

MAXIMUS provides this user guide as an overview of system operations. MAXIMUS will always support the current and most recent versions of google Chrome or Microsoft Edge. MAXIMUS recommends Adobe Reader 10 or later.

Ensure that your firewall does not block our URL.

To maintain proprietary content protection, this user guide does not capture all system fields.

All information appearing in this guide does not represent true and actual individuals.

Access and Edit Individual Information

From the AssessmentPro Home Page

Search for the Individual in the **Search Bar** using the name or Individual ID (IID)

MAXIMUS

Stephane Provost

Search site



Select the **Individual Record** to open the person's information.

1061936

Advanced Search

Individual Record - LastName151202468, XXXXX

From the Demographics tab:

Click the **pencil icon** to open the individual's information

Cathy Smith

Demographics

Episodes

Appeals

PathTracker Forms

Individual Information



Individual ID: 1061936

SSN: XXX-XX-2468 ⓘ

DOB: XX/XX/XXXX ⓘ

Phone: (555) 555-5555

Mailing address: 123 Elm St
Hartford, CT 55555

Edit the demographic information, as needed.

This includes:

- Correcting the person's **name** (spelling or updates)
- Correcting **SSN** or **DOB** from VERIFIED information
- Updating the **Medicaid number, effective date, and/or expiration date**

Some fields show xxx. Click in the field to show the stored information. This is a security feature to further protect the person's information.

Click **Save** to complete.

Cathy Smith

Demographics Episodes Appeals PathTracker Forms

Individual Information

Deceased

PathTracker Managed Individual

First Name M.I. Last Name Suffix
 Cathy [] Smith []

Address
 123 Elm St
 []
 []

City State ZIP County
 Hartford CT 5555-__ Middlesex

Phone Number State of Residence Identification Type Social Security Number
 (555) 555-5555 Ext. __ CT Social Security Number XXX-XX-XXXX

Date of Birth Marital Status Race Gender
 X/X/XXXX Individual declines to res... Hispanic, Latino, or Spanish Female

Medicaid Number Medicaid Effective Date Medicaid Expiration Date
 XXXXXX mm/dd/yyyy mm/dd/yyyy

Cancel

Save