
- I have always seen another doctor
- I had trouble reaching my doctor afterhours/weekends
- Other

[Submit](#) [Cancel](#)

Verify information displayed is correct and select **Confirm**.

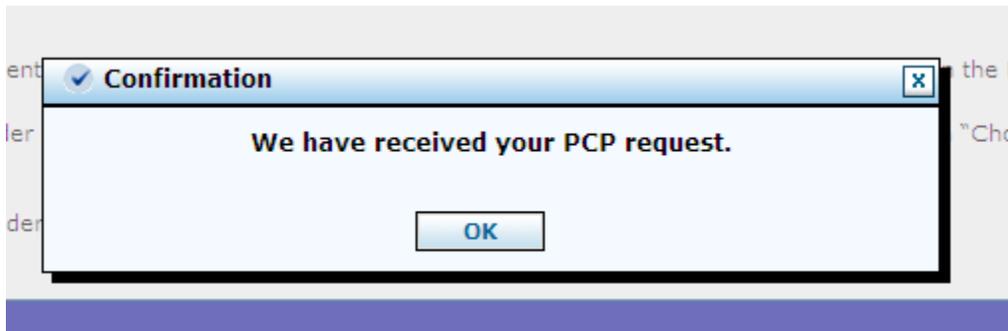
Patient 1st Provider: Confirm Details ?

To confirm the new Patient 1st Provider and the reason for changing from your current Patient 1st Provider click **Confirm**. Click **Cancel** if you do not want to make this change.

KATHLEEN A DURYEA ● Reason I am not happy about the doctor I was given
391 NORTHWOOD DRIVE
CENTRE, AL 35960
1-256-927-7412

Confirm **Cancel**

When the following box is displayed, select **OK**.



The Patient 1st Provider Information will display showing current provider along with new provider and start date for new Provider.

Patient 1st Provider Information			
Recipient	Start Date	Medical Plan End Date	Patient 1st Provider
[REDACTED]	08/01/2011	-	CENTRE RHC CORP 395 NORTHWOOD DRIVE, CENTRE, AL, 35960-1045 1-256-927-4900 Choose a Patient 1st Provider
[REDACTED]	05/01/2008	07/31/2011	CLINTON J ALLEN 401 NORTHWOOD DRIVE, CENTRE, AL, 35960-1022 1-256-927-3607 Choose a Patient 1st Provider

8. How to order a new Medicaid Card and print Medicaid Eligibility

The Medicaid Cards page allows the user to request a new Medicaid Card and print their Medicaid eligibility. To access this page from the home page select the **Medicaid Cards** tab at the top of the page or look underneath the Medicaid Cards section on the home page and click the sample card.

The screenshot shows the Alabama Medicaid Agency website. At the top, there is a navigation bar with the following tabs: **My Home**, **Coverage**, **Medicaid Cards**, and **Resources**. A red arrow points to the **Medicaid Cards** tab. Below the navigation bar, the page is divided into several sections:

- Recipient**: A section with a header and a list of links: [My Account](#), [My Information](#), and [Check Medicaid Status or Withdraw from Medicaid](#).
- Medicaid Cards**: A section with a header and a link: [Click here to request a card or proof of eligibility.](#) Below this link is a sample Medicaid card image labeled "SAMPLE".
- Important Recipient Messages**: A section with a header and a link: [To view current Alabama Medicaid Recipient Messages CLICK HERE](#).
- Welcome! How can we help you?**: A central section with a heading and a paragraph: "Now that you have logged in, you can see personal information. As Head of Household, you may see personal information for family members who are covered by Medicaid." Below this is a photograph of a doctor and a patient.
- Coverage**: A section with a header and a list of links: [Who is Covered?](#), [See Benefit Coverage](#), **Track Benefit Services** (with sub-links: [Doctor Visits](#), [Outpatient Hospital](#)), **Track Other Exam Limits** (with sub-links: [Dental Exams & Cleanings](#), [Eye Exams](#)).
- Patient 1st Provider**: A section with a header and a link: [View or Change Your Patient 1st Provider](#).

