How to Upload Documents in the Medicaid Self-Service Portal

A Medicaid Guide for the Online Self-Service Portal

October 12, 2023



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Introduction

Starting in June 2019, people who apply for or get Louisiana Medicaid can submit documents online through the Self-Service Portal (SSP). Use this guide to help with uploading documents in the SSP.

Section 1 – When to Submit Documents to Medicaid

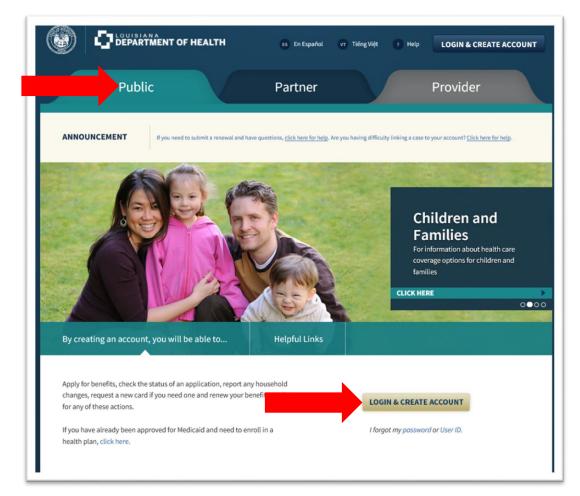
Medicaid will send you a letter when they need documents to verify the information you reported. They will only request items they need to determine if case members qualify for Medicaid. The most common thing Medicaid will ask for is proof of income, like check stubs from a job. If you have access to the Internet on a computer, mobile device or smartphone, you can scan documents or take pictures of documents and submit them online in the Louisiana Medicaid Self-Service Portal (SSP).

Section 2 – How to Set Up an Account and Log into the Self-Service Portal

Using the online Self-Service Portal (SSP) is the fastest way to submit documents to Medicaid. To do this, you will need to create an account.

Subsection 2.1 – How to Set Up an Account in the Self-Service Portal

Go to <u>https://MyMedicaid.La.gov</u> on your computer, mobile device or smartphone. If you already have an account, skip ahead to **Subsection 2.2**. The picture on your screen may be different from the one shown below.



Make sure you are on the **Public** tab. Click on the link labeled **Login & Create Account**.

You will then see the Login or Create an Account screen.

Follow the steps below.

A. On the Login or Create an Account screen you will see a section called Create an Account and a link called Click here to create an account. Click on the word here.



B. You will see the **Create an Account** screen.

Step 1: Your Personal Information – Enter your name and email address. You will need an email address and access to that email. If you want to create a free email account, there are links on the page to websites you can visit.

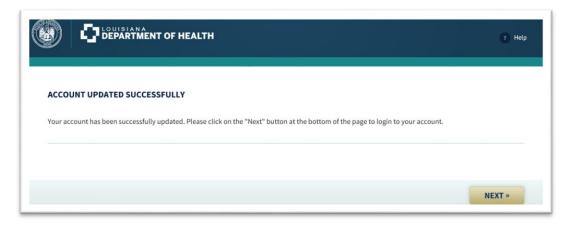
Step 2: Account Credentials – You will need to create your own user ID, password and a six-digit numerical PIN number. Be sure to save the user ID, password and PIN in a safe place. You will need them later. **Note:** DO NOT use your email address as your User ID. **Step 3: Security Check** – Enter the letters and numbers from the image on the screen to prove you are not a robot.

C. Click the **Create Account** button.

You will get an email from Medicaid asking you to click a link to finish creating your account. Click the link in the email to finish setting up your account.

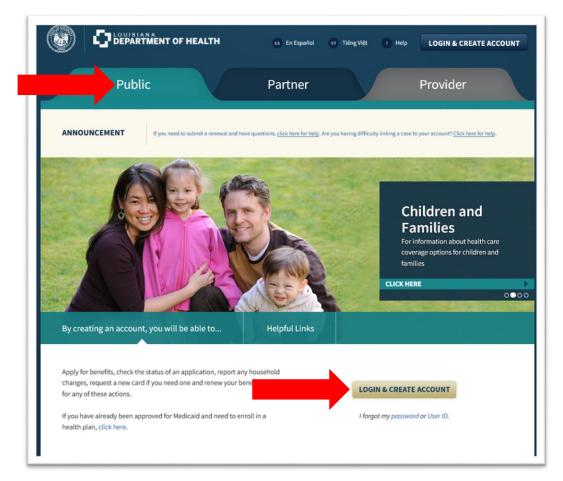
From: Louisiana-Account-Notificat >
To: Hide
[Action Required] Please Confirm
Your Email Address
Today at 10:59 AM
Hello
In order to complete the account creation process, please
click the hyperlink below ("Confirm Your Email") to confirm
that you have received this email.
After clicking this link you will be directed back to the Self-
Service Portal to log in with your User ID and password.
Confirm Your Email
This link will expire in 24 hours.
Details: Our records indicate that you have initiated the
creation of a State of Louisiana account with User ID
on 03/28/2019 at 10:59:00.
Thank you,
Louisiana Assass Convise Technology

When you click on the link you are brought to a page that verifies that your account was updated successfully.



