

# Application Center Monthly Contact

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- Contact Person
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- Train Your Brain
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- Q&A

- Please ensure that accurate details are provided on applications. An adult should always be listed as the contact person, even if a child is the only applicant.
- If a child is listed as the primary contact, an unnecessary case could be created and cause issues with the household member linkage.

- Updates to the **Your Household** screen and the Renew My Benefits and Report My Change processes require users to opt in or out of coverage.
- These changes will be discussed on the following slides.

# Self Service Portal Updates (cont.)

**Your Household**

Here is a summary of your current information. If you would like to change your information, click "Change".

**HOUSEHOLD INFORMATION**

PERSON	SOCIAL SECURITY NUMBER PROVIDED?	MARITAL STATUS	REQUESTING COVERAGE?	ACTION
[REDACTED] [02/07/1979]	Yes		No	<input checked="" type="checkbox"/> Change
[REDACTED] [06/06/1979]	Yes		Yes	<input type="checkbox"/> Change
[REDACTED] [02/14/2018]	Yes		Yes	<input type="checkbox"/> Change

Change 1: add "Requesting Coverage" column with Yes/No default to the Household Information Table on the **Your Household** screen

Change 2: Change checkbox selected for "No" by default for Requesting Coverage members

**PERSONAL INFORMATION**

Please enter your name exactly as it appears on your Social Security card or birth certificate.

\* First Name: [REDACTED] Middle Name: [REDACTED] \* Last Name: [REDACTED] Suffix: [REDACTED]

Marital Status: [REDACTED]

Marital Status: [REDACTED]

\* Is this person requesting health coverage? [REDACTED]

We need your Social Security Number if you want health coverage and have an SSN. Providing your SSN can be helpful even if you don't want health coverage, and can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone does not have an SSN and wants help getting one, call 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov). TTY users should call 1-800-325-0778

Change 3: "Is this person requesting health coverage?" response defaults to blank, therefore forcing user to actively select "Yes" or "No" from the dropdown before advancing to the next screen

# Self Service Portal Updates (cont.)



## Error & Warning Validation Messages

**1**

**BEFORE YOU GO TO THE NEXT PAGE:**

- **Error:** Please choose a value for "Is this person requesting health coverage?".

**PERSONAL INFORMATION**  
Please enter your name exactly as it appears on your Social Security card or birth certificate.

\* First Name:  Middle Name:  \* Last Name:  Suffix:

Maiden Name:

Marital Status:

\* Is this person requesting health coverage?

**2**

**BEFORE YOU GO TO THE NEXT PAGE:**

- Please note that this action will end health coverage benefits for this individual in your household.
- **Error:** Please enter a value for "Date of Change".

**PERSONAL INFORMATION**  
Please enter your name exactly as it appears on your Social Security card or birth certificate.

\* First Name:  Middle Name:  \* Last Name:  Suffix:

Maiden Name:

Marital Status:

\* Is this person requesting health coverage?

We need your Social Security Number if you want health coverage and have an SSN. Providing your SSN can be helpful, and can speed up the application process. We use SSNs to check income and other information to see who's covered. If someone does not have an SSN and wants help getting one, call 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov).

Social Security Number:

**DATE OF CHANGE**  
Please enter the date when these changes were effective.

\* Date of Change:

**3**

**WARNING**

- Please note that this action will end health coverage benefits for this individual in your household.

**PERSONAL INFORMATION**  
Please enter your name exactly as it appears on your Social Security card or birth certificate.

\* First Name:  Middle Name:  \* Last Name:  Suffix:

Maiden Name:

Marital Status:

\* Is this person requesting health coverage?

