

Medicaid Application Centers (MACs) – Alternatives to the Face-to-Face Interview Requirement

Trusted Users are required to conduct face-to-face interviews when assisting individuals with Medicaid applications. Medicaid is aware that several provider-based MACs, including hospitals, have expressed concerns regarding the face-to-face requirement due to the COVID-19 public health emergency.

Although **Medicaid cannot legally waive this face-to-face requirement**, the following protocol has been developed to mitigate risk while remaining in compliance. This protocol will remain effective until the end of the COVID19 public health emergency. Failure to follow this protocol may result in a Notice of Action issued by the Louisiana Department of Health and a decertification of the MAC.

Applications may be completed in one of the following ways:

1. The MAC may refer the applicant to the Medicaid Call Center (toll free at 1-888-342-6207, Monday through Friday, from 8:00am to 4:30pm). The MAC is not eligible for reimbursement if the Trusted User assists in the following ways:
 - The Trusted User may call the Medicaid Call Center along with the applicant to complete the application over the phone using a telephonic signature.
 - The applicant may call the Medicaid Call Center directly and complete the application over the phone using a telephonic signature. The MAC may request a weekly status update by submitting the Medicaid Eligibility Status Request Worksheet in a HIPAA compliant encrypted/secure email to:
 - The appropriate Outstation Analyst if it is an Outstation Host; or
 - Outstation@la.gov if the MAC has not opted to Host an Outstation Analyst for appropriate routing.
2. The Trusted User may complete a paper application with the applicant over the telecom and have a member of the hospital staff in the patient/member room obtain an original signature that day**. The MAC will receive reimbursement if:
 - The Trusted User submits the signed paper application by:
 - Fax to 877-523-2987; or
 - Email to ApplicationCenter.service@la.gov; and
 - Includes the completed AC7 Cover Letter. The AC7 Cover Letter **must** be included in the submission.

**** If the applicant is incapacitated, severely disabled, or alone, an authorized representative or someone acting responsibly for the applicant may sign his/her own name to the application. The party who signs the application, whether applicant, authorized representative or responsible party, is affirming, under the penalty of perjury, that all of the information contained on the form is true and correct to the best of his/her knowledge and belief. Document this on the BSHF Clearance form.**

3. The Trusted User may assist the applicant with an application over the telephone ONLY IF the MAC has the ability to capture a telephonic signature and record the telephone interview in accordance with the protocol below. In order to receive reimbursement, Trusted Users must submit telephone applications online using the Self-Service Partner Portal followed by an email to ApplicationCenter.Service@la.gov, which **must** include all of the following:
- Subject: Application Center Telephone Application Conducted: APPL ID T _____;
 - Completed AC7 Cover Letter;
 - Telephonic signature; and
 - The audio file of the recorded interview including the agreement to their rights and responsibilities in the “.wav” format.
 - This “.wav” file must be stored and accessible upon request from LDH for 6 years.
 - Trusted Users must preface the recording with the following:
“This Louisiana Medicaid telephone application interview is being recorded on <insert date> at <insert time> between <insert Trusted Users name> and <insert applicant’s, authorized representative’s, or responsible party’s name> who is an inpatient at <insert name of facility>.”

If the MAC does not have the capabilities to comply with the above protocol, the Trusted User MUST NOT conduct telephone interviews.