Subsection 2.2 – How to Log into the Self-Service Portal

After you create an account, you can log in. Go to <u>https://MyMedicaid.La.gov</u> on your computer, mobile device or smartphone. Make sure you are on the **Public** tab. Click on **Login & Create Account**. The picture you see on your screen may be different from the one below.



Enter your User ID and Password and then click **Login**. If you do not remember your User ID or Password, click the links that say, "I forgot my User ID" or "I forgot my Password."

LOGIN					
If you had a user ID	and password prio	or to November 2018, yo	u must create an acco	unt to use our new system.	
* User ID:			I	forgot my User ID	
* Password:				forgot my Password	
Resend Confirma	tion Email				
LOGIN		_			

Subsection 2.3 – How to Link Your Medicaid Case to Your Self-Service Portal Account

Many features in the Self-Service Portal (SSP), including uploading a document, are not available unless you link a Medicaid case to your SSP account. If you have already linked your Medicaid case to your SSP account, skip ahead to **Subsection 2.4**.

If you followed the steps in **Subsection 2.2**, you have logged into the SSP and should see the **My Account Home Page**. Click on **Manage My Account**.

e	MY APPLICATIONS Fill out an application for health coverage, complete an application that you have already started and saved, or print a summary of an application you have submitted. You can also check the status of your submitted applications.
Q	CHECK MY BENEFITS View information about your health coverage case or health coverage.
ŧ	ORDER MEDICAID CARD Order a Louisiana Medicaid card for a member of your household. Please verify your mailing address is correct before ordering card(s). Card(s) should arrive in an estimated 7 – 10 days.
	REPORT MY CHANGE Report changes to your information online that may affect your benefits, complete a change report that you have already started and saved or print a summary of a change report you have submitted.
	RENEW MY BENEFITS Submit a renewal, complete a renewal that you have already started and saved, or print a summary of a renewal you have submitted. Click here for instructions on how to complete a renewal.
a	MY DOCUMENTS View your mail and upload information we need from you.

You will see the Manage My Account screen.

To link your Medicaid case, follow these steps:

 Scroll to the bottom of the screen to the section called Case Linking Information. For the question, "Would you like to link an existing case to your account," select "Yes" from the drop-down menu.



 Provide the last name and date of birth for the Primary contact person. Then, choose whether you want to provide a Medicaid Card Number/CCN, Medicare Number or Social Security Number. Enter the corresponding number. Then click Update Account.

CASE LINKING INFORMATION	
* Would you like to link an existing case to your ac	count? Yes
or Medicaid Card Number or Medicare Number / N	e and Date of Birth of the Primary Contact on the case and enter the Nine-Digit SSN of the Primary Contact ledicare Claim Number of any individual on the case. Your Medicaid card number is on the front of your ledicaid card. If you do not have your Medicaid card, you will need to call Medicaid to get that number. The
* Primary Contact Last Name:	
* Primary Contact Date of Birth:	
* Please choose one of the following to provide:	Social Security Number Medicaid Card Number / CCN Medicare Number / Medicare Claim Number Social Security Number
	« PREVIOUS UPDATE ACCOUNT »

Note: Your **Medicaid Card Number/CCN** is on the front of your Healthy Louisiana card.

Healthy Louisiana



After clicking on **Update Account** you will see a screen that verifies that your account was updated.



You have now linked your Medicaid case to your SSP account.

Section 3 – How to Submit Documents if You Have an Existing Medicaid Case

If you created an account and submitted a Medicaid application through the Self-Service Portal (SSP), you can upload documents in the SSP.

Subsection 3.1 – How to Submit Documents through "My Applications"

If you created an account in the Self-Service Portal (SSP) and applied for Medicaid, you can submit documents through the SSP.

Step 1: Log in using the steps in Section 2.

Step 2: You will see the My Account Home Page. Click on My Applications.

My Ac	count Home Page
	MY APPLICATIONS Fill out an application for health coverage, complete an application that you have already started and saved, or print a summary of an application you have submitted. You can also check the status of your submitted applications.