1

If a user clicks "Next" without selecting an answer from the "Is this person requesting health coverage?" dropdown

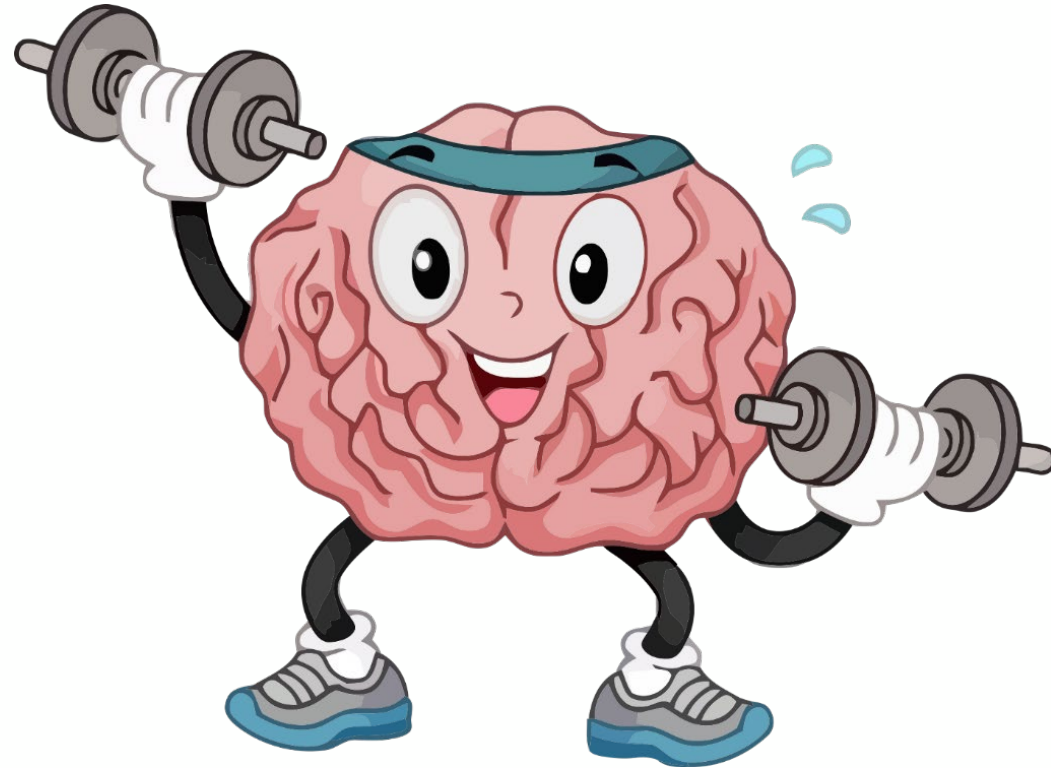
2

If a user clicks "Next" after selecting "No" from the "Is this person requesting health coverage?" dropdown

3

If a user tries to proceed with a valid "Date of Change" and "No" in the "Is this person requesting health coverage?" dropdown  
\*\*\*Warning Message only

# *Train Your Brain*



# Question 1

## True or False

**If the Partner Portal is down and an applicant wishes to apply, a paper application should be submitted with a BHSF Clearance form.**



# Question 1 Answer:

True



## Question 2

### True or False

The postpartum period for citizens is 12 months long.

## Question 2 Answer:

True



## Question 3

### True or False

**A student from Louisiana remains a Louisiana resident if they attend college out of state.**

## Question 3 Answer:

True



## Question 4

### True or False

**Non-citizens, approved for EMS, are covered by Medicaid for the entirety of their hospital stay, regardless of the services they received.**

## Question 4 Answer:

**False**

**Medicaid will only pay for  
services that are life  
sustaining.**

- 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](mailto: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](mailto: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 due to COVID. 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](mailto:ApplicationCenter.Service@la.gov)
- (225) 342 – 6312
- Valerie McManus

## Medical Eligibility Determinations Team (MEDT)

- [MEDT@la.gov](mailto:MEDT@la.gov)
- Angel Wilson Jolivette

## Newborn Eligibility Unit (NEU)

- [NEU@la.gov](mailto:NEU@la.gov)
- Kiarah Dugas

## Medicaid Outreach

- [MedicaidOutreach@la.gov](mailto:MedicaidOutreach@la.gov)

## Optional State Supplement (OSS)

- [OSS@la.gov](mailto:OSS@la.gov)
- (225) 342 – 1646
- Paige Logan

## Outstation

- [Outstation@la.gov](mailto:Outstation@la.gov)
- (225) 342 – 1646
- Paige Logan

## Healthy Louisiana

**1-855-229-6848**

## Louisiana Medicaid Customer Service

**1-888-342-6207**

# Questions



**THANK YOU**

