# Correcting Cardholder Access using ebtEDGE webADMIN

#### 1. Introduction

As part of the effort to replace old EBT cards with new EBT cards with a Card Validation Value (CVV) security feature, FIS and the eligibility system consortia compared the cardholder access recorded in the eligibility system to the cardholder access recorded in the EBT system for selected cases that were issued new CVV enabled EBT cards.

Using data provided by the eligibility systems, FIS identified 532 cardholders where the cardholder access in the EBT system did not match the cardholder access in the eligibility system. This document provides guidance and step-by-step instructions to correct the cardholder access in the EBT system using ebtEDGE webADMIN,

### 2. Account Cardholder PAN Mismatch List

The spreadsheet provided by FIS identifies the State Unique Identifier (SUID) and Primary/Alternate Indicator (Primary / Alt Ind) of each impacted cardholder along with the Consortia Access Type and FIS Access Type. The last ten digits of the new CVV card number (PAN) and the replaced non-CVV PAN are also provided for reference only.

The Access Type code identifies the cardholder access in the consortia eligibility system and the FIS EBT system. The table below identifies the EBT system Food and Cash account access for each Access Type code.

| Access    |                    | ebtEDGE Benefit Acces |           |  |  |  |
|-----------|--------------------|-----------------------|-----------|--|--|--|
| Type Code | Description        | Food                  | Cash      |  |  |  |
| В         | Both Food and Cash | Access                | Access    |  |  |  |
| F         | Food Only          | Access                | No Access |  |  |  |
| С         | Cash Only          | No Access             | Access    |  |  |  |
| N         | None               | No Access             | No Access |  |  |  |

## 3. Required ebtEDGE User Roles

An ebtEDGE user must have the following roles to view and update cardholder access using webADMIN:

- inqCaseCardholderBenefit required to search and view case/cardholder data.
- updCardholderAddUpdate required to change the cardholder access

If an ebtEDGE user cannot access the Client Search or the Update buttons on the Client page is disabled, please contact your EBT Zone Administrator to have the roles updated. For additional assistance open a ticket or call FIS State Support Services at (800) 848-6960.

# 4. Step-by-Step Instructions to Update Cardholder Access

1. Open *web*ADMIN to display the page shown below.

|                      |                    |                        |                             |                      | ebtedge.c           | om Back to Age  | ncy Portal  |
|----------------------|--------------------|------------------------|-----------------------------|----------------------|---------------------|-----------------|-------------|
|                      |                    | ebtED0                 | GE <sup>sM</sup> Aα         | encv                 |                     |                 |             |
|                      |                    |                        |                             | <i>,</i>             |                     |                 |             |
| Home S               | Gervices           | Reports                | Documenta                   | tion                 | Training            | News            |             |
| webADMIN:- Cu        | urrently view      | ing: CALIFORNI         | A                           |                      |                     | Tuesday, Februa | ary 1, 2022 |
| Client / Transaction | on Search Ad       | d SUID Merchan         | <u>t Search</u> <u>Help</u> |                      |                     |                 |             |
| <b>Client Search</b> | OR <u>Transa</u>   | action Search          |                             |                      |                     |                 |             |
| Enter single search  | ch criteria.       |                        |                             |                      |                     |                 |             |
| Card # : 50          | )7719              |                        | Last Name:                  |                      |                     | (2 characte     | r min)      |
| SUID:                |                    |                        |                             | 🗹 Exact Last N       | lame Match          |                 |             |
| Account # :          |                    |                        | First Name:                 |                      |                     | (1 character    | r min)      |
| Optional ID:         |                    |                        |                             | Z Exact First N      | Name Match          |                 |             |
| SSN:                 | (Do                | not include dashes.)   |                             |                      |                     |                 |             |
| Auth # :             |                    |                        |                             |                      |                     | Search          | Clear       |
|                      |                    |                        |                             |                      |                     |                 |             |
| Transaction S        | Search 👔 OF        | R Client Search        |                             |                      |                     |                 |             |
| Step 1: Enter single | e search criteria. |                        | Step 2: Refine              | search filters.      |                     |                 |             |
| Card # : 50771       | 9                  |                        | Date Range:                 | 1 Mont               | n 🗸                 |                 |             |
| SUID:                |                    |                        | Start Date/Tim              | ne: 📑 01 / 0         | 2 / 2022 (MM/       | DD/YYYY) 00:00  | (HH:MN      |
| FNS # :              |                    |                        | End Date/Time               | e: 📑 02 / 0          | 1 / 2022 (MM/       | DD/YYYY) 23:59  | (HH:MM      |
| Store # :            |                    |                        | Results by Da               | te: Descer           | iding 🗸             |                 |             |
| Account # :          |                    |                        | Transaction C               | ategory: All         |                     | ~               |             |
| Auth # :             |                    |                        | Program:                    | All                  |                     | -               |             |
|                      |                    |                        | Transaction T               | ype: All             |                     | -               |             |
|                      |                    |                        |                             |                      |                     | Search          | Clear       |
|                      |                    |                        |                             |                      |                     |                 | Back To To  |
|                      | Online Pri         | ivacy Notice           | FIS Privacy Policy          | Terms and Co         | onditions           |                 |             |
|                      | © 2022 Fi          | delity National Inform | nation Services, Inc. ar    | nd its subsidiaries. | All rights reserved | d.              |             |