Step 3: If Medicaid needs documents to verify what you reported, you will see the word **View** in the column titled **Requested Verification**. Click on the word **View** to see a popup screen with a summary of the items Medicaid needs from you.

The status for each pe	rson on your health cover	rage application is liste	d below.		
Yease keep in mind t needed verifications.	hat some of the information	on you provided in you	r application may have to be	verified. Click the "View"	hyperlink to view and print the
APPLICATION	SUBMIT DATE	NAME	PROGRAM	STATUS	REQUESTED
0200406885	06/04/2019		Medicaid	Pending	@ VEW
pload information	we need from you to My	Documents.			

To submit the electronic document, click on **Upload**.

The **Upload a Document** page displays.

Document Type: <				
 Select Person this doc 	ument relates to:			
• Upload a Document:		BROWSE	8	
			•	
	*Uploads are limited to file type	s of .pdf, .png, .jpeg and .tiff wit	h a maximum size of 3 Mega	bytes.
		vou cannot tell what letter or n	umbers are being displayed,	, click on the "Refresh" button and
Please enter the letters	and/or numbers you see below. If			
	and/or numbers you see below. If letters and/or numbers. If you are		or cannot tell what the letter	and/or numbers are, you can clic
system will display new		using screen reader software o		
system will display new	letters and/or numbers. If you are	using screen reader software o		
system will display new the "Listen" button and work).	l letters and/or numbers. If you are I the system will read them to you	using screen reader software o		
system will display new the "Listen" button and work).	l letters and/or numbers. If you are I the system will read them to you	using screen reader software o		
system will display new the "Listen" button and	l letters and/or numbers. If you are I the system will read them to you	using screen reader software o		
system will display new the "Listen" button and work).	l letters and/or numbers. If you are I the system will read them to you	using screen reader software o		
system will display new the "Listen" button and work). QNXTD	l letters and/or numbers. If you are I the system will read them to you	using screen reader software o		
system will display new the "Listen" button and work). QNXTD	l letters and/or numbers. If you are the system will read them to you Refresh	using screen reader software o (please note: your computer mo	ust be able to play sound and	d your volume must be on for this
system will display new the "Listen" button and work). QNXTD	l letters and/or numbers. If you are the system will read them to you Refresh	using screen reader software o (please note: your computer mo	ust be able to play sound and	d your volume must be on for this
system will display new the "Listen" button and work). QNXTD	I letters and/or numbers. If you are I the system will read them to you Refresh Disten	using screen reader software o (please note: your computer mo	ust be able to play sound and	d your volume must be on for this
system will display new the "Listen" button and work). QNXTD	I letters and/or numbers. If you are I the system will read them to you Refresh Disten	using screen reader software o (please note: your computer mo	ust be able to play sound and	d your volume must be on for this
system will display new the "Listen" button and work). QNXTD • Enter the letters and/o	2 Certers and/or numbers. If you are the system will read them to you Certers	using screen reader software of (please note: your computer mo	ust be able to play sound and	d your volume must be on for this
system will display new the "Listen" button and work). QNXTD • Enter the letters and/o UPLOADED DOCUM UPLOAD DATE	2 Certers and/or numbers. If you are the system will read them to you Certers	using screen reader software of please note: your computer million (please note: your computer million DOCUMENT TYPE	ust be able to play sound and	UPLOAD
system will display new the "Listen" button and work). QNXTD • Enter the letters and/or UPLOADED DOCUM UPLOAD DATE 06/04/2019	2 Certers and/or numbers. If you are the system will read them to you Certers	Using screen reader software of please note: your computer models and the please note: your computer note	ust be able to play sound and	UPLOAD VIEW DOCUMENT
system will display new the "Listen" button and work). QNTD • Enter the letters and/of UPLOADED DOCUM UPLOAD DATE 06/04/2019 06/03/2019	2 Certers and/or numbers. If you are the system will read them to you Certers	Using screen reader software of please note: your computer models and the plane of	ust be able to play sound and	UPLOAD VIEW DOCUMENT © VIEW © VIEW

Step 4: Complete the Upload a Document screen.

Click the drop-down next to Document Type and choose the type of document you will upload. For a list of examples of these types of documents, see the table in Section 5.

