

Application Center Monthly Contact

November 15, 2023

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Agenda Items

- Single Pharmacy Benefits Manager
- Contact Updates by Text Message
- AC Resource Library Update
- SSP Updates
- Reminders

Single Pharmacy Benefits Manager



- The Single Pharmacy Benefits Manager (PBM) for managed care organizations (MCO) was implemented on October 28, 2023.
- Magellan Medicaid Administration Inc. is now processing Medicaid MCO pharmacy claims for all six MCOs (Aetna Better Health, AmeriHealth Caritas Louisiana, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare Community Plan). Please note that all six MCOs will utilize the same BIN, PCN, and Group number.

Single Pharmacy Benefits Manager (cont).



- The Magellan Medicaid Administration portal is live with helpful information: <https://www.lamcopbmpharmacy.com>.

Contact Updates by Text Message



- Active Medicaid members can now request to update their contact information through text messaging.
- Medicaid members can make sure that they do not miss out on important information from Medicaid by texting the words “Info” or “Information” to 72147. They will receive a text with a link to update their contact information.

Contact Updates by Text Message (cont.)



- Members must first verify their identity before being directed to the Address Update Portal in the Self-Service Portal to make the necessary changes.

AC Resource Library Update



- English and Spanish versions of the 2024 Health and Dental Plan Comparison Charts are available in the Forms and Publications section of the AC Resource Library.

- The first update is a new section for *Mailing address and Contact Information* on the **People In Your Home** screen when an individual applies for benefits, reports a change, and renews their benefits.
- This feature will allow individuals to provide mailing address and contact information for all household members.

SSP Updates (cont.)



- The question, “Does this individual have the same mailing address as the primary contact?” will be defaulted to *Yes*. The information will be auto-populated based on the primary contact information provided on the **Primary Contact** screen.

SSP Updates (cont.)

- This example demonstrates how applicants can provide an alternate mailing address for other household members, if necessary.

RACE
Select this person's race. Check all that apply. (optional)

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other

* American Indians and Alaska Natives may not have to pay cost sharing and may get special enrollment periods. Are you an American Indian, Alaska Native, or someone who is eligible to receive or has ever received services at Indian Health Services, tribal health providers, or urban Indian health providers?

MAILING ADDRESS

Does this individual have the same mailing address as the primary contact?

* Address:

Apt., Suite, etc.:

* City: * State: * Zip Code:

CONTACT INFORMATION

NOTE: We encourage you to enter at least one phone number so that you can be contacted about this application if necessary.

Phone Type: Phone Number: --

To add additional phone numbers, click the "Add" button

Email Type: Email Address:

To add additional email addresses, click the "Add" button



MAILING ADDRESS

Does this individual have the same mailing address as the primary contact? Yes

* Address:

Apt., Suite, etc.:

* City: * State: * Zip Code:

SSP Updates (cont.)



- The second update is that the Partner Portal gives Trusted Users the ability to add/delete phone numbers on the Household Contact Information screen in the Self Service Partner Portal when a change is reported.
- Please assist in ensuring that we have the most accurate contact information.

SSP Updates (cont.)

- The screenshot displayed highlights the new *add/delete* feature in the Self-Service Portal.

CONTACT INFORMATION

NOTE: We encourage you to enter at least one phone number so that you can be contacted about this application if necessary.

Phone Type:	<input type="text" value="Home Phone"/>	Phone Number:	<input type="text" value="111"/>	-	<input type="text" value="111"/>	-	<input type="text" value="1111"/>	
Phone Type:	<input type="text" value="Work Phone"/>	Phone Number:	<input type="text" value="222"/>	-	<input type="text" value="222"/>	-	<input type="text" value="2222"/>	<input type="button" value="✕"/>
Phone Type:	<input type="text" value="Mobile Phone"/>	Phone Number:	<input type="text" value="333"/>	-	<input type="text" value="333"/>	-	<input type="text" value="3333"/>	<input type="button" value="✕"/>
Phone Type:	<input type="text" value="Other Phone"/>	Phone Number:	<input type="text" value="444"/>	-	<input type="text" value="444"/>	-	<input type="text" value="4444"/>	<input type="button" value="✕"/>
Phone Type:	<input type="text" value="Home Phone"/>	Phone Number:	<input type="text" value="555"/>	-	<input type="text" value="555"/>	-	<input type="text" value="5555"/>	<input type="button" value="✕"/>
Phone Type:	<input type="text" value="Other Phone"/>	Phone Number:	<input type="text" value="666"/>	-	<input type="text" value="666"/>	-	<input type="text" value="6666"/>	<input type="button" value="✕"/>

To add additional phone numbers, click the "Add" button.

To delete or remove a phone number, click the "Delete" button.

SSP Updates (cont.)

- When phone numbers are added on the **Household Contact Information** screen, an error message will appear if a 10 digit phone number and Phone Type are not added. The screenshots below highlight the new error messages:

BEFORE YOU GO TO THE NEXT PAGE:

- **Error:** Please be sure that you have entered 10 numbers for "Phone Number". For example, if the telephone number is (123) 123-1234, please enter it in the three boxes as 123 123 1234. You may not enter a phone number that has only zeros.

Household Contact Information

This is the contact information we have on file for you. If you need to change any of this information, please erase the existing information and enter the new information in the fields below. All notices and requested Medicaid cards for this case will be sent to this address. **Changing your mailing address here will update your mailing address for everyone on this case.**

ADDRESS CHANGE

If you are changing your address, does this change apply to everyone in the household?

WHERE YOU LIVE

BEFORE YOU GO TO THE NEXT PAGE:

- **Error:** Please select a value for Phone Type.

Household Contact Information

This is the contact information we have on file for you. If you need to change any of this information, please erase the existing information and enter the new information in the fields below. All notices and requested Medicaid cards for this case will be sent to this address. **Changing your mailing address here will update your mailing address for everyone on this case.**

ADDRESS CHANGE

If you are changing your address, does this change apply to everyone in the household?

WHERE YOU LIVE

Train Your Brain



Question 1

True/False

CSU is the only department that can complete change reports.

False

Change reports can also be completed by Trusted Users under the Partner Portal using the Report a Change feature.

Question 2

True/False

Individuals with Emergency Services limitations require a medical review by our MEDT team.

True

If an individual has an Emergency Services limitation, Medicaid will not pay for services unless they are life sustaining.

Question 3

True/False

The denial code received for EMS related applications that have not received MEDT approval is code 153

Answer 3

False

The code is actually 155.

Reminders

- 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.

Contact Information



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
- (225) 342 – 1646
- Paige Logan

Outstation

- Outstation@la.gov
- (225) 342 – 1646
- Paige Logan

Healthy Louisiana

- 1-855-229-6848

Louisiana Medicaid Customer Service

- 1-888-342-6207

Questions

