

Application Center Monthly Contact

Presented by:
Valerie McManus, AC Program Manager
March 19, 2025

- **Application Status Requests**
- **No Decision Messages**
- **Application Signatures**
- **Train Your Brain**
- **Reminders**

- Trusted Users at Non-Outstation sites should reach out to the Customer Service Unit (CSU) for inquiries, especially status checks.

- If an application has a “No Decision” message, it can indicate that the person has existing coverage, or they are associated with an existing case.
- “No Decision” messages can also appear when an application needs caseworker intervention of some kind.

- When signing applications, Trusted Users should select, “I am the applicant signing for myself” and input the applicant’s name in the space indicated.
- If the applicant is deceased or incapacitated with no one to act on their behalf, the Trusted User can select, “I am signing on the applicant’s behalf” and input the name of the Trusted User.(AC Handbook page 15- “Required Signatures”)

ELECTRONIC SIGNATURE

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge, including the information I have given regarding the U.S. citizenship or immigration status of all household members. I understand that I and any adult household member will be subject to disqualification and prosecution and will be required to repay ineligible benefits or services if we knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain health care assistance. By signing this application, I give permission for the release of information to the Louisiana Department of Health by any persons or agencies who have knowledge of my circumstances.

* Are you a LDH employee, or are you related to a LDH employee? ☐ Yes ☒ No

☒ *Please check this box to let us know that you have read your rights and Responsibilities.

☒ *Please check this box to let us know that you have read the "Electronic Signature Agreement".

* Please select the correct description of the person signing this application:

☒ I am the applicant signing for myself

☐ I am signing on the applicant's behalf

* First Name:

Monica

* Last Name:

Stephens

* User PIN:

.....

Train Your Brain



Question 1: True or False

- Trusted Users have been granted authority to turn interested applicants away, if it is assumed that they will not qualify for benefits.

Answer 1:

False

- Medicaid has a variety of programs that are reviewed while determining a person's potential Medicaid eligibility.
- We do not want to deny interested persons the opportunity to receive services that they may be eligible for.



Question 2: True or False

- A person can request retroactive coverage five months prior to their application date.

Answer 2:

False

- Retroactive coverage can be considered for up to three months prior to a person's application date.
- For example, if a person applied in June, we may be able to provide retroactive coverage back to March.



Question 3:

- How long does LaMOMs postpartum coverage last for citizens?
- | | |
|-------------|--------------|
| A. 2 weeks | B. 2 months |
| C. 6 months | D. 12 months |

Answer 3:

D.
12 months



- 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