- a. Earned Income
- b. Unearned Income
- c. Medical Bills
- d. Medical Records
- e. Treatment for Breast or Cervical Cancer
- f. Transfer of Resource Acknowledgment
- g. Date of Death Info
- h. Health Coverage Details
- i. Immigration Status
- j. Pregnancy

- k. Social Security Number
- I. US Citizenship
- m. Bank Account(s)
- n. Burial Plot
- o. Life Insurance
- p. Real Property
- q. Stocks Bonds
- r. Trust Account
- s. Vehicle Value
- t. Other Resource
- u. Other Document
- 2 Check the box next to the person to whom this document relates.
- **Olick the Browse button. Find and select the file on your computer or device.**
- Enter the numbers and letters shown in the box to prove you are not a robot.
- **5** Click **Upload**.
- **6** The **Uploaded Documents** table displays at the bottom of the screen. You may need to scroll down to see this section. Click the link titled View to see the document that you uploaded.

You have successfully uploaded a document to the SSP.

Subsection 3.2 – How to Submit a Document through "My Documents"

If you created an account in the Self-Service Portal (SSP) and get Medicaid benefits, you can upload documents in the SSP.

Step 1: Log in using the steps in Section 2.

Step 2: You will see My Account Home Page. Click on My Documents.

)	DEPARTMENT OF HEALTH	Logged in as	2 Help LOGOU
My Ac	count Home Page		
	MY APPLICATIONS Fill out an application for health coverage, complete an application t application you have submitted. You can also check the status of you		or print a summary of an
Q	CHECK MY BENEFITS View information about your health coverage case or health coverage	ð.	
ŧ.	ORDER MEDICAID CARD Order a Louisiana Medicaid card for a member of your household. Plo Card(s) should arrive in an estimated 7 – 10 days.	case verify your mailing address is correct	t before ordering card(s).
E,	REPORT MY CHANGE Report changes to your information online that may affect your bene or print a summary of a change report you have submitted.	fits, complete a change report that you h	ave already started and saved,
	RENEW MY BENEFITS Submit a renewal, complete a renewal that you have already started here for instructions on how to complete a renewal.	and saved, or print a summary of a renev	val you have submitted. Click
1	MY DOCUMENTS View your mail and uploas formation we need from you.		
¢ [¢]	MANAGE MY ACCOUNT Link to your case, change or reset your password, PIN and other acco	unt information.	

Step 3: The My Mail screen displays. Click on My Documents.

		*i3
You may view mail ser	nt by the Louisiana Department of Health related to your health	
have any questions or	need a copy of a letter mailed to you, please call us at 1-888-	342-6207.
than 90 days ago, sele	was sent to you by the Louisiana Department of Health within ect a 90 day date range that you would like to view and click S	
computer, you may ins From Date: mm/dd/yyy	stall it for free by clicking on the button below:	SEARCH
computer, you may ins From Date: mm/dd/yyy	To Date: mm/dd/yyyy 🖬 S	SEARCH
computer, you may ins From Date: mm/dd/yyy Your new mail may tak	tall it for free by clicking on the button below: y	SEARCH

The **My Documents** screen displays.