webADMIN Client/Transaction Search

2. Enter the SUID from the spreadsheet into the SUID field in the Client Search section of the *Client/Transaction Search* page.

| Client Sea     | Client Search & OR Transaction Search |                        |           |  |  |  |  |  |  |
|----------------|---------------------------------------|------------------------|-----------|--|--|--|--|--|--|
| Enter single s | earch criteria.                       |                        |           |  |  |  |  |  |  |
| Card # :       | 507719                                | Last Name: (2 chara    | cter min) |  |  |  |  |  |  |
| SUID:          | 580123781379999                       | Exact Last Name Match  |           |  |  |  |  |  |  |
| Account # :    |                                       | First Name: (1 chara   | cter min) |  |  |  |  |  |  |
| Optional ID:   |                                       | Exact First Name Match |           |  |  |  |  |  |  |
| SSN:           | (Do not include dashes.)              |                        |           |  |  |  |  |  |  |
| Auth # :       |                                       | Search                 | Clear     |  |  |  |  |  |  |

#### **Client Search by SUID**

3. Click the **Search** button.

*Note:* If you entered a wrong number, click *Clear* to start over.

4. If there are alternate cardholder(s) on the case, the page below will list the primary and alternate cardholder(s).

| SUID/Client List 2       | Back to Results |              |              |           |            |          |             |
|--------------------------|-----------------|--------------|--------------|-----------|------------|----------|-------------|
| Account # : 123456789123 |                 |              | Add SUID     |           |            |          |             |
| Card #                   |                 |              | Access       | Available | SUID       | Agency   | SUID Status |
|                          |                 | Client Type: | 01 - PRIMARY |           |            |          |             |
| 507719 0000001234        |                 | Cash:        | Access       | 68.75     | 58SUID1239 | 999CAEBT | ACTIVE      |
| Name: SMITH, MARY        |                 | FS:          | Access       | 28.37     |            |          |             |
| Client Status: ACTIVE    |                 |              |              |           |            |          |             |
|                          |                 |              |              |           |            |          |             |
|                          |                 | Client Type: | 02 - ALTERNA | TE        |            |          |             |
| 507719 0000001234        |                 | Cash:        | Access       | 68.75     | 58SUID1239 | 999CAEBT | ACTIVE      |
| Name: SMITH, WENDELL     |                 | FS:          | Access       | 28.37     |            |          |             |
| Client Status: ACTIVE    |                 |              |              |           |            |          |             |

#### SUID/Client List showing Alternate Client

5. Click on the SUID link for the primary or alternate cardholder. The SUID Information page's **Case** tab displays for the SUID number

provided, as shown below. If there are no alternate cardholders on the case, this page will be displayed after clicking SEARCH in step 3.

