

Application Center Monthly Contact

Presented by:
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- Ambetter/UHC Exchange Plans
- Requesting Retroactive Coverage
- Decision Letters
- Trusted User DO's and Don'ts Refresher
- Reporting a Change
- Train Your Brain
- Reminders

- Our executive management team is aware that the addition of Medicaid members to Ambetter/UHC Exchange Marketplace plans is causing billing problems. Research is being done on the subject.
- Medicaid Provider Relations is available to assist with billing questions until the matter is resolved. Representatives can be reached at 1-800-473-2783.

- If an applicant fails to request retroactive coverage at the time of application and later mentions that they need it, please advise them to contact the Medicaid Customer Service Unit.
- Trusted Users are unable to request retroactive coverage on the applicant's behalf.

- Decision letters are mailed to applicants or their authorized representative after their eligibility decision is reached.
- If a duplicate letter is needed for any reason, please refer the member to the Customer Service Unit for assistance.
- Trusted Users are unable to request a copy of the decision letter on behalf of the patient.

- Take applications
- Assist applicants in completing the application
- Provide information and referrals
- Obtain required documentation to complete processing of the application
- Assure that the information contained on the application is complete and accurate
- Conduct necessary face-to-face interviews

- Refuse assistance to anyone applying for Medicaid, regardless of circumstances
- Make a determination of eligibility or ineligibility or evaluate the information received
- Use the information obtained during the Medicaid Application interview for any purpose other than determining Medicaid eligibility
- Screen applicants for Medicaid benefits
- Solicit Medicaid applications in the pursuit of unpaid claims

Reporting a Change

- Trusted Users are able to assist members in reporting changes by selecting the “Report a Change” option on the My Application Center screen.
- The primary contact’s last name, date of birth, and SSN, Medicaid card number or Medicare Claim number are required to search for the appropriate case.

My Application Center



APPLICATIONS

Start new applications, finish incomplete applications, or review your submitted applications.



REPORT A CHANGE


Provide case credentials and submit a change report.

Report a Change

START A CHANGE REPORT - CASE CREDENTIALS

To submit a change report, you must provide the case credentials below. Enter the Last Name and Date of Birth of the Primary Contact on the case and enter the Nine-Digit SSN of the Primary Contact or Medicaid Card Number or Medicare Claim Number of any individual on the case. [Click here to see example pictures to help you locate your card numbers.](#)

* Primary Contact Last Name:

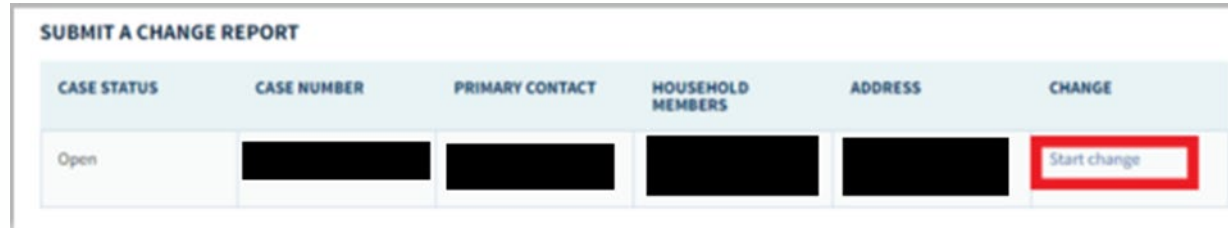
* Primary Contact Date of Birth: 

* Please choose one of the following to provide: - -

SEARCH FOR CASE(S)

Reporting a Change (cont.)

- After the appropriate case is found, select “Start change” under the “Submit a Change Report” section.



CASE STATUS	CASE NUMBER	PRIMARY CONTACT	HOUSEHOLD MEMBERS	ADDRESS	CHANGE
Open					Start change

- Here are the changes that can be reported using a Change Report:

New Address/Changed Phone Number/Change your preferred spoken or written language	Someone needs a new Medicaid card	Someone moved into your home	Someone is incarcerated
Someone moved to a facility or is planning to move to a facility in the next 30 days	Someone is no longer part of your household because they moved out	Someone is deceased	Change in someone's name, SSN, marital status, or change in requesting health coverage benefits.

Train Your Brain



Question 1- True or False

Trusted Users are permitted to act as an Authorized Representative.

Question 1 Answer

False

Trusted Users are acting on behalf of Medicaid, so they are not permitted to act as an applicant or member's Authorized Representative.

Question 2- True or False

Change reports (Report a change) can be submitted by Trusted Users, Customer Service agents, Outstation Analysts, or Medicaid recipients through the Self Service Portal.

Question 2 Answer

True

Question 3- True or False

To be considered disabled, a person must have a minor to moderate physical, emotional or mental health impairment that is expected to result in death or last for a year or longer.

Question 3 Answer

False

The impairment has to be severe to meet the definition of disability.

- AC Resource Library – Check it DAILY
- Ensure you log into the PARTNER portal and not the Public or Provider portal.
- Adhere to Medicaid guidelines
- Trusted Users must conduct Face-to-Face interviews
- For issues with newborns, email NEU@la.gov
- EMS
 - Submit medical records immediately upon receiving the denial due to non-citizenship. They should be sent to the EMS Rightfax (225) 389-2748 (Local) or (877) 747-0996 (Toll-free).
 - For aged EMS claims, email the EMS Aged Claims Status Request form (on the AC Resource Library) to MEDT-EMS@la.gov.
- AC Meetings are conducted on your behalf. Attendance is required and participation is encouraged.

Code 155 Denials

- Individuals with Emergency Services limitations on their benefits require a medical review by Medicaid's Medical Eligibility Determination Team (MEDT).
- Fax medical records for the EMS date of service to **(225) 389-2748 Local or (877) 747-0996 Toll-free.** Medicaid will not pay for non-emergent medical services rendered to EMS individuals.

- The only records that should be faxed to the EMS fax numbers are the ones pertaining to EMS-related certifications that are still open.
- The number is not for new applications.
- Verifications for new applications should still be faxed to the LaCHIP Rightfax number, 1-877-523-2987.

Application Centers (AC)

- ApplicationCenter.Service@la.gov
- (225) 342 – 6312
- Valerie McManus

Medical Eligibility Determinations Team (MEDT)

- MEDT@la.gov
- Angel Wilson Jolivette

Newborn Eligibility Unit (NEU)

- NEU@la.gov
- Kiarah Dugas

Medicaid Outreach

- MedicaidOutreach@la.gov

Optional State Supplement (OSS)

- OSS@la.gov
- Paige Logan

Outstation

- Outstation@la.gov
- Paige Logan

Healthy Louisiana

1-855-229-6848

Louisiana Medicaid

Customer Service

1-888-342-6207

Questions



THANK YOU