We do not need any info	REQUIRED	n.				
TYPES OF PROOF						
		te types of proof that you may ne ou need help in getting the proof.				
JPLOAD A DOCUMENT						
Document Type: < clip	ck here to choose > 🛛 👻					
 Select Person this docu 	ment relates to:					
±.						
• Upload a Document:		BROWSE	4			
		es of .pdf, .png, .jpeg and .tiff wit				
Please enter the letters and system will display new let the "Listen" button and th work). QNXTD2	nd/or numbers you see below., etters and/or numbers. If you ar he system will read them to you end the system end the system for the system content of the	es of .pdf, .png, .jpeg and .tiff wit If you cannot tell what letter or n re using screen reader software o a (please note: your computer m	numbers are being displayed, or cannot tell what the letter a ust be able to play sound and	click on the "Refresh" button and the and/or numbers are, you can click on your volume must be on for this to		
Please enter the letters ar system will display new le the "Listen" button and ti work).	nd/or numbers you see below., etters and/or numbers. If you ar he system will read them to you end the system end the system for the system content of the	ves of .pdf, .png, .jpeg and .tiff wit If you cannot tell what letter or n re using screen reader software o	numbers are being displayed, or cannot tell what the letter	click on the "Refresh" button and the and/or numbers are, you can click on		
Please enter the letters as system will display new le the "Listen" button and th work). Q M T D 2 • Enter the letters and/or UPLOADED DOCUME	nd/or numbers you see below. etters and/or numbers. If you at he system will read them to you Refresh Listen numbers you see above: INTS	es of .pdf, .png, .jpeg and .tiff wit If you cannot tell what letter or n re using screen reader software o a (please note: your computer mo	numbers are being displayed, or cannot tell what the letter i ust be able to play sound and RESET	click on the "Refresh" button and the and/or numbers are, you can click on your volume must be on for this to		
Please enter the letters and system will display new letters and the "Listen" button and the work).	nd/or numbers you see below. etters and/or numbers. If you ar he system will read them to you Refresh Listen numbers you see above:	es of .pdf, .png, .jpeg and .tiff wit If you cannot tell what letter or n re using screen reader software o a (please note: your computer m	numbers are being displayed, or cannot tell what the letter a ust be able to play sound and	click on the "Refresh" button and the and/or numbers are, you can click on your volume must be on for this to		
Please enter the letters and system will display new let the "Listen" button and the work). Q MX T D 2 • Enter the letters and/or UPLOADED DOCUME UPLOAD DATE	nd/or numbers you see below. etters and/or numbers. If you at he system will read them to you Refresh Listen numbers you see above: INTS	es of .pdf, .png, .jpeg and .tiff wit if you cannot tell what letter or n re using screen reader software o a (please note: your computer mo 5	numbers are being displayed, or cannot tell what the letter i ust be able to play sound and RESET	click on the "Refresh" button and the and/or numbers are, you can click on your volume must be on for this to upcose		
Please enter the letters as system will display new le the "Listen" button and th work). QNXTD2 • Enter the letters and/or UPLOADED DOCUME UPLOAD DATE 06,04/2019	nd/or numbers you see below. etters and/or numbers. If you at he system will read them to you Refresh Listen numbers you see above: INTS	es of .pdf, .png, .jpeg and .tiff wit if you cannot tell what letter or n re using screen reader software o a (please note: your computer mo 5 DOCUMENT TYPE Trust Account	numbers are being displayed, or cannot tell what the letter i ust be able to play sound and RESET	click on the "Refresh" button and the ind/or numbers are, you can click on your volume must be on for this to UPLOAD 6 VIEW DOCUMENT © VIEW		

Step 3: Complete the My Documents screen.

• If you click on the button titled **Types of Proof**, you will see a **Required Verification** popup screen that lists the verifications that Medicaid needs.

Click the drop-down next to **Document Type** and choose the type of document you will upload. For a list of examples of these types of documents, see the table in **Section 5**.

- a. Earned Income
- b. Unearned Income
- c. Medical Bills
- d. Medical Records
- e. Treatment for Breast or Cervical Cancer
- f. Transfer of Resource Acknowledgment
- g. Date of Death Info
- h. Health Coverage Details
- i. Immigration Status
- j. Pregnancy

- k. Social Security Number
- I. US Citizenship
- m. Bank Account(s)
- n. Burial Plot
- o. Life Insurance
- p. Real Property
- q. Stocks Bonds
- r. Trust Account
- s. Vehicle Value
- t. Other Resource
- u. Other Document
- **I** Check the box next to the person to whom this document relates.
- **4** Click the **Browse** button. Find and select the file on your computer or device.
- **6** Enter the numbers and letters in the box to prove you are not a robot.
- **6** Click **Upload**.
- The Uploaded Documents table displays at the bottom of the screen. You may need to scroll down to see this section. Click the link titled View to see the documents that you uploaded.

You have successfully uploaded a document in the SSP.

Subsection 3.3 – How to Submit a Document through "Check My Benefits"

If you created an account in the Self-Service Portal (SSP) and get Medicaid benefits, you can upload documents in the SSP.

Step 1: Log in using the steps in Section 2.

Step 2: You will see the My Account Home Page. Click on Check My Benefits.