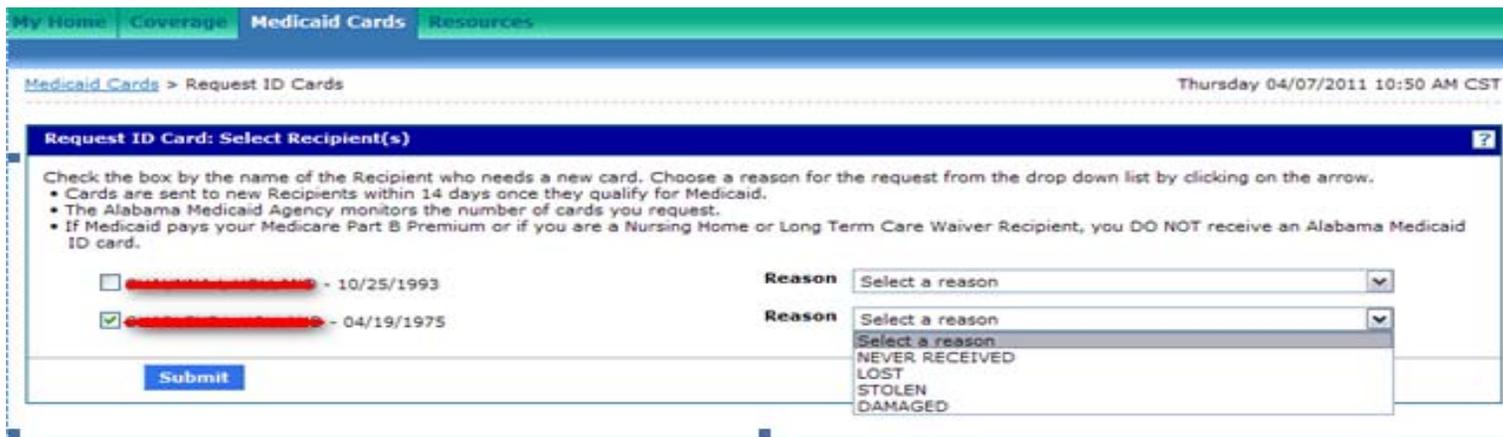
At the bottom of the page, there is a section titled **Learn More About Medicaid** with a list of links: [General Information](#), [Qualifying for Medicaid](#), [Applications and Forms](#), [Contacts and Locations](#), and [Frequently Asked Questions](#).

8.1 How to order a new Medicaid Card

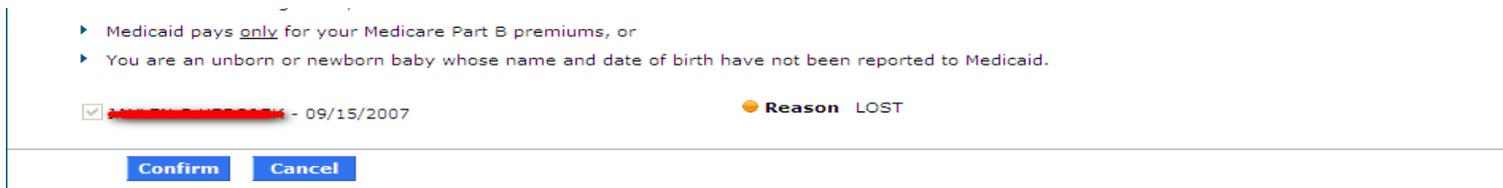
Underneath **Medicaid Cards** header select **Get a New Card**.



