

Application Center Monthly Contact

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2/21/2024

- Deemed Eligible Renewals
- FITAP Change
- Health Plan Changes
- Report a Change
- Renewals
- Trusted User Linkages/Changes
- Reminders
- Q&A

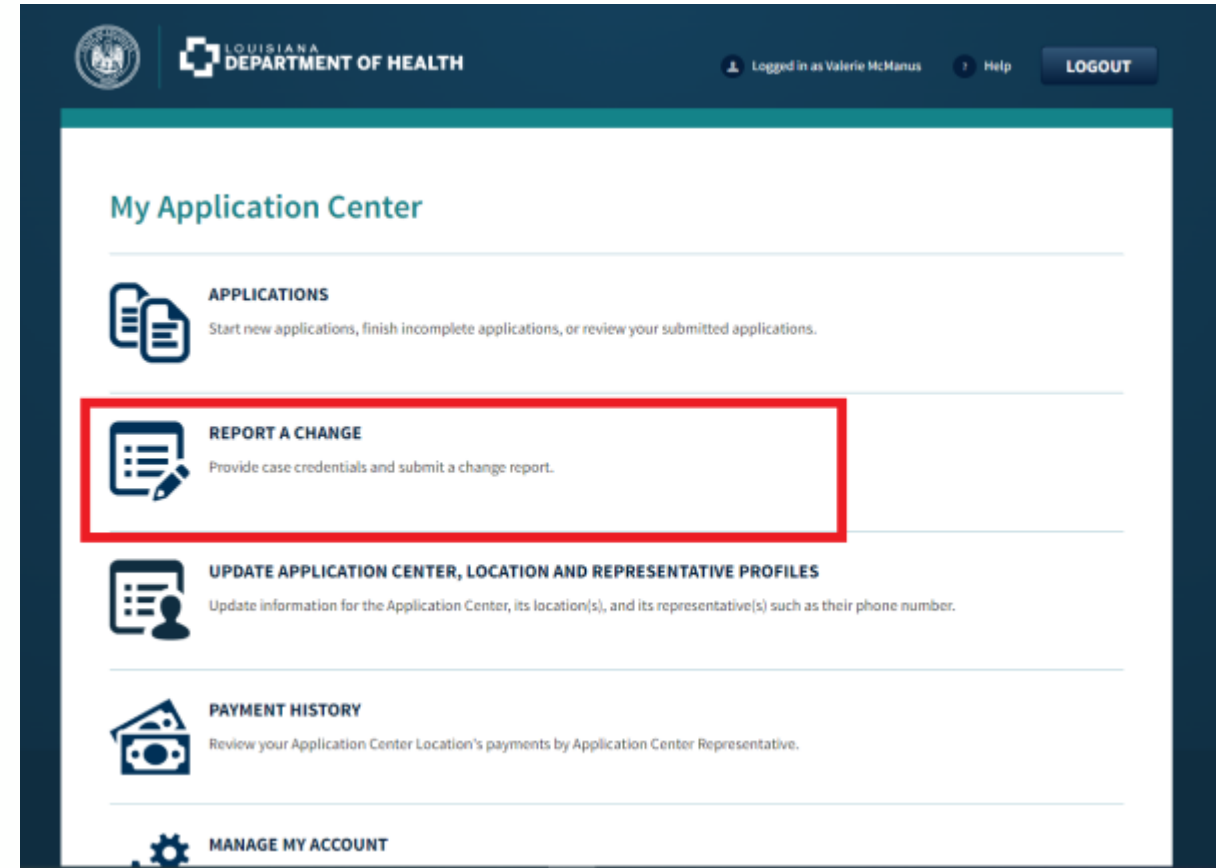
- What does deemed eligible mean?
 - Deemed eligible refers to a child born to a woman determined eligible for Medicaid benefits in any category on the date the child is born. The child is automatically eligible for Medicaid for up to one year.
 - This includes a woman who is determined retroactively eligible for the date the child was born or to a non-citizen mother eligible for emergency services only.

- Why is additional information needed?
 - Deemed babies are added to our eligibility system without household relationship details or a SSN.
 - To ensure that the renewal process flows as smoothly as possible, a Request for Information letter will be mailed for deemed eligible individuals six months prior to their renewal date.
 - The Request for Information will contain sections requesting the relationship status to anyone on the case, the baby's SSN, and tax filing status information

- The Centers of Medicare and Medicaid Services (CMS) determined that states may no longer rely on Family Independence Temporary Assistance (FITAP) eligibility due to differences in FITAP and Medicaid eligibility requirements.
- Current, existing, and active ongoing FITAP enrollees will be switched to a Parent Caretaker Relative (PCR), or CHAMP certification and a renewal date will be added.
- The benefits afforded to the individuals will be the same in their new program.

- Newly certified members, in a full coverage certification have 90 days to switch to a different health plan if they are dissatisfied with their current plan.
- At the end of the 90 day period, a person can only switch plans if the change is approved by Healthy Louisiana or during the open enrollment period.
- The change can be made by contacting Healthy Louisiana at 1-855-229-6848.

- Trusted Users can assist members with reporting changes outside of their renewal period by selecting the “Report a Change” option on the My Application Center screen.




- To submit a change report, please provide the following case credentials:
 - Primary Contact Last Name
 - Primary Contact Date of Birth, and
 - The nine-digit SSN of the Primary Contact; the Medicaid Card Number; or the Medicare Claim Number of any individual in the case.

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)

Report a Change (cont)

- Please proceed by clicking “Start Change.”

SUBMIT A CHANGE REPORT					
CASE STATUS	CASE NUMBER	PRIMARY CONTACT	HOUSEHOLD MEMBERS	ADDRESS	CHANGE
Open	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input type="button" value="Start change"/>

- The following types of changes can be reported:

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.

- At this time, the Partner Portal does not have a renewal option; however, an application can be used and processed as a renewal, as long as the member is within 60 days of their renewal period.

- Application Center Managers should be able to view all of the Trusted Users linked to their satellite location(s).
- If former employees need to be unlinked, please send an email to applicationcenter.service@la.gov and I will process the change on my end.

- 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 meeting 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
- (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



THANK YOU