	Logged in as	7 Help	LOGOUT
Account Home Page			
		or print a summary	ofan
CHECK MY BENEFITS View information about your health coverage case or health coverage	ge.		
REPORT MY CHANGE Report changes to your information online that may affect your ben or print a summary of a change report you have submitted.	efits, complete a change report that you h	ave already started	l and saved,
RENEW MY BENEFITS Submit a renewal, complete a renewal that you have already started here for instructions on how to complete a renewal.	d and saved, or print a summary of a renev	val you have submi	tted. Click
MY DOCUMENTS Upload information we need from you.			
MANAGE MY ACCOUNT Link to your case, change or reset your password, PIN and other acc	ount information.		
 APPLY/REGISTER FOR THE FOLLOWING DCFS PROGRAM SNAP (Supplemental Nutrition Assistance Program) LaCAP (Louisiana Combined Application Project) FITAP (Family Independence Temporary Assistance Program) KCSP (Kinship Care Subsidy Program) CSE (Child Support Enforcement) DSNAP (Disaster Supplemental Nutrition Assistance Program) 	MS/SERVICES		
	Account Home Page NY APPLICATIONS Fill out an application for health coverage, complete an application application you have submitted. You can also check the status of you application you have submitted. You can also check the status of you fue information about your health coverage case or health coverage CHECK MY BENEFITS View information about your health coverage case or health covera Fild Port changes to your information online that may affect your ber or print a summary of a change report you have submitted. FINE REPORT MY CHANGE FINE MY BENEFITS Submit a renewal, complete a renewal that you have already starte here for instructions on how to complete a renewal. FINE MY DOCUMENTS Upload information we need from you. MY DOCUMENTS Upload information we need from you. FINE ANAGE MY ACCOUNT Link to your case, change or reset your password, PIN and other account ANAGE MY ACCOUNT Link to your case, change or reset your password, PIN and other account ANAGE MY ACCOUNT Link to your case, change or reset your password, PIN and other account Complete a complete a program yasistance Program LacAP (Louisiana Combined Application Project) LaCAP (Louisiana Combined Application Pro	Account Home Page MANAPPLICATIONS File out an application for health coverage, complete an application that you have already started and saved, application you have submitted. You can also check the status of your submitted applications. CHECK MY BENEFITS View information about your health coverage case or health coverage. PEPORT MY CHANGE Report changes to your information online that may affect your benefits, complete a change report that you have submitted. Peport MY CHANGE Report MY ENNEFITS Submit a renewal, complete a renewal that you have submitted. View information we need from you. MINDECUMENTS Upload information we need from you. View to your case, change or reset your password, PIN and other account information. NUNCOMENTS Upload information Application Projecti . SNAP (Supplemental Nutrition Assistance Program) . ACP (Louisiana Combined Application Projecti) . PTAP (Family Independence Temporary Assistance Program) . ACP (Louisiana Combined Application Projecti) . PTAP (Family Independence Temporary Assistance Program) . ACP (Louisiana Combined Application Projecti)	Account Home Page NAPPLICATIONS Fill out an application for health coverage, complete an application that you have already started and saved, or print a summary application you have submitted. You can also check the status of your submitted applications. CHECK MY DENEFTS Report My CHANGE Report My CHANGE Report hanges to your information online that may affect your benefits, complete a change report that you have already started and saved, or print a summary of a change report you have submitted. Report changes to your information online that may affect your benefits, complete a change report that you have already started or print a summary of a change report you have submitted. REPORT MY CHANGE Ruber MY BENEFTS Submit a renewal, complete a renewal that you have already started and saved, or print a summary of a renewal you have submited. MY DOCUMENTS Upload information we need from you. MINAGE MY ACCOUNT Link to your case, change or reset your password, PIN and other account information. PMEN/REGISTER FOR THE FOLLOWING DCFS PROGRAMS/SERVICES SMAP (Supplemental Nutrition Assistance Program) SMAP (Supplemental Nutrition Assistance Program) Link (Ducianal Comhined Application Project) FITAP (Family Independence Temporary Assistance Program) CSE (Child Support Enforcement)

Step 3: The Check My Benefits screen displays. Click on View Details.

Y CASES				
CASE STATUS	CASE NUMBER	PRIMARY CONTACT	ADDRESS	VIEW DETAILS
Closed				VIEW DETAILS
		ik a case, you may do so by going nange your address, you may do s	U	

ENROLLEE	PROGRAM	BENEFIT PERIOD START DATE	BENEFIT PERIOD END DATE	HEALTH PLAN	CHILD SUPPORT ENFORCEMENT INFORMATION
	Medicaid	11/01/2018	05/31/2019	UnitedHealthcare Community Plan	
Upload information	n we need from you to My	y Documents.			
					UPLOA
	e a mistake on your case, y	you may ask for a Fair Hearing	(sometimes called an Appea	al). If you have an emerge	ency health issue, and
dolau will coriouch i	oppardize your life or head	the you can ack for an ownedit	od (factor) Eair Hearing You	may need to provide me	dical documents to s
		lth, you can ask for an expedit lest form available at the Divis			
your request. Comp	lete an online appeal requ				
your request. Comp	lete an online appeal requ				
your request. Comp 1. Click the Forms lir	lete an online appeal requ				
your request. Comp 1. Click the Forms lin 2. Click the Recipien	lete an online appeal requ ık	est form available at the Divis			
your request. Comp 1. Click the Forms lin 2. Click the Recipien	lete an online appeal requ ik t Appeal Request link.	est form available at the Divis			
your request. Comp 1. Click the Forms lir 2. Click the Recipien 3. Complete the Rec	lete an online appeal requ ik t Appeal Request link.	est form available at the Divis			
your request. Comp 1. Click the Forms lir 2. Click the Recipien 3. Complete the Rec	lete an online appeal requ ik t Appeal Request link.	est form available at the Divis			
your request. Comp 1. Click the Forms lir 2. Click the Recipien 3. Complete the Rec	lete an online appeal requ ik t Appeal Request link.	est form available at the Divis			

Step 4: The Case Details Screen displays. Click on Upload.