| SUID Inform                | JID Information ? Back to Case / Client List Refresh |                |  |         |                    |           |              |                |             |  |
|----------------------------|--|----------------|--|---------|--------------------|-----------|--------------|----------------|-------------|--|
| Account # :                | 123456789123   | Name:          | SMITH , N  | MARY    |                    |           | Access       | Available      | Acct Bal    |  |
| Agency:                    | CAEBT  | Client Status: | ACTIVE   |         |                    | Cash:     | Access       | 68.75          | 138.75      |  |
| SUID:                      | 58STATEABCD9999                                      | Card # :       | 507719 0   | 0020005 | 517                | FS:       | Access       | 28.37          | 28.37       |  |
| Client Type:               | 01 - PRIMARY   |                |  |         |                    |           |              |                |             |  |
|                            |  |                |  |         |                    |           |              |                |             |  |
|                            |  | _              |  |         |                    |           |              |                |             |  |
| Case Clie                  | ent Card Benef                                       | it             |  |         |                    |           |              |                |             |  |
| SUID Informatio            | n 🛙  |                |  |         |                    |           |              | Corrections    | Repayments  |  |
| Creation Date:             | 04/25/20XX   | SUID           | Status:  | [       | ACTIVE             |           | ~            | Tran Searc     | h this SUID |  |
| Cash Distributio           | n Method:PLASTIC                                     | Agen           | cy:  |         | CAEBT              |           |              |                |             |  |
| SUID Type:                 | EBT  | Case           | Area ID:   |         | 58 - YUBA          |           | $\checkmark$ |                |             |  |
| Local Office Code: 135 Las |  |                | st Benefit Added Date: (Food) 04/30/20XX (Cash) 04/28/20XX |         |                    |           |              |                |             |  |
| Cash Status:               | ACTIVE   | ✓ Rea          | activate   | :       | Status Chg Date: 0 | 1/01/0001 | La           | ast Used Date: | 05/01/20XX  |  |
| Food Status:               | ACTIVE   | ✓ Rea          | activate   | :       | Status Chg Date: 0 | 1/01/0001 | La           | ast Used Date: | 05/02/20XX  |  |
|                            |  |                |  |         |                    |           |              | L              | Jpdate      |  |

**Case Information – Case Tab** 

# 6. From the SUID Information page, open the Client tab.

| Case  | ient Card            | Benefit                               |                          |         |  |                                 |                     |                                |
|---|----------------------|---------------------------------------|--------------------------|---------|--|---------------------------------|---------------------|--------------------------------|
| Add Client<br>Client Informa                              | ition 🔋              |                                       |                          |         |  | <u>C</u>                        | orrections          | <u>Repayments</u>              |
| *First Name:<br>Middle Name<br>*Last Name:<br>*Address 1: | MARY<br>SMITH        | /ENUE                                 |                          | ]       | Date of Birth:<br>Confirm Date of Birth:<br>*SSN:<br>*Confirm SSN: | XX / XX /<br>/ / /<br>XXXXX6785 | 1950<br>(Do not inc | lude dashes.)<br>lude dashes.) |
| Address 2:<br>Address 3:                                  |                      |                                       |                          |         | Home Phone Number:<br>Ph Nbr Chg Count:<br>Security Code:          | <br>0 01/01/0001                | <br>I 00:00         |                                |
| *City:  | CITYVILLE            |                                       |                          |         | *Client Status:<br>Benefit Access:                                 | Active                          |                     | $\checkmark$                   |
| *State:   | CA 🗸                 | * ZIP Code:                           | 95901 -                  |         | Client Type:<br>Select the appropriate t                           | 01 - PRIMARY<br>penefit access. | Y                   | ~                              |
| In Care Of:   |                      |                                       |                          |         | *Cash:<br>*FS:   | Access<br>Access                |                     | ~                              |
| Addr Chg Cou<br>Last Updated                              | unt: 0 La<br>Src: La | ist Updated By: C<br>ist Updated TS:0 | AUSER<br>1/01/0001 00:00 | 0       | Restaurant meals:  |                                 |                     |                                |
| *Language<br>Code:  | ENGLISH              | •                                     |                          | ~       |  |                                 |                     |                                |
| Updated By: 0   | CAUSER               |                                       | Last Updated:            | 05/01/2 | 20XX 15:16   |                                 |                     | Update                         |
|   |                      |                                       |                          |         |  |                                 |                     | Back To Top                    |

SUID Information – Client Tab

# 7. Change the Cash and FS access to match the information in the spreadsheet.

| Case Clic       | ent Card Benefit  |                        |                                    |
|-----------------|---|------------------------|------------------------------------|
| Add Client      |   |                        | Corrections Repayments             |
| Client Informat | tion 🔋  |                        |                                    |
|                 |   |                        |                                    |
| *First Name:    | TEST  | Deceased Date:         |                                    |
| Middle Name:    |   | Date of Birth:         | XX/ XX/ 2001                       |
| *Last Name:     | ALTERNATE   | Confirm Date of Birth: |                                    |
|                 |   | *SSN:                  | XXXXX0000 (Do not include dashes.) |
| *Address 1:     | 123   | *Confirm SSN:          | (Do not include dashes.)           |
| Address 2:      |   |                        |                                    |
| Address 3:      |   | Home Phone Number:     |                                    |
| *City:          | ABC   | Ph Nbr Chg Count:      | 0 01/01/0001 00:00                 |
| *State:         | CA  ZIP Code: 12345 -   | Security Code:         |                                    |
|                 |   |                        |                                    |
|                 |   | *Client Status: Ac     | ctive 🗸                            |
|                 |   | Benefit Access:        |                                    |
| In Care Of:     |   | Client Type: 02        | - ALIERNALE V                      |
|                 |   | *Coch:                 | Access.                            |
|                 |   | *ES:                   |                                    |
| Optional ID:    |   | No. Au                 | No                                 |
| Optional ID.    |   | Recourant Means.       | NO                                 |
| Addr Cng Cour   | nt: 0 Last Updated By:37TTER01 Stor: Last Updated TS:01/01/0001.00:00 |                        |                                    |
| ID Type:        | NONE  |                        |                                    |
| *Language       |   |                        |                                    |
| Code:           | ENGLISH   |                        |                                    |
| Updated By: 3   | 37TTER01 Last Updated: 0  | 1/19/2021 14:30        | Update                             |