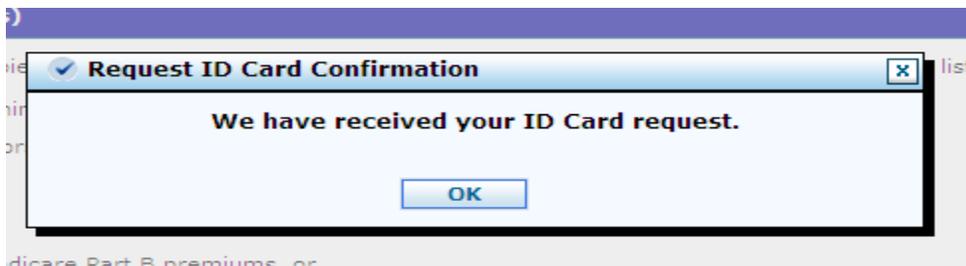
Select desired recipients by clicking the box next to the recipient's name and select a reason from the drop down list to the right of the recipient's name. Select **Submit**.



Verify information is correct and select **Confirm** to continue or **Cancel** to cancel action.



When the following box is displayed, select **OK**.

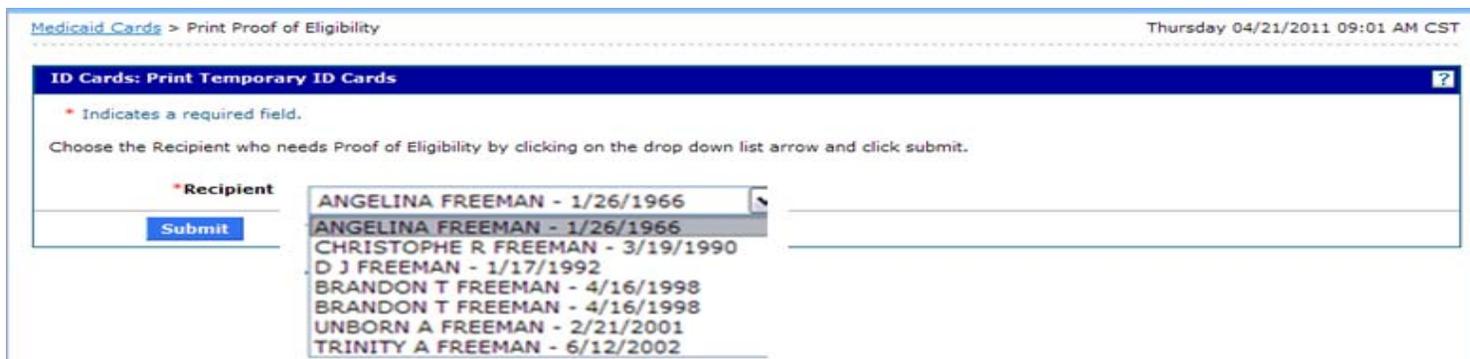


8.2 How to print proof of Medicaid eligibility

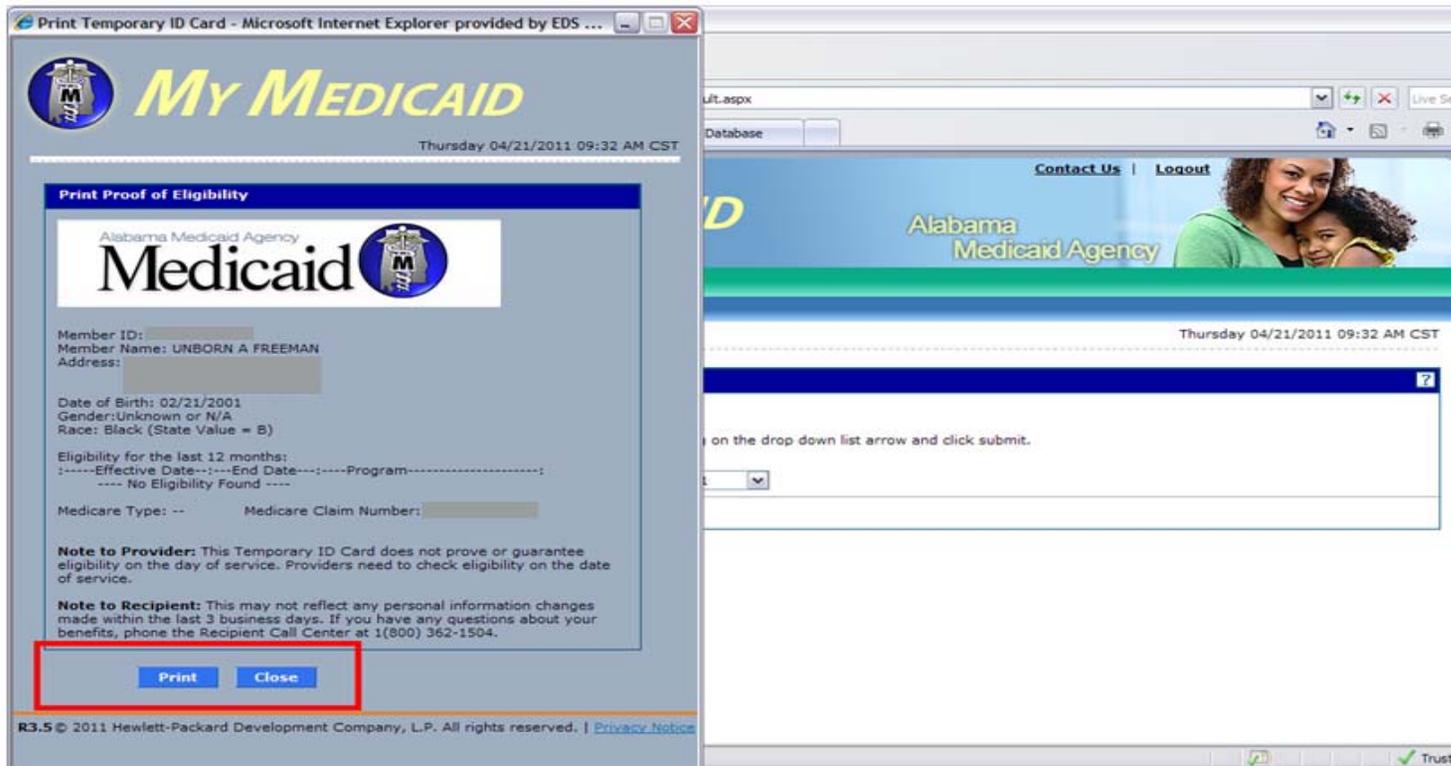
Underneath **Medicaid Cards** header select **Print Proof of Eligibility**.



In the recipient section select desired recipient from the drop down box and select **Submit**.



A new window should appear and select **Print**.



Computer print options will appear. Follow normal print procedures for current computer.

9. Resources

The Resources page provides links to additional information for the user. Included on the page are links to applications, the Form 202 (to change a sponsor), Third Party Insurance information and the PDF format of the Form 295.

The screenshot shows the 'My Medicaid' website interface. At the top, there is a navigation bar with 'My Home', 'Coverage', 'Medicaid Cards', and 'Resources' (which is highlighted). To the right of the navigation bar are links for 'Contact Us' and 'Logout'. The main content area is titled 'Resources' and includes a sub-header 'Resources' with a document icon. Below this, there is a list of links with descriptions:

- ▶ [Applications to Apply For Medicaid](#)
- ▶ [Form 202](#): Form to appoint someone as a Medicaid recipient's representative.
- ▶ [Update Health Insurance Information](#): Medicaid recipients must report any health-related insurance coverage so that claims are submitted to the primary payer before Medicaid makes payment. If you need to report health-related insurance coverage or change your health-related insurance information, please follow this link for more information.
- ▶ [Recipient Change Report Form 295](#): To notify Medicaid of changes to a recipient's status (move, income, marital status, etc.).

At the bottom of the page, there is a footer with the text 'R3.5' on the left and '© 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)' on the right.