The Upload a Document page displays.

Base and Reason and Reason	of here to show a -			
Document Type: < cli	ck here to choose > *			
Select Person this docu	ment relates to:			
±				
			-	
• Upload a Document:		BROWSE	3	
	*Unionds are limited to file tomo	es of .pdf, .png, .jpeg and .tiff witi	a maximum rise of 3 Moral	hadres .
fileses enter the later				click on the "Refresh" button and ti
				and/or numbers are, you can click o
	ne system wai read them to you	i (picase note: your computer mu	st be able to play sound and	I your volume must be on for this to
work).				
work).	Refresh			
work).	2 Refresh Usten			
	2 Refresh			
work).	Refresh Listen			
Q NKTD2	2 G Listen	0		UPLOAD
work).	2 G Listen	9	RESET	UPLOAD
Q NKTD2	2 G Listen	0	RESET 5	UPLOAD
Q NKTD2	2 G Listen	0	RESET S	UPLOAD
Q N KTD2	2 Disten	9	RESET	UPLOAD
Q N T D 2 • Enter the letters and/or	2 Disten	DOCUMENT TYPE	RESET 5	UPLOAD VIEW DOCUMENT
VOORAL.	2 Disten	-		_
VVORK). Q NX T D 2 * Enter the letters and/or UPLOADED DOCUME UPLOAD DATE	2 Disten	DOCUMENT TYPE		VIEW DOCUMENT
VVORK). Q NX T D 2 * Enter the letters and/or UPLOADED DOCUME UPLOAD DATE 06/04/2019	2 Disten	DOCUMENT TYPE Trust Account		VIEW DOCUMENT
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VVORK). Q NX T D 2 * Enter the letters and/or UPLOADED DOCUME UPLOAD DATE 06/03/2019	2 Disten	DOCUMENT TYPE Trust Account Earned Income		VIEW DOCUMENT

Step 4: Complete the Upload a Document screen.

Click the drop-down next to **Document Type** and choose the type of document you will upload. For a list of examples of these types of documents, see the table in **Section 5**.

- a. Earned Income
- b. Unearned Income
- c. Medical Bills
- d. Medical Records
- e. Treatment for Breast or Cervical Cancer
- f. Transfer of Resource Acknowledgment
- g. Date of Death Info
- h. Health Coverage Details
- i. Immigration Status
- j. Pregnancy

- k. Social Security Number
- I. US Citizenship
- m. Bank Account(s)
- n. Burial Plot
- o. Life Insurance
- p. Real Property
- q. Stocks Bonds
- r. Trust Account
- s. Vehicle Value
- t. Other Resource
- u. Other Document

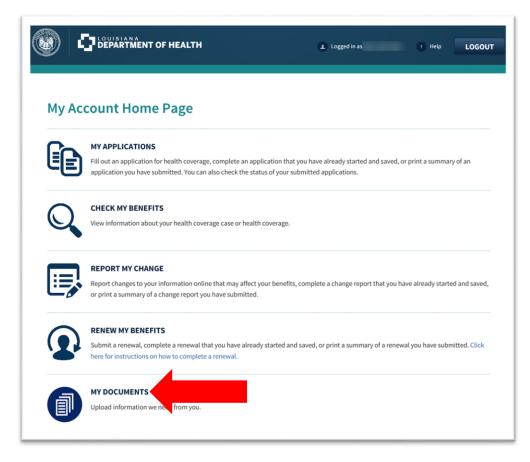
2 Check the box next to the person to whom this document relates.

- **6** Click the **Browse** button. Find and select the file on your computer or device.
- Enter the numbers and letters in the box to prove you are not a robot.
- **6** Click **Upload**.
- The list of documents shows up in the Uploaded Documents table at the bottom of the screen. You may have to scroll to get to the table. Click on View to see the document that you uploaded.

Section 4 – How to Know if Medicaid Received Documents You Uploaded

If you uploaded documents in the Self-Service Portal (SSP), you can see them in your SSP account. This feature is only available for users who get Medicaid benefits and have linked their Medicaid case to an account in the.