8. Click the **Update** button. Once the Update button is clicked, a message displays confirming that the information was successfully updated in the database.

| webADMIN<br>Client / Transa | I:- Currently viewing:<br>action Search Add SUID | CALIFORNIA<br>Merchant Se | A<br>earch <u>Hel</u> | Ι <u>Ρ</u>      |              |           |              |                |             |
|-----------------------------|--|---------------------------|-----------------------|-----------------|--------------|-----------|--------------|----------------|-------------|
| Client                      | t updated successfully.                          |                           |                       |                 |              |           |              |                |             |
| SUID Inform                 | mation ? Back to C                               | ase / Client List         | ţ                     |                 |              |           |              | F              | Refresh     |
| Account # :                 | 120000097127027                                  | Name:                     | ALTERNA               | TE, TEST        |              |           | Access       | Available      | Acct Bal    |
| Agency:                     | CAEBT  | Client Status:            | ACTIVE                |                 | DORMANT      | Cash:     | No Access    | 0.00           | 0.99        |
| SUID:                       | 37TESTCARD1                                      | Card # :                  | 507719 00             | 02356323        |              | FS:       | No Access    | 0.00           | 0.00        |
| Client Type:                | 02 - ALTERNATE                                   |                           |                       |                 |              |           |              |                |             |
|                             |  |                           |                       |                 |              |           |              |                |             |
| Case Cli                    | ent Card Benefit                                 |                           |                       |                 |              |           |              |                |             |
| Add Client                  |  |                           |                       |                 |              |           | Co           | rrections F    | Repayments  |
| Client Informat             | tion 🔋   |                           |                       |                 |              |           |              |                |             |
| • First Manage              | TEOT   |                           |                       | Descend De      |              |           |              |                |             |
| *First Name:                |  |                           |                       | Deceased Da     | te:          |           |              |                |             |
| Middle Name:                |  |                           |                       | Date of Birth:  |              | XX        | XX/ 2001     |                |             |
| *Last Name:                 | ALTERNATE  |                           |                       | Confirm Date (  | of Birth:    |           |              |                |             |
|                             |  |                           |                       | *SSN:           |              | XX        | XX0000       | (Do not includ | le dashes.) |
| *Address 1:                 | 123  |                           |                       | *Confirm SSN:   |              |           | (Do n        | ot include das | hes.)       |
| Address 2:                  |  |                           |                       |                 |              |           |              |                |             |
| Address 3:                  |  |                           |                       | Home Phone N    | lumber:      |           |              |                |             |
| *City:                      | ABC  |                           |                       | Ph Nbr Chg Co   | ount:        | 0 01/0    | 1/0001 00:00 |                |             |
| *State:                     | CA V *ZIP C                                      | ode: 12345                |                       | Security Code:  |              |           |              |                |             |
|                             |  |                           |                       |                 |              |           |              |                |             |
|                             |  |                           |                       | *Client Status: | Ac           | tive      |              | ~              |             |
| In Care Of                  |  |                           |                       | Benefit Access  | : 02         |           | NATE         | ~              |             |
| in oare or.                 |  |                           |                       | Select the appr | opriate bene | fit acces | S.           | Ŧ              |             |
|                             |  |                           |                       | *Cash:          | No           | Access    |              | ~              |             |
|                             |  |                           |                       | *FS:            | Ac           | cess      |              | ~              |             |
| Optional ID:                |  |                           |                       | *Restaurant Me  | eals:        | No        |              | ~              |             |
| Addr Chg Cou                | nt: 0 Last Updated                               | By: 37TTER01              |                       |                 |              |           |              |                |             |

9. To perform another search, click the <u>Client/Transaction Search</u> link to go back to that page, and enter the next SUID.