Step 1: Log into the SSP using instructions in Section 2.



Step 2: The My Account Home Page displays. Click on My Documents.

		12
You may view mail ser	nt by the Louisiana Department of Health related to your hea	Ith coverage for the case linked to this account. If you
nave any questions or	need a copy of a letter mailed to you, please call us at 1-88	8-342-6207.
he mail listed below	was sent to you by the Louisiana Department of Health within	n the last 90 days. To search for mail sent to you more
	ect a 90 day date range that you would like to view and click	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
, .	d to have a program called Adobe Acrobat Reader to see you	
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our new mail may tak	ke up to 24 hours to display. You may view mail sent to you a	as far back as April 21, 2019. VIEW MAIL
our new mail may tak	ke up to 24 hours to display. You may view mail sent to you a	as far back as April 21, 2019.
our new mail may tak	ke up to 24 hours to display. You may view mail sent to you a	as far back as April 21, 2019. VIEW MAIL

Step 3: The My Mail screen displays. Click on My Documents.

IPLOAD DATE	CASE NUMBER	DOCUMENT TYPE	RELATES TO	VIEW DOCUMENT
6/04/2019		Trust Account		I VIEW
6/03/2019		Earned Income		I VIEW
6/03/2019		Earned Income		I VIEW

Step 4: When the **My Documents** page displays, scroll to the bottom and look for the **Uploaded Documents** table.

If Medicaid received a document, a hyperlink displays with the word **View**. Click on **View** to see the document that you uploaded. The document opens in a new window.

If **N/A** appears in the column titled **View Document**, then Medicaid did not receive a document with that document type.

Section 5 – Types of Documents

Below is a list of document types that Medicaid may ask for and examples of those documents. If you need help, call Medicaid at 1-888-342-6207.

Document Type	Example
Earned Income	To prove the gross (before deductions) amount of money you get from a job, provide a pay stub or statement from your employer.
	To prove the amount of money you get from self- employment, provide last year's tax return, including all schedule attachments.
Unearned Income	To prove the gross (before deductions) amount of unearned income you get from sources like retirement, pension, annuities or any other income, provide a tax document like a tax form 1099, or provide a statement or letter from the source showing the current gross amount of income.
Medicaid Bills	Provide a medical bill or statement to prove the amount you owe the medical provider. If you have a primary insurance, such as Blue Cross or Medicare, then Medicaid will need to know the amount owed after your primary insurance has paid.
Treatment for Breast or Cervical Cancer	Provider a medical report from an approved provider in the Louisiana Breast and Cervical Health Program. See the list of approved providers at www.lbchp.org.
Transfer of Resource Acknowledgment	To prove the transfer of items that you gave away, provide a courthouse record, act of donation, signed agreement of donation, or bill of sale. Also, provide a statement of the values of any items that were given away.
Date of Death Info	To prove the date of death, provide a death certificate or obituary.
Health Coverage Details	To prove health insurance coverage details, provide copies of the front and back of the health insurance cards.
Immigration Status	To prove immigration status, provide a copy of the permanent resident card or other forms from U.S. Citizenship and Immigration Services.
Pregnancy	To prove pregnancy, provide a medical report showing the expected date of delivery.
Social Security Number	To prove the Social Security Number, provide a copy of the Social Security card.

	To make the Chinese his manufactor of a birth
US Citizenship	To prove U.S. Citizenship, provide a copy of a birth certificate, U.S. Passport or hospital birth record.
Bank Accounts	To prove the amount of money available in a bank account, provide all pages of the most recent bank statements for all bank accounts, showing names on the accounts, account numbers, name and address of the bank, and all deposits and withdrawals for accounts.
Burial Plot	To prove the value of burial plots, provide copies of statements that show the values of burial spaces and how much is owed.
Life Insurance	To prove the value of life insurance, provide copies of all life and burial policies.
Property	To prove the value of the real property, like a home or property, provide a statement showing the fair market value as stated by someone who has knowledge of determining fair market values, like an appraiser or realtor. Also, provide proof of what percentage of the property is owned by the applicant.
Stocks and Bonds	To prove the value of stocks and bonds, send copies of statements showing the current values.
Trust Account	To prove the value of trust accounts, send a copy of trust documents filed at the courthouse.
Vehicle Value	For vehicles, send a copy of the title or vehicle registration. Medicaid will use the value as listed online on the National Automobile Dealers Association (NADA) site.
Other Resource	For other resources, send legal documents showing proof of ownership and statements showing the current value.
Other Document	If you need help to determine what documents to send, call Medicaid at 1-888-342-6207